BLOCK 831 LOT 29 QUALIFICATION CODE _____ ADDRESS (SITE) 1640 Harvard Ave PERMIT NO. 17-3663

CONSTRUCTION PERMIT APPLICATION

C-17-004885

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: 1640 Harvard Ave
2. Name of Owner in Fee: EHM Home Builders LLC
   Tel. (732) 610 4347 e-mail SAMReynolds331eICloud.com
   Address 1640 Harvard Ave (street) Brick (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: EHM Partners LLC Tel. (____) _____
   Address 25A Crocus Lane e-mail _____
   Whiting NJ
   License No. OR, if new home, Builder Reg. No. 13VH06931900 Exp. Date 3/18/18
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun SAM Reynolds
   Tel. (732) 610 4347 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 200-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 200-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed ____ sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ____ ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ *High Pressure Boilers*
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ *Hazardous Uses/Places of Assembly*
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ *Swimming Pools, Spas and Hot Tubs*
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/29/2017
Control Number C-17-004885
Permit Number 17-3663
Permit Issue Date 11/1/2017
Certificate Number 17-3663

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1640 HARVARD AVE Brick Township, NJ Block: 831 Lot: 29 Qual:

Owner in Fee: E H M HOMES LLC

Owner Address: PO BOX 611 PINE BROOK NJ 07058

Telephone: (732) 610-4347

Contractor EHM Partners LLC

Address 858 Route 46 W. Parsippany NJ 07054 - .

Telephone: 732 6104347 Fax: (732) 228-7712

License Number or Builders Registration Number: 13VH06931900 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DEMOLITION SINGLE FAMILY DWELLING

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/29/2017

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 11/1/17

Date Issued Permit # 17-3663

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 831 Lot 29 Qualification Code

Work Site Location 1640 Hazvard Ave Beach NJ 08724

Owner in Fee: EHM Homes LLC

Tel. (732) 610 4347 e-mail SAMReynolds331@icloud.com

Address 25A Crocus Lane Whiting NJ 08759
(street, municipality, zip code)

Contractor: EHM Partners LLC Tel. (732) 610 4347

Address 25A Crocus Lane e-mail

Whiting NJ 08724

Contractor License No. or Builder Registration No. 13VH06937900 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 12/18/17
Approved by: KEM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-18-17	SM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 2000
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Sign here: SAM Reynolds

Print name here: SAM Reynolds

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

~~Interior~~ Demo } SFD
~~Exterior~~ Demo }

Completion of prior Permit # 16-4044 was partially Demo'ed but not completed.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

Louis T Roselle Inc.
54 MONTESANO RD
FAIRFIELD, NJ 07004
(973)227-7020

Invoice 56919

DATE	PLEASE PAY	DUE DATE
11/12/2017	$2,114.54	11/12/2017

BILL TO
EHM CONTRACTORS
858 ROUTE 46 WEST
PARSIPPANY, NJ 07054

SHIP TO
1640 HARVARD AVE
BRICK

Please detach top portion and return with your payment.

DATE	ACCOUNT SUMMARY	AMOUNT
11/10/2017	Balance Forward	$670.03
	Payments and credits between 11/10/2017 and 11/12/2017	0.00
	New charges (details below)	1,444.51
	Total Amount Due	$2,114.54

DATE	DESCRIPTION	WEIGHT	RATE	AMOUNT
11/09/2017	30 YD Hauling Fee	1	225.00	225.00
11/09/2017	Disposal Fee	4.55	81.21	369.51
11/09/2017	Concrete	1	550.00	550.00
11/09/2017	CONTAMINATION	1	300.00	300.00
		TOTAL OF NEW CHARGES		1,444.51

TOTAL DUE $2,114.54

THANK YOU.

Thank you for your business, with any questions please contact Anthony at 973-200-6737.

LOUIS T. ROSELLE
54 Montesano Road, Fairfield, NJ 07004-3310
Phone: 973-227-7020 • Fax: 973-675-1404
Private Disposal Service
ROLL OFF CONTAINERS 10 TO 40 YARDS

Date 11-9-17

Name Elm

Address Edward Ave Brick

10 YDS.	
15 YDS.	
20 YDS.	✓
30 YDS.	No Return
40 YDS.	
Comp.	

DO NOT OVERLOAD
2 WEEK LIMIT
NO CARDBOARD IN LOAD
NOT RESPONSIBLE FOR
ANY PROPERTY DAMAGE

Customer's Sig _____
Driver's Sig _____
☐ No One Available to Sign

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

FACILITY ID: No. 1516B
Ticket No : 1941724
Date :11/9/17

Customer: ROS20
LOUIS T ROSELLE, INC *
54 MONTESANO ROAD

FAIRFIELD, NJ 07004-3310

44720	lb	In	3:25 pm
35620	lb	Out	3:44 pm
9100	lb		
4.550	tn		

Dep. # : 2884AM XCVP22 ROLLOFF #77' 19 20 0.00 CU YDS

% Of Load	Material		Location	Price/Unit
100.00	132	BULKY - DEMO WOOD	BRICK TWP	$81.21

Current Balance $31998.71

Total $ $369.51

Driver _____

OCLF Not Responsible For Damages Done At Landfill

Closure & Contingency:	$0.50/tn	Environmental Escrow Type 10:	$17.97/tn
Recycling Tax:	$3.00/tn	Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow:	$1.00/tn	Post Closure Fund:	$ 0.82/tn
O.C. Health Dept:	$0.40/tn	Host Community Fund:	$ 4.50/tn

Weigh Master: WD

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday **call for hours**

Invoice No :597453
Date :11/9/17
Phone :(732)244-1716
Fax :(732)244-4411

Customer: 2277020
Roselle/Suburban Disposal

54 Montesano Rd
Fairfield, NJ

Truck : XCVP22 ROSELLE DISPOSAL #77
Location: 1507 BRICK TWP.

Gross :	77560	lb	Scale 1	In	7:53 am
Tare :	36580	lb	Scale 1	Out	8:43 am
Net :	40980	lb			

Weigh Master: DP

Remarks:

MATERIAL ID	QTY	UNIT-$	MATERIA
20064	20.40 tn	$40.00	CONCRE

LOUIS T. ROSELLE
54 Montesano Road, Fairfield, NJ 07004-3310
Phone: 973-227-7020 • Fax: 973-675-1404
Private Disposal Service
ROLL OFF CONTAINERS 10 TO 40 YARDS

Date _____

Name EHM

Address HARVARD AVE BRICK

10 YDS.			
15 YDS.			
20 YDS.	SWITCH	✓	
	CONCRETE		
30 YDS.			
40 YDS.			
Comp.			
	DO NOT OVERLOAD		
	2 WEEK LIMIT		
	NO CARDBOARD IN LOAD		
	NOT RESPONSIBLE FOR		
	ANY PROPERTY DAMAGE		

Customer's Sig _____

Driver's Sig _____

☐ No One Available to Sign

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X Check if contractor.

Agent Name FHM Partners LLC

Address 25 Acorns Lane Whiting NJ 08759

Telephone (732) 610-4347

Signature Gary Reynolds

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Louis T Roselle Inc.
54 MONTESANO RD
FAIRFIELD, NJ 07004
(973)227-7020

Invoice 56860

DATE	PLEASE PAY	DUE DATE
11/10/2017	$670.03	11/10/2017

BILL TO
EHM CONTRACTORS
858 ROUTE 46 WEST
PARSIPPANY, NJ 07054

SHIP TO
1640 HARVARD AVE
BRICK

Please detach top portion and return with your payment.

DATE	DESCRIPTION	WEIGHT	RATE	AMOUNT
11/07/2017	30 YD Hauling Fee	1	225.00	225.00
11/07/2017	Disposal Fee	5.48	81.21	445.03

TOTAL DUE $670.03

THANK YOU.

Thank you for your business, with any questions please contact Anthony at 973-200-6737.

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

FACILITY ID: No. 1518B
Ticket No : 1941052
Date :11/7/17

Customer: ROS20
LOUIS T ROSELLE, INC *
54 MONTESANO ROAD

FAIRFIELD, NJ 07004-3310

50780	lb	In	2:53 pm
39800	lb	Out	3:17 pm
10980	lb		
5.490	tn		

Dep. #:	2884AM	XCVP22	ROLLOFF #77' 19	40	0.00	CU YDS
% Of Load	Material		Location			Price/Unit
100.00	132	BULKY - DEMO WOOD	BRICK TWP			$81.21

Current Balance $36041.90

Total $ $445.03

Driver

OCLF Not Responsible For Damages Done At Landfill

Closure & Contingency:	$0.50/tn	Environmental Escrow Type 10:	$17.97/tn
Recycling Tax:	$3.00/tn	Types 13, 22, 23, 25:	$23.19/tn
Closure Escrow:	$1.00/tn	Post Closure Fund:	$ 0.62/tn
D.C. Health Dept:	$0.40/tn	Host Community Fund:	$ 4.50/tn

Weigh Master: PM

LOUIS T. ROSELLE
54 Montesano Road, Fairfield, NJ 07004-3310
Phone: 973-227-7020 • Fax: 973-675-1404
Private Disposal Service
ROLL OFF CONTAINERS 10 TO 40 YARDS

