



CONSTRUCTION PERMIT APPLICATION

C-17-001175

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

I. IDENTIFICATION

1. Proposed Work Site at: 1726 Forge Pond Rd. Brick

2. Name of Owner in Fee: Tim Hagemann

Tel. _____ e-mail _____

Address 1726 Forge Pond Rd. Brick 08724

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Environmental Management Assoc 732-919-0595

Address 5303 Route 33/34 Farmingdale e-mail emc@emcenv.com

License No. OR, if new home, Builder Reg. No. 13VH027600 Exp. Date 3/31

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 22-331515 FAX: _____

5. Architect or Engineer Mike Kneucker Contact 732-919-0595

Address 5303 Route 33/34 Farmingdale e-mail mkneucker@emcenv.com

Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun 732-919-0595

Tel. Mike Kneucker FAX: _____

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing	<u>150</u>	
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	<u>150</u>	
13. TOTAL	\$	

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)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>all</u>							

TOTAL COST \$1,100 \$0

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: Select Group _____
3. Change in Use Group, Indicate Present: Select Group _____
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: Select Group _____ Select Group _____
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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/26/2017
Control Number C-17-001175
Permit Number 17-1042
Permit Issue Date 4/4/2017
Certificate Number 17-1042

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1726 FORGE POND RD. Brick Township, NJ Block: 848 Lot: 6.01 Qual: _____
Owner in Fee: HAGEMAN, TIM
Owner Address: 1726 FORGE POND RD BRICK NJ 08724
Telephone: _____
Contractor ENVIRONMENTAL MANAGEMENT ASSOC
Address 5303 RT 33/34 FARMINGDALE NJ 07727-
Telephone: 732/9190595 Fax: 732/9190758
License Number or Builders Registration Number: 13VH01277600 Federal Emp. Number: 22-3315115

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK REMOVAL

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

Date Printed: 5/26/2017

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

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1

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 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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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

☒ Check if contractor.

Agent Name Gar Quigley
Address 5303 Rt 33/34
Farmingdale, NY 01727
Telephone 732-419-0545
Signature [Signature]

III. () LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. () HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

CERTIFICATION IN LIEU OF OATH

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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' 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.i.x:

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

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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.

☒ Check if contractor.

Agent Name Jim Quaney
Address 5303 Rt 33/34
Farmingdale NJ 07727
Telephone 732-919-0595
Signature [Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ☐ HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 648 Lot 6.01 Qualification Code _____

Work Site Location 1726 Forge Para Rd.

Owner In Fee: Tom Hageman

Tel. (_____) _____ e-mail _____

Address 1726 Forge Para Rd Bx 136 08724

Contractor: Emergency Management 132 940545 zip code

Address 5303 Rose 33734 e-mail Emergency@emco.com

Farmingdale

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. 22-335115 FAX: (_____) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Const. Class: Present _____ Proposed _____

Heating System: [] New or [] Modification to Existing

OR [] Conversion or [] Replacement

Fuel Type: [] Gas [] Oil [] Electric [] Solar

Location: _____

Total Cost of Fire Protection Work \$ \$4100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

[] Partial - Under-slab Utilities Approved

Date: _____ Approved by: _____

[] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

[] Bldg. [] Elec. [] Plumb. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] GCO [] CA

Date: _____

Approved by: _____

INSPECTIONS

Type: _____

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Other

Dates (Month/Day)

Failure

Failure

Approval

Initial

Fire Alarm System: [] New or [] Existing

Capacity

Fire Suppression/Standpipe System:

[] New or [] Existing

Location of Panel:

Location of Main Control Valve:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Removal of UST

530 Gal

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

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.

Applicant's Signature/Contractor's Signature _____

[] Exempt Applicant

Date Received
Control #

Date Issued

Permit #

17-1042

4/4/17

NUMBER

FEE (Office Use Only)

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110V Interconnected

[] CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pull, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet)

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fuel-Fired Appliances [] Gas [] Oil [] Solid

