BLOCK 1170 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 16-4141

CONSTRUCTION PERMIT APPLICATION

C16-005636

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

I. IDENTIFICATION

1. Proposed Work Site at: 956 Route 70, Brick, New Jersey
2. Name of Owner in Fee: Brick Medcon Associates, LLC
   Tel. (732) 578-1127 e-mail _____
   Address 4 Lebanon Drive (street) Brielle (municipality) 08730 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Environmetnal Indstrl Serv Corp of NJ Tel. (732) 442-5152
   Address 43 New Brunswick Ave, Unit 3 e-mail jthorne@eiscousa.com
   Hopelawn, New Jersey 08861
   License No. OR, if new home, Builder Reg. No. US01123 Exp. Date 11/30/2016
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 51-034518 FAX: (743) 442-3331
5. Architect or Engineer EcolSciences Contact Andrei Ivanciu
   Address 75 Fleetwood Drive, Rockaway, NJ 07 e-mail aivanciu@ecolsciences.co
   Tel. (973) 366-9500 FAX: (973) 366-9593
6. Responsible Person in Charge once Work has Begun Jeff Thorne
   Tel. (732) 442-5152 FAX: (732) 442-3331

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection	150		
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	$ 150		

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 X

IIa. PROPOSED WORK

- ☒ Minor Work (Tank Removal)
- ☐ 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	2,500	CW	11/12/16						
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COST	$2,500								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

COMMERCIAL

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/24/2017
Control Number C-16-005636
Permit Number 16-4141
Permit Issue Date 11/28/2016
Certificate Number 16-4141

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 956 ROUTE 70 Brick Township, NJ Block: 1170 Lot: 15 Qual:

Owner in Fee: BRICK MEDCON ASSOCIATES LLC

Owner Address: 4 LEBANON DR BRIELLE NJ 08730

Telephone:

Contractor ENVIRONMENTAL NDUSTRIAL SERV CORP OF NJ

Address 43 NEW BRUNSWICK AVE UNIT 3 HOPELAWN NJ 08861

Telephone: (732) 442-5152 Fax:

License Number or Builders Registration Number: US01123 Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TANK REMOVAL

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 1/24/2017

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

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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 Environmental Industrial Services Corp. of NJ

Address 43 New Brunswick Avenue, Unit 3

Hopelawn, New Jersey

Telephone (732) 442-5152

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

Tom 132-330-6953

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11/28/16
Control #
Date Issued
Permit # 16-4141

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

Block 1170 Lot 15 Qualification Code ______

Work Site Location 956 Route 70
Brick, New Jersey 08724

Owner in Fee: Brick Medcon Associates, LLC

Tel. ______ e-mail ______

Address 4 Lebanon Drive (street) Brielle (municipality) 08730 (zip code)

Contractor: Environmetal Indstrl Serv Corp. of NJ Tel. (732) 442-5152

Address 43 New Brunswick Ave, Unit 3 e-mail jthorne@eiscousa.com

Hopelawn, New Jersey 08862

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No. ______

Fire Alarm Contractor No. ______ Exp. Date ______

Home Improvement Contractor Registration No. or Exemption Reason ______

Federal Emp. ID No. 510345186 FAX: (732) 442-3331

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ______ Proposed ______

Constr. Class: Present ______ Proposed ______

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

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

Location: ______

Total Cost of Fire Protection Work $ 2,500

Fuel Storage Tank:
Fuel Type: [ ] Flammable *OR* [X] Combustible
Capacity 1000

Fire Alarm System: [ ] New *OR* [ ] Existing
Location of Panel: ______

Fire Suppression/Standpipe System:
[ ] New *OR* [ ] Existing
Location of Main Control Valve ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: ______ Approved by: ______
[X] Fire Protection Plans Approved
Date: 11/22/16 Approved by: [signature]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-23-16
Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-3-17
Approved by: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final	12/8/16			[initials]
Other			12/8/16	[initials]

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.

