BLOCK 1170 LOT 16.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 04 2359

5/21

CONSTRUCTION PERMIT APPLICATION

C13.59

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

I. IDENTIFICATION

1. Propsed Work Site at: 982 Falkenberg [redacted]
2. Name of Owner in Fee: SEAN MAHONEY
   Address 320 Harris Road Edgewater 08751
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Comfort Service, LLC Tel. (732) 657 5665
   Address 661 Manchester Blvd Whiting NJ 08759
   License No. OR, if new home, Builder Reg. No. 45-0533137 Exp. Date _____
   Federal Employee No. _____ FAX: (732) 657 5665
5. Architect or Engineer _____ Tel. (____) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (____) _____ FAX: (____) _____

tank removal

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection		do	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	66	

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. 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	

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection					5-14-04	MB	7/6/04		OK
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

III. DO YOU WANT: (optional)

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
8. ☐ *Smoke Control Systems* in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10502933

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.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

Constituent Contact Report

Date	Comments	Initials

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/11/2004
Control #
Permit # 04-2359

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1170 Lot 16.01 Qual

Work Site Location 982 FALKENBERG DR
TANK REMOVAL
Owner in Fee MAHONEY, SEAN
Address 320 HARRIS RD
FORKED RIVER, NJ 08731-
Telephone [redacted]

Contractor COMFORT SERVICE LLC
Address 661 MANCHESTER BLVD
WHITING, NJ 08759-
Telephone (732)657-5665
Lic. No. or Bldrs. Reg. No.
Federal Esp. No. 45-0533137

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
AS OIL TANK REMOVAL

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 $ 200

Construction Official 06/11/2004
Date

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	66
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	66
Check No.	5298
Cash	
Collected By	ERP

06/11/04 9:29AM 001558#0150
#007 SERV.007
#042359
FIRE $66.00
CHECK $66.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/12/2004
Date Issued 6/11/04
Control # ~~C13-59~~
Permit # 042359

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 Qual
Work Site Location 982 FALKENBERG DR
TANK REMOVAL
Owner in Fee MAHONEY, SEAN
Address 320 HARRIS RD
FORKED RIVER, NJ 08731-
Tel [redacted]
Contractor COMFORT SERVICE LLC
Address 661 MANCHESTER BLVD
WHITING, NJ 08759-
Tele.(732)657-5665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-0533137

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 200

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] ~~No~~ Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-17-04
Approved By: JS
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 66
DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/12/2004
Date Issued 6/11/04
Control # ~~C13-59~~
Permit # 042357

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 Qual
Work Site Location 982 FALKENBERG DR
TANK REMOVAL
Owner in Fee MAHONEY, SEAN
Address 320 HARRIS RD
FORKED RIVER, NJ 08731-
Tel [redacted]
Contractor COMFORT SERVICE LLC
Address 661 MANCHESTER BLVD
WHITING, NJ 08759-
Tele.(732)657-5665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-0533137

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 200

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 66
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/12/2004
Date Issued 6/11/04
Control # ~~C13-59~~
Permit # 042359

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 Qual
Work Site Location 982 FALKENBERG DR
TANK REMOVAL
Owner in Fee MAHONEY, SEAN
Address 320 HARRIS RD
FORKED RIVER, NJ 08731-
Tel [redacted]
Contractor COMFORT SERVICE LLC
Address 661 MANCHESTER BLVD
WHITING, NJ 08759-
Tele.(732)657-5665
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-0533137

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present U Proposed U
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 200

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve
See Attached

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-14-04
Approved By: DS

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/6/04
Approved By: CB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump		Receipt received 7-6-04		
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other FMC	6/18/04			

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

(Fee Back)

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TANK REMOVAL		66
Other		0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 66
DCA State Permit Fee	$ 0

U.C.C. F140 (rev. 3/96)

