

RECEIVED

AUG 28 1998



CONSTRUCTION PERMIT APPLICATION

WAWA

DIV. OF INSPECTION

Application completes: Sections I, II, III (optional), IV, VI, and VII

I. IDENTIFICATION

1. Proposed Work Site at: DEMOLITION
2. Name of Owner in Fee: WAWA, INC Tel. ()
- Address 34.5 MAIN ST. ALLENTOWN, PA. 08501
- street municipality zip code
3. Ownership in Fee: Public Private
4. Principal Contractor: MANCUSO CONTRACTORS Tel. (609) 866-8773
- Address 200 BEACON ST. MORRISTOWN, NJ. 08057
- License No. OR, if new home, Builder Reg. No. Exp. Date
- ✓ Federal Employee No. FAX: (609) 866-1238
5. Architect or Engineer Tel. (609) 866-8773
- Address
6. Responsible Person in Charge of Work Jim Mancuso
- Tel. (609) 866-8773 FAX (609) 866-1238

demo

536-1238

COCA

V. FEE SUMMARY (for office use only)

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for
State Plan Review
8. Subtotal
9. DCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

	Update	Update
\$ 150	TA	
\$		
\$ Violation 500		
\$		
\$ 150		
\$		

VI. BUILDING/SITE CHARACTERISTICS

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. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands: yes _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☒ Demolition

TOTAL COSTS 25,000

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

☒ A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

~~B~~ NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii: I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:
C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

- C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

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. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

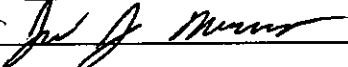
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

X Agent Name MANCUSO CONTRACTORS, INC.
Address 200 BEACON ST., MOORESTOWN, N.J. 08057

Telephone (609) 866-8773

X Signature 

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

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 08/28/98
Control #
Permit # 98-2968

IDENTIFICATION Block 470.01 Lot 16

Work Site Location 595 BRICK BLVD.

DEMO BUILDING

Contractor MANCUSO CONTR
Address 200 BEACON ST
MORRISTOWN, NJ 08057-

Owner in Fee W-3A-INC
Address 34 S MAIN ST
ALLENTOWN, PA 08501-

Telephone ()
L.I.C. No. of Bldgs. Reg. No.
Federal Emp. No. 22-2715497

Telephone ()

Is hereby granted permission to perform the following work:

- [X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [] FIRE PROTECTION [X] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
DEMOLITION OF A & W AUTO PART STORE

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 \$ 25,000

Construction Official

[Signature]

U.C.C. #170 (rev. 3/96)

08/28/98
date 00264005
CHANGE
CHECK
TOTAL
BUILDING 16 #
LOT 470 #
BLOCK 2968*#
14*41 0.00
150.00
150.00
150.00
0.00
0.00
0004

PAYMENTS (Office Use Only)
Building 50
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 0
Cert. of Occupancy 0
Other DEMO (only) 100
Total 150
Check No. 9518
Cash
Collected By TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PERMIT UPDATE

0004
2968**
BLOCK 470 # 0.00
LOT 16 # 0.00
PENALTY 500.00
TOTAL 500.00
CHECK 500.00
CHANGE 0.00

IDENTIFICATION Block 470.01 Lot 16 Qual

Work Site Location 595 BRICK BLVD.

VIOLATION

Owner in Fee NAMA INC

Address 34 S MAIN ST

ALLENTOWN, PA 08501-

Telephone ()

Contractor
Address

Telephone ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

08/28/98 NO. 5 0027A005 14:36

Update Issued 08/28/98
Control #
Permit # 98-2968+A
Permit Issued 08/28/98

Is hereby granted permission to perform the following work:

- | | | |
|---|---|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT | ☐ OTHER |

(Subchapter 8 only)

DESCRIPTION OF WORK:

Violation/Penalty

Estimated Cost of Work \$ 0

Construction Official

[Signature]

08/28/98
Date

U.C.C. #190 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	0
DCA Training Fee	0
Cert. of Occupancy	0
Other PENALTY	500
Total #9519	0
Check No.	
Cash	
Collected By	<i>[Signature]</i>

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/28/98
Date Issued 08/28/98
Control #
Permit # 98-2968

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

Block 470.01 Lot 16 Qual
Work Site Location 595 BRICK BLVD.

DEMO BUILDING

Owner in Fee WANA INC
Address 34 S MAIN ST

ALLENTOWN, PA 08501-

Tele. ()

Contractor MANCUSO CONTR

Address 200 BEACON ST

MORRISTOWN, NJ 08057-

Tele. () Fax ()

Lic. No. of Bldgs. Reg. No.

Federal Emp. No. 22-2715497

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

DEMOLITION OF A & W AUTO PART STORE

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

Other

Final

BarrierFree

INSPECTIONS

Type

Failure

Dates (Month/Day)

Initial

TYPE OF WORK

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Other

☒ Demolition

Height (exceeds 6')

Sq. Ft.

