

CONSTRUCTION PERMIT
APPLICATION

RECEIVED Page 1

CT 16 1989
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: BRICK MALL K&N MALL
2. Owner Name: ALWILK MUSIC Elizabeth Tel. 201 740-1726
Address 35 BROAD ST BRICK, NJ 07201
3. Principal Contractor: STEWART SIGNS, INC Tel. (201) 538-0626
Address 46 ARBETT AVE. MORRISTOWN, NJ 07960
Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-2195750
4. Architect or Engineer: _____ Tel. (_____) _____
Address _____
5. Responsible Person in Charge of Work BILL STEWART Tel. (201) 538-0626

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

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|--|-----------|
| 1. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☒ Other <u>SIGN</u> | _____ |
| 6. ☐ Other _____ | _____ |
| ✓ TOTAL COST \$ <u>300</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) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b) If other than new construction, enter no. of dwelling units: _____
4. ☐ One-Family (R-3a) 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: retail sign

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 <u>✓</u> |

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.

LDSBR 10310412

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 STEWART SIGNS TEL. (201) 538-0626
 ADDRESS 46 ABBETT AVE
MORRISTOWN, NJ 07960
 SIGNATURE Wm J Stewart

5245

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SUBCODES AND SPECIAL REGULATIONS APPLICABLE

☐ Flood Hazard

- ☐ As Built

Elevation Certification

☐ Other



CONSTRUCTION PERMIT

Date Issued

10/19/89

Control #

Permit #

5645

IDENTIFICATION Block

670

Lot

25

Work Site Location

Kennedy Mall

Contractor

Stewart Signs

Address

Owner in Fee

Cowork Music

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

5645**

Tele. ()

Federal Emp. No.

or Social Security No.

BLOCK

670 #

0.00

is hereby granted permission to perform the following work:

☐ BUILDING☐ PLUMBING☒ OTHER

Sign

☐ ELECTRICAL☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Sign

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 \$

500

CONSTRUCTION OFFICIAL

R. J. Celz.

U.C.C. Form F-170A

1 WHITE - OFFICE

2 CANARY - TAX-ASSESSER

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building

25 #

0.00

Plumbing

SIGNS

12.00

Electrical

TOTAL

12.00

Fire Protection

CHECK

12.00

Other

Signs CHANGE 2

0.00

Other

DCAL Training Fee

NO. 5

0023A005

1.00

Cert. of Occ.

Other

Total

42

Check No.

1255

Cash

Collected By

H



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 5645
DATE ISSUED 10-19-89
REVISION DATE _____

Block 4710 Lot 25
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office
Owner <u>ALVILK MUSIC</u>	Contractor <u>Stewart Signs, Inc.</u>
Address <u>35 BRADB ST.</u>	Address <u>46 Abbett Avenue</u>
<u>EDISON, NJ 07801</u>	<u>MORRISTOWN, NJ 07960</u>
Tel. <u>201 740-1786</u>	Tel. <u>201 538-0626</u>
Work Site Address <u>BRICK MARK</u>	Lic. No. _____
	Federal Emp. No. <u>22-2195-750</u>

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.

See attached sketches

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

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____	Present _____	Proposed _____
No. of Stories _____	Total Building Area-All Floors _____	Sq. Ft. _____
Height of Structure _____	Volume of Structure _____	Cu. Ft. _____
Area-Largest Floor _____	Sq. Ft. _____	Total Land Area Disturbed _____
Estimated Cost of Building Work: \$ _____		

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW		Date	Initials
☐	No Plans Required	_____	_____
☐	All	_____	_____
☐	Footings/Foundation	_____	_____
☐	Frame	_____	_____
☐	Architectural	_____	_____
☐	Other _____	_____	_____
INSPECTIONS FINAL			
☐	CO	☐	CCO
☐	CA		
Date: _____		Inspected By: _____	

INSPECTIONS

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

INSPECTIONS FINAL		
☐ CO	☐ CCO	☐ CA

Date: _____

Inspected By: _____

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

Inspected By:

RE: **SIGN CRITERIA**LOCATION: **BRICKTOWN, NJ**TYPE OF LETTERS ²

THICKNESS OF LETTERS

SIZE OF LETTERS - HEIGHT
LENGTH

PER TENANT'S CRITERIA

4 1/2"

36"

2/3 OF STOREFRONT WIDTH

COLOR SCHEDULE:

PLEXIGLASS FACE

NEON TUBE

TRIM CAP

METAL LETTERS

RHONE HAAS RED #2283

RED