TANK ABATEMENT OR ASBESTOS NOTIFICATION

DATE: 5/11/04

PROJECT: A.S.T.R. Above ground heat oil tank removal empty 275gal

STREET: 982 Falkinberg Dr. Brick NJ 08724 BLK 1170 Lot 16.01

CONTRACTOR: Comfort Service, LLC LICENSE NO. 45-0533137

ADDRESS: 661 Manchester Blvd. Whiting N.J. 08759 732-657-5665

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

MAILING ADDRESS: N/A

OSHA AIR MONITOR: _____

ADDRESS: N/A

BUILDING OWNER: Sean Mahoney

MAILING ADDRESS: 330 Harris Rd, Forked River, NJ 08731

_____ PHONE: 609-971-3753

ENGINEER/ARCHITECT: _____

MAILING ADDRESS: N/A

_____ PHONE: _____

WASTE HAULER: Comfort Services, LLC LICENSE NO.: Non-regulated

LAND FILL: Brick Recycling Center

TOWN: Brick Town N.J.

JOB SIZE: (circle one) (MINOR) SMALL____ LARGE____

QUANITY OF WASTE GENERATED: CU YARDS Ø

1-275 gallon tank empty LINEAR FOOTAGE: Ø

SQUARE FOOTGAE: Ø

PROPOSED START DATE: ASAP after permit is issued PROPOSED FINISH DATE: _____

COST OF WORK: $ 200.00

CONSTRUCTION PERMIT # _____ DATE: _____

7424

BRICK RECYCLING COMPANY, INC.

2480 Old Hooper Ave. Brick, NJ 08723 (732) 477-0880 Fax: (732) 477-7588

SOLD TO: CASH

BOUGHT FROM _____ DATE 10/29/21

DESCRIPTION	AMOUNT
1100 tank L85/1100	2.00
275 tank	
60 disposed	

ALL SALES Are
"As Is Where Is"
No Guaranty No Warranty

SUB TOTAL	
SALES TOTAL	
TOTAL	2.00

COMFORT SERVICES, LLC.

661 Manchester Blvd., Whiting, NJ 08759 Phone 732-657-5665

CERTIFICATION OF TANK DISPOSAL

(In accordance with American Petroleum Institute recommended practice)

Mahoney, Sean 6/16/04

Client Date

982 Folkenberg Dr Brick Town NJ

Site Name

Brick Recycling

Reeyeling Facility

Tank Description

275 A.S.T. (Above Ground Storage)

Size Type (steel, fiberglass, etc.)

Heat oil

Prior Contents

Cleaning Certification

This is to certify that the above-described tank has been cleaned in accordance with API methods and procedures and has been rendered suitable for disposal as scrap. All product residues were removed and the interior of the tank was tested and found to be free of harmful vapors.

Jason C Nagy Comfort Services LLC. 6/16/04

Signed Company Date

Transportation

This is to certify that the above-described tank has been received and will be transported to the disposal site as specified above.

Comfort Services LLC

Signed (Driver) Transport Company Date

Received for Disposal

This is to certify that the above-described tank has been received for disposal and will be disposed of in accordance with applicable regulatory requirements.

Brick Recycling Co., Inc.
2480 Hooper Avenue
Brick, New Jersey 08723

Brick Recycling

Signed Disposal Facility Date

Comments:

This Memorandum is an acknowledgment that a Bill of Lading has been issued and is not the Original Bill of Lading, nor a copy or duplicate, covering the property named herein, and is intended solely for filing or record.

Shipper's #

Comfort Services, LLC 732-657-5665 **Carrier**

Agent's No.

RECEIVED, subject to the classifications and tariffs in effect on the date of the receipt by the carrier of the property described in the Original Bill of Lading,

at 900 am 6/16/04 Mohenoy from 927 Falkenberg dr Brk twp

the property described below, in apparent good order, except as noted (contents and condition of contents of packages unknown) marked, consigned and destined as shown below, which said company (the word company being understood throughout this contract as meaning any person or corporation in possession of the property under the contract) agrees to carry to its usual place of delivery at said destination, if on its own railroad, water line, highway route or routes, or within the territory of its highway operations, otherwise to deliver to another carrier on the route to said destination. It is mutually agreed as to each carrier of all or any of said property over all or any portion of said route to destination, and as to each party at any time interested in all or any of said property, that every service to be performed hereunder shall be subject to all the conditions not prohibited by law, whether printed or written, herein contained, including the conditions on back hereof, which are hereby agreed to by the shipper and accepted for himself and his assigns.

(Mail or street address of consignee – For purposes of notification only.)

Consigned to Lorco

Destination 450 S front st (Street) (City) State of NJ Zip Code _____ County of _____

Routing Elizabeth Delivering Carrier _____ Vehicle or Car Initial XC-1334 No.

Collect On Delivery

$ _____ and remit to: _____

_____ Street _____ City _____ State

C. O. D. charge to be paid by { Shipper ☐ Consignee ☐

No. Packages	Description of Articles, Special Marks, and Exceptions	*Weight (Sub. to Cor.)	Class or Rate	Check Column
	0 gallons nonrcra/nondot 0 Bottles, Nonfluid non regulated waste			

Subject to Section 7 of conditions, if this shipment is to be delivered to the consignee without recourse on the consignor, the consignor shall sign the following statements:

The carrier shall not make delivery of this shipment without payment of freight and all other lawful charges.

(Signature of Consignor)

If charges are to be prepaid, write or stamp here, "TO BE PREPAID."

Received $_____ to apply to prepayment of the charges on the property described hereon.

Agent or Cashier

Per _____
(the signature here acknowledges only the amount Prepaid.)

Charges Advanced:

$_____

*If the shipment moves between two ports by a carrier by water, the law requires that the bill of lading shall state whether it is "carrier's or shipper's weight." NOTE – Where the rate is dependent on value, shippers are required to state specifically in writing the agreed or declared value of the property.

The agreed or declared value of the property is hereby specifically stated by the shipper to be not exceeding _____ per _____

_____ Shipper, Per _____ _____ Agent, Per _____

Permanent post-office address of shipper, Comfort Services, LLC 661 manchester blvd. unit 3)

(This Bill of Lading is to be signed by the shipper and agent of the carrier issuing same.)

982 Falkenburg Dr.

For Information Call: 04-2359

Permit No. 2-64-764

1170
16.01

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[ ] Other tank	6-16-94	OB
[ ] Final		

needs st. dye / tank removal receipts

U.C.C. Form F-224A

PRO 117

BLOCK 1170

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT 16 OF

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THERSWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT

Before starting to build read the Building Code

Mahoney
Owner

Comfort
Contractor

PERMIT NO 042389

DATE APPROVED 6-11-04

D.F. Newman Jr Lep
CONSTRUCTION OFFICIAL
BRICK TOWNSHIP

FEE PAID $66 -

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE
OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS

INSPECTIONS
PLS CALL
732 262 4627

INSPECTIONS

1 FOOTING _____
2 FOUNDATION _____
3 SHEATHING _____
4 FRAMING _____
5 INSULATION _____
6 SHEET ROCK _____
7 PLUMBING _____
8 FIRE INSPECTION _____
9 FINAL _____

PLANS MUST BE ON JOB SITE

COMFORT SERVICES, LLC.
661 MANCHESTER BLVD.
WHITING, NJ 08759
(732) 657-5665

June 30, 2004

Brick Township
401 Chambers Bridge Road
Brick, NJ 08723

Attn: Building Inspector

Re: Tank Disposal Block # 1170 Lot # 16.01 Permit # 04-2359
Above Ground Storage Tank

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

If you have any questions, please do not hesitate to call us at 732-657-5665.

For the Firm:
Comfort Services, LLC.

Maureen Veneri
Office Manager

Enclosures

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: Comfort Service, LLC
Address: 661 Manchester Blvd Whiting NJ. 08759
Phone #: 732-657-5665
Lis #: 45-0533137
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:

CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:

Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other: Above ground Oil Tank Removal

Estimated Cost of Fire Work $200.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Sean McAnowey

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 982 Fallwbarg Dr
Block: 1170 Lot: 16.01
Owner's Name: SEAN MAHONEY
Owner's Mailing Address: 320 Harris Road
Forked River NJ 08731
Phone: [redacted]

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

0.1 Tank removal

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name SEAN MAHONEY

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL