BLOCK 552.01 LOT 18.01 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-2034

CONSTRUCTION PERMIT APPLICATION C-12-002553

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: Hooper ave & Drumpoint Rd 2549 Hooper Ave
2. Name of Owner in Fee: Feinburg & McBurney
   Tel. (856) 489-8887 e-mail _____
   Address 186 Marlton Pike Cherry Hill NJ
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: H Carlson & Sons Tel. (609) 625-5052
   Address 7201 Blackhorse Pike e-mail _____
   Mays Landing NJ 08330
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223228655 FAX: (____) _____
5. Architect or Engineer LDG Contact _____
   Address 1000 Commerence Way Williamsport PA e-mail _____
   Tel. (570) 323-6603 FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Harry Carlson
   Tel. (609) 625-5052 FAX: (609) 625-4829

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical	60✓		
3. Plumbing			
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	60		
13. TOTAL	$		

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		
Base Flood Elevation	ft.	
12. Wetlands yes ____ no ____		

IIa. PROPOSED WORK

- ☐ Minor Work — Tank fill
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building — Septic
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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									
☐ Electrical									
☒ Plumbing					07-17-12 PA				
☐ Fire Protection									
☐ Elevator									
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

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 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 H. Carlson & Sons

Address 7201 Black Horse Pike
Mays Landing, NJ 08330

Telephone (609) 625-5052

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/30/2012
Control Number C-12-002553
Permit Number 12-2034
Permit Issue Date 7/20/2012
Certificate Number 12-2034

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2549 HOOPER AVE. CVS Brick Township, NJ Block: 552.01 Lot: 18 Qual:

Owner in Fee: BOTTAZZI'S RED LION TAVERN INC

Owner Address: 2549 HOOPER AVE BRICK NJ 08723

Telephone:

Contractor H CARLSON & SONS

Address 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330

Telephone: 6096255052 Fax: 6096254829

License Number or Builders Registration Number: Federal Emp. Number: 22-3228655

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: SEPTIC ABATEMENT/ABANDONMENT

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: 8/30/2012

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

7-19-12

7-20-12

CONSTRUCTION PERMIT

Date Issued 12-2034
Control # C-12-002553
Permit #

IDENTIFICATION Block: 552.01 Lot: 18 Qualifier

Work Site Location: 2549 HOOPER AVE. CVS Brick Township, NJ

Owner in Fee: BOTTAZZI'S RED LION TAVERN INC
2549 HOOPER AVE BRICK NJ 08723

Telephone:

Contractor: H CARLSON & SONS
Address: 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330

Telephone: 6096255052
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3228655

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:

SEPTIC ABATEMENT/ABANDONMENT

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

7-18-12
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$60
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$60
Check No.	1116
Cash	$0
Credit	$0
Collected By	

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.

¥402 SERV 402

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows: #20.14

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. CHEC $60.00
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.

1-20-12

Date Received
Control # 12-2034

Date Issued
Permit # ✓

PLUMBING 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 557.01 Lot ~~18~~ 18.01 Qualification Code _____

Work Site Location 2545 Hooper Ave
Toms River, NJ 08753

Owner in Fee: [illegible]

Tel. (856) 459-8889 e-mail _____

Address 156 Marlton Pike Cherry Hill NJ

Contractor: H. (street) Clark & Son (municipality) Tel. (609) 665-5052 (zip code)

Address 7201 Fisk House Pike e-mail _____
Mays Landing, NJ 08330

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 01-17-12 Approved by: PH

[ ] Plumbing Plans Approved
Date: _____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 2-17-12
Approved by: CJ

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: [signature]

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other Septic fill	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (___) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO _____				
Final				
_____				

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
___	Water Closet	$ _____
___	Urinal/Bidet	
___	Bath Tub	
___	Lavatory	
___	Shower	
___	Floor Drain	
___	Sink	
___	Dishwasher	
___	Drinking Fountain	
___	Washing Machine	
___	Hose Bibb	
___	Water Heater	
___	Fuel Oil Piping	
___	Gas Piping	
___	LPGas Tank	
___	Steam Boiler	
___	Hot Water Boiler	
___	Sewer Pump	
___	Interceptor/Separator	
___	Backflow Preventer	
___	Greasetrap	
___	Sewer Connection	
___	Water Service Connection	
___	Stacks _____	
___	Other _____	

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

7-20-12

Date Received 12-2034
Control #

Date Issued
Permit #

PLUMBING 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 552.01 Lot 18.01 Qualification Code

