

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 1660 Industrial Road Brick
2. Owner Name: EVY Thomas Tel. () _____
Address 1660 Industrial Road Brick
3. Principal Contractor: Cardinal Roofing Tel. () 458-9222
Address 1188 Industrial Parkway Brick
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. () _____
Address _____
5. Responsible Person in Charge of Work Joe Taylor Tel. () 458-9222

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: Re Roof

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|--|--------------------|
| 1. ☐ Building/Structural | \$ <u>6,000.00</u> |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other <u>Roofing</u> | _____ |
| 6. ☐ Other _____ | _____ |
| TOTAL COST \$ <u>6,000.00</u> | |

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: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

- | | |
|---|---|
| 6. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmeries (I-2) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☐ Business (B) | 22. ☐ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ 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. ☐ | 4. ☐ | Gas |
| 5. ☐ | 6. ☐ | Oil |
| 7. ☐ | 8. ☐ | Electric |
| 9. ☐ | 10. ☐ | Solid (Wood, Coal, Etc.) |
| 11. ☐ | 12. ☐ | Propane |
| 13. ☐ | 14. ☐ | Solar |
| 15. ☐ | 16. ☐ | 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 _____
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.

LDS BR 10111055

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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 Carlind Begling TEL. () 4158-9222

ADDRESS 1108 Industrial Parkway Bldg

SIGNATURE Lee Taylor

BLOCK NO. 141 LOT NO. 18 SUBDIVISION _____ PERMIT NO. 3632

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE		EDITION OF CODE	
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____
☐ Building	_____	☐ Energy	_____
☐ Electrical	_____	☐ Barrier Free	_____
☐ Plumbing	_____	☐ Other	_____
		☐ Flood Hazard	_____
		☐ As Built Elevation Certification	_____
		☐ Other	_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

Date Issued

- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Temporary Certificate of Occupancy
Date Expired _____
- ☐ Certificate of Occupancy
No. _____
- ☐ Certificate of Continued Occupancy
No. _____
- ☐ Certificate of Approval
No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Tickler

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 45.00
PLUMBING	0.00
ELECTRICAL	0.00
FIRE PROTECTION	0.00
OTHER	0.00
SUBTOTAL	\$ 45.00
- LESS: 20% of subtotal (when plan review performed by state agency).	
	(9.00)
D.C.A. TRAINING FEE .0006 x _____	0.00
CERTIFICATE OF OCCUPANCY	20.00
OTHER	0.00
OTHER	0.00
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 65.00
DATE 12/5/89	Collected By: <i>Dale</i>

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			0.00
OTHER			0.00
OTHER			0.00
- LESS: Refunds			(0.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ 0.00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ 0.00
COLLECTED AFTER PERMIT (VB)	0.00
TOTAL	\$ 0.00



CONSTRUCTION PERMIT

Date Issued 12-5-89
Control #
Permit # 5933

IDENTIFICATION Block 1421 Lot 18
Work Site Location 660 Herbertsville Rd. Contractor Cardinal Roofing
Address _____
Owner In Fee Jay Tramadon
Address same
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date **0002**
Federal Emp. No. 5933#
or Social Security No. _____ BLOCK 1421 H

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Re - Roof

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 \$ 6,000.

G. J. Kiezo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		0.00
Building	<u>18 #</u>	
Plumbing	<u>BUILDING</u>	15.00
Electrical	<u>C / O</u>	20.00
Fire Protection	<u>TOTAL</u>	55.00
Other	<u>CHECK</u>	65.00
Other	<u>CHANGE</u>	0.00
DCA Training Fee	<u>12/05/89 NO. 5 0023A005</u>	12:47
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
Collected By:		



**BUILDING
SUBCODE**



PERMIT NO. 3933
DATE ISSUED 12-10-89
REVISION DATE _____
Block 1421 Lot 18
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner

Elly Thompson

Contractor

Landmark Heating

Address

440 Westchester Rd

Address

1118 Industrial Hwy

Brick

Brick

Tel. () _____

Tel. () 438-9222

Work Site Address

440 Westchester Ave

L.C. No.

Brick

Federal Emp. No.

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

*Remove Asphalt &
Gravel now placed
2' x 20' x
double new roofing*

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)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS

DATE _____

1

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW		INSPECTIONS			
Date	Initials	Type	Failure Dates	Approval Date	
☐ No Plans Required	_____	☐ Footing/Foundation			
☐ All	_____	☐ Slab			
☐ Footing/Foundation	_____	☐ Frame			
☐ Frame	_____	☐ Architectural			
☐ Architectural	_____	☐ Insulation			
☐ Other _____	_____	☐ Finishes			
INSPECTIONS FINAL		☐ Energy			
☐ CO	☐ CCO	☐ Mechanical			
☐ CA		☐ TCO			
Date: _____		☐ Other _____			
Inspected By: _____					