Fireplace Venting/Metal Chimney

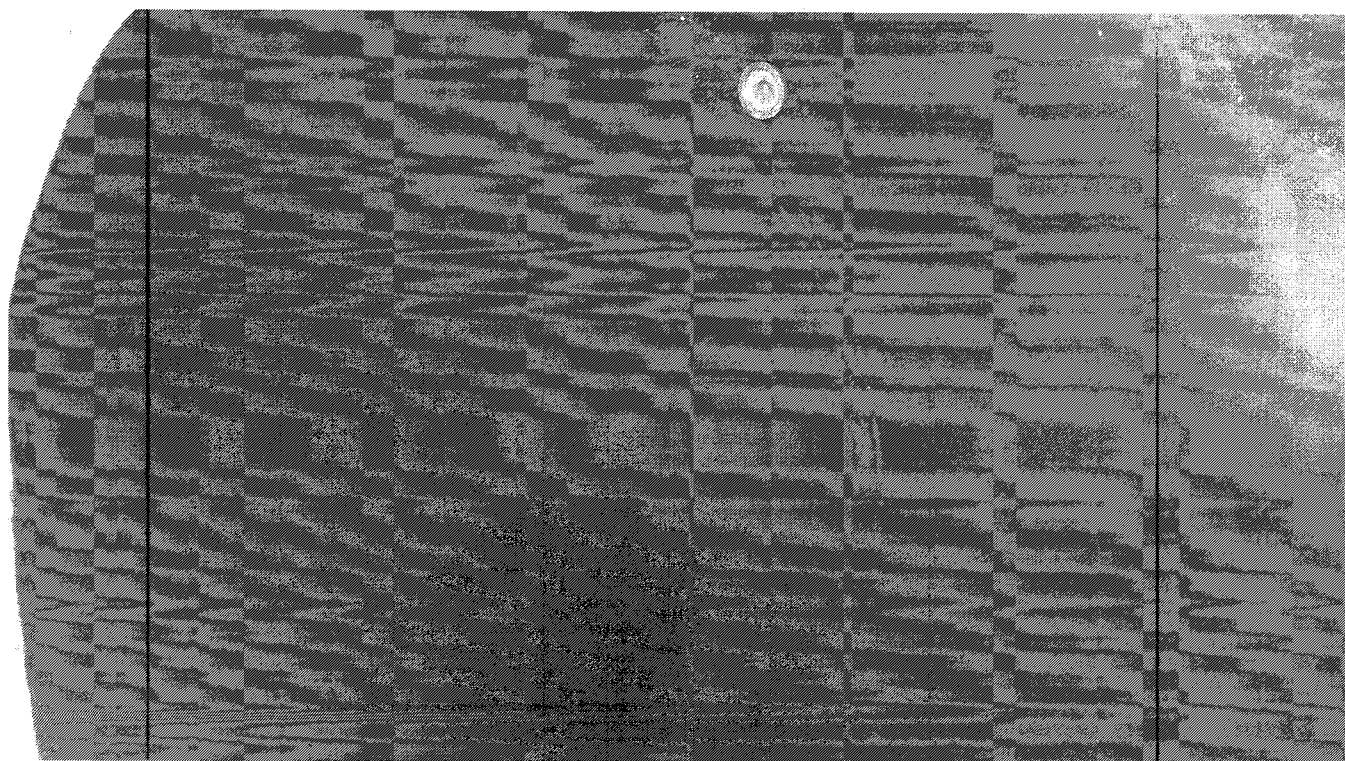
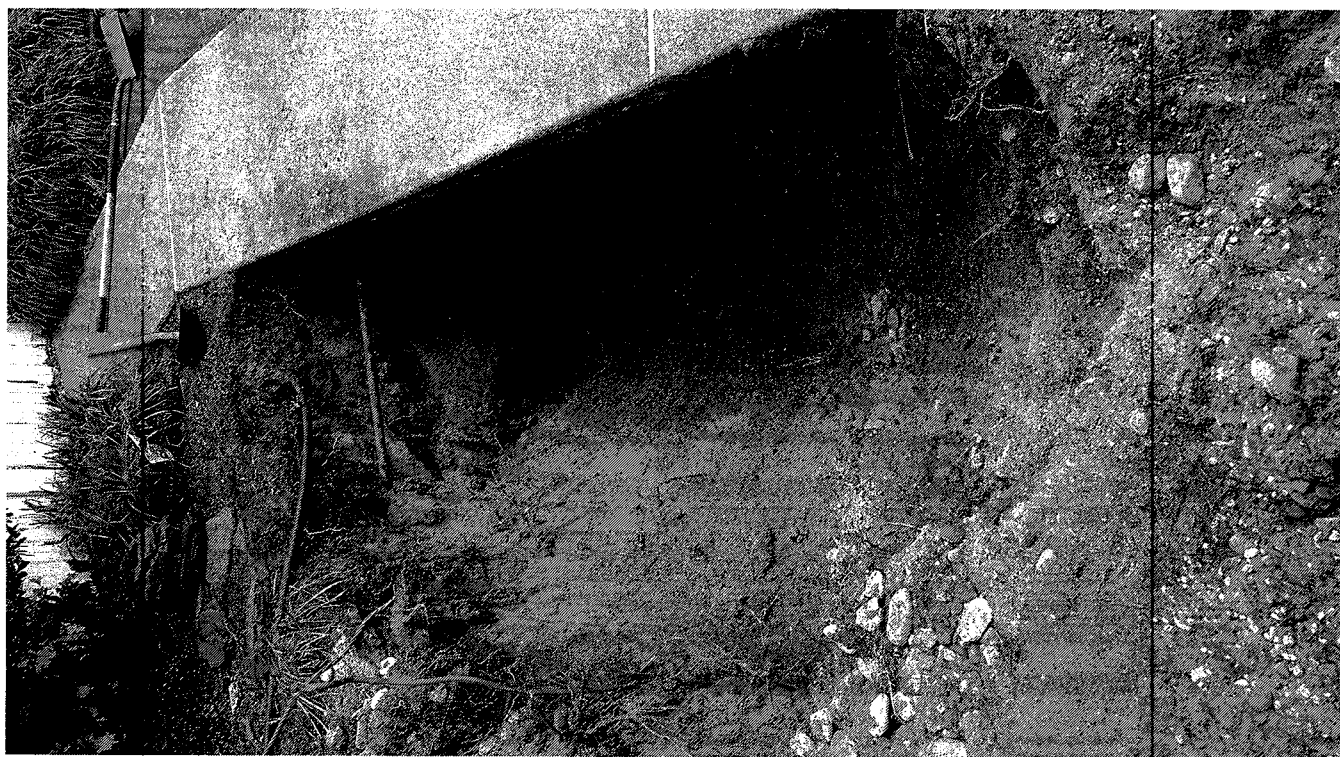
Other _____