Name CHRIS ROSELLI
Address 1600 HARVARD AVE. Brick
Date 11-7-17

10 YDS.													
15 YDS.													
20 YDS.													
30 YDS.													
40 YDS.													
Comp.													

NO RETURN

DO NOT OVERLOAD
2 WEEK LIMIT
NO CARDBOARD IN LOAD
NOT RESPONSIBLE FOR
ANY PROPERTY DAMAGE

Customer's Sig _____
Driver's Sig _____
☐ No One Available to Sign

CONSTRUCTION PERMIT

Date Issued 11/01/2017
Control # C-17-004885
Permit # 17-3663

IDENTIFICATION Block: 831 Lot: 29 Qualifier

Work Site Location: 1640 HARVARD AVE Brick Township, NJ

Contractor EHM Partners LLC
Address 858 Route 46 W Parsippany NJ 07054 - .

Owner in Fee E H M HOMES LLC
PO BOX 611 PINE BROOK NJ 07058

Telephone: 732 6104347
Lic. No. or Bldrs. Reg. No. 13VH06931900 13VH06931900
Federal Employee. No. 13VH06931900

Telephone: (732) 610-4347

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [x] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

DEMOLITION SINGLE FAMILY DWELLING

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,000

Daniel F Newman (MFF) 11/1/17

Construction Official Date

PAYMENTS (Office Use Only)	
Building	$200
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$200
Check No.	120
Cash	$0
Credit	$0
Collected By	Matthew Fagen

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

11/01/17 BUILDING $200.00
CHECK $200.00

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

Mailed 2nd time to 52 E Coral Dr, Brick NJ 08723 on 10/30/14

February 28, 2014

Michael Sturchio
FAX: 732-892-9087

Ref: DR #330689130

Dear Customer:

This letter confirms that Jersey Central Power & Light Company has performed a field inspection of the building listed below and determined that our electric service cables and meters have been removed.

1640 Harvard Ave
Brick NJ 08724

This notification is effective as of the above date, and certifies the referenced building is now electrically safe for demolition.

Sincerely,

Danielle M. Larsen
Distribution Specialist

DML/bmc

demoltr.pf1

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-5378
www.brickmua.com

October 04, 2016

EHM HOMES LLC
PO BOX 611
PINE BROOK NJ 07058-0611

Account: 12325600-0
Service Location: 1640 HARVARD AVE
Block: 831_29
Subject: Building to Be Demolished and Reconstructed

Dear Customer,

This is to certify that the water and sewer service at the subject property has been terminated and the water metering system has been removed.

At this time you have the option to inactivate your account with us. However, you may be subject to a reconnection fee upon reactivation if there has been a rate increase. All requests must be in writing to us. Please call our office with any questions concerning this matter.

Respectfully yours,

BEV
Customer accounts representative

New Jersey
Natural Gas

December 13, 2014

EHM Partners
30 Robbins St.
Toms River, NJ 08753

Gas Service Disconnection Due To Super Storm Sandy

RE: 1640 Harvard Ave., Brick (8110168)
Email:
FAX:

Per your request, New Jersey Natural Gas has investigated the above referenced property for the presence of natural gas facilities. The facilities (if any) have been permanently disconnected at the main, which may be in the road or behind the curb line.

************IMPORTANT************

PLEASE READ CAREFULLY

SHOULD YOU REQUIRE GAS SERVICE RESTORED, PLEASE FOLLOW THE DIRECTIONS BELOW:

1. **Call 1-800-221-0051, a minimum of 6 business weeks prior to the estimated *reconnection date.* This is necessary for us to obtain permits required to *restore your service.***

2. When you call, please ask to speak to a **Marketing Representative**, who will assist you to have a new gas service line installed.

3. Please be advised that the new service line must be installed according to the current company installation standards.

c. NBPT
File
8110168

11/1/17

To whom it may concern

IF Any Asbestos should Be Found it will Be Despose of ~~Asbestos~~ Abated According to USEPA 40 CFR 61

Property 1640 Harvard Ave Brick NJ 08724

Block 831 Lot 29

EHM Partners LLC
25 Crocus Lane Whiting NJ
SAM Reynolds
SAM

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1640 HARVARD

BLOCK: 831 **LOT:** 29

CONTRACTOR: FHM Partners LLC.

CONTRACTOR'S ADDRESS: 25A Crocus Lane Whiting NJ

Type of Construction(minor, new home): Demo

Type of Debris (shingles, siding, wood, etc.): shingles siding wood ect

Party responsible for removal: Big N Little Carting

Dumpster Size: 30 yd

Destination of Debris: Ocean County Land Fill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Sam Reynolds
Signature

11/1/2017
Date

SAM Reynolds
Print Name