Applicant/Contractor sign here: [signature]

Print name here: Anthony A DeRosa

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source Removal 1000 gallon UST
Method of Alarm/Suppression System Supervision ______

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

COMMERCIAL

U.C.C. F140 (rev. 02/11) Internet version

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

11/28/16
Billed

CONSTRUCTION PERMIT

Date Issued 11/28/16
Control # C-16-005636
Permit # 16-4141

IDENTIFICATION Block: 1170 Lot: 15 Qualifier
Work Site Location: 956 ROUTE 70 Brick Township, NJ
Contractor Address: ENVIRONMENTAL NDUSTRIAL SERV CORP OF NJ, 43 NEW BRUNSWICK AVE UNIT 3 HOPELAWN NJ 08861
Owner in Fee: BRICK MEDCON ASSOCIATES LLC, 4 LEBANON DR BRIELLE NJ 08730
Telephone: (732) 442-5152
Lic. No. or Bldrs. Reg. No. US01123 US01123 US01123
Telephone:
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
TANK REMOVAL

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$150
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$150
Check No.	63066
Cash	$0
Credit	$0
Collected By	LH

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 $2,500

D. Newman Jr
Construction Official

11/23/16
Date

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.

XX07 SERV.007
FIRE $150.00
$150.00

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.

75 Fleetwood Drive, Suite 250
Rockaway, New Jersey 07866
Phone: (973) 366-9500
Fax: (973) 366-9593

EcolSciences, Inc.
Environmental Management and Regulatory Compliance

Fax

To: Mr. Richard Orlando From: Renee Wong.

Fax: 732-262-2941 Date: 1/10/17.

Phone: Pages: 6 (incl. Cover)

Re: CC:

Transmitted by:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

☐ Hard Copy will follow ☒ Hard Copy will NOT follow

•Comments:

Documents included for tank / sludge disposal - (Permit # 16-4141) at 956 Rte 70 in Brick Twp)

Please email me if any questions / concerns:
RWong@EcolSciences.com

Thanks!
Renee Wong.

16-4141

EcolSciences, Inc.
Environmental Management & Regulatory Compliance

January 10, 2017

Township of Brick
Attn: Mr. Richard Orlando, Fire Inspector
401 Chambers Bridge Road
Brick, New Jersey 08723
Fax: 732-262-2941

Via Fax

Re: Underground Storage Tank Documents
Brick Medcon Associates, LLC
956 Route 70
Block 1170, Lot 15
Brick Township, Ocean County, New Jersey
Permit # 16-4141

Dear Mr. Orlando:

Attached please find a copy of the documents relating to the closure of the underground storage tank at the above-referenced site (Permit #16-4141). The tank was disposed of at Dependable Iron & Metal Co. in Rahway, NJ and the oily water (sludge) disposed of at Clean Water in Staten Island, NY. A copy of the sludge and tank disposal receipts are included here, as you had requested on UCC Form F-230B at the time of your inspection. Should you have any questions or require any additional information, please do not hesitate to contact me at RWong@EcolSciences.com.

Very truly yours

EcolSciences, Inc.

Renee L. Wong, CPG
Senior Geologist

Enclosure

Date Issued 11/28/16
Control #
Permit # 16-4141

CONSTRUCTION PERMIT NOTICE

Block 1170 Lot 15 Qualification Code

Work Site Location: 956 Route 70

AUTHORIZED FOR:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ ELEVATOR DEVICES
- ☐ OTHER
- ☐ ELECTRICAL
- ☒ FIRE PROTECTION
- ☐ DEMOLITION

TO SCHEDULE AN INSPECTION PLEASE CALL 732-262-4627

Description of Work: Tank Removal

U.C.C. F180 (rev. 3/03)

This notice shall be posted conspicuously at the work site and shall remain so until issuance of a certificate.

Environmental Industrial Services Corp. of New Jersey

Original: Not Negotiable
Yellow: Shipping Order Copy

Bill of Lading

US DOT# 0677752
Date: 12/7/16

TO:	FROM:
Consignee Clean Water	Shipper Ecolsciences
Street 3249 Richmond Terrace	Street 936 Route 70
Destination Staten Island, NY Zip Code 10303	Origin Brick Township, NJ Zip Code 08723

Date: Job # Vehicle# Number LV500

Shipping Units	HM	Kind of Packaging, Description of Articles Special Marks and Exceptions	Total Quantity Mass Volume	Weight Subject to Correction	Class or Rate
Gal.		Dirty Water	1000 Gallons		
				12/7/2016	

EMERGENCY 24 HR. PHONE # 732-892-5132 PLATE#

SHIPPER	CARRIER
SIGNATURE	SIGNATURE DATE 12/7/16

DATE RECEIVED
12/30/16

DEPENDABLE IRON & METAL CO., INC.
P.O. BOX 1012 - RAHWAY, N.J. 07065

SCALE RECEIVING TICKET NO.
83575

CORNER OF RODGERS ST. & LEESVILLE AVE. - RAHWAY, N.J. (732) 382-7715

VENDOR NAME	C			VENDOR NUMBER		INVENTORY CODE	
PRODUCT DESCRIPTION	Tank						
PRODUCT NUMBER							
GROSS LBS.	30,120						
TARE LBS.	28,780						
NET LBS.	1340						
DEDUCTIONS							
GROSS TONS							
UNIT PRICE		PER		PER		PER	
$ AMOUNT		TERMS* C		TERMS*		TERMS*	
SELLERS' SIGNATURE FOR CASH RECEIVED							

*TERMS: C = CASH CK = CHECK P = PAYABLE O = OPEN GRAND TOTAL

STATE OF NEW JERSEY
DEPARTMENT OF ENVIRONMENTAL PROTECTION

Certifies That

ENVIRONMENTAL INDSTRL SERV CORP OF NJ
43 NEW BRUNSWICK AVE - BLDG 3
Hopelawn, NJ 08861

Having duly met the requirements of the
Underground Storage Tank Certification Program
N.J.S.A. 58:10A-24.1-8
Is hereby approved to perform the following services:

CLOSURE
SUBSURFACE EVALUATION

11/30/2016
EXPIRATION DATE

US01123
CERTIFICATION NUMBER

TO BE CONSPICUOUSLY DISPLAYED AT THE FACILITY

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11/28/16

Date Issued / Permit # 16-4141

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

Block 1170 Lot 15 Qualification Code _____

Work Site Location 956 Route 70
Brick, New Jersey 08724

Owner in Fee: Brick Medcon Associates, LLC

Tel. _____ _____ e-mail _____

Address 4 Lebanon Drive (street) Brielle (municipality) 08730 (zip code)

Contractor: Environmetal Indstrl Serv Corp. of NJ Tel. (732) 442-5152

Address 43 New Brunswick Ave, Unit 3 e-mail jthorne@eiscousa.com
Hopelawn, New Jersey 08862

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 510345186 FAX: (732) 442-3331

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

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

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

Location: _____

Total Cost of Fire Protection Work $ 2,500

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [X] Combustible
Capacity 1000

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[X] Fire Protection Plans Approved
Date: 11-22-16 Approved by: [illegible]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-23-16
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other _____				

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.

Applicant/Contractor sign here: [signature]

Print name here: Anthony A DeRosa

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:
Water Supply Source Removal 1000 gallon UST
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL	0	
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

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

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 11/16/16

PROJECT: BRICK MEDICAL ASSOC LLC

STREET: 956 ROUTE 70

CONTRACTOR: ENVIRONMENTAL INDUSTRIAL SERVICES CORP LICENSE NO.

ADDRESS: 43 NEW BRUNSWICK AVE UNIT 3

A.S.C.M.: LICENSE NO. USO1123

MAILING ADDRESS: SAME.

OSHA AIR MONITOR:

ADDRESS:

BUILDING OWNER: BRICK MEDICAL ASSOC LLC

MAILING ADDRESS: 4 LEBANON DR

BRIELLE NJ 08730 PHONE: 732 578 1127

ENGINEER/ARCHITECT: ECOLSCIENCES

MAILING ADDRESS: 75 FLEETWOOD DR

ROCKAWAY NJ PHONE: 973 366 9580

WASTE HAULER: ELSCO-NJ LICENSE NO.:

LAND FILL:

TOWN:

