



BOROUGH OF SEA BRIGHT

1167 OCEAN AVENUE • SEA BRIGHT, N.J. 07760

TEL (732) 842-0099 • FAX (732) 741-3116

NEW JERSEY TAX EXEMPT #21-6001162

E

PURCHASE ORDER

THIS NUMBER MUST APPEAR ON ALL INVOICES,
PACKING LISTS, CORRESPONDENCE, ETC.

No. 13-01659

ORDER DATE: 12/31/13

REQUISITION NO:

DELIVERY DATE:

STATE CONTRACT NO:

F.O.B. TERMS:

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VENDOR #1201

SAKOUTIS BROTHERS DISP, INC.
P.O. BOX 84
COLTS NECK NJ 07722

QUANTITY/UNIT	DESCRIPTION	ACCOUNT NO.	UNIT PRICE	TOTAL COST
1.00	DEMOLISH LIBRARY	3-01-46-890-299	6,000.0000	6,000.00
1.00	DEMOLISH LIBRARY	C-04-55-850-901	5,500.0000	5,500.00
	DEMO LIBRARY & CLEAR ALL DEBRIS			
	PLEASE SIGN VOUCHER WHERE INDICATED, ATTACH YOUR INVOICE AND RETURN FOR PAYMENT TO THE ABOVE ADDRESS			
			TOTAL	11,500.00

VENDOR'S CERTIFICATION AND DECLARATION

I do solemnly declare and certify under the penalties of law that the within bill is correct in all its particulars; that the articles have been furnished or services rendered as stated therein; that no bonus has been given or received by any person or persons with the knowledge of this claimant in connection with the above claim; that the amount therein stated is justly due and owing; and that the amount charged is a reasonable one.

ARE YOU INCORPORATED?

YES NO

SIGNATURE

DATE

FED I.D. # OR SOC. SEC. #

CERTIFICATION OF FUNDS

I hereby certify the funds are available and encumbered.

Anna Devec 12-31-13
TREASURER OR AUTHORIZED AGENT DATE

PAYMENT RECORD

TE PAID

ECK NO.

APPROVED FOR PAYMENT

FINANCE COMMITTEE

DEPARTMENT CERTIFICATION

I certify that the materials and supplies have been received or the services rendered; and further certify that the above pricing is correct as invoiced.

SIGNATURE

DATE

VOUCHER COPY - SIGN AT X AND RETURN WITH INVOICE FOR PAYMENT

Requisition

Borough of Sea Bright

Dept. Name: Buildings
Grounds

Date: 1-4-14 Budget Acct. #: Emergency

This is not an authorization to purchase

PO NUMBER:

VENDOR 1: Sakoutis Brothers

TELEPHONE #: _____

VENDOR 2:

TELEPHONE #: _____

<u>SHIP TO:</u>	State Contract: _____
	County Coop Purch: _____
Itemized listing of Items to be Acquired w/Estimated Prices	
<u>Demo and Clear out All Debris @ 1097</u>	
<u>Ocean ave (Sea Bright library) the Contractor</u>	
<u>Must obtain all permits required.</u>	
<input type="checkbox"/> VENDOR COMPLIANT WITH CONTRACTOR REGISTRATION LAWS AND PREVAILING WAGE RATES	
TOTAL	<u>11,500.⁰⁰</u>

This is a request for the acquisition or improvements listed herein. This is not a purchase order nor an approval to proceed with the provision of the above. The Borough of Sea Bright will notify the vendor who supplies the lowest responsible proposal of their successful submission by the issuance of a purchase order.

CFO / Treasurer / Finance Officer
Certification of Funds Available

[Signature]
Council Member
Authorization (Not always needed if less than \$500.00)

[Signature]
Requisitioner

Date

1-24-14
Date

1-4-14
Date

BOROUGH OF SEA BRIGHT
SOLICITATION OF QUOTATION RECORD FORM

DEPARTMENT: Public Works Buildings/grounds ITEM OR SERVICE: Demo library
DATE: 1-4-14

