BLOCK 838 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 1700 Lawrelton St PERMIT NO. 13-4232

CONSTRUCTION PERMIT APPLICATION

C13-005616

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

I. IDENTIFICATION

1. Proposed Work Site at: 1700 Lawrelton St
2. Name of Owner in Fee: FRANK, William
   Tel. [redacted] e-mail _____
   Address 2322 Harbor DR. Brick, NJ 08723
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Jacobs Demo Tel. 732-528-3800
   Address 52 Taylor Ave e-mail _____
   Manasquan, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02503900
   Federal Emp. ID No. _____ FAX: 732-746-3947
5. Architect or Engineer NA Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____ ✓
6. Responsible Person in Charge once Work has Begun Mike Jacobs
   Tel. 732-528-3800 FAX: 732-746-3947

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75 ✓		
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	$ 75		

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	Resubmission Dates Rejection	Re-viewer

TOTAL COST 6000

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	1	
Gained, Rental		
Lost, Sale	1	
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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/21/2014
Control Number C-13-005616
Permit Number 13-4232
Permit Issue Date 10/08/2013
Certificate Number 13-4232

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1700 LAURELTON ST. (1683 TILFORD BLVD.) Brick Township, NJ Block: 838 Lot: 22 Qual:

Owner in Fee: FRANK, WILLIAM

Owner Address: 2322 HARBOR DRIVE POINT PLEASANT NJ 08742

Telephone:

Contractor JACOBS DEMOLITION

Address 52 TAYLOR AVENUE MANASQUAN NJ 08736

Telephone: (732) 528-3800 Fax: (732) 528-3809

License Number or Builders Registration Number: 13VH02503900 Federal Emp. Number: 14-0546095

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: 03/21/2014

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

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.

(✓) Check if contractor.

Agent Name Mike Jacobs

Address 52 Taylor Ave
Manasquan

Telephone 732-803-7575

Signature mike Jacobs

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/8/13

Date Issued / Permit # 13-4232

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

Block 838 Lot 22 Qualification Code

Work Site Location 1700 Laurelton St Brick

Owner in Fee: FRANK, William

Tel. [redacted] e-mail

Address 2322 HARBOR DR Brick, NJ 08742 (street / municipality / zip code)

Contractor: Jacobs Tel. (732) 823-7575

Address 52 Taylor Ave e-mail

Manasquan

Contractor License No. or Builder Registration No. 13VH02503900 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH02503900

Federal Emp. ID No. FAX: (732) 746-3947

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: Mike Jacobs

Print name here: Mike Jacobs

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo

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: 03/19/14

Approved by: MM

INSPECTIONS

Type:	Failure	Failure (Dates Month/Day)	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final		10/28/13 MW	3/17/14 MW	
Barrier-Free				

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 $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class 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 _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 6000

Bring Grade Back to its natural state

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

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

1700 Laurelton Receipts

#335 Laurelton Brick Demo

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD.TINTON FALLS,NJ

Weighed: Sarah French
Deposit: JIM MEIMER
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XC9E3B
Reference: 20 YDS

Origin: BRICK, OCEAN
DATE IN: 10/11/2013 TIME IN: 11:51:45
DATE OUT: 10/11/2013 TIME OUT: 11:58:44

INBOUND TICKET Number: 02-689618

SCALE 2 GROSS WT.	61340	LB
SCALE 3 TARE WT.	36300	LB
NET WEIGHT	25040	LB

Qty	Description	Amount
12.52	CONCRETE	75.12

NET CHARGE AMOUNT: 75.12
CREDIT REMAINING: 337.43

X

Box 238
Brick, Laurelton st.

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Anthony Battaglia
Deposit: Anthony Battaglia
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XC564X
Reference: 20 YDS

Origin: BRICK, OCEAN
DATE IN: 10/11/2013 TIME IN: 11:15:24
DATE OUT: 10/11/2013 TIME OUT: 11:24:35

INBOUND TICKET Number: 01-164541

SCALE 1 GROSS WT.	54360	LB
SCALE 1 TARE WT.	32180	LB
NET WEIGHT	22180	LB

Qty	Description	Amount
11.09	CONCRETE	66.54

NET CHARGE AMOUNT: 66.54
CREDIT REMAINING: 1586.99

X

Concrete.

