



CONSTRUCTION PERMIT

APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at:216 CHURCH ST

2. Name of OwnerMrs LUTKIEWICZTel. (908) 657-7672

Address216 CHURCH STLAKENHURST08733

3. OwnershipPublicPrivate

4. Principal Contractor:JAMES W. ABRAHAMSENel. (908) 657-5818

Address212 CHURCH ST. LAKEHURST N.J. 08733

License No. OR, if new home, Builder Reg. No. Exp. Date

Federal Emp. No. Social Security No.156-42-2933

5. Architect or Engineer Tel. ()

Address

6. Responsible Person in Charge of WorkJAMES W. ABRAHAMSENel. (908) 657-5818

II. PROPOSED WORK

1. Minor work \$101496,200

2. Small Job (\$5,000 and no prior approvals)

3. New Building

4. Addition

5. Alteration

6. Fire Protection

7. Plumbing

8. Electrical

9. Elevator Devices

10. Asbestos Abatement

11. Demolition

TOTAL COSTS6,200

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			10-7-93	D.D.			

III. DO YOU WANT: (optional) 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

8. Smoke Control Systems in Open Wells

9. Underground Storage Tanks

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$105,00		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	\$5.00		
10. Subtotal	\$		
11. Cert. of Occupancy	\$20.00		
12. Other			
13. TOTAL	\$130.00		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories		(office use only)
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. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Max. Live Load		
12. Max. Occupancy Load		

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. Hotels (R-1)

2. Multi-Family (R-2)

3. Two-Family (R-3) BOCA

4. Two-Family (R-4) CABO

5. One-Family (R-3) BOCA

6. One-Family (R-4) CABO

No of dwelling units:

Before Construction

After Construction

Net gain or loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group. Indicate Former:

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)		Name of Code & Edition	
Name of Code & Edition		Name of Code & Edition	
Building _____	Energy _____	Other _____	
Electrical _____	Barrier Free _____	_____	
Plumbing _____	Flood Hazard _____	_____	
Fire Protection _____	As Built Elevation Cert. _____	_____	
Mechanical _____	Other _____	_____	

X. CERTIFICATES ISSUED	(office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 10/11/53
Control #
Permit # 93-086

IDENTIFICATION Block 62 Lot 7

Work Site Location 216 CHURCH ST
LAKEHURST N.J.

Owner in Fee MRS LUTKIEWICZ

Address 216 CHURCH ST.
LAKEHURST N.J. 08733

Tele. (908) 657-7672

Contractor JAMES W. ABRAHAMSEN

Address 212 CHURCH ST
LAKEHURST N.J. 08733

Tele. (908) 657-5818

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. 156-42-2933

is hereby granted permission to perform the following work:

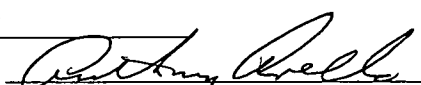
[] BUILDING [] PLUMBING [] OTHER _____
[] ELECTRICAL [] FIRE PROTECTION
[] ELEVATOR DEVICES

DESCRIPTION OF WORK:

UYNAL SIDE HOUSE
OVER ASBESTOS SIDING
APPROX 12 sq

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 \$ 6,200


CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building 105
Electrical _____
Plumbing _____
Fire Protection _____
Elevator Devices _____
Other _____
DCA Training Fee 5.00
Cert. of Occ. 20.00
Other 7
Total 130.00
Check No. 421
Cash _____
Collected By: ea

(see reverse side)

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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.

Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.



CERTIFICATE

Date Issued

Control #

Permit # 93-091

IDENTIFICATION

Block 62 Lot 2
Work Site Location 216 CHURCH ST. LAKEHURST NJ. 08733
Owner in Fee Mrs LUTKIEWICZ
Address 216 CHURCH ST. LAKEHURST NJ.
Tele. (908) 657-7672
Contractor JAMES W ABRAHAMSON
Address 212 CHURCH ST LAKEHURST N.J. 08733
Tele. (908) 657-5818
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____
or Social Security No. 156-42-2933

Home Warranty No. _____
Type of Warranty Plan: [] State [] Private
Use Group _____
Maximum Live Load _____
Construction Classification _____
Maximum Occupancy Load _____
Description of Work/Use: _____

☐ 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.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a temporary Certificate of Occupancy or Compliance the following conditions must be met no later than _____, 19____ or the owner will be subject to fine or order to vacate:

☐ 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.

☐ 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 _____.

CONSTRUCTION OFFICIAL _____

Fee \$ _____

Paid [] Check No. _____

Collected by: _____