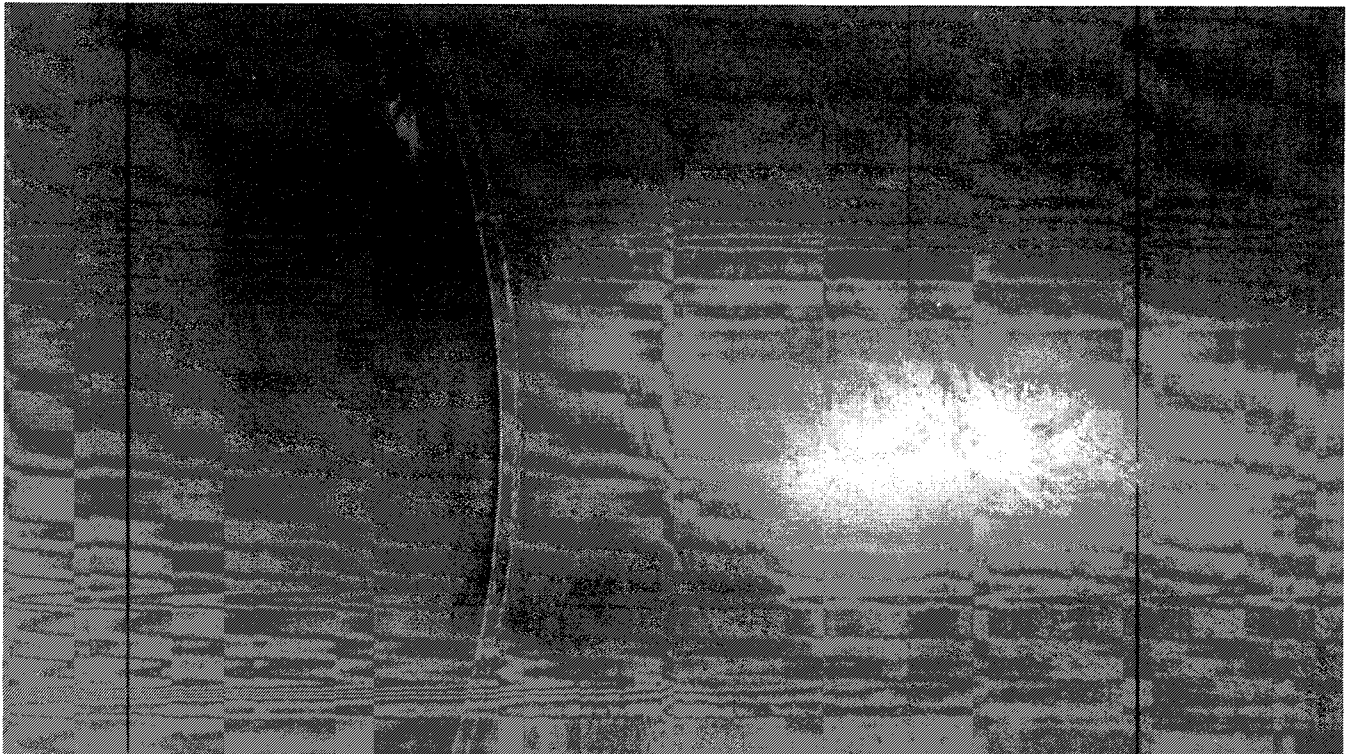
Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$