638/22

13-4232

Box 402
Brick, Laurelton St

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: JIM WEIMER
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XC564X
Reference: 40 YDS

Origin: BRICK, OCEAN
DATE IN: 10/11/2013 TIME IN: 07:18:11
DATE OUT: 10/11/2013 TIME OUT: 07:30:29

INBOUND TICKET Number: 02-688602

SCALE 2 GROSS WT.	56200	LB
SCALE 3 TARE WT.	34080	LB
NET WEIGHT	22120	LB

Qty	Description	Amount
11.06	CONSTRUCTION & DEMOL	829.50
	ENVIRO FEE	33.18
	NET CHARGE AMOUNT:	862.68
	CREDIT REMAINING:	790.85

X_____

Box 238
Brick, Laurelton St

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Anthony Battaglia
Deposit: Anthony Battaglia
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XC564X
Reference: 20 YDS

Origin: BRICK, OCEAN
DATE IN: 10/11/2013 TIME IN: 13:58:50
DATE OUT: 10/11/2013 TIME OUT: 14:18:49

INBOUND TICKET Number: 01-164564

SCALE 1 GROSS WT.	55680	LB
SCALE 1 TARE WT.	32220	LB
NET WEIGHT	23460	LB

Qty	Description	Amount
11.73	CONCRETE	[illegible]8
	NET CHARGE AMOUNT:	70.38
	CREDIT REMAINING:	1516.61

X_____

#404 Laurelton Brick Demo

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD.TINTON FALLS,NJ

Weighed: Anthony Battaglia
Deposit: Anthony Battaglia
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XD366B
Reference: 10 YDS

Origin: BRICK, OCEAN
DATE IN: 10/10/2013 TIME IN: 11:59:02
DATE OUT: 10/10/2013 TIME OUT: 12:24:35

INBOUND TICKET Number: 01-164494

SCALE 1 GROSS WT.	52080	LB
SCALE 1 TARE WT.	35880	LB
NET WEIGHT	16200	LB

Qty	Description	Amount
8.10	CONSTRUCTION & DEMOL	607.50
	ENVIRO FEE	24.30
	NET CHARGE AMOUNT:	631.80
	CREDIT REMAINING:	3605.87

X

#404 Laurelton Brick (Demo)

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD.TINTON FALLS,NJ

Weighed: Saran French
Deposit: JIM WEIMER
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XD366B
Reference: 10 YDS

Origin: BRICK, OCEAN
DATE IN: 10/11/2013 TIME IN: 08:00:03
DATE OUT: 10/11/2013 TIME OUT: 08:02:55

INBOUND TICKET Number: 02-689515

MAN~~UAL~~ GROSS WT.	46120	LB
SCALE 3 TARE WT.	36420	LB
NET WEIGHT	9700	LB

Qty	Description	Amount
4.65	CONSTRUCTION & DEMOL	363.75
	ENVIRO FEE	14.55
	NET CHARGE AMOUNT:	378.30
	CREDIT REMAINING:	412.65

X

Box 402, Brick, Laurelton St.

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Sarah French
Deposit: JIM WEIMER
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XD564X
Reference: 40 YDS

Origin: BRICK, OCEAN
DATE IN: 10/10/2013 TIME IN: 13:13:08
DATE OUT: 10/10/2013 TIME OUT: 13:25:54

INBOUND TICKET Number: 02-689428

SCALE 2 GROSS WT.	51020	LB
SCALE 3 TARE WT.	33480	LB
NET WEIGHT	17540	LB

Qty	Description	Amount
8.77	CONSTRUCTION & DEMOL	657.75
	ENVIRO FEE	26.31
	NET CHARGE AMOUNT:	684.06
	CREDIT REMAINING: 3059.09	

X _____

#40 Laurelton Brick

MAZZA
FACILITY ID# 195599
DEP# 1336001136
3230 SHAFTO RD,TINTON FALLS,NJ

Weighed: Anthony Battaglia
Deposit: Anthony Battaglia
BILL TO: 1422
JACOBS DEMOLITION CO.