Work Site Location 2545 Hooper Ave BRICK NJ 08723 CVS PHARMACY

Owner in Fee: Feinburg + McBurney

Tel. (856) 489-8889 e-mail

Address 186 Marlton Pike Cherry Hill, NJ

Contractor: H. Carlson & Son Tel. (609) 625-5052
(street, municipality, zip code)

Address 7201 Black Horse Pike e-mail
MAYS LANDING, NJ 08330

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed COMMERCIAL

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 07-12-12 Approved by: PA

[ ] Plumbing Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7-17-12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 8-28-12
Approved by: JJ

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			08.24.12	PA

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here: X

Print name here:

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other Septic fill	

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

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :406517
Date :8/23/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 2689466
RNR Contractors, Inc
10 PARK DRIVE

SHAMONG, NJ 08088

Truck :	AG172W	RNR #116	Gross :	66640	lb	Scale 1	In	9:02 am
Location:	1507	BRICK TWP.	Tare :	27500	lb	STORED	Out	9:02 am
			Net :	39140	lb			
				19.570	tn			

Weigh Master: DP

Remarks:

Material $	136.99
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	136.99

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	19.570	tn	7.00	CONCRETE/ASPHALT/DIRT		136.99

$136.99

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

08/23/12 9:07AM

12-2034

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :406509
Date :8/23/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 2689466
RNR Contractors, Inc
10 PARK DRIVE

SHAMONG, NJ 08088

Truck :	AG172W	RNR #116	Gross :	55520	lb	Scale 1	In	7:58 am
Location:	1507	BRICK TWP.	Tare :	27500	lb	STORED	Out	7:58 am
			Net :	28020	lb			
				14.010	tn			

Weigh Master: DP

Remarks:

Material $	98.07
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	98.07

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	14.010	tn	7.00	CONCRETE/ASPHALT/DIRT		98.07

$98.07

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

08/23/12 8:03AM

12-2034

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :406558
Date :8/23/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 2689466
RNR Contractors, Inc
10 PARK DRIVE

SHAMONG, NJ 08088

Truck :	AG172W	RNR #116	Gross :	75880	lb	Scale 1	In	11:37 am
Location:	1507	BRICK TWP.	Tare :	27500	lb	STORED	Out	11:37 am
			Net :	48380	lb			
				24.190	tn			

Weigh Master: DP

Remarks:

Material $	169.33
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	169.33

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	24.190	tn	7.00	CONCRETE/ASPHALT/DIRT		169.33

$169.33

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

08/23/12 11:41AM

12-2034

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :406545
Date :8/23/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 2689466
RNR Contractors, Inc
10 PARK DRIVE

SHAMONG, NJ 08088

Truck :	AG172W	RNR #116	Gross :	74540	lb	Scale 1	In	10:40 am
Location:	1507	BRICK TWP.	Tare :	27500	lb	STORED	Out	10:40 am
			Net :	47040	lb			
				23.520	tn			

Weigh Master: DP

Remarks:

Material $	164.64
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	164.64

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	23.520	tn	7.00	CONCRETE/ASPHALT/DIRT		164.64

$164.64

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

08/23/12 10:44AM

12-2034

OCEAN COUNTY RECYCLING CENTER, INC.
1497 LAKEWOOD ROAD (RT. 9)
TOMS RIVER, NJ 08755
NJDEP# CBG040002,

Hours of Operation
Monday thru Friday 7:00 am - 5:00 pm
Saturday 7:00 am - 1:00 pm

Invoice No :406587
Date :8/23/12
Phone :(732)244-1716
Fax :(732)914-0373

Customer: 2689466
RNR Contractors, Inc
10 PARK DRIVE

SHAMONG, NJ 08088

Truck :	AG172W	RNR #116	Gross :	73280	lb	Scale 1	In	2:21 pm
Location:	1507	BRICK TWP.	Tare :	27500	lb	STORED	Out	2:21 pm
			Net :	45780	lb			
				22.890	tn			

Weigh Master: DP

Remarks:

Material $	160.23
Delivery $	0.00
Misc $	0.00
Tax $	0.00
Total $	160.23

MATERIAL ID	QTY		UNIT-$	MATERIAL DESCRIPTION	TAX-$	TOTAL-$
00065	22.890	tn	7.00	CONCRETE/ASPHALT/DIRT		160.23

$160.23

I hereby certify that there are no contaminants or non specified materials in the load. The information on this form is true and accurate to the best of my knowledge.

Driver's Signature:

08/23/12 2:26PM

12-2034