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

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0

0

0

0

0

0

0

0

0

Use Group Present M

Proposed M

Const. Class Present

Proposed

No. of Stories

0

Height of Structure

0 Ft.

Area Largest Floor

0 Sq. Ft.

New Bldg. Area/All Floors

0 Sq. Ft.

Volume of New Structure

0 Cu. Ft.

Total Land Area Disturbed

0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

25,000

25,000

Industrialized Building:

☐ State Approved

☐ HUD

Paid [X] Check # 9518

Administrative Surcharge

Minimum Fee

TOTAL FEE

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
FAX# 732-458-5378
PHONE 732-458-7000

8/27/98

CLERK MCO

IMPORTED AUTO PARTS
595 BRICK BLVD.-AUTO PARTS
BRICK, NJ 08723-6018

ROUTE 045 ACCOUNT I404007
BLOCK- 470-01 LOT-17-
S/L-595 BRICK BLVD.-AUTO PARTS

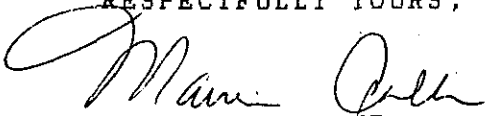
SUBJECT: BUILDING TO BE DEMOLISHED AND RECONSTRUCTED

DEAR CUSTOMER,

THIS IS TO CERTIFY THAT THE WATER SERVICE AT THE SUBJECT PROPERTY
HAS BEEN TERMINATED AND THE WATER METERING SYSTEM HAS BEEN
REMOVED.

PLEASE NOTE THAT IT IS THE RESPONSIBILITY OF THE HOMEOWNER TO
INSURE THAT THE SEWER LINE IS PROPERLY CAPPED AT THE CURB, SO
THAT DEBRIS FROM THE DEMOLITION PROCEDURE DOES NOT ENTER THE
SEWER SYSTEM.

RESPECTFULLY YOURS,



MAUREEN COLLIER
CUSTOMER ACCOUNTS REPRESENTATIVE

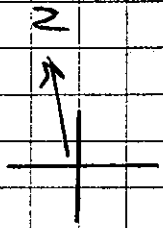
LTR115

8/28/98

JE KIELEY

A. MAMAGORA

(Foreman)



CEDAR BRIDGE AV

2" GAS SERVICE IS
REMOVED & GAS METER
WAS REMOVED

349 5877
~~732 269~~

cut & capped
2" GAS SERVICE
retired at curb

595
OCEAN
Imported
Auto
parts

Back Blvd

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/28/98
Control #
Permit # 98-2968

UCC NEW JERSEY
NOTICE OF VIOLATION AND ORDER TO TERMINATE

Work Site Location 595 BRICK BLVD.

IDENTIFICATION

Block 470.01 Lot 16

Owner in Fee WAWA INC
Address

Agent/Contractor MANCUSO CONTRACTORS
Address 200 BEACON ST
MOORESTOWN, NJ 08057

Date of Notice 08/28/98

ACTION
Compliance Due Date 08/28/98

Date of Inspection 08/28/98

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:
FAILURE TO OBTAIN DEMO PERMIT FOR DEMO JOB N.J.A.C. 5:23-2.16 PERMIT REQUIRED (VIOLATION)

You are hereby ordered to terminate the said violations on or before 08/28/98. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[X] Failure to comply with this Order will subject you to a penalty of \$ 500 per week.

[] You are hereby ordered to pay a penalty in the amount of \$ 0 for each violation for a total penalty of \$ 0. Each week that any of the said violations remain outstanding after / / shall result in an additional penalty of \$ 0 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN CTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTT PLACE, TOMS RIVER, NJ 08733.

If you have any questions concerning this matter, please call: JOE CUMIAZZA, CONSTRUCTION OFFICIAL 262-1030.
NOTICE OF VIOLATION AND ORDER TO TERMINATE:
NOTICE AND ORDER OF PENALTY:

SCO DATE: 8/28/98
CO DATE:

COUNTER FORM

PLEASE PRINT

TOWNSHIP OF BRICK

401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 595 BRICK BLVD. Date Rec'd.: _____
Block: 470.01 Lot: 16 Date Issued: _____
Owner in Fee: WAWA Control #: _____
Address: 34 S. MAIN ST. Permit #: _____
ALLENTOWN, PA 08501
State: _____ Zip: _____ Phone: (____) _____
SS #: _____ Provide only if Applicant is owner

PLUMBING SUBCODE BUILDING SUBCODE

CONTRACTOR: _____ ADDRESS: _____ PHONE: _____
LIC #: _____ LIC. EXPIRATION DATE: _____
FEDERAL EMP. # (or S.S. #): _____

TECHNICAL SITE DATA (LIST ALL FIXTURES) TECHNICAL SITE DATA

NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____	Water Closet	<i>demo of existing bldg - #3 w AUTO PARTS</i>
_____	Urinal / Bidet	
_____	Bath Tub	
_____	Lavatory	
_____	Shower	
_____	Floor Drain	
_____	Sink	
_____	Dishwasher	
_____	Drinking Fountain	
_____	Washing Machine	
_____	Hose Bibb	
_____	Gas Piping	
_____	Fuel Oil Piping	
_____	Water Heater	
_____	Steam Boiler	
_____	Hot Water Boiler	
_____	Sewer Pump	
_____	Interceptor / Separator	
_____	Backflow Preventer	
_____	Greasetrap	
_____	Water Cooled AC or Refrig. Unit	
_____	Sewer Connection	
_____	Septic (Disposal System) Closure	
_____	Water Service Connection	
_____	Gas Service Connection	
_____	Active Solar System	
_____	Vent Through Roof	
_____	Other	

Estimated Cost of Plumbing Work: \$ _____
Signature: _____

Owner ☐ Contractor ☒

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by: _____

Date: _____

CONTRACTOR AFFIX SEAL:

Estimated Cost of Building Work:
New Building (1): \$ _____
Alteration (2): \$ _____
TOTAL (1+2): \$ 25,000
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: _____
Date: _____

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE		FIRE PROTECTION SUBCODE	
CONTRACTOR:		CONTRACTOR:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
LIC. #:	EXP. DATE:	LIC. #:	EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):		FEDERAL EMPL. #: (or S.S. #):	
TECHNICAL DATA (LIST ALL FIXTURES)		TECHNICAL DATA (DESCRIPTION OF WORK)	
DESCRIPTION	QTY SIZE		
ITEMS			
Lighting Fixtures			
Receptacles			
Switches			
Detectors			
Light Poles		Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar	
Motors - Fract. HP		Heating Sys: ☐ New ☐ Existing	
Emergency & Exit Lights		Location of Furnace / Boiler _____	
Communications Points			
Alarm Devices/E.A.C. Panel			
TOTAL NUMBERS			
Pool Permit w/UW Lights		Water Supply Source	
Storable Pool/Spa/Hot Tub		Method of Valve Supervision	
KW Elec. Range / Receptacle	KW	Local Alarm Supervision	
KW Oven / Surface Unit	KW	Central Supervision	
KW Elec. Water Heater	KW	Proprietary Supervision	
KW Elec. Dryer / Receptacle	KW		
KW Dishwasher	KW	Flammable Liquid Storage Tanks Capacity: Fuel:	
HP Garbage Disposal	HP	Combustible Liquid Storage Tanks Capacity: Fuel:	
KW Central A/C Unit	KW	L.G.P. Storage Tanks Capacity: Fuel:	
HP/KW Space Heater/Air Handler	HP/KW		
KW Baseboard Heat	KW	DESCRIPTION NUMBER	
HP Motors 1/+ HP	HP	Wet Sprinkler Heads	
KW Transformer/Generator	KW	Dry Sprinkler Heads	
AMP Service	AMP	Total	
AMP Subpanels	AMP		
AMP Motor Control Center	AMP	Smoke Detectors	
AMP Elec. Sign/Outline Light	KW	Heat Detectors	
Other		Total	
Other			
Other		Stand Pipes	
Other		Kitchen Hood Exhaust Systems	
Estimated Cost of Electrical Work: \$			
Signature (print name):		Pre-Engineered Systems	
Estimated Cost of Electrical Work: \$		Co2 Suppression	
Signature (print name):		Halon Suppression	
Owner ☐ Contractor ☐		Foam Suppression	
SUBCODE APPROVAL:		Dry Chemical	
PLANS: Required ☐ Approved ☐		Wet Chemical	
Approved by:			
Date:		Gas or Oil Fired Appliance	
CONTRACTOR AFFIX SEAL:		Other	
		Other	
		Estimated Cost of Fire Protection Work: \$	
		Signature:	
		Owner ☐ Contractor ☐	
		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	
		Approved by:	
		Date:	

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

595 BRICK BLVD. 470.01 16
Work Site Address Block Lot

WAWA INC. 34 S. MAIN ST. ALLENTOWN, PA, 08501
Owner's Name, Address, Phone

MANCUSO CONTRACTORS, INC. 200 BEACON ST.
Contractor's Name, Address, Phone MOORESTOWN, NJ 08057

Construction Describe type (Single -family home, etc.)

Demolition MASONARY BLOCK WALLS, STEEL FRAME & DECK ROOF
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 2-30 CY LPS. ROOF

10-30 CY LPS. BLOCK & CONCRETE, 1-30 CY BR, WOOD & WALL BOARD

Name, address and phone of party responsible for removal of debris:

MANCUSO CONTRACTORS INC.

Size of dumpster: 30 CY

Destination of discarded debris: OCEAN CO. LANDFILL

Hauler's DEP Permit No.: 19590 BFI, 6121 PHIL. PA

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

JAMES MANCUSO
Printed/Typed Name Signature Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant