



# CONSTRUCTION PERMIT APPLICATION

## I. IDENTIFICATION

1. Proposed Work at: 13 BROWN AVE
2. Owner Name: Ma. Simonelli Tel. (201) \_\_\_\_\_
- Address \_\_\_\_\_
3. Principal Contractor: JOSEPH A. LONGO Tel. (201) 830-4434
- Address 106 NEW BRUNSWICK AVE LAVALLETTE
- Lic. No. or Builder Reg. No. \_\_\_\_\_ Federal Emp. No. 151 54 6855
4. Architect or Engineer: \_\_\_\_\_ Tel. ( ) \_\_\_\_\_
- Address \_\_\_\_\_
5. Responsible Person in Charge of Work Joseph A Longo Tel. ( ) \_\_\_\_\_

## II. PROPOSED WORK

### A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)  
*Complete only II.B., III and IV.A. and Page 2*
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: \_\_\_\_\_

### B. CATEGORIES OF WORK

| Permit/Category                                            | Estimated |
|------------------------------------------------------------|-----------|
| 1. <input checked="" type="checkbox"/> Building/Structural | \$5000.00 |
| 2. <input checked="" type="checkbox"/> Plumbing            | 1200.00   |
| 3. <input checked="" type="checkbox"/> Electrical          | 1800.00   |
| 4. <input type="checkbox"/> Fire Protection                | _____     |
| 5. <input type="checkbox"/> Other _____                    | _____     |
| 6. <input type="checkbox"/> Other _____                    | _____     |
| TOTAL COST                                                 |           |
| \$8000.00                                                  |           |

### C. DO YOU WANT:

1. ☐ Partial Releases      2. ☐ Prototype Processing

### D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

### A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)  
HMD Reg. No.: \_\_\_\_\_
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a)

If new construction, enter no. of dwelling units \_\_\_\_\_

If other than new construction, enter no. of dwelling units: \_\_\_\_\_

Before Construction: one

After Construction: one

Net Gain (or loss): 0

### B. NON-RESIDENTIAL

- |                                                                   |                                                                   |
|-------------------------------------------------------------------|-------------------------------------------------------------------|
| 5. <input type="checkbox"/> Theatres with Stage (A-1-A)           | 16. <input type="checkbox"/> Institutional Detention Center (I-1) |
| 6. <input type="checkbox"/> Movie Theatres (A-1-B)                | 17. <input type="checkbox"/> Hospitals, Infirmeries (I-2)         |
| 7. <input type="checkbox"/> Night Clubs (A-2)                     | 18. <input type="checkbox"/> Group Homes (I-3)                    |
| 8. <input type="checkbox"/> Restaurants, Libraries, Museums (A-3) | 19. <input type="checkbox"/> Mercantile (M)                       |
| 9. <input type="checkbox"/> Religious Assembly (A-4)              | 20. <input type="checkbox"/> Moderate-Hazard Warehouse (S-1)      |
| 10. <input type="checkbox"/> Outdoor Assembly (A-5)               | 21. <input type="checkbox"/> Low-Hazard Warehouse (S-2)           |
| 11. <input type="checkbox"/> Business (B)                         | 22. <input type="checkbox"/> Temporary, Misc. (U)                 |
| 12. <input type="checkbox"/> Educational (E)                      | 23. <input type="checkbox"/> Other _____                          |
| 13. <input type="checkbox"/> Moderate-Hazard Factory (F-1)        |                                                                   |
| 14. <input type="checkbox"/> Low-Hazard Factory (F-2)             |                                                                   |
| 15. <input type="checkbox"/> High-Hazard (H)                      |                                                                   |

State Specific Use: \_\_\_\_\_

If Change in Use Group, Indicate Former: \_\_\_\_\_

## IV. BUILDING CHARACTERISTICS

### A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

### B. HEATING FUEL

| Principal                              | Secondary                | Type                     |
|----------------------------------------|--------------------------|--------------------------|
| 3. <input checked="" type="checkbox"/> | <input type="checkbox"/> | Gas                      |
| 4. <input type="checkbox"/>            | <input type="checkbox"/> | Oil                      |
| 5. <input type="checkbox"/>            | <input type="checkbox"/> | Electric                 |
| 6. <input type="checkbox"/>            | <input type="checkbox"/> | Solid (Wood, Coal, Etc.) |
| 7. <input type="checkbox"/>            | <input type="checkbox"/> | Propane                  |
| 8. <input type="checkbox"/>            | <input type="checkbox"/> | Solar                    |
| 9. <input type="checkbox"/>            | <input type="checkbox"/> | Other _____              |

### C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

### D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

### E. BUILDING CHARACTERISTICS

14. No. of Stories 2 1/2
15. Height of Structure \_\_\_\_\_ Ft.
16. Area—Largest Floor \_\_\_\_\_ Sq. Ft.
17. Bldg. Area—All Fls. \_\_\_\_\_ Sq. Ft.
18. Volume of Structure \_\_\_\_\_ Cu. Ft.
19. Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.



# BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 5678/84  
DATE ISSUED 9/16/84  
REVISION DATE 18  
Block 10 Lot 18  
Subdivision \_\_\_\_\_

## IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner \_\_\_\_\_ Contractor \_\_\_\_\_  
Address \_\_\_\_\_  
Tel. (\_\_\_\_) \_\_\_\_\_  
Lic. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_  
Site Address \_\_\_\_\_

## CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

## TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Remodel Kitchen, Bath  
Room

### TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other \_\_\_\_\_
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other \_\_\_\_\_

### Fee Basis

### Fee

### SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

See Plans

## BUILDING CHARACTERISTICS

GROUP: 152 Present 152 Proposed  
Number of Stories 22 Total Building Area—All Floors \_\_\_\_\_ Sq. Ft.  
Height of Structure \_\_\_\_\_ Ft. Volume of Structure \_\_\_\_\_ Cu. Ft.  
—Largest Floor \_\_\_\_\_ Sq. Ft. Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.  
Estimated Cost of Building Work: \$ \_\_\_\_\_

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing