



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 1681 W 88 BRICK NJ 08723

2. Owner Name: RAYE BROTHERS Tel. () _____

Address 390 EVERGREEN DR. BRICK NJ

3. Principal Contractor: _____ Tel. () _____

Address _____

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: _____ Tel. () _____

Address _____

5. Responsible Person in Charge of Work RAYE BROTHERS

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

1. ☐ Building/Structural Estimated \$ _____

2. ☐ Plumbing _____

3. ☐ Electrical _____

4. ☐ Fire Protection _____

5. ☐ Other DAIR _____

6. ☐ Other STEPS _____

TOTAL COST \$ 700,000

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)
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, Infirmeries (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.

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 Rage Brothers DATE 3-15-84

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 _____

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 ☐ One and Two Family Dwellings _____ ☐ Building _____ ☐ Electrical _____ ☐ Plumbing _____	EDITION OF CODE ☐ Mechanical _____ ☐ Energy _____ ☐ Barrier Free _____ ☐ Other _____	☐ Flood Hazard _____ ☐ As Built Elevation Certification _____ ☐ Other _____
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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	Approval Date	Reviewer	Comments
☒	BUILDING Footings/Foundations Framing Architectural Other _____		3-19-84	SD	
☐	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:

- ☐ 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[illegible]

V. FEE SUMMARY

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

**A. COLLECTED AT TIME OF CONSTRUCTION PERMIT
ISSUANCE**

	AMOUNT
BUILDING	\$ 7.50
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	
OTHER	
<i>Flow Review</i>	5.00
SUBTOTAL	\$ 12.50
- 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	\$ 12.50
DATE	
Collected By	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

CERTIFICATE OF	Date	Collected By	AMOUNT
OCCUPANCY			•
OTHER			•
OTHER			•
- LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ •
C. TOTAL CONSTRUCTION FEES COLLECTED			
			AMOUNT
COLLECTED WITH PERMIT (VA)			\$ •
COLLECTED AFTER PERMIT (V/B)			•

TOWNSHIP OF BRICK

CONSTRUCTION
PERMIT

PERMIT NO. 229
DATE ISSUED 3-19-84
Block 835-10 Lot 27-30
Subdivision Laurelton

A. IDENTIFICATION

Owner Raye Brothers Agent _____
Address 398 Evergreen Dr Address _____
Brick NJ
Tel. (____) _____
Work Site Address 1681 W. 88 Lic. No. _____
Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 12.50
Fees Remitted \$ 12.50
☐ Check No. _____
☒ Cash
☐ Other _____
Collected By: Pals
Date: 3-19-84

is hereby granted permission
to perform the following work:

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

Description of work:

alteration

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: \$ 700.-

Arthur J. Coiro
CONSTRUCTION OFFICIAL

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner RAYE BROTHERS

Contractor _____

Address 390 EUGENE DR

Address _____

BRICK N.J.

To _____

Tel. () _____

Work Site Address 1681 WSS BRICK

Lic. No. _____

N.5

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.

Added front door & steps

TYPE OF WORK:

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

Fee Basis

Fee☒ See Plans

SUBTOTAL	\$
Minimum Building Fee (if applicable)	\$
Total Building Fee (Greater of Minimum or Subtotal)	\$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

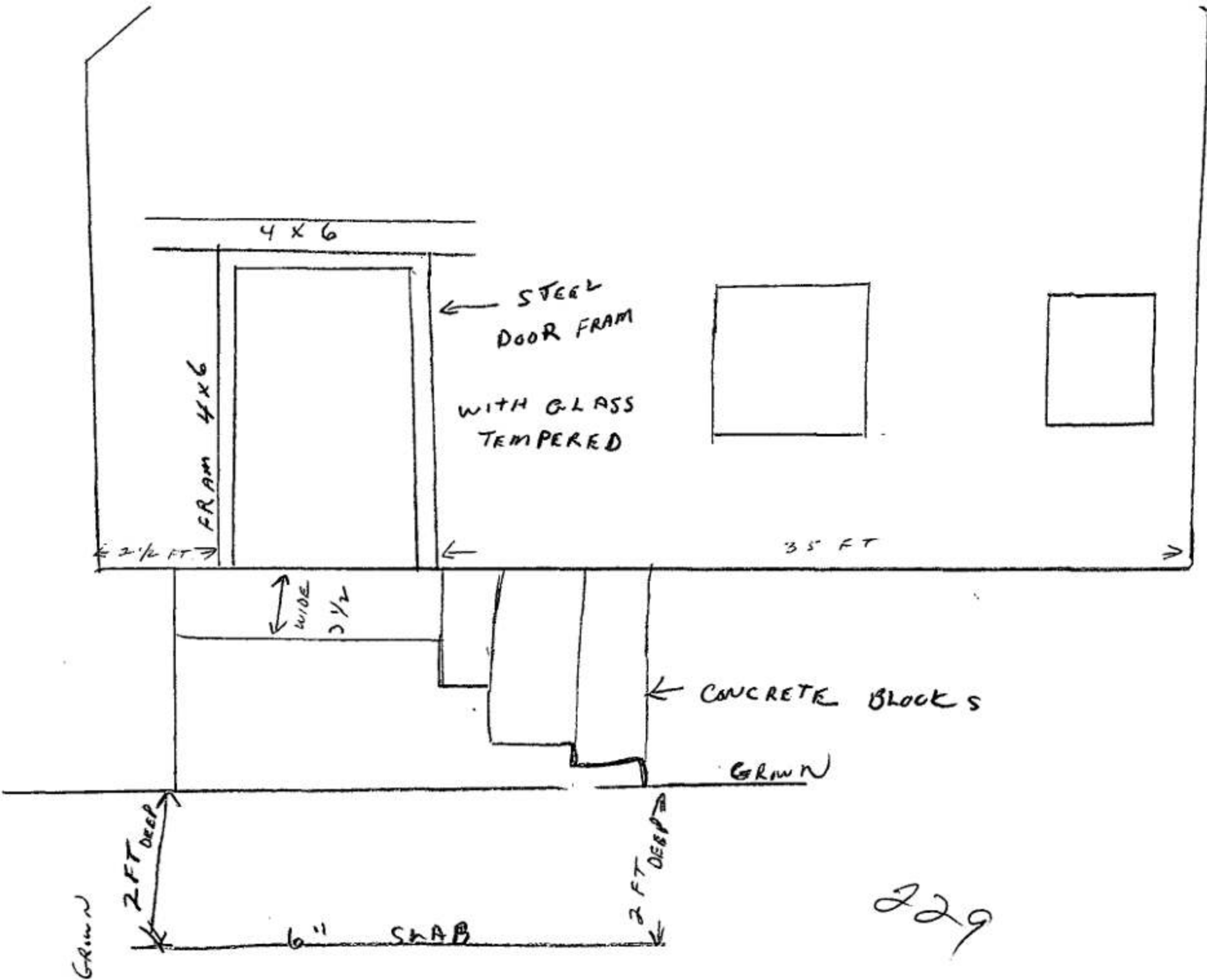
No. of Stories _____

Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft.

Volume of Structure _____ Cu. Ft.

D. COMMENTS



229

