

BLOCK 1170

LOT 16.01

QUALIFICATION CODE

ADDRESS (SITE)

982 Falkenberg Rd.

PERMIT NO.

17-4135



CONSTRUCTION PERMIT APPLICATION

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

C17-005596

I. IDENTIFICATION

1. Proposed Work Site at: 982 Falkenberg Rd.

2. Name of Owner in Fee: Sean Mahoney
 T [REDACTED] e-mail [REDACTED]

Address 402 Stuyvesant Street Forked River 08731
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒ X

4. Principal Contractor: Meridian Environmental Services, Inc. Tel. (732) 281-1900
 Address 24 Germania Station Road, Suite 3 e-mail sbright@meridianenviron
Toms River, NJ 08755 mental-com

License No. OR, if new home, Builder Reg. No. 13VH00866800 Exp. Date 03/31/2018

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223663857 FAX: (732) 281-1190

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. _____ FAX: _____

6. Responsible Person in Charge once Work has Begun Christopher Delucca
 Tel. (732) 281-1900 FAX: (732) 281-1190

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$	
2. Electrical		
3. Plumbing	150	
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	\$ 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. 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 _____

(office use only)

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer

TOTAL COST

600.00

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 Select Group
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

RECEIVED



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/22/2018
Control Number C-17-005596
Permit Number 17-4135
Permit Issue Date 12/27/2017
Certificate Number 17-4135

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 982 FALKENBURG RD. Brick Township, NJ Block: 1170 Lot: 16.01 Qual: _____
Owner in Fee: MAHONEY, SEAN & LAURA
Owner Address: 402 STUYVESANT ST FORKED RIVER NJ 08731
Telephone: _____
Contractor: MERIDIAN ENVIRONMENTAL
Address: 24 GERMANIA STATION SUITE 3 TOMS RIVER NJ 08755-
Telephone: (732) 281-1900 Fax: (732) 281-1190
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3663857

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 ...AST

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

Date Printed: 2/22/2018

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

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



FIRE PROTECTION SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 16.01 Qualification Code _____
Work Site Location 982 Falkenburg Road, Brick, NJ 08724

Owner Caan Mahoney

Tel. _____ e-mail _____

Address 402 Stuyvesant St. Forked River 08731

Contractor: Meridian Environmental Services, Inc. Tel. (732) 281-1900

Address 24 Germania Station Rd., Suite 3 e-mail sbright@meridianenviro.com

Toms River, NJ 08755

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

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

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. 223663857 FAX: (732) 281-1900

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fuel Storage Tank: _____

Constr. Class: Present _____ Proposed _____ Fuel Type: [] Flammable or [] Combustible

Heating System: [] New or [] Modification to Existing Fire Alarm System: [] New or [X] Existing

Location: Feet Fire Suppression/Standpipe System: _____

Total Cost of Fire Protection Work \$ 600 Location of Main Control Valve: [] New or [] Existing

PLAN REVIEW INSPECTIONS

[] No Plans Required Type: _____ Failure _____ Approval _____ Initial _____

[] Partial -Underslab Utilities Approved Alarm System _____

Date: _____ Approved by: _____ Suppression Sys. _____

[] Fire Protection Plans Approved Standpipe _____

Date: _____ Approved by: _____ Fire Pump _____

Joint Plan Review Required: Pre-Eng. System _____

[] Bldg. [] Elec. [] Plumb. [] Elev. Mechanical _____

SUBCODE APPROVAL for PERMIT Smoke Control _____

Date: _____ TCO _____

Approved by: _____ Flam/Combust Tanks _____

SUBCODE APPROVAL for CERTIFICATE _____

[] CO [] GCO _____ Fireplace Venting _____

Date: 2-9-18 Final _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent or) owner of record and am authorized to make this application.

Applicant/Contractor Christopher Delucca

Print name here: Christopher Delucca

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

DESCRIPTION OF WORK:

Water Supply Source Removal of one 275 AST

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices _____

TOTAL _____

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 _____

CO₂ Suppression _____

Fdam 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 \$ _____

U.C.C. F140 (rev. 02/17) Applicant: When submitting this form to your local Construction Code Enforcement Office, please provide one original plus three photocopies.



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 permit 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.

☒ Check if contractor.

Agent Name Meridian Environmental Services, Inc.

Address 24 Germania Station Road, Suite 3

Toms River, NJ 08755

Telephone (732) 281-1900

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.



February 13, 2018

Brick Twsp. Bldg. Dept.
401 Chambers Bridge Road
Brick, NJ 08723
Attn: Permits

1170
1160 L
RECEIVED
FEB 15 2018
BUILDING

RE: **Mahoney Site**
982 Falkenburg Road
Brick, NJ

Block: 7 Lot: 8.01
Permit #: 174135
NJDEP #: N/A
Tank On Site: Yes ___ No X
Reason: N/A

Enclosed please find the back-up documentation for the tank removal performed at the above referenced site.

Please issue a Certificate of Approval to the homeowner. Please mail/fax a copy to our office as well for our records.

Thank you, and should you have any questions, please feel free to contact us at 732-281-1900.

For the Firm,
Meridian Environmental Services, Inc.


Shannon Bright
Client Services
ref: Mahoney, S. Post TR 02-13-18
encl.