Vehicle ID: XD366B
Reference: 40 YDS

Origin: BRICK, OCEAN
DATE IN: 10/10/2013 TIME IN: 14:34:30
DATE OUT: 10/10/2013 TIME OUT: 14:48:50

INBOUND TICKET Number: 01-164513

MANUAL GROSS WT.	49880	LB
SCALE 1 TARE WT.	35820	LB
NET WEIGHT	14060	LB

Qty	Description	Amount
7.03	CONSTRUCTION & DEMOL	527.25
	ENVIRO FEE	21.09
	NET CHARGE AMOUNT:	548.34
	CREDIT REMAINING: 3057.53	

X J Hall

CONSTRUCTION PERMIT

Date Issued 10/8/2013
Control # C-13-005616
Permit # 13-4232

IDENTIFICATION Block: 838 Lot: 22 Qualifier
Work Site Location: 1700 LAURELTON ST. Brick Township, NJ

Owner in Fee FRANK, WILLIAM
2322 HARBOR DRIVE BRICK NJ 08724

Telephone:

Contractor JACOBS DEMOLITION
Address 52 TAYLOR AVENUE MANASQUAN NJ 08736

Telephone: (732) 528-3800
Lic. No. or Bldrs. Reg. No. 13VH02503900
Federal Employee. No. 14-0546095

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

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$75
Check No.	2238
Cash	$0
Credit	$0
Collected By	Nichol Miller

Note: If constuction 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 $6,000

Construction Official

Date 10/8/13

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.

- [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.

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY

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

Jacobs Demolition & Carting LLC
Michael P. Jacobs
52 Taylor Avenue
Manasquan NJ 08736

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

11/27/2012 TO 12/31/2013
VALID

13VH02503900
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Jacobs Demolition & Carting LLC
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/27/2012 TO 12/31/2013
VALID
SIGNATURE
13VH02503900
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE

95 Montrose Road
Colts, Neck, NJ 07722
(732) 294-1757
(732) 462-3044 Fax
09/05/2013

Ace Insulation Co., Inc.

Bill to: Jacobs Demolition & Carting
52 Taylor Avenue
Manasquan, NJ 08736

Site Location: 1700 Laurelton Road, Brick, NJ

Description:

Performed site inspection to quote for asbestos abatement, found no asbestos materials at this site.

Jack Gall
Jack Gall/Ace Insulation Co., Inc.
NJ Asbestos Removal License # 00029

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

JAMES F. LACEY, C.P.W.M.
Executive Director

September 11, 2013

AVON, KENNETH & FRANK,WILLIAM
2322 HARBOR RD
POINT PLEASANT NJ 08742-4814

Account: 12373603-0
Service Location: 1700 LAURELTON ST
Block: 838_22
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.

If further information is required, please contact the undersigned.

Respectfully yours,

Beverly

BEVERLY
Customer accounts representative

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

September 4, 2013

Bill Frantz
FAX: 732-746-3947

Ref: DR #329680349

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.

1700 Laurelton St
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

Danielle M. Larsen
Distribution Specialist

DML/bmc

demoltr.pf1

New Jersey Natural Gas

215/217

October 8, 2013

Willaim Frank
2322 Harbor Drive
Point Pleasant, NJ 08742

RE: Gas Service Disconnection
Re: 1700 Laurelton Street-Brick 7828366
FAX: 732-746-3947

Dear William Frank:

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
7828366

TOWNSHIP OF BRICK
Debris form

Work Site Address: 1700 Laurelton St

Block: 838 Lot: 22

Contractor: Jacobs

Contractor's Address: 52 Taylor Ave

Type of Construction (minor, (new) home): Demo

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

Party responsible for removal: Jacobs Demo

Dumpster size: 20 - 30 yd

Destination of debris: Tinton Falls

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

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 that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Mike Jacobs
Signature

8-20-13
Date

Mike Jacobs
Print Name