



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: COST CUTTER'S KENNEDY MALL BRICK
2. Owner Name: FRANK COSENTINO Tel. (201) 467-3100
Address: 241-A MILLBURN AVE.
3. Principal Contractor: JERSEY SIGN INC. Tel. (201) 899-3222
Address: 114 LEONE DR. BRICK
Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. () _____
Address: _____
5. Responsible Person in Charge of Work: JOHN GANNON JERSEY SIGN Tel. (201) 899-3222

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: Sign's

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|---|----------------------------|
| 1. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |
| TOTAL COST | \$ <u>12,000.00</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

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmarys (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 10310425

5200

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 Jersey Sign Inc TEL. (201) 255-2211
ADDRESS 104 Leone Dr.
Brick Town
SIGNATURE 

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 <u>2</u>				
☐	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	\$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER <u>Sign</u>	<u>260.-</u>
SUBTOTAL	\$ _____
- 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	\$ <u>260.-</u>
DATE <u>8/16/89</u>	Collected By <u>Kalo</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	\$ _____



CONSTRUCTION PERMIT

Date Issued 8-16-89
Control #
Permit # 5200

IDENTIFICATION Block 670 Lot 5

Work Site Location Kennedy Mall

Contractor Jersey Sign, Inc.
Address _____

Owner in Fee Frank Cosentino

Address 241-A Millbrook Ave

Tele. (____) _____

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

Tele. (____) _____

Federal Emp. No. _____

or Social Security No. **0002**

is hereby granted permission to perform the following work:

[] BUILDING [] PLUMBING [] OTHER Sign
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

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 \$ 12,000.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL [Signature]

PAYMENTS (Office Use Only)		
Building	<u>670 #</u>	0.00
Plumbing	<u>LOT</u>	0.00
Electrical	<u>5 #</u>	
Fire Protection	<u>SIGNS</u>	260.00
Other	<u>TOTAL</u>	260.00
Other	<u>CHECK</u>	260.00
DCA Training Fee	<u>CHANGE</u>	0.00
Cert. <u>01/06/89 MD 5 0029A005</u>		09:35
Other		
Total	<u>260.</u>	
Check No.	<u>909</u>	
Cash		
Collected By:	<u>Palo</u>	



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 83802
DATE ISSUED 8-16-89
REVISION DATE _____
Block 670 Lot 5
Subdivision _____

A. IDENTIFICATION

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

Owner COST CUTTERS Contractor Jersey Sign Inc.
Address KENNEDY MAH BRK Address 104 KENNEDY DR BRICK
Tel. (201) 920-1160 Tel. (201) 899-3222
Work Site Address Same Lic. No. _____
COST CUTTERS 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.

FABRICATE & INSTALL ONE SET
OF ILLUMINATED CHANNEL
NEON LETTER'S 5 FT. IN HT
READING "COST CUTTERS"
260 sq. ft.

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

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

SUBTOTAL \$

Minimum Building
Fee (if applicable)

Total Building Fee
(Greater of Minimum
or Subtotal)

☒ See Plans

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

BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 10-1-100
 DATE ISSUED 10-1-100
 REVISION DATE 10-1-100
 Block 670 Lot 5
 Subdivision

A. IDENTIFICATION

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

Owner COST CUTTERS Contractor Teaser Sign Inc.
 Address KENNEDY MAH BACK Address 104 LEBAR DE BOICK
 Tel. (214) 940-1160 Tel. (214) 899-3992
 Work Site Address Same Lic. No.
COST CUTTERS 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.

FABRICATE & INSTALL ONE SET OF ILLUMINATED CHANNEL NEW LETTER'S 5 FT. IN HT READING "COST CUTTERS"
 260 sq. ft.

☒ See Plans

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

PLAN REVIEW AND INSPECTION — BUILDING

DATE

JOB CONDITION/COMMENTS

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐ No Plans Required	Date	Initials
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

Type	Failure Dates	Approval Date
☐ Footing/Foundation		
☐ Slab		
☐ Frame		
☐ Architectural		
☐ Insulation		
☐ Finishes		
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		