BLOCK 842 LOT 22 QUALIFICATION CODE _____ ADDRESS (SITE) 1695 RT 88 Brick, NJ 08724 PERMIT NO. 15-0569

CONSTRUCTION PERMIT APPLICATION

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

R5

I. IDENTIFICATION

1. Proposed Work Site at: 1695 Rte 88 Brick, NJ 08724
2. Name of Owner in Fee: KOS Cash Properties
   Tel. [redacted] e-mail _____
   Address 809 Vincent Ct. Lanoka Harbor, NJ 08734-5164 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: DEFOREST DEMOLITION Tel. (732) 295-1335
   Address 1508 BEAVER DAM ROAD SUITE#1 e-mail shelley@deforestdemolition.com
   POINT PLEASANT, NJ 08742
   License No. OR, if new home, Builder Reg. No. 13VH07250800 Exp. Date 03/31/2016
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07250800
   Federal Emp. ID No. 45-3647230 FAX: (732) 892-0553
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ ✓		
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	$		

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)

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
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. Stale 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. Stale 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

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.

(X) Check if contractor. Demolition

Agent Name DEFOREST DEMOLITION

Address 1505 BEAVER DAM ROAD SUITE #1

POINT PLEASANT, NJ 08742

Telephone (732) 295-1335

Signature Shelley E. Potter

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 11/9/2018
Control Number C-15-000815
Permit Number 15-0569
Permit Issue Date 3/5/2015
Certificate Number 15-0569

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1695 ROUTE 88 Brick Township, NJ 08724 Block: 842 Lot: 22 Qual:

Owner in Fee: K&S PROPERTIES

Owner Address: 1909 VINCENT CT WALL NJ 07719

Telephone: [redacted]

Contractor De Forest Demolition

Address 1508 BEAVER DAM RD Pt. Pleasant NJ 08742

Telephone: (732) 295-1335 Fax: (732) 892-0553

License Number or Builders Registration Number: Federal Emp. Number: 45-3647230

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 - REAR SINGLE FAMILY DWELLING (LISTED AS 1693)

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: 11/9/2018

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/5/15
Control #

Date Issued
Permit # 15-0569

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

Block 842 Lot 22 Qualification Code

Work Site Location 1695 RT. 88 BRICK, NJ 08724
(listed as 1695)

Owner in Fee: [redacted]

Tel. [redacted] e-mail

Address 1905 Virginia Ct. Unit No. 07719-5154
street municipality zip code

Contractor: DEFOREST DEMOLITION Tel. (732) 295-1335

Address 1508 BEAVER DAM ROAD SUITE#1 e-mail shelley@deforest
POINT PLEASANT, NJ 08742 demolition.com

Contractor License No. or Builder Registration No. 13VH07250800 Exp. Date 3/31/2016

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH07250800

Federal Emp. ID No. 45-3647230 FAX: (732) 892-0553

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 [X] CA
Date: 10/22/18
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			10/22/18	
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) $ 12,600.00

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: Shelley E. Patton
Print name here: Shelley E. Patton

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

DEMOLITION of rear single family dwelling
(listed as 1693)

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 $ _____

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

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

CONSTRUCTION PERMIT

Date Issued 03/05/2015
Control # C-15-000815
Permit # 15-0569

IDENTIFICATION Block: 842 Lot: 22 Qualifier
Work Site Location: 1695 ROUTE 88 Brick Township, NJ 08724

Owner in Fee K&S PROPERTIES
1909 VINCENT CT WALL NJ 07719

Telephone: [redacted]

Contractor De Forest Demolition
Address 1508 BEAVER DAM RD Pt. Pleasant NJ 08742

Telephone: (732) 295-1335
Lic. No. or Bldrs. Reg. No. 13VH04503900
Federal Employee. No. 45-3647230

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:
DEMOLITION SINGLE FAMILY DWELLING REAR SINGLE FAMILY DWELLING (LISTED AS 1693)

PAYMENTS (Office Use Only)

Building	$125
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total 619	$125
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $12,600

Construction Official [signature] Date 3/5/15

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.

☑ 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.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1695 Rt 88 Brick, NJ 08724

BLOCK: 842 **LOT:** 22

CONTRACTOR: DeForest Demolition

CONTRACTOR'S ADDRESS: 1508 Beaver Dam Road Suite#1 Point Pleasant, NJ 08742

Type of Construction(minor, new home): Demolition

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

Party responsible for removal: DeForest Demolition

Dumpster Size: 30 Yard Dumpster(s)

Destination of Debris: Ocean County Landfill

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

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

Shelley E. Patton
Signature

03/04/2015
Date

Shelley E. Patton
Print Name

Jersey Central Power & Light
A FirstEnergy Company

417 New Jersey Avenue
Point Pleasant Beach, NJ 08742

October 30, 2014

Thomas Clayton
319 Georgia Rd
Freehold NJ 07728

Ref: DR #332225729

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.

1695 Rte 88 #2
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
Distribution Specialist

DML/bmc

demoltr.pf1

New Jersey Natural Gas

March 3, 2015

Thomas Clayton Builder
2640 Rt. 70, Ste. 2B
Manasquan NJ 08736

Gas Service Disconnection

RE: 1695 Rt. 88, Brick (8513532)
Email:
FAX: 732.775.1614

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
8513532

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

February 26, 2015

K&S WALL PROPERTIES LLC
1909 VINCENT COURT
WALL NJ 07719-9154

Account: 12388802-0
Service Location: 1691 ROUTE 88 W
Block: 842_25
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

Dane DeForest Demolition, Inc.
1508 Beaver Dam Road
Suite 1
Point Pleasant, NJ 08742
O: 732-295-1335
F: 732-892-0553

March 04, 2015

The Township of Brick
401 Chambersbridge Road
Brick, NJ 08723

Re: 1695 Rt. 88, Brick, NJ 08724

Asbestos Certification

To whom it may concern,

An inspection of the above property address found no Asbestos present on the structure(s) to be demolished.

Very Truly Yours,

Shelley E. Patton

Office Manager at DeForest Demolition, Inc.

Township of Brick

DEMOLITION CHECKLIST

REVISED 10/25/14

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely.	Yes X	No ___
2. Building Subcode Tech completed	Yes X	No ___
3. Debris form	Yes X	No ___
4. Shut off letters from all utilities. (Electric, Gas, Water & Sewer)	Yes X	No ___
5. Asbestos letter indicating that asbestos will be removed properly if found	Yes X	No ___
6. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes X	No ___

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

DANE DEFOREST DEMOLITION INC
Dane DeForest
1508 Beaver Dam Rd
Point Pleasant Beach NJ 08742

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

02/06/2015 TO 03/31/2016
VALID

13VH07250800
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
DANE DEFOREST DEMOLITION INC
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE
02/06/2015 TO 03/31/2016
VALID
SIGNATURE

PLEASE DETACH HERE

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

PLEASE DETACH HERE

DANE DEFOREST DEMOLITION INC

EXPIRATION DATE 2016

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS 13VH 07250800 . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE