TOWNSHIP OF BRICK

RECEIVED
MAY / 2 REC'D
BUILDING

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 9 English Lane Twin Lakes Brick N.J.
2. Owner Name: George Smalls Tel [redacted]
   Address 420 Cambridge St. Piscataway N.J. 08854
3. Principal Contractor: Robert Klaus Tel. ( ) 458-9083
   Address 319 Fortune Ave Brick NJ
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work Robert Klaus Tel. ( ) 458-9033

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 Fire Repairs

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☑	Building/ Structural	$7,000.
2. ☑	Plumbing	2000.
3. ☑	Electrical	2500.
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$11,500.

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)
   1 UNIT INVOLVED

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

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 10413785

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 Robert Klaus TEL.( ) 458-9033

ADDRESS 319 Fortune Ave

Brick NJ.

SIGNATURE Robert A Klaus

BLOCK NO. 35c, 8 LOT NO. 1108-3 SUBDIVISION _____ PERMIT NO. 1278

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

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			
☐ Fire Protection					

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	Plans Received By Receiver	Approval Date	Reviewer	Comments
☑	BUILDING	5/13/88	JG	5-18-88	IGM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☒	PLUMBING			5-24-88		
☐	ELECTRICAL					
☐	FIRE PROTECTION			5/24/88	JG	
☐	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	$ 196.50
PLUMBING	46.00
ELECTRICAL	•
FIRE PROTECTION	15.
OTHER _____	•
SUBTOTAL	$ 242.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5 .00)
D.C.A. TRAINING FEE .0006 x _____ =	•
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 267.50

DATE 5/24/88 Collected By Palo

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	$ •

NEW JERSEY UNIFORM CONSTRUCTION CODE

SUBCODE TECHNICAL SECTION

Block 35 C.8 Lot 1108-3
Subdivision Twin Lakes

A. IDENTIFICATION

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

Owner George Smalls
Address 420 Chandridge ST
Piscataway NJ. 08854
Tel [redacted]
Work Site Address 9 English Lane
Bricktown NJ.

Contractor Robert A Klaus
Address 319 Fortune Ave
Brick NJ.
Tel. ( ) 458-9033
Lic. 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.

Robert A Klaus
AGENT SIGNATURE

B. TECHNICAL SITE DATA

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

Fire damaged unit. Replace areas of burnt framing. (Front roof) Some studding ceiling beams etc. Rewire Entire unit. Replace all insulation + Sheetrock. Replace all windows Doors + Trims. Replace all Kitchen cabinets Vanitys etc. Replace all damaged Siding. Replace damage duct work. Reset Plumbing Fixtures etc.

☐ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☑ Other Replacement
- ☐ 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: Residential Present Same Proposed

No. of Stories 2
Height of Structure 26' Ft.
Total Building Area—All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.

D. COMMENTS

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Block [illegible] Lot [illegible]
Subdivision Twin Lakes

A. IDENTIFICATION

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

Owner George SMALLS
Address 420 [illegible] dge ST
Piscataway NJ 08854
Te [redacted]
Work Site Address 7 English Lane
Brick NJ.

Contractor Robert A. Klaus
Address 319 Fountain Ave
Brick NJ.
Tel. ( ) 458-9033
Lic. 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.

Robert A Klaus
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised — Method: _____
Water Supply — Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____ $ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☒ Automatic FEE
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____ $ 15

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____ $ _____

B5. OTHER

Smoke Detectors $ _____
Egress Windows $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems — Location: _____

D. COMMENTS

UNIFORM CONSTRUCTION CODE

TECHNICAL SECTION

Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner George Smalls

Address 426 Chamberlain ST
Piscataway NJ.

Tel. ([redacted])

Work Site Address 4 English Lane
Brick NJ.

Contractor James A Hurley

Address 43 Davos Rd.
Brick N.J.

Tel. ( ) 899-1437

Lic.No./Bus. Permit 7071

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.

James A Hurley
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
2	Water Closet/Bidet/Urinal	$ 10.-		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
3	Lavatory/Sink	15.-		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 30.-		COLUMN 2	$ 10.-

Fee	
COLUMN 1	$ 30.-
COLUMN 2	$ 10.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 40.-

C. PLUMBING CHARACTERISTICS

USE GROUP: Residential Present Replace Existing Proposed

Drainage — Material _____ Size _____

Building Sewer— Material _____ Size _____

D. COMMENTS

PAUL HAYES MANAGEMENT COMPANY

COMMUNITY & REAL ESTATE MANAGEMENT

Paul Hayes, President — Mary Anne Butler, Vice-President

14 Foxwood Court ∘ Brick, New Jersey 08724
(201) 458-0553

May 11, 1988

Brick Township
Code Enforcement Office
401 Chambersbridge Road
Brick, N.J. 08723

Re: BURNT TAVERN MANOR CONDOMINIUM ASSOCIATION
Building 35 - Unit 8
9 English Lane

Gentlemen:

Be advised that Robert Klaus, Inc. is authorized by the Burnt Tavern Manor Condominium Association to repair the unit at 9 English Lane, Building 35, Unit 8, which has been damaged by fire.

Should you have any questions, please do not hesitate to call our office.

Sincerely,

Marie K. Check,
Operations Manager