BLOCK 552.01 LOT 18 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12.1446

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 2545 Hooper Ave CVS
2. Name of Owner in Fee: Fechheimer McBurney,
   Tel. (856) 489 8887 e-mail _____
   Address 180 Marlton Pike (street) Cherry Hill (municipality) 08083 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: H Carlson & Sons Tel. (609) 625 5052
   Address 7201 BHP 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. 223238695 FAX: (609) 625 4829
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Henry
   Tel. (609) 625 5052 FAX: (609) 625 4829

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	✓	
2. Electrical			
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			
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 _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

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)*

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☐ Building									
☐ Electrical									
☐ Plumbing									
☐ 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 # 5019

Address 7201 BHP

May Landing NJ 08330

Telephone (609) 625 5052

Signature Harry Carlson

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 12/8/2012
Control Number C-12-001963
Permit Number 12-1446
Permit Issue Date 5/31/2012
Certificate Number 12-1446

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2549 HOOPER AVE. 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: (609) 625-5052 Fax: (609) 625-4829

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: DEMOLITION SINGLE FAMILY DWELLING

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: 12/8/2012 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 5/31/2012
Control # C-12-001963
Permit # 12-1446

IDENTIFICATION Block: 552.01 Lot: 18 Qualifier

Work Site Location: 2549 HOOPER AVE. 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: (609) 625-5052
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3228655

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

DEMOLITION SINGLE FAMILY DWELLING

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 $1

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$75
Check No.	30183
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:

- [x] 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
Control # 12.1446

Date Issued
Permit # 5/31/12

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 Qualification Code _____

Work Site Location 254 Hoopes Ave
CVS

Owner in Fee: Rosbury & McAuley

Tel. (856) 489 8887 e-mail _____

Address 120 marlton Pike Cherry Hill NJ 08083
street municipality zip code

Contractor: H. Carlson & Sons Tel. (609) 625 5052

Address 7209 Blvd e-mail _____
May's Landing NJ 08330

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

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

Federal Emp. ID No. 223778695 FAX: (609) 625 4829

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] 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 [ ] CA
Date: _____
Approved by: _____

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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
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 _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

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.

Sign here: Harry Carlson
Print name here: Harry Carlson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

House
Demo House

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
[ ] Other _____
[X] 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. 11/09)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 12.1446

Date Issued 5/31/12
Permit #

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 Qualification Code

Work Site Location

Owner in Fee:

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: Tel. ( )

Address 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. FAX: ( )

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fence

Pool Heat

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] 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 [ ] CA
Date:
Approved by:

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				
Barrier-Free				

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
- [ ] Other _____
- [✓] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
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

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 12.1446

Date Issued Permit # 5/31/12

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 Qualification Code _____

Work Site Location 2545 Hooper Ave
CVS

Owner in Fee: Peabody & McBurney

Tel. (856) 489 8887 e-mail _____

Address 180 marlton Pike (street) Cherry (municipality) HILL NJ (zip code) 08083

Contractor: H. Carlson & Sons Tel. (609) 625 3052

Address 7201 Bay e-mail _____
Mays Landing NJ 08330

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

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

Federal Emp. ID No. 223228655 FAX: 609 625 4829

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.

Sign here: Harry Carlson

Print name here: Harry Carlson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

House
Demo Hooper

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] 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: 12/4/12
Approved by: [signature]

INSPECTIONS Type:	Failure	Dates (Month/Day) 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	11-28-12		12-3-12	GR
Barrier-Free				

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
- [ ] Other _____
- [X] Demolition

FEE (Office Use Only)

$ _____

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

B. BUILDING CHARACTERISTICS

NJ DUMP REC.

Use Group Present _____ Proposed _____
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 _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ _____

U.C.C. F110
(rev. 11/09)

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

H. CARLSON & SONS, INC.
7201 BLACK HORSE PIKE
MAYS LANDING, NJ 08330
609-625-5052
609-625-4829 FAX

TO: Construction **FAX:** 732 262 2941
FROM: Stephanie **DATE:** 11/30/12
RE: CVS 2545 Hooper Ave
NUMBER OF SHEETS INCLUDING COVER PAGE: 6

Disposal ticket for Demo of House

R.M. King Construction Co (609) 268-4446 p.1

House

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

FACILITY ID: No. 1618B
Ticket No : 1442634
Date :8/22/12

51620 lb In 1:01 pm
35200 lb Out 1:26 pm

16420 lb
8.210 tn

Customer: DEA20
DEAR ENTERPRISES,INC.
1696 ROUTE 230

TABERNACLE, NJ 08088

40 0.00 CU YDS

Dep.#: 30311AA XK-3497 ROLLOFF '13 Location

Price/Unit

% Of Load Material

100.00 132 BULKY - DEMO WOOD BRICK TWP $61.21

Total $ $526.78

Current Balance $-400.67

Driver

OCLF Not Responsible For Damages Done At Landfill

Closure & Contingency: $0.60/tn
Recycling Tax: $3.00/tn
Closure Escrow: $1.00/tn
O.C. Health Dept: $0.40/tn

