BLOCK 547 / 40817 LOT 8 1 QUALIFICATION CODE _____ ADDRESS (SITE) 545 Brick Blvd PERMIT NO. 07-1319

CONSTRUCTION PERMIT APPLICATION

07-00214

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

I. IDENTIFICATION

1. Proposed Work Site at: 545 Brick Blvd, Brick NJ
2. Name of Owner in Fee: Bank of America
   Tel. ( ) e-mail
   Address (street / municipality / zip code)
3. Ownership in Fee: Public X Private
4. Principal Contractor: Wade Ray & Assoc. Constrc, Inc Tel. (732) 297-1700
   Address 3527 Route 1 South, Monmouth Jct. NJ 08852
   License No. OR, if new home, Builder Reg. No. [redacted] Exp. Date
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 00K562
   Federal Emp. ID No. 22-2907895 FAX: (732) 297-3580
5. Architect or Engineer GENSLER Contact
   Address 10 North Park Place, Suite 400, Morristown, NJ 07960
   Tel. (973) 290-8500 FAX: ( )
6. Responsible Person in Charge once Work has Begun Wade Ray & Assoc BRIAN
   Tel. (732) 297-1700 FAX: (732) 297-3580

Called 5/15/07

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	960	1120	
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$	54		
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other			40	
13. TOTAL	$	1014		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1 story w/ Mezzanine	
2. Height of Structure	ft.	
3. Area — Largest Floor	41,155 sq. ft.	
4. New Building Area	NONE sq. ft.	
5. Volume of New Structure	NONE cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	NONE sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no		
11. Max. Live Load		
12. Max. Occupancy Load		

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☑ Building	40,000		5/10/07		5-11-07				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator									
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ~~Bank Branch~~
2. Use Group: ~~B~~
3. Change in Use Group, Indicate Former: ~~N/A~~
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction
   After Construction
   Net Gain or Loss

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Bank Branch
2. Use Group: B
3. Change in Use Group, Indicate Former: N/A

C. MIXED USE -List secondary use(s): N/A

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/22/2012
Control Number C-07-002146
Permit Number 07-1319
Permit Issue Date 05/17/2007
Certificate Number 07-1319

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 545 BRICK BLVD. , NJ Block: 547 Lot: 1 Qual:

Owner in Fee: COLLECTIVE FED SVGS %B OF AMERICA

Owner Address: 545 BRICK BLVD. BRICK NJ

Telephone:

Contractor WADE RAY & ASSOC CONST INC

Address 3827 ROUTE 1 SOUTH MONMOUTH JUNCTION NJ 08852-

Telephone: 732-297-1700 Fax: 732-297-3580

License Number or Builders Registration Number: Federal Emp. Number: 22-2907895

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: RENOVATION OF EXTERIOR SIDING.

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: 05/22/2012 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 5/17/2007
Control # C-07-002146
Permit # 07-1319

IDENTIFICATION Block: 547 Lot: 1 Qualifier
Work Site Location: 545 BRICK BLVD. , NJ

Owner in Fee COLLECTIVE FED SVGS %B OF AMERICA
Address 545 BRICK BLVD. BRICK NJ
Telephone:

Contractor WADE RAY & ASSOC CONST INC
Address 3827 ROUTE 1 SOUTH MONMOUTH JUNCTION NJ 08852-
Telephone: 732-297-1700
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2907895

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION RENOVATION OF EXTERIOR SIDING.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $40,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$960
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$54
CO Fee	
Other	$0
Total	$1,014
Check No.	56976
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
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.

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 07-1319
Control #

Date Issued 5-17-07
Permit #

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

Block 40817.547 Lot 3.1 Qualification Code _____

Work Site Location 545 Brick Blvd
Brick, NJ

Owner in Fee: Bank of America

Tel. (_____) _____ e-mail _____

Address _____

Contractor: Wade Ray & Associates Inc (street / municipality) Tel. (732) 297-1700 (zip code)

Address 3827 Route 9 South, Monmouth Jct. NJ 08852 e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-2907895 FAX: (732) 297-3580