ENVIRONMENTAL MANAGEMENT ASSOCIATES, INC.
VISIT US ON-LINE @ WWW.EMAENV.COM

FAX TRANSMISSION

TO: Township of Brick Blg Dept

FROM: Environmental Management Associates

DATE: 5/10/17

FAX # 732-451-0257

NUMBER OF PAGES: 3 (including Cover Sheet)

Message:

1726 Forge Pond Rd.
Disposal Receipt

Hard Copy to Follow By:

☐ Regular mail ☐ Overnight service ☐ No hard copy to follow

Please call (732) 919-0595 if this transmission is not received properly. If this transmission is received by any party other than the intended recipient listed above, please call EMA immediately so that we may arrange for the return of the transmission. This transmission is intended only for the use of the listed recipient and shall not be used or reproduced by any party that may inadvertently receive the transmission.

5303 Route 33/34, Farmingdale, New Jersey 07727 • Ph: (732) 919-0595 • Fax: (732) 919-0758
WWW.EMAENV.COM

898 601

** Receipt **

MAZZA
DEMOLITION & RECYCLING3230 Shafto Road
Tinton Falls, NJ 07754
Phone : (732) 922-9280**THANK YOU PAID**Receipt # : 00041854 Ticket # : 00040632
Supplier : ENAD03 - ENA5303 RT 33
FARMINGDALE, NJAmount : \$40.30
Paid By : Cash
Date Paid : 08 May 2017 1:35 pm
Tax Date : 08 May 2017
Paid To : ENA
Mat Rcv'd : 08 May 2017

Material

Extension

HEAVY IRON

PH @

6.500

\$40.30

Gross : 15,780 LBS
Tare : 15,160 LBS
Net : 620 LBSTotal Amount --->
Paid Out --->\$40.30
\$40.30Comments :
BRICK



CONSTRUCTION PERMIT

Date Issued 4/4/17
Control # C-17-001175
Permit # 17-1042

IDENTIFICATION Block: 848 Lot: 6.01 Qualifier _____
Work Site Location: 1726 FORGE POND RD. Brick Township, NJ Contractor ENVIRONMENTAL MANAGEMENT ASSOC
Address 5303 RT 33/34 FARMINGDALE NJ 07727
Owner in Fee HAGEMAN, TIM Telephone: 732/9190595
1726 FORGE POND RD BRICK NJ 08724 Lic. No. or Bldrs. Reg. No. 13VH01277600 13VH01277600
Telephone: _____ Federal Employee No. 22-3315115

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

TANK REMOVAL

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 \$1,100

[Signature]
Construction Official

3/27/17
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$150
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$150
Check No.	<u>16062</u>
Cash	<u>04/04/17 9:36AM 001350444 \$0</u>
Credit	<u>003 SETU 060</u>
Collected By	<u>CW</u>

FIRE

CHECK

\$150.00

\$150.00

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.

☒ 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.

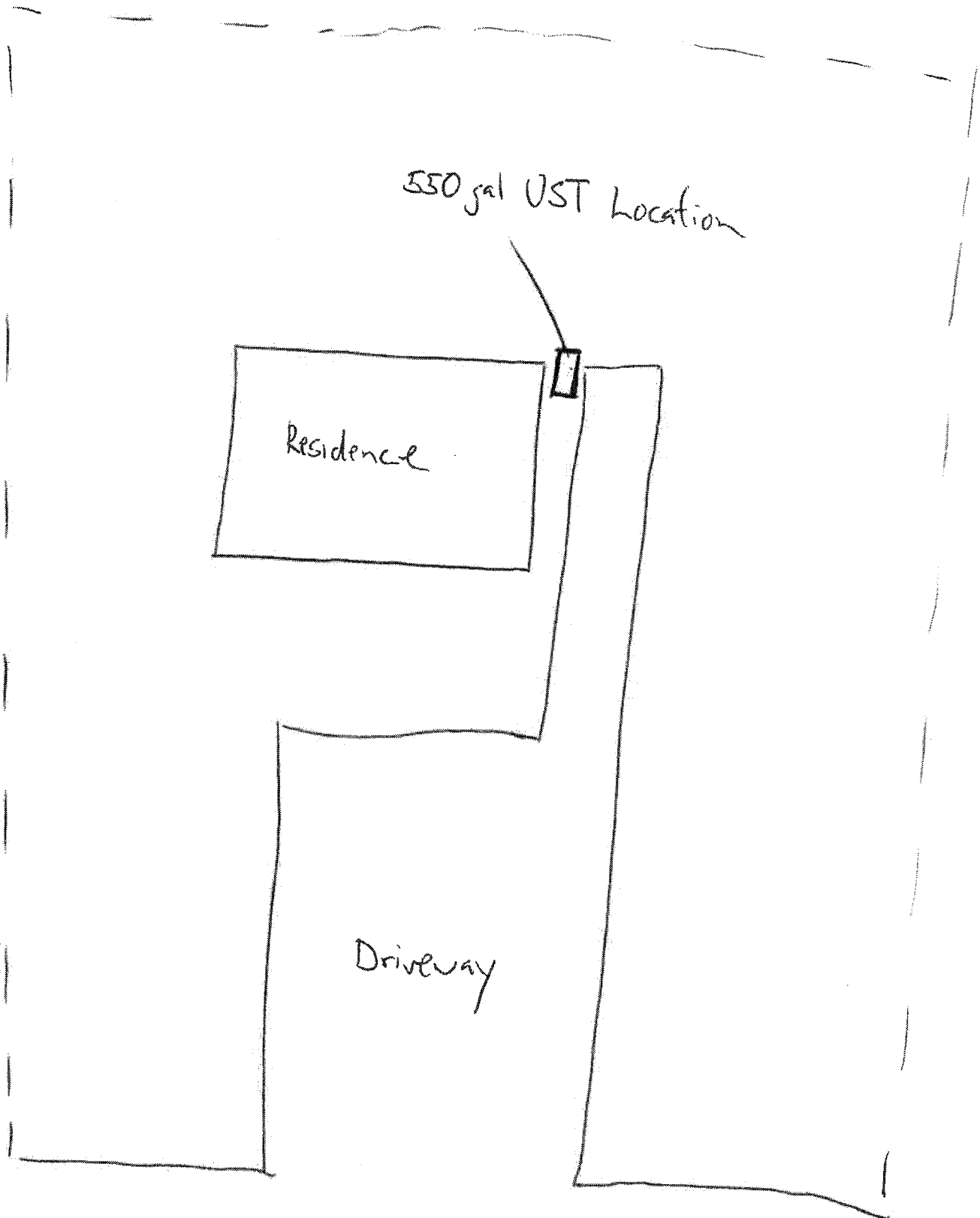
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

☒ 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.



1726 Forge Pond Rd

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 3/21/17

PROJECT: Hagemann Property

STREET: 1726 Forge Pond Rd

CONTRACTOR: Environmental Management Ass. Inc. LICENSE NO. 13VH01277600

ADDRESS: 5303 Rt 33/34, Farmingdale NJ 07727

A.S.C.M.: _____ LICENSE NO. _____

MAILING ADDRESS: 5303 Rt 33/34, Farmingdale NJ 07727

OSHA AIR MONITOR: _____

ADDRESS: _____

BUILDING OWNER: _____

MAILING ADDRESS: _____

_____ PHONE: _____

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: _____

_____ PHONE: _____

WASTE HAULER: _____ LICENSE NO.: _____

LAND FILL: _____

TOWN: _____

JOB SIZE: (circle one) MINOR _____ SMALL _____ LARGE _____

QUANTITY OF WASTE GENERATED: _____ CU YARDS _____

LINEAR FOOTAGE: _____

SQUARE FOOTAGE: _____

PROPOSED START DATE: _____ PROPOSED FINISH DATE: _____

COST OF WORK: \$ _____

CONSTRUCTION PERMIT # _____ DATE: _____

★ EMA will recycle the tank and provide township with recycling receipt.

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Environmental Management Associates, Inc.
Michael Kneucker
5303 Route 33/34
Farmingdale NJ 07727

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

01/29/2016 TO 03/31/2017

VALID

13VH01277600

LICENSE/REGISTRATION/CERTIFICATION #


Signature of Licensee/Registrant/Certificate Holder


ACTING DIRECTOR