



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/29/2010
Control Number C-10-002967
Permit Number 10-2272
Permit Issue Date 08/23/2010
Certificate Number 10-2272

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1669 FORGE POND RD Brick Township, NJ Block: 839 Lot: 17 Qual: _____
Owner in Fee: STONE, ALAN & BONNIE G
Owner Address: 1669 FORGE POND RD BRICK NJ 08724
Telephone: _____
Contractor CONCORD ENVIRONMENTAL SERVICES
Address 3400 BELMAR BLVD WALL NJ 07719
Telephone: (732) 556-1202 Fax: (732) 556-1203
License Number or Builders Registration Number: 13VH03710200 US254794 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: 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

Fee: \$0.00

Check Number: _____

Collected By: _____



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 839 Lot 17 Qualification Code _____

Work Site Location 1669 Fage Road Rd.

Owner in Fee Backlot Stone

Tel. () _____ e-mail _____

Address 1669 Fage Road Rd. Brick, NJ 08724

Contractor Concord Environmental Services Tel. () 732-556-1202

Address 3400 Belmar Blvd. Wall, NJ 07719

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. 582676424 FAX: () 732-556-1205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____
Constr. Class: Present _____ Proposed _____

Heating System: [] New OR [] Modification to Existing
OR [] Conversion OR [] Replacement

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

Location: _____
Total Cost of Fire Protection Work \$ 1200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS	
		Type:	Dates (Month/Day)
☒ No Plans Required		Alarm System	Failure Failure Approval Initial
☐ Partial-Underslab Utilities Approved		Suppression Sys.	
Date: <u>8/14/02</u> Approved by: <u>OS</u>		Standpipe	
☐ Fire Protection Plans Approved		Fire Pump	
Date: _____ Approved by: _____		Pre-Eng. System	
Joint Plan Review Required:		Mechanical	
☐ Bldg. ☐ Elec. ☐ Plumb. ☐ Elev.		Smoke Control	
SUBCODE APPROVAL for PERMIT		TCO	
Date: _____ Approved by: <u>OS</u>		Flam/Combust Tanks	
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting	
☐ CO ☐ CCO ☐ CA		Final	
Date: _____		Other	
Approved by: _____			

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the owner of record and am authorized to make this application. _____
Applicant's Signature _____
[] Certified Contractor [] Exempt Applicant

Date Received _____
Control # 08-2310
Date Issued 10-22-02
Permit # _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: 290 CST Renovation

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks
Alarm Systems

[] System
[] 110V Interconnected
[] CO Detectors/110V
Alarm Devices (i.e., smoke, heat, pulls, 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 \$ 70

Fax Transmittal

CONCORD ENVIRONMENTAL
732 556 1202 PHONE
732 556 1203 FAX

Belk 839
Lut 17

Recipient	
Organization	Brick Building Department
Fax Number	732-262-8954
From	Lora Lloyd
Date	10/15/10
Subject	Permit# 10-2272

Total number of pages: 3

☐ Urgent ☐ Reply ASAP ☐ Please Comment ☒ For Your Records

To whom it may concern,

Attached is a letter regarding the above permit.

Please feel free to call me in the office if you have any questions.

Thank you,
Lora

Phone: 732 938-5331

Fax: 732 919-1912

Purchase Ticket
Blewett Recycling246 Herbertsville Rd
Howell, NJ 077313208
CONCORD

WALL, NJ 07719

October 08, 2010

Ticket# 103663

Weight 280

Total \$29.40

Driver:

Description:

Notes:

Truck#:

Container In:

Other:

Container Out:

Vehicle Tag:

Retail Ticket - Number: 103663

<u>Commodity</u>	<u>Gross</u>	<u>Tare</u>	<u>Tare2</u>	<u>Deduct</u>	<u>Net</u>	<u>UM</u>	<u>Price</u>	<u>Total</u>
#1 STEEL OIL TANK	38,160	37,880			280	C	10.5000	29.40
					280			29.40

