BLOCK 547 LOT 23 QUALIFICATION CODE _____ ADDRESS (SITE) 473 BRICK BLVD PERMIT NO. 11-0542

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 473 BRICK BLVD BRICK N.J
2. Name of Owner in Fee: PSD CORPORATION
   Tel. (732) 857-7563 e-mail _____
   Address 391 PRINCETON AVE (street) BRICK N.J (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: DE FOREST DEMONTION Tel. (732) 299 [illegible]
   Address 2406 HARBORSIDE RD e-mail _____
   POINT PLEASANT N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04503900
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun DOV BERTRAND
   Tel. (732) 857-7563 FAX: (732) 892-4010

V. FEE SUMMARY (for office use only)

		✓	Update	Update
1. Building	$			
2. Electrical				
3. Plumbing		CA		
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	$			

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	ONE	
2. Height of Structure	18' ft.	
3. Area — Largest Floor	1350 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 X		

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
- ☐ Eleavator

TOTAL COST

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools. Spas and Hot Tubs
11. ☐ LPGas Tanks

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.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 X Daniel Bluth Pres PSP Corporation Date 3/8/2011

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/22/2011
Control Number C-11-000638
Permit Number 11-0542
Permit Issue Date 3/8/2011
Certificate Number 11-0542

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 473 BRICK BLVD. Brick Township, NJ Block: 547 Lot: 23 Qual:

Owner in Fee: PSD CORPORATION INC

Owner Address: PO BOX 4158 BRICK NJ 08723

Telephone:

Contractor PSD CORPORATION INC

Address PO BOX 4158 BRICK NJ 08723

Telephone: Fax:

License Number or Builders Registration Number: 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 OF COMERCIAL STRUCTURE

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: 9/22/2011

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

CONSTRUCTION PERMIT

Date Issued 03/08/2011
Control # C-11-000638
Permit # 11-0542

IDENTIFICATION Block: 547 Lot: 23 Qualifier

Work Site Location: 473 BRICK BLVD, Brick Township, NJ

Owner in Fee: PSD CORPORATION INC
PO BOX 4158 BRICK NJ 08723

Telephone:

Contractor: PSD CORPORATION INC
Address: PO BOX 4158 BRICK NJ 08723

Telephone:

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

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 OF COMERCIAL STRUCTURE

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 $1

Construction Official

Date

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.	1279
Cash	$0
Credit	$0
Collected By	Kim Bogan

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

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.

- [ ] 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-0542

Date Issued
Permit # 9/8/11

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

Block 547 Lot 23 Qualification Code

Work Site Location 473 BRICK BLVD

Owner in Fee: PSD CORPORATION

Tel. (732) 857-7563 e-mail

Address 391 PRINCETON AVE BRICK N.J POBOX4158
street municipality

Contractor: DE FOREST DEMOLITION Tel. (732) 295-1335
municipality zip code

Address 2406 HERBERTSVILLE RD e-mail NONE
POINT PLEASANT N.J.

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04503900

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 [ ] TCO [X] CA
Date: 9/20/11
Approved by: VA

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			9/15/11	G.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
No. of Stories 1 D/NF
Height of Structure 18 ft.
Area — Largest Floor 1350 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 $
3. Total (1+ 2) $

U.C.C. F110
(rev. 12/07)

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.

Don Bertrand PRES PSD CORPORATION
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE BUILDING AT 473 BRICK BLVD

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
[X] Demolition

FEE (Office Use Only)
$

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

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

Don Bertram

SUFFOLK RECYCLING

242 Dover Road
Toms River, New Jersey 08757
(732) 244-0636

№ 90616

Date 6-7-2011

To DeTroit

Contract

Trucker Job

TERMS: NET CASH

Date:

Time:

VEHICLE IDENTIFICATION

License Plate #:

NJDEPE Registration (if registered):

RECYCLABLE MATERIAL INFORMATION

Type of Material: Concrete

Municipality: T.R.

CERTIFICATION

I certify that the information contained on the Recyclable Materials Receipt Form is true, accurate and complete. No I.D. - 27 or other prohibited or contaminated waste in any form is contained in this load.

Providing any false information as to the contents of this load could result in criminal charges.

Signature

Print Name

Tipping Charge $:

☐ Paid Cash
☐ Charged
☐ Check

Cu. Yds.	Gross 08:55 AM 06/07/11
Tons 19.36	Tare 36800 lb TP
	Net 38720 lb NT

SUFFOLK RECYCLING

242 Dover Road
Toms River, New Jersey 08757
(732) 244-0636

№ 90592

Date 6.6.11

To Defazio

Contract

Trucker Job

TERMS: NET CASH

Date:

Time:

VEHICLE IDENTIFICATION

License Plate #:

NJDEPE Registration (if registered):

RECYCLABLE MATERIAL INFORMATION

Type of Material: Gravel

Municipality: T.R.

CERTIFICATION

I certify that the information contained on the Recyclable Materials Receipt Form is true, accurate and complete. No I.D. - 27 or other prohibited or contaminated waste in any form is contained in this load.

Providing any false information as to the contents of this load could result in criminal charges.

Signature

Print Name

Tipping Charge $:

☐ Paid Cash
☑ Charged
☐ Check

12:30 PM 06/06/11
36000 lb TP
39340 lb NT

Cu. Yds.	Gross
Tons 19.67	Tare
	Net

Don Bertha

SUFFOLK RECYCLING

242 Dover Road
Toms River, New Jersey 08757
(732) 244-0636

№ 97641

Date _____ 20__

To _____

Contract _____

Trucker _____ Job _____

TERMS: NET CASH

Date: _____

Time: _____

VEHICLE IDENTIFICATION

License Plate #: _____

NJDEPE Registration (if registered): _____

RECYCLABLE MATERIAL INFORMATION

Type of Material: _____

Municipality: _____

CERTIFICATION

I certify that the information contained on the Recyclable Materials Receipt Form is true, accurate and complete. No I.D. - 27 or other prohibited or contaminated waste in any form is contained in this load.

Providing any false information as to the contents of this load could result in criminal charges.

Signature

Print Name

Tipping Charge $: _____

☐ Paid Cash

☐ Charged

10:44 AM ☒ Check 06 11

Cu. Yds.	Gross
Tons	Tare
	Net

SUFFOLK RECYCLING

242 Dover Road
Toms River, New Jersey 08757
(732) 244-0636

№ 97588

Date 6-6-11 20__

To _____

Contract _____

Trucker _____ Job _____

TERMS: NET CASH

Date: _____

Time: _____

VEHICLE IDENTIFICATION

License Plate #: _____

NJDEPE Registration (if registered): _____

RECYCLABLE MATERIAL INFORMATION

Type of Material: _____

Municipality: _____

CERTIFICATION

I certify that the information contained on the Recyclable Materials Receipt Form is true, accurate and complete. No I.D. - 27 or other prohibited or contaminated waste in any form is contained in this load.

Providing any false information as to the contents of this load could result in criminal charges.

Signature

Print Name

Tipping Charge $: _____

☐ Paid Cash

☑ Charged

10:42 AM ☒ Check 06 11

27020 lb GR

36000 lb TR

41020 lb NT

Cu. Yds.	Gross
Tons	Tare
	Net

2051

Don Bertram

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

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 790
DEFORES [illegible]

Vehicle ID: XH406
Reference:

Origin: [illegible]

DATE IN: 05/13/2011 TIME IN: 13:2[illegible]
DATE OUT: 05/13/2011 TIME OUT: 13:3[illegible]

INBOUND TICKET Number: 01-115[illegible]

SCALE 1 GRUSS WT.	51780	LB
SCALE 1 TARE WT.	37580	LB
NET WEIGHT	14200	LB

Qty	Description	Amount
7.10	c&d walking floors	525.40
	ENVIRO FEE	21.30
	NET CHARGE AMOUNT:	546.70
	CREDIT REMAINING:	-52.64

X_____

Don Bertram

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

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 790
DEFOREST DEMOLITION PREPAY"

Vehicle ID: XH406T
Reference: 30

Origin: BRICK, OCEAN
DATE IN: 05/27/2011 TIME IN: 10:47.
DATE OUT: 05/27/2011 TIME OUT: 10:57

INBOUND TICKET Number: 01-11595

SCALE 1 GROSS WT.	44420	LB
SCALE 1 TARE WT.	39700	LB
NET WEIGHT	4720	LB

Qty	Description	Amount
2.36	CONSTRUCTION & DEMOL	184.08

ENVIRO FEE	7.08
NET CHARGE AMOUNT:	191.16
CREDIT REMAINING:	-94.76

X_____

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

Weighed: Mike Toffel
Deposit: Mike Toffel
BILL TO: 790
DEFORES ILITION PREPAY"

Vehicle ID: XH406
Reference:

Origin: BRICK, OCEAN
DATE IN: 06/07/2011 TIME IN: 15:15:57
DATE OUT: 06/07/2011 TIME OUT: 15:22

INBOUND TICKET Number: 02-510200

SCALE 2 GROSS WT.	51840	LB
SCALE 3 TARE WT.	20	LB
NET WEIGHT	020	LB

Qty	Description	Amount
7.26	c&d walking floors	537.24

ENVIRO FEE	21.78
NET CHARGE AMOUNT:	559.02
CREDIT REMAINING:	-434.90

X_____

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-0542

Date Issued
Permit # 3/8/11

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

Block 547 Lot 23 Qualification Code

Work Site Location 473 BRICK BLVD

Owner in Fee: PSD CORPORATION

Tel. (732) 851-7563 e-mail

Address 391 PRINCETON AVE BRICK N.J 08723-1159
street municipality zip code

Contractor: DL [illegible] DL [illegible] Tel. (732) 279-1335

Address 3106 HEARTH WOOD RD e-mail

POINT PLEASANT N.J.

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04503900

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:
Approved by:

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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
No. of Stories 01 DNE
Height of Structure 18' ft.
Area — Largest Floor 1350 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 $ ____
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.

Don Contract Co. PSD CORPORATION
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RLMOVE BUILDING AT 473 BRICK BLVD

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 ____
[X] Demolition

FEE (Office Use Only)
$ ____

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

U.C.C. F110
(rev. 12/07)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 11-0542
Date Issued
Permit # 3/8/11

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

_____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

_____

Contractor License No. or Builder Registration No. _____ 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: _____
Approved by: _____

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

_____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 _____
[X] Demolition

FEE (Office Use Only)
$ _____

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

U.C.C. F110
(rev. 12/07)

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

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 473 BRICK BLVD BRICK N.J

Block: 547 Lot: 23

Contractor: DE FOREST DEMONTION

Contractor's Address: 2406 HERBERTSVILE RD POINT PLEASANT

Type of Construction (minor, new home): DEMOLITION

Type of Debris (shingles, siding, wood, etc.): WOOD & CONCRETE

Party responsible for removal: ROBERT DEFOREST

Dumpster size: 50 YD DEBRIS WOOD 20 YD CONCRETE

Destination of debris: DEBRIS WRAZ TILTON FALLS / CONCRETE SUFFEN TOMS RIVER

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.

Signature

2/21/2011
Date

ROBERT DEFOREST
Print Name

892-4041

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 473 BRICK BLVD BRICK N.J

Block: 547 Lot: 23

Contractor: Deforest DEMOLITION

Contractor's Address: 2406 Herbertsville Rd PLEASANT

Type of Construction (minor, new home): demolition

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

Party responsible for removal: Robert Deforest

Dumpster size: 50 yd debris 20 yd concrete

Destination of debris: debris- Mazza Tinton falls concrete- Suffelu Toms River

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.

Signature

2/21/11
Date

Robert Deforest
Print Name

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 473 BRICK BLVD BRICK NJ.

Block: 547 Lot: 23

Contractor: Deforest DEMOLITION

Contractor's Address: 2406 Herbertsville Rd PT PLEASANT

Type of Construction (minor, new home): demolition

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

Party responsible for removal: Robert Deforest

Dumpster size: 50 yd debris 20 yd concrete

Destination of debris: debris- Mazza Transfalls concrete- Toms River

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.

Signature

2/21/11
Date

Robert Deforest
Print Name

BRICK UTILITIES
THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West * Brick, New Jersey 08724-2399
(732) 458-7000 * FAX (732) 458-6378
www.brickmua.com

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

February 23, 2011

PSD CORPORATION INC
PO BOX 4158
BRICK NJ 087234158

Account: 9846403
Service location: 473 BRICK BLVD
Block:

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,

Patti Evan

Patti Evan
Customer accounts representative

Ltr115

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

March 3, 2011

PSD Corporation
Attn: Don
FAX: 732-892-4041

Ref: DR #322931658

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.

473 Brick Blvd
Brick NJ 08723

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

Sincerely,

Maureen Strittmatter
Distribution Specialist

MS/bmc

demoltr.pf1

New Jersey Resources

March 7, 2011

PSD Corportion
PO Box 4158
Brick, NJ 08723

RE: 473 Brick Blvd.-Brick

Dear

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

************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 weeks prior to the estimated reconnection date. This is necessary for us to obtain permits required to restore your service.**

2. When you call, ask to speak to a MARKETING REPRESENTATIVE, who will assist you to have a new gas service line run.

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

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c. NBPT
File