DEPARTMENT HEAD SOLICITING PRICES: Mark Phibbs

SOLICITED BY: PHONE LETTER

VENDOR: Sakondis Brothers STATE CONTRACT NO: —

PRICE: 11,500.00 DELIVERY: —

SPECIAL TERMS: _____

VENDOR: Frank Lynch STATE CONTRACT NO: —

PRICE: 12,900.00 DELIVERY: —

SPECIAL TERMS: _____

VENDOR: Rosetta STATE CONTRACT NO: —

PRICE: 13,000.00 DELIVERY: —

SPECIAL TERMS: _____

VENDOR: _____ STATE CONTRACT NO: _____

PRICE: _____ DELIVERY: _____

SPECIAL TERMS: _____

**NO REQUISITION IN EXCESS OF 1,500.00 WILL BE CONSIDERED UNLESS
A COPY OF THIS FORM IS ATTACHED.**

1. For purchases in an amount less than 1,500.00 one quote is required.
2. For purchases in an amount of 1,500.00 but less than 2,625.00 two quotes are required.
3. For purchases in an amount over 2,625.00 but less than the current bid threshold amount, three quotes are required.



CONSTRUCTION PERMIT

Date Issued 1/19/14
Permit # 2014-005

Received
Control #
Issued
Date #

IDENTIFICATION Block 23 Lot 1

Work Site Location 1701 Orange Ave. Newark, NJ 07102

Owner in Fee 1701 Orange Ave. Newark, NJ 07102

Address 1701 Orange Ave. Newark, NJ 07102

Tel. () 973-665-1311

Contractor SAKOVITS & ASSOCIATES, INC.

Address 11311 34th Parkway, Newark, NJ 07105

Tel. () 973-665-1311

Lic. No. or Bids. Reg. No. 13V1107123900

Qualification Code 13V1107123900

I hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

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 \$ 11500

Construction Official

Date

U.C.C. F-170 (rev. 01/04)

1 WHITE-INSPECTOR

2 CANARY-OFFICE

3 PINK-TAX ASSESSOR

4 GOLD-APPLICANT

(see reverse side)

Approved by: _____

Subcode Approval for Certificate

- CO CCO CA

Date: _____

Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

HUD

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 _____

Est. Cost of Bldg. Work:

1. New Bldg- \$ 11,500
2. Rehabilitation \$ _____
3. Total (1+2) \$ _____

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA State Permit Fee	_____
Cent. of Occupancy	_____
Other	_____
Total	<u>No Charge</u>
Check No.	_____
Cash	_____
Collected by	<u>PNJ</u>

FEE (Office Use Only)

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

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

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



New Jersey
Natural Gas

December 18, 2013

Sent via email; Original by U.S. Mail

Sea Bright Public Library
1101 Ocean Avenue
Sea Bright, NJ 07760

ATTENTION: Mark

Re: Gas Facility Disconnect Request
Address: 1101 Ocean Avenue, Sea Bright (7420166)

To Who It May Concern,

As requested, a New Jersey Natural Gas service technician was sent to the above referenced address to check for the presence of our natural gas facilities. The technician found the facilities (if any) have been permanently retired at the main, which may be in the road or behind the curb.

*****IMPORTANT*****

*****PLEASE READ CAREFULLY*****

Should you require gas service restored, please follow the directions below:

1. Call 1-800-221-0051 six weeks prior to the estimated reconnection date. This time frame is necessary in order for us to obtain permits required to restore your service.
2. When you call, ask to speak to a **MARKETING REPRESENTATIVE** who will assist you to have a new gas service line run.
3. Please be advised that the new service line must be installed according to the current company installation standards.

NEW JERSEY NATURAL GAS COMPANY
1420 Wyckoff Road
Wall, New Jersey 07719

c: File – Operations Dept. (7420166)
sbdpw36@gmail.com

New Jersey American Water

P.O. Box 578, Alton IL 62002
1-800-652-6987

Boro of Sea Bright
Attn: Mark Philpot
1067 Ocean Avenue
Sea Bright, NJ 07760-2178

01/02/14

Business Partner: 1102455863
Premise Number: 9180526481
1 Es Ocean Avenue # Library
Sea Bright, NJ 07760

Dear New Jersey American Water Customer:

At New Jersey American Water, our goal is to provide exceptional service to our customers. Per your request, the water service at the above referenced property on 1 Es Ocean Avenue has been discontinued for the purpose of demolition. Also per your request, we have not removed the existing water meter since construction on this site will occur in the future.

