BLOCK 825 LOT 5 ADDRESS (SITE) _____ PERMIT NO. 47-93.

RECEIVED
DEC 28 1992
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1638 Forge Pond Rd
2. Name of Owner in Fee: Mr. Mike Arone Te[redacted]
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: A Fabiano & Son Tel. (908) 531-0004
   Address P.O. Box 2197, Long Branch, N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Anthony A Fabiano Tel. 918 531-0004

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50 -		
2. Electrical			
3. Plumbing			
4. Fire Protection	92 -		
5. Other			
6. Subtotal	$ 142 -		
7. Less 20% for State Plan Review	5 -		
8. Subtotal	$		
9. DCA Training Fee	1 -		
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 168 -		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Tank Removal & Installation

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☑ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1300

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			1/5/93				
	12/28/92						
			12-28-92		1-15-93		

III. DO YOU WANT: (optional) 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS BR 10208566

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(e)1.vii:

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.

X Signature _____ Date 12/28/92

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(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 Anthony A. Fabiano

Address P.O Box 2457

Long Branch, N.J.

Telephone (908) 571-0004

Signature _____ Date 12/27/92

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

ORIGINAL ILLEGIBLE

CONSTRUCTION PERMIT

Date Issued 1/11/93
Control #
Permit # 047-93

IDENTIFICATION Block 225 Lot 5

Work Site Location [illegible]

Contractor [illegible]

Address [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. ( ) [illegible]

Tele. ( ) [redacted]

Lic. No. or Bldrs. Reg. No. ______ Exp. Date ______

Federal Emp. No. ______

or Social Security No. ______

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ______

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

[illegible]

PAYMENTS (Office Use Only)	47##		
Building	50	BLOCK	0.00
Plumbing		225 #	
Electrical		LOT	0.00
Fire Protection	92	5 #	
Other	25	BUILDING	50.00
Other		FIRE	92.00
DCA Training Fee		PLAN RVW	5.00
Cert. of Occ.	20	D.C.A.	.00
Other		C/O	20.00
Total	100	TOTAL	14[illegible].00
Check No.		CHECK	14[illegible].00
Cash			
Collected By:			

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 $ [illegible]

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 1/11/93
Control #
Permit # 493

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

Block 825 Lot 5
Work Site Location 1638 FORGE POND RD. BRICK N.J.
Owner in Fee MR. MIKE GROVE.
Address
Tele. [redacted]
Contractor A-FADIANO & SON
Address P.O BOX 267 LONG BRANCH N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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.

X [signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
550 gallon TANK Demo & 275 installation in cellar.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	1/11/93	PK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1300.
3. Total (1+2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/11/93
Date Issued
Control #
Permit # 4743

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

Block 825 Lot 5
Work Site Location 1638 FORGE POND RD. BRICK N.J.
Owner in Fee MR. MIKE GRUNC.
Address
Tele. [redacted]
Contractor A-FADIANU SON
Address P.O BOX 247 LONG BRANCH N.J.
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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.

X
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
550 gallon TANK Demo + 275 installation in cellar.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	1/15/93	K	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1300.
3. Total (1+2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/11/93
Date Issued
Control #
Permit # 4793

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

Block 825 Lot 5
Work Site Location 438 Forge Road RT Brick
Owner in Fee Mr. Mike Arone
Address [redacted]
Contractor A-Fabiano & Son
Address P.O Box 2197 Long Branch, NJ.
Tele. (908) 571-1804
Lic. No.
Federal Emp. No. _____ or Social Security No [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 2,300. [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 12-28-92
Approved by: JL

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 1-15-93
Approved by: JL

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Tank Removal			1-15-93	JL
Other Tank Installed			1-15-93	
Other				

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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work TANK Removal / installation.

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks (1) Capacity 550 #2 Fuel #2
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

Remove 550 gal Tank.

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		46 —
Dry Sprinkler Heads		
TOTAL		46
INSTALL 275 Tank Basement		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Removal		
Gas or Oil Fired Appliance		
OTHER 550 gal Tank Outside Install 275 gal tank		
Administrative Surcharge		$
Paid [ ] Check # _____ Minimum Fee		$
Collected by _____ TOTAL FEE		$ 46 —

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

STATE OF NEW JERSEY

THOMAS H. KEAN
GOVERNOR

DEPARTMENT OF COMMUNITY AFFAIRS
DIVISION OF HOUSING AND DEVELOPMENT

ANTHONY M. VILLANE JR., D.D.S.
COMMISSIONER

3131 PRINCETON PIKE
CN 816
TRENTON, N. J. 08625-0816

Re: Your variation request for ----------
---------- Our Ref.#----------

Dear :

A preliminary review of your request for a variation for the subject project has been completed. The following omissions/nonconformances/ discrepancies have been noted:

A. PLANS

3 sets of plans.
Location(s) of negative air filtration unit(s).
The location(s) of the decontamination chamber(s).
The location(s) of occupants and abatement work areas.
The exits to be used by workers and occupants.
The location of the waste container.
The route of travel for waste removal.
The route of workers to exit the building.
Separation barriers and critical barriers.

B. SPECIFICATIONS

3 sets of specifications.
Specific work proceedures (not a copy of Sub-8).
Method(s) of removal.

C. OCCUPANTS.

The number of intended occupants.
Their purpose for being in the building.
Their location within the building.
The time of day they will be in the building.

ASBESTOS ABATEMENT NOTIFICATION

TANK

DATE:

(PRINT OR TYPE) (If applicable variance#)

Project: TANK Removal / installation

Street: 1638 Forge Pond RD

Town: Brinkton

Contractor: A. FABIANO Lic No:
Address: P.O Box 2197, Long Branch, NJ.

A.S.C.M.: Lic No:
Address:

OSHA Air Monitor:
Address:

Building Owner:

Street: Mr. Mike Browne
Town: 1638 Forge Pond RD. Brink.
Phone: [redacted] County: Zip:

Engineer/Arch:

Street:
Town:
Phone: ( ) - County: Zip:

Waste Hauler: TONKS waste oil. Lic. No.:
Address:

Land Fill: Neptune Scrap Metal. 922-4150
Town:

Job Size: (Circle One) Minor (Small) Large

Quantity of Waste Generated: CU. Yds.:
(All Applicable) Linear Footage:
Sq. Footage:

Proposed Start Date: / / Proposed Finish Date: / /

Cost of work:$ 1300.

(To be filled in by the Construction Official)
Construction Permit No.: Date Issued: / /

0843A
1/19/89

Permit
Review Check List

Project: _____

Address: _____

Municipality: _____

ASCM Firm: _____

Date received: _____ Date reviewed: _____

Reviewed by: _____

( ) 1. UCC Form (F-100) Applications for a permit

( ) 2. UCC Form (F-110) Building Subcode

( ) 3. Health Waiver or Assessment

( ) 4. Notification form for Asbestos Abatement

( ) 5. Plans
- ( ) a. Separation Barriers
- ( ) b. Critical Barriers
- ( ) c. Scope of Work
- ( ) d. Route of travel to waste container
- ( ) e. Copy of site plan
- ( ) f. Copy of floor plan and/or plans if a multi-story

( ) 6. Specifications
- ( ) a. Scope of Work
- ( ) b. Type of removal (Glove bag, full containment)
  - ( ) 1. Where (specific locations; Re. plans)
  - ( ) 2. Quantity (Ln ft) (Sq. ft)

( ) 7. Documentation of non-occupancy or copy of variance

( ) 8. Release of plans and specifications by the ASCM

( ) 9. Permit Fee

Comments: _____

_____

_____

_____

_____

1256A
3/15/88

ASBESTOS JOBS

Under D.C.A. Subchapter 8

	LARGE	SMALL	MINOR
Square Feet	≥ 160	< 160 to > 25	≤ 25
Linear Feet	≥ 260	< 260 to > 10	≤ 10
Worker Training	5 day (W)	5 day (W)	2 day (M&C)
DOL Permit	Yes	Yes	No
Contractor License	Yes	Yes	No
Construction Permit	Yes	Yes	No
Notice to Adm. Authority	Yes	Yes	No
Completion Report to Adm. Av.	Yes	Yes	Yes
Contractor Daily Log	Yes	No[1,2]	N/A
Contractor Written Emerg. Plan	Yes	No[1,2]	N/A
Decon. Unit	Yes	No[2]	No
Work Area Enclosure	Yes	Yes	General Isolation[3]
Neg. Air Filtration	Yes	No[2]	No
Daily Air Monitoring	Yes	No[2]	No
Smoke Test[4]	Yes	No[2]	No
Final Air Sample	Yes	Yes	Yes(glovebag)
Precommencement Inspection	Yes	Yes	No
Progress Inspection	Yes	Yes	No
Pre-Sealent Inspection	Yes	No[1,2]	No
Clean-Up Inspection	Yes	Yes	No
Approved Landfill	Yes	Yes	Yes

Footnotes

1. Highly recommended.
2. ASCM may request variance.
3. Ground cover, local vents sealed, etc.
4. Smoke test is required for all glovebag type removals.