

COUNTY OF SOMERSET DEPARTMENT OF PUBLIC HEALTH & SAFETY

DEPARTMENT OF HEALTH



Director / Health Officer TERRY CLANCY, PhD, RN, CEN, NRP tclancy@co.somerset.nj.us 27 Warren Street P.O. Box 3000 Somerville, New Jersey 08876-1262 (908) 231-7155 Fax (908) 704-8042 www.co.somerset.nj.us/health healthdept@co.somerset.nj.us Deputy Director MICHAEL T. McCARTY mccarty@co.somerset.nj.us

NOTIFICATION OF CONSTRUCTION/DEMOLITION ACTIVITIES

Pursuant to the Solid Waste Management Plan of Somerset County, it is <u>required</u> that this form be completed by the Permittee, and reported to the Somerset County Department of Health, within 48 hours of the issuance of a municipal permit for construction and/or demolition activities that will, in the aggregate, <u>require removal of 21 or more cubic yards of waste materials</u>.

Please print clearly & fax to: (908) 704-8042 Email: HealthDept@co.somerset.nj.us or deliver to the above address.

TYPE OF PERMIT:	PERMIT #
NAME, ADDRESS & PHONE NUMBER OF PER	RMITTEE:
PHYSICAL LOCATION OF PROPERTY: (Street	Address; Municipality; Lot & Block)
DATE WORK WILL START:	ESTIMATED DATE OF COMPLETION:
ESTIMATED AMT OF CONST/DEMO WAS	STE TO BE GENERATED: CUBIC YDS
CONTRACTOR TO BE USED FOR WASTE	REMOVAL (Name, Address, Telephone & DEP number)
CONTRACTOR TO BE USED FOR RECYC	LING (Name, Address & Telephone)
	ood scrap/unfinished lumber (only non-chemically treated, clean wood)
	materials; scrap metals. *Failure to source-separate & recycle is a
violation of the Somerset County Solid Was http://www.co.somerset.nj.us/government/publ	te Management Plan* For more information, please visit:
	we were the second of the seco
PERMITTEE SIGNATURE	DATE

- Mission Statement -

The County of Somerset is committed to excellence and innovation in public service, promoting the well-being of all residents and communities by providing effective, efficient and responsive leadership.