BLOCK 1170 LOT 10.03 QUALIFICATION CODE _____ ADDRESS (SITE) 150 ALLAIRE AVE PERMIT NO. 15-3952

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 150 ALLAIRE AVENUE
2. Name of Owner in Fee: MERIDIAN HEALTH FACILITY
   Tel. (732) 776-3871 e-mail _____
   Address 71 (street) DAVIS AVE (municipality) NEPTUNE, NJ (zip code) 07753
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: PHAROS CONTRACTING Tel. (732) 892 9991
   Address 315-319 HAWTHORNE AVE e-mail ggazonas@gmail.com
   PT PLEASANT BCH, NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223902045-000 FAX: (732) 892 9449
5. Architect or Engineer MENLO ENGINEERING Contact MIKE MARINELLI
   Address 261 CLEVELAND AVE HIGHLAND PARK, NJ 08904
   Tel. (732) 846 8585 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun GEORGE GAZONAS
   Tel. (908) 309 1849 FAX: (732) 892 9449

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing	125		
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	$ 125		

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	$4,000	GMR	11-16-15						
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$4,000								

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/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.

Agent Name PHAROS CONTRACTING

Address 315-319 HAWTHORNE AVE PT PLEASANT BCH, NJ 08742

Telephone (908) 309 1844

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 7/19/2017
Control Number C-15-005866
Permit Number 15-3952
Permit Issue Date 11/16/2015
Certificate Number 15-3952

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 150 ALLAIRE AVE Brick Township, NJ Block: 1170 Lot: 10.03 Qual:

Owner in Fee: 150 ALLAIRE AVENUE PARTNERS LLC

Owner Address: % 81 DAVIS AVE SUITE 1 NEPTUNE NJ 07753

Telephone: (732) 776-3871

Contractor PHAROS CONTRACTING

Address 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-

Telephone: (732) 892-4441 Fax: (732) 892-4449

License Number or Builders Registration Number: Federal Emp. Number: 22-3402045

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: SEPTIC ABATEMENT/ABANDONMENT

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: 7/19/2017

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

LERTCH RECYCLING CO.
PO BOX 1362
732-681-0206
WALL,NEW JERSEY 07719

12-09-15 A11:08 IN
Ticket No : 127531
Date :11/25/15
Phone :(732)681-0206
Fax :(732)938-6362

1:07 IN

Customer: ALL23
All Surface Asphalt

Truck :	JP19		Gross:	64480	lb	Scale 1	In	2:17 pm
Material:	12	CONCRETE	Tare:	25800	lb	STORED	Out	2:18 pm
Location:	BRI11	BRICK	Net:	38680	lb	-		
$6.00/tn				19.340	tn			

Weigh Master: CIS CIS

Driver:

Remarks: 150 ALLAIRE ROAD BRICK,NJ Thanks

Material $	116.04
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	116.04
Received $	116.04

LERTCH RECYCLING
5115 RELMAN AVE
FARMINGDALE, NJ, 07719
(732) 681-0206

Merchant ID: 17001086416
Term ID: SS04

Sale 12-09-15 A1

Application Label: AMERICAN EXPRESS
AMEX
XXXXXXXXXXX2110
AID: A0000000025010801
Entry Method: Chip
Approval Online
11/25/15
Invoice: 000015
Batch#: 000007
15:19:27
Appr Code: 895513

Total: $ 116.04

TVR: 0000008000
TSI: F800

Customer Copy

THANK YOU

AIR, LAND & SEA

Environmental Management Services, Inc.

11 Tunes Brook Drive • Brick • New Jersey • 08723
Telephone: 732 • 295 • 3900
www.AIR-LAND-SEA.net

November 19, 2015

Ms. Elissa Commins, Township Engineer
Township of Brick Division of Land Use and Planning
401 Chambers Bridge Road
Brick, NJ 08723

Re: Concrete Manhole / Septic Tank Inspection
Meridian Health Facility
State Highway Route 88
Brick Township, Ocean County
AL&S Project # O – 1009

Dear Ms. Commins,

Air, Land & Sea Environmental Management Services, Inc. (AL&S) was retained by Pharos Contracting, Inc. (Pharos) to inspect a manhole / septic tank at the above referenced facility. AL&S visually inspected this structure yesterday afternoon and found it to be free of liquids or other wastes. The base of the structure appeared to contain sand. We are enclosing two photos that document these conditions.

Based on the above information, AL&S would recommend the removal of this concrete structure, dispose of it at an appropriate concrete recycling facility and supply Brick Township with a recycling disposal manifest. AL&S was unable to inspect underneath this structure, but we would further recommend that should any unusual conditions be discovered (i.e. strong unusual odors, discolored or stained soils), Pharos should immediately contact the Brick Engineering Department.

We believe our inspection and recommendations would properly manage the removal and disposal of this structure. Should you have any questions, comments or need additional information, please contact my mobile phone at (732) 600-2700.

Sincerely,
AIR, LAND & SEA

Z. John Zingis, Jr., President
Principal Environmental Consultant

c. Pharos Contracting, Inc.

Photo #1 – Concrete structure location at rear of building.

Photo #2 – Base of concrete structure with sand.

CONSTRUCTION PERMIT

Date Issued 11/16/2015
Control # C-15-005866
Permit # 15-3952

IDENTIFICATION Block: 1170 Lot: 10.03 Qualifier
Work Site Location: 150 ALLAIRE AVE Brick Township, NJ
Owner in Fee: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1 NEPTUNE NJ 07753
Telephone: (732) 776-3871

Contractor: PHAROS CONTRACTING
Address: 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-
Telephone: (732) 892-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3402045

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:
SEPTIC ABATEMENT/ABANDONMENT

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 $4,000

Construction Official

Date 11/16/17

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$125
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$125
Check No.	20926
Cash	$0
Credit	$0
Collected By	Lauren Helmstetter

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.

11/16/15 [illegible] 00155845930
[illegible] SERV.007
$125.00
$125.00

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.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 11-16-15
Permit # 15-3952

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

Block 1170 Lot 10.03 Qualification Code

Work Site Location 150 Allaire Ave
Brick, NJ 08724

Owner in Fee: MERIDIAN HEALTH FACILITY

Tel. 732 776-3871 e-mail

Address 71 DAVIS AVE NEPTUNE, NJ 07753
street municipality zip code

Contractor: B. Spontak Plumbing Heating Cooling LLC Tel. (877) 758-6265

Address 788 Vaughn Ave e-mail Plumb.nj@gmail.com
Toms River, NJ 08753

Contractor License No. 12598 Exp. Date 06/02/2017

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 273269962 FAX: (732) 800-0243

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1 1/2" Public Water Private Well

Est. Cost of Plumbing Work $ 4000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-19-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			11-25-15	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-18-17	

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Bryan Spontak

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Remove septic tank

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.