Environmental Escrow Type 10: $17.97/tn
Types 13, 22, 23, 25: $23.10/tn
Post Closure Fund: $ 0.62/tn
Host Community Fund: $ 4.50/tn

Weigh Master: BS

R.M. King Construction Co (609) 268-4446 p.2

House

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

FACILITY ID: No. 1618S
Ticket No : 1442842
Date :3/22/12

Customer: DEA20
DEAN ENTERPRISES,INC. *
1585 ROUTE 206

TABERNACLE, NJ 08088

60720 lb In 11:28 am
35040 lb Out 11:40 am

15680 lb
7.840 tn

Dep.#:	30311AA	KK-346T	ROLLOFF '13	40	0.00	CU YDS
% Of Load	Material		Location			Price/Unit
100.00	132	BULKY - DEMO WOOD	BRICK TWP			$91.21

Current Balance $200.00

Total $ $328.39

Driver Beau

OCLF Not Responsible For Damages Done At Landfill

Closure & Contingency:	$0.50/tn	Environmental Escrow Type 10:	$17.97/tn
Recycling Tax:	$3.00/tn	Types 13, 22, 29, 25:	$23.19/tn
Closure Escrow:	$1.00/tn	Post Closure Fund:	$ 0.63/tn
O.C. Health Dept	$0.40/tn	Host Community Fund:	$ 4.50/tn

Weigh Master: BS

House

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

FACILITY ID: No. 16185
Ticket No : 1402101
Date :6/22/12

21980 lb In 11:38 am
36920 lb Out 12:04 pm

15940 lb
7.520 ton

Customer: CAM10
CAMARATO DISPOSAL INC.*
289 BAY STREAM DRIVE

TOMS RIVER, NJ 08753

Dep.#:	21890MC	AL637V	ROLLOFF #10 '13	40	0.00	CU YDS
% Of Load	Material		Location			Price/Unit
100.00	132	BULKY - DEMO WOOD	ERICK TWP			$91.21

Current Balance $-708.03

Total $ $810.70

Driver

OCLF Not Responsible For Damages Done At Landfill

Closure & Contingency:	$0.60/ton	Environmental Escrow Type 10:	$17.97/ton
Recycling Tax:	$3.00/ton	Types 18, 22, 23, 25:	$29.10/ton
Closure Escrow:	$1.00/ton	Post Closure Fund:	$ 0.02/ton
O.C. Health Dept	$0.40/ton	Host Community Fund:	$ 4.00/ton

Weigh Master: BS

R.M. King Construction Co (609) 268-4446 p.4

House

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

FACILITY ID: No. 15188
Ticket No : 1443026
Date :6/20/12

50220 lb In 10:04 am
38740 lb Out 10:34 am

11480 lb
8,740 lb

Customer: CAM10
CAMARATO DISPOSAL INC.*
239 BAY STREAM DRIVE

TOMS RIVER, NJ 08758

Dep.#: 21880MC AL837V ROLLOFF #10 '13 40 0.00 CU YDS

% Of Load	Material	Location	Price/Unit
100.00	182 BULKY - DEMO WOOD	BRICK TWP	$81.21

Current Balance $-97.08 Total $ $647.30

Driver

OCLF Not Responsible For Damages Done At Landfill

Closure & Contingency:	$0.50/t	Environmental Escrow Type 10:	$17.97/t
Recycling Tax:	$3.00/t	Types 19, 22, 23, 25:	$23.18/t
Closure Escrow:	$1.00/t	Post Closure Fund:	$ 0.62/t
O.C. Health Dept:	$0.40/t	Host Community Fund:	$ 4.50/t

Weigh Master: BS

R.M. King Construction Co (609) 268-4446 p.5

House

OCEAN COUNTY LANDFILL
MANCHESTER, NJ 08759

FACILITY ID: No. 15188
Ticket No : 1442215
Date :8/20/12

49140 lb In 2:54 pm
36820 lb Out 3:29 pm
12320 lb
8,160 lb

Customer: CAM10
CAMARATO DISPOSAL INC."
239 BAY STREAM DRIVE
TOMS RIVER, NJ 08753

Dep.#:	21380MC	AL887V	ROLLOFF #10 '13	40	0.00	CU YDS
% Of Load	Material		Location			Price/Unit
100.00	132	BULKY - DEMO WOOD	BRICK TWP			$91.21

Current Balance $-1742.43

Total $ $530.35

Driver:

OCLF Not Responsible For Damages Done At Landfill

Closure & Contingency:	$0.50/t	Environmental Escrow Type 10:	$17.97/t
Recycling Tax:	23.00/t	Types 13, 22, 29, 28:	$23.19/t
Closure Escrow:	$1.00/t	Post Closure Fund:	$ [illegible]
O.C. Health Dept:	$0.40/t	Host Community Fund:	$ 4.60/t

Weigh Master: 53