We have notified the contractor/owner on record that the meter will remain intact. If for any reason the contractor or another party attempts to restore water service to the property, we will bill the contractor/owner for any water used.

If you have any questions on this matter, please call our Customer Service Center, 24 hours a day, 7 days a week, at 1-800-652-6987. Thank you.

Sincerely,

Customer Service
New Jersey American Water

NJDMMI_V1

59808655



mark plutoot <sbdpw36@gmail.com>

Re: Library

1 message

Fri, Dec 27, 2013 at 11:44 AM

jmarkey@firstenergycorp.com <jmarkey@firstenergycorp.com>
To: Mark <sbdpw36@gmail.com>

Mark,
I spoke with our call center who located account # 1000 1274 7422 and created a dr number 330385147 for removal of service/demo letter. I hope this helps..
Have a good weekend. Jim

Jim Markey
Area Manager - JCP&L
201 Monmouth Road
West Long Branch, NJ 07764

Office (732)923-2350
Cell (732)742-0382
To report an outage: 888-544-4877
Customer Service (800-662-3115
www.firstenergycorp.com

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Jersey Central
Power & Light
A FirstEnergy Company

1500 Florence Ave.
Union Beach, NJ 07735

January 6, 2014

Sea Bright Boro
Attn: Mark Philpot
1167 Ocean Ave
Sea Bright, NJ. 07760

Dear Sir/Madam:

This letter confirms that JCP&L has performed a field inspection of the property at the location listed below and determined that our electric service cables and meter have been removed.

Notif# 330385147
Ocean Ave
Sea Bright, NJ. 07760

This notification is effective as of the above date and certifies that the referenced property is now electrically safe for demolition.

Sincerely,


Lori Springer
Supervisor / Planner



Hilsen Pest Control, LLC
280 Ocean Avenue, Unit A5
Long Branch, NJ 07740

Main Office: 1.732.229.9121
Fax: 1.732.229.9127
ahilsen@hilsenpestcontrol.com
www.hilsenpestcontrol.com



PROPOSAL
 WORK ORDER

Integrated Pest Management Service Log

PESTICIDE CODE (ESTICIDE LIST ON REVERSE SIDE)	TARGET ORGANISM	Rate of Application or Dosage		Place or Places where Pesticide was applied	Method	APPLICATION DATE	APPLICATOR'S NAME & REGISTRATION NUMBER
		MIX RATIO	MIX APPLIED				
#24 2173-258	Rodents	100:1	9	See Site	Soft Bait	1-7-14	Billy Jago 60862A

Special Restrictions and/or Safety Precautions during treatment:
(Elderly people, children, pets and other sensitive areas — Specify)

TREATMENT DATE: 1-7-14

No: 92001

TIME OUT: 1015

TIME IN:

JOB NAME AND LOCATION: Library

ADDRESS: Ocean Ave

CITY: Sea Bright NJ

BILL TO ADDRESS:

PHONE (H): 290-5922

PHONE (W):

PHONE (C):

CONTACT:

EMAIL:

DESCRIPTION OF WORK

The Site Performed rodent control for demolition of building.

1. Pre Inspection
2. Rodent Baiting
3. Post Inspection
4. Reporting

No visible infestation noted

Sanitation Recommendations:

Recommendations for Non-Chemical Measures:
(Caulking, Screening, Trimming, Mechanically Eliminating Pest Harborages)

Special Comments:

I HEREBY ACKNOWLEDGE THE SATISFACTORY COMPLETION OF THE ABOVE DESCRIBED WORK.
NO SIGNATURE REQUIRED IF KEY SERVICE

[Signature]

CUSTOMER SIGNATURE

* Charges outstanding over 30 days from date of service are subject to a 1 1/2% FINANCE CHARGE PER MONTH or an annual percentage rate of 18%. Customer agrees to pay accrued expenses in the event of collection.

TOTAL MATERIALS	
TOTAL LABOR	
SALES TAX	
TOTAL AMOUNT	

TOTAL AMOUNT DUE FOR ABOVE WORK OR

TOTAL BILLING TO BE MAILED AFTER COMPLETION OF WORK

Thank You