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5-11-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-8-12
Approved by: KA/JC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			5/4/12	W
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed same
Constr. Class Present IIB, Non Combustible Proposed same
No. of Stories 1 Story w/ mezzanine Proposed same
Height of Structure _____ Ft.
Area — Largest Floor 4158 Sq. Ft.
New Bldg. Area/All Floors none Sq. Ft.
Volume of New Structure none Cu. Ft.
Total Land Area Disturbed none Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $ 0
2. Rehabilitation $ 40,000
3. Total (1+ 2) $ 40,000

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

Renovation of Exterior Siding

Call for Progress Inspections during stages of Repair

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other Renovation to Exterior Siding
[ ] Demolition

FEE (Office Use Only)
$ _____

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

BUILDING SUBCODE
TECHNICAL SECTION

UPDATE TO PERMIT # 07-1319-A
7/9/08
C08-003338

$40-

Date Received
Control #

RECEIVED
JUL 3 2008

Date Issued
Permit #

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

Block 547 Lot 1 Qualification Code

Work Site Location 545 BRICK BLVD
BRICK, NJ

Owner in Fee: BANK OF AMERICA

Tel. (908) - 709 - 6098 e-mail

Address 525 N. TYRON (street) CHARLOTTE (municipality), NC (zip code)

Contractor: WADE RAY & ASSOC. CONSTRUCTION, INC. Tel.

Address 3827 ROUTE 1 SOUTH (e-mail)
MONMOUTH JUNCTION, NJ 08852
PH. 732-297-1700 FAX 732-297-3580

Contractor License No. or Builder Registration No. FED ID #22-2907895 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-2907895 FAX: (732) 297-4307

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 John E. Frame

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REPAIR/RENOVATION OF EXTERIOR SIDING

CALL 262-1008 FOR INSPECTION

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	7/9/08	
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 5-8-12
Approved by: KA/JR

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	7/24/10		5/4/12	KW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
NO PRIOR INSPECTIONS
Constr. Class Present 3B Proposed 3B
No. of Stories
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 40,000 -
3. Total (1+ 2) $ 40,000 -

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 12/07)

PERMIT UPDATE

Date Update Issued 07/09/2008
Control # C-08-003338
Permit # 07-1319+A

IDENTIFICATION Block: 547 Lot: 1 Qualifier

Work Site Location: 545 BRICK BLVD. , NJ

Owner in Fee: COLLECTIVE FED SVGS %B OF AMERICA
545 BRICK BLVD. BRICK NJ

Telephone:

Contractor: WADE RAY & ASSOC CONST INC
Address: 3827 ROUTE 1 SOUTH MONMOUTH JUNCTION NJ 08852-
Telephone: 732-297-1700
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2907895

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION REPAIR/RENOVATION FO EXTERIOR SIDING.

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	31036
Cash	$0
Credit	$0
Collected By	Kim Bogan

U.C.C. F170
equiv (rev 8/03)

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.

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.

WADE RAY & ASSOCIATES CONSTRUCTION
3827 Route 1 South
Monmouth Junction, NJ 08852
732-297-1700 Fax: 732-297-4307

LETTER OF TRANSMITTAL

DATE July 2, 2008	JOB NO. 07-747
ATTENTION Frank Mizer	
RE: Bank of America	
545 Brick Blvd.	
Brick, NJ	

TO Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RECD JUL - 3 2008

PHONE # 732-262-1008

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☒ Permit Update

COPIES	DATE	NO.	DESCRIPTION
1			Building Permit Update Application
1	7-1-08	61036	Check for Update Fee

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

Per our discussion on 6-27-08, please find the enclosed materials.

COPY TO Project File SIGNED: Bill Krause- Project Manager

If enclosures are not as noted, kindly notify us at once.

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 062146

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 545 Brick Blvd

DATE REVIEWED: 5-11-07

REVIEWED BY: FM

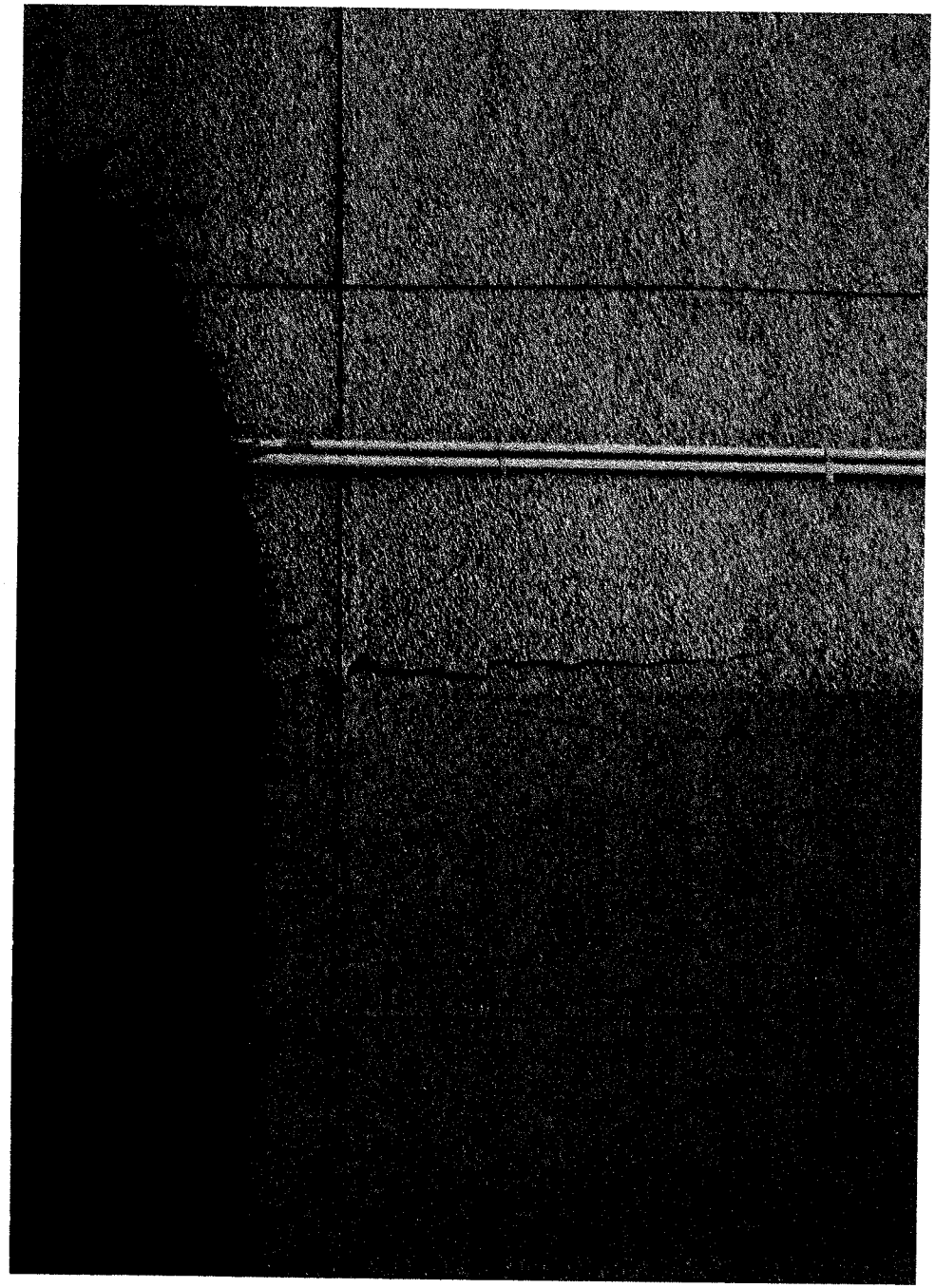
CONTACT CALLED/FAXED: 732-297-3580 @ 8:00

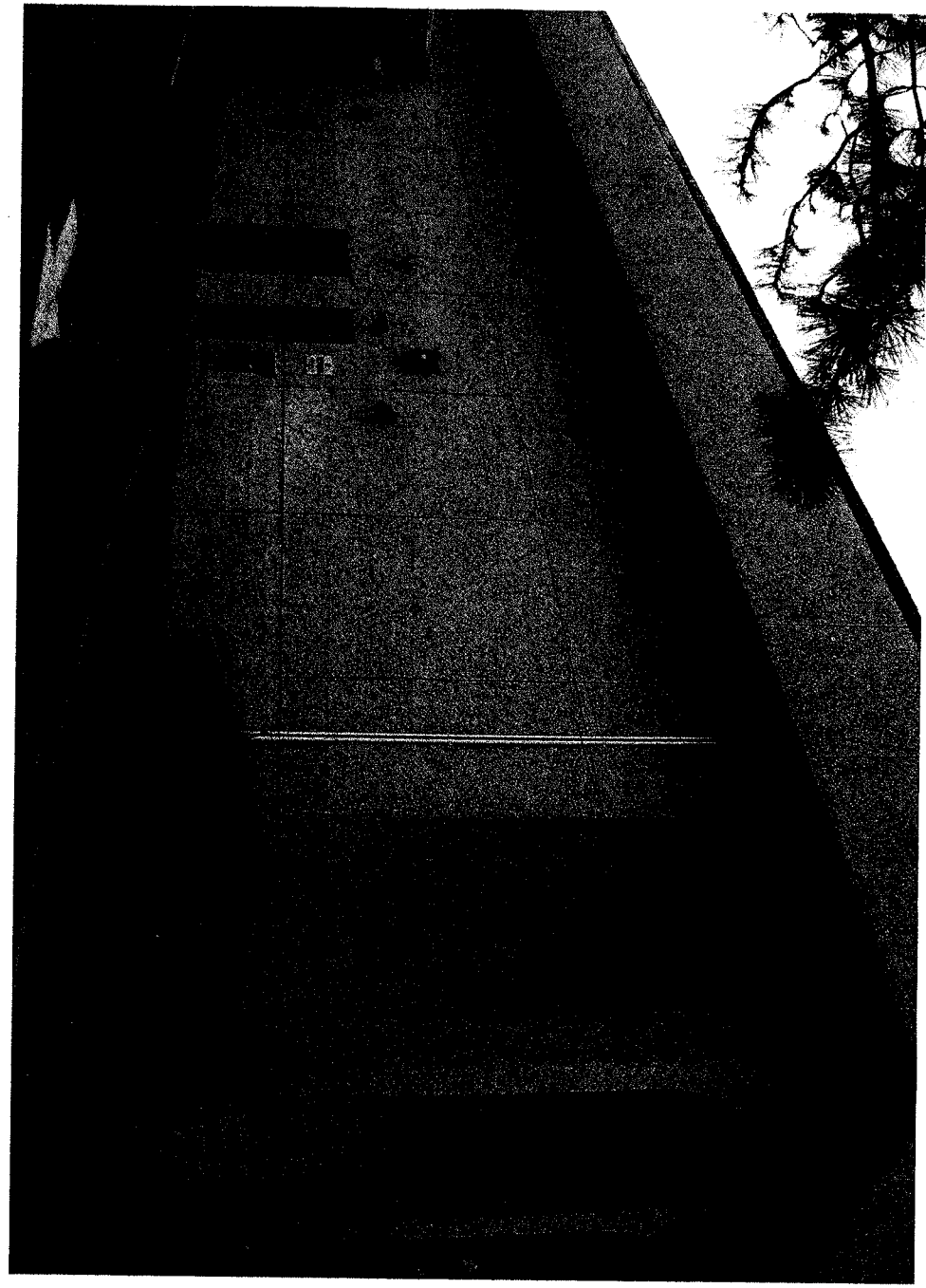
(1) Plans Reflect more work Than Renovation of Siding

(2) Provide 20% Cost of Work on Complete Job To Be dedicated To ADA Compliance. See Page #2

Frank/plan review template

Plans Have Been Rolled up & Put in A Tube Like They Should Be





Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 545 Brick Blvd

Block: 40817 Lot: 3

Contractor: WADE RAY & ASSOC. CONSTRUCTION, INC.

Contractor's Address: 3827 ROUTE 1 SOUTH
MONMOUTH JUNCTION, NJ 08852
PH. 732-297-1700 FAX 732-297-3580
FED ID #22-2907895

Type of Construction (minor, new home): General Construction Debris & Concrete

Type of Debris (shingles, siding, wood, etc.): General Construction Debris & Concrete

Party responsible for removal: Freehold Cartage Inc.

Dumpster size: 20 & 30 yard

Destination of debris: Freehold Cartage, Freehold, NJ

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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

Signature

5/10/07
Date

Michael Sisler, Project Manager WRA
Print Name

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.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

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

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name Wade Ray & Associates Construction Inc.

Address 3827 Route 1 South

Monmouth Jct, NJ 08852

Telephone (732) 297-1700

Signature _____

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