STONE

Brick

3269
EPA Approved
NJD982789810DEPE Approved
#50101**Charlie's Oil Recovery Service, Inc.**

Waste-Oil - Waste Water Removal

Charlie LoBello
OwnerP.O. Box 338
Lakehurst, NJ 08733
732-657-1707

TO

DESCRIPTION	AMOUNT
10-8-10	
Stone	
1669 Force main and 1601	
1601	
40 removed	
Removed	
2700 (bridge)	
150 gals	
MANIFEST # 978820	SUB TOTAL
	TAX
WASTE # N/A	TOTAL



CONSTRUCTION PERMIT

Date Issued 10-22-10
Control # C-10-002967
Permit # 0823-10

IDENTIFICATION Block: 839 Lot: 17 Qualifier
Work Site Location: 1669 FORGE POND RD Brick Township, NJ Contractor CONCORD ENVIRONMENTAL SERVICES
Owner in Fee STONE, ALAN & BONNIE G Address 3400 BELMAR BLVD WALL NJ 07719
1669 FORGE POND RD BRICK NJ 08724 Telephone: (732) 556-1202
Telephone: _____ Lic. No. or Bldrs. Reg. No. US254794
Federal Employee No. _____

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 \$1,200

[Signature]
Construction Official

8-21-10
Date

U.C.C. F170
equiv (rev 8/03)

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	\$70
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$70
Check No.	
Cash	\$0
Credit	\$0
Collected By	

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.



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 839 Lot 17 Qualification Code _____

Work Site Location 1669 Fage Road Rd. Brick, NJ 08724

Owner in Fee: Atlantic Stone

Tel. () _____ e-mail _____

Address 1669 Fage Road Rd. Brick, NJ 08724

Contractor: Canard Environmental Services Tel. () 732-552-1202

Address 3400 Belmont Blvd. Wall, NJ 07719 e-mail _____

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

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

Fire Alarm Contractor No. _____

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

Federal Emp. ID No. _____ FAX: () 732-552-1705

B. FIRE PROTECTION CONTRACTOR LICENSES

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

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

OR [] Conversion OR [] Replacement Capacity _____ Location of Panel: _____

Fuel Type: [] Gas [] Oil [] Electric [] Solar Fire Suppression/Standpipe System: _____

Other _____ [] New or [] Existing

Location: _____ Location of Main Control Valve: _____

Total Cost of Fire Protection Work \$ 120.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ INSPECTIONS _____

[] No Plans Required _____ Type: _____

[] Partial-Underslab Utilities Approved _____ Alarm System _____

Date: 8-16-12 Approved by: [Signature] Suppression Sys. _____

[] File Protection Plans Approved _____ Standpipe _____

Date: _____ Approved by: _____ Fire Pump _____

Joint Plan Review Required: _____ Pre-Eng. System _____

[] Bldg. [] Elec. [] Plumb. [] Elev. _____ Mechanical _____

SUBCODE APPROVAL for PERMIT _____ Smoke Control _____

Date: 8-16-12 _____ TCO _____

Approved by: [Signature] _____ Flam/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE _____ Fireplace Venting _____

[] CO [] CCO [] CA _____ Final _____

Date: _____ Other _____

Approved by: _____

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. _____

[] Certified Contractor Applicant's Signature/Contractor's Signature

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

290 UST Removal

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110V Interconnected _____

[] CO Detectors/110V _____

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

Supervisory Devices (i.e., tampers, 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 \$ 70.00

Concord Environmental Services LLC.

3400 Belmar Blvd
Wall NJ 07719
732 556 1202
732 556 1203
(Fax)

August 20, 2010

Building Department
Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

**Re: Tank Removal
Stone
1669 Forge Pond Road
Block-839 lot- 17**

To Whom It May Concern:

Attached please find a check in the amount of \$70.00 made out to the Township of Brick for permits for the above referenced property.

Please mail the permits to:

Concord Environmental Services LLC.
3400 Belmar Blvd
Wall NJ 07719

Thank you for your prompt attention to this matter

Sincerely,

Robert Taveroni