

MAR 22 1989

TOWNSHIP OF BRICK INSPECTION



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 1623 Route 88 West Brick, NJ
2. Owner Name: W. Associates Tel. (201) 245-5854
Address: 1617 Route 88 Brick
3. Principal Contractor: Joseph Vardibogaz Tel. (908) 259-0824
Address: 71 Delight Ave. Lupton, NJ
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: N/A Tel. () _____
Address: N/A
5. Responsible Person in Charge of Work: John DePalma Tel. (201) 286-9439

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. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |

TOTAL COST \$ 6200

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

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmaries (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. ☐ | ☐ | Gas |
| 4. ☐ | ☐ | Oil |
| 5. ☐ | ☐ | Electric |
| 6. ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. ☐ | ☐ | Propane |
| 8. ☐ | ☐ | Solar |
| 9. ☐ | ☐ | 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 10410197

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

Mariane DePauma

DATE

3/28/89

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 _____ TEL. () _____

ADDRESS _____

SIGNATURE _____

PERMIT NO. 3194

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE		EDITION OF CODE	
☐ One and Two Family Dwellings	☐ Mechanical	☐ Flood Hazard	
☐ Building	☐ Energy	☐ As Built Elevation Certification	
☐ Electrical	☐ Barrier Free	☐ Other	
☐ Plumbing	☐ 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			3-22-89	1629	
	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		11-2-89	1629
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

- | | |
|---|--------------------|
| ☐ Temporary Certificate of Occupancy | Date Issued _____ |
| ☐ 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	\$ 25.00
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	\$ 25.00
- LESS: 20% of subtotal (when plan review performed by state agency).	
D.C.A. TRAINING FEE .0006 x _____	_____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 25.00
DATE 3/22/89 Collected By: <u>hale</u>	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 3-3794
DATE ISSUED 3-22-89
REVISION DATE _____
Block 827.1801 31-36
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner 1617 Route 88 W. Glassboro NJ Contractor 609-259-0634
Address 1617 Route 88 W. Glassboro NJ Address 714 North Ave
Tel. (201) 458-5454 Tel. (609) 259-0634
Work Site Address 1633 Route 88 W. Glassboro NJ L.E. No. _____ Federal Emp. No. _____

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 _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Demolition
1 story frame
building

☐ See Plans

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☒ Demolition
☐ Other _____

☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis	Fee
Minimum Building Fee (if applicable)	\$
Total Building Fee (Greater of Minimum or Subtotal)	\$
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: \$ 6200

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 37994
 DATE ISSUED 03-22-89
 REVISION DATE _____
 Block 827.18 Lot 31-36
 Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only When changing contractors, notify this office

Owner 1617 Route 86, W. V. 43002 Contractor 609-259-0834
 Address 1617 Route 86 Address 11 Route 86
 Tel. DUICK, NJ Tel. 609-259-0834
 Work Site Address 1623 Route 86 W. L.C. No. _____
DUICK, NJ Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
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 AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.

*Demolition
 1 story frame
 building*

☐ See Plans

- TYPE OF WORK:
- ☐ New Building
 - ☐ Addition
 - ☐ Alteration/Renovation
 - ☐ Roofing
 - ☐ Siding
 - ☐ Other _____
 - ☒ Demolition
 - ☐ Miscellaneous
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Elevator
 - ☐ Other _____

Fee Basis	Fee
Minimum Building Fee (if applicable)	
TOTAL Building Fee (Greater of Minimum or Subtotal)	
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 6200. Sq. Ft.
 Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTSMaximum Occupancy Load:

Inspected By: fls

[illegible]

GENTLEMEN:

YOUR REQUEST TO LOCATE NJNG PIPELINE FACILITIES AT THE LOCATION SHOWN BELOW HAS BEEN INVESTIGATED AND WE ARE REPORTING THE STATUS WITH AN "X" IN THE APPROPRIATE BLOCK(S).

1623 Rt 88 West Brick
STREET LOCATION MUNICIPALITY

MARK OUT NUMBER CMZC NO NJNG FACILITIES WITHIN 200' ☒

MARK OUT METHOD --- PAINT ☐ LOCATION IS NOT IN NJNG SERVICE AREA ☐

--- STAKES ☐ OTHER COMPANIES MAY SERVICE THIS AREA ☐

3/6/89
DATE

NEW JERSEY NATURAL GAS COMPANY

PS
SHOULD ANY DAMAGE TO NJNG FACILITIES OCCUR,
PLEASE TELEPHONE NJNG AT ONCE - - - 800-392-6865
FOR MARK OUT QUESTIONS PLEASE TELEPHONE - 800-221-0051



New Jersey Bell

March 17, 1989

Ms. DePalma
1130 Silverton Rd.
Toms River, New Jersey 08755

Dear Ms. DePalma:

This letter is to inform you that all New Jersey Bell wires have been removed from the following address as of 3/17/89:

1623 St.Hwy 88 W
(Red house across from Brick Hosp.)

Assistant Manager-TRMC