JOB SIZE: (circle one) MINOR ✓ SMALL LARGE

QUANITY OF WASTE GENERATED: CU YARDS

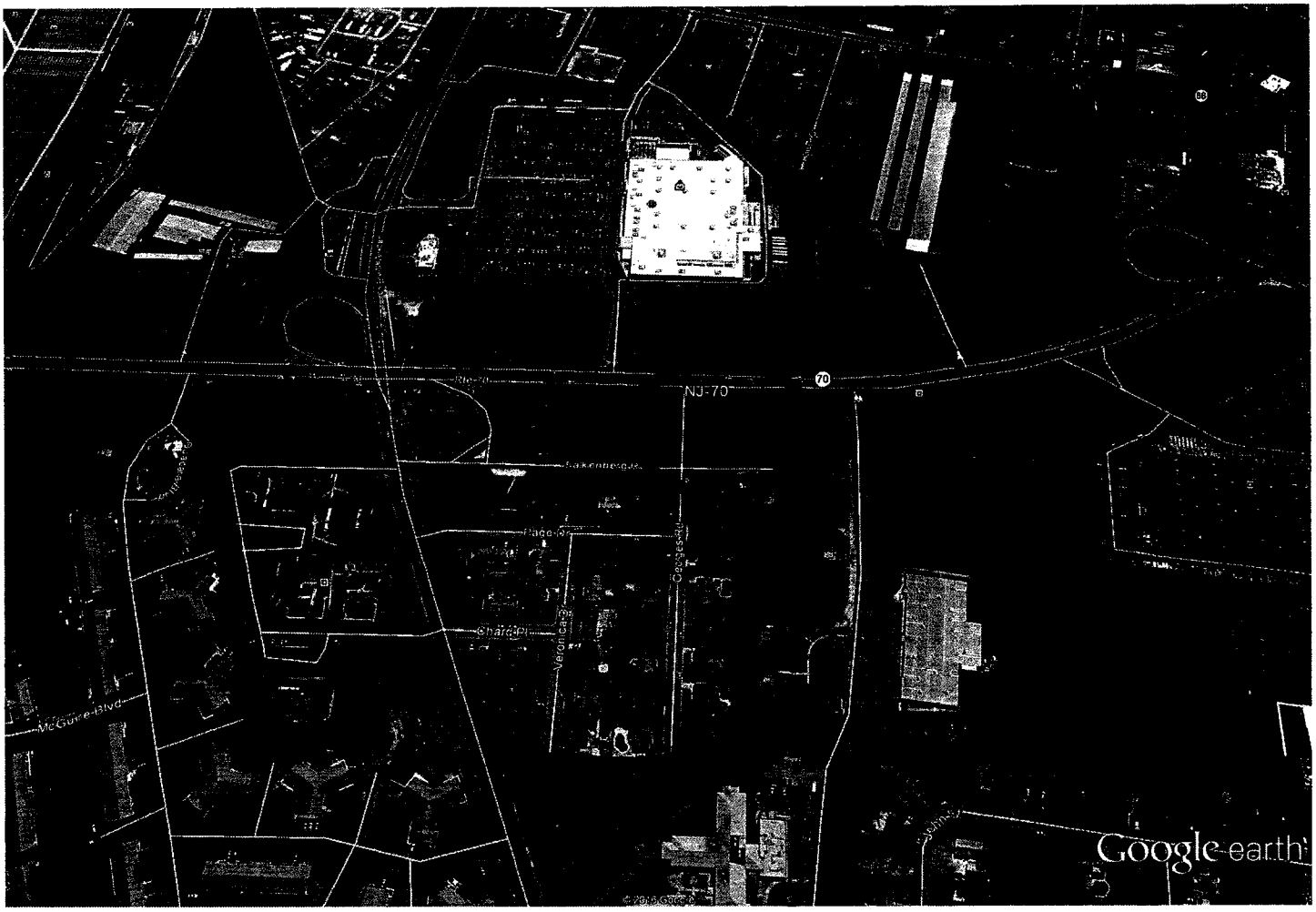
LINEAR FOOTAGE:

SQUARE FOOTGAE:

PROPOSED START DATE: DEC 1 PROPOSED FINISH DATE: DEC 1

COST OF WORK: $ 2500.00

CONSTRUCTION PERMIT # DATE:



Google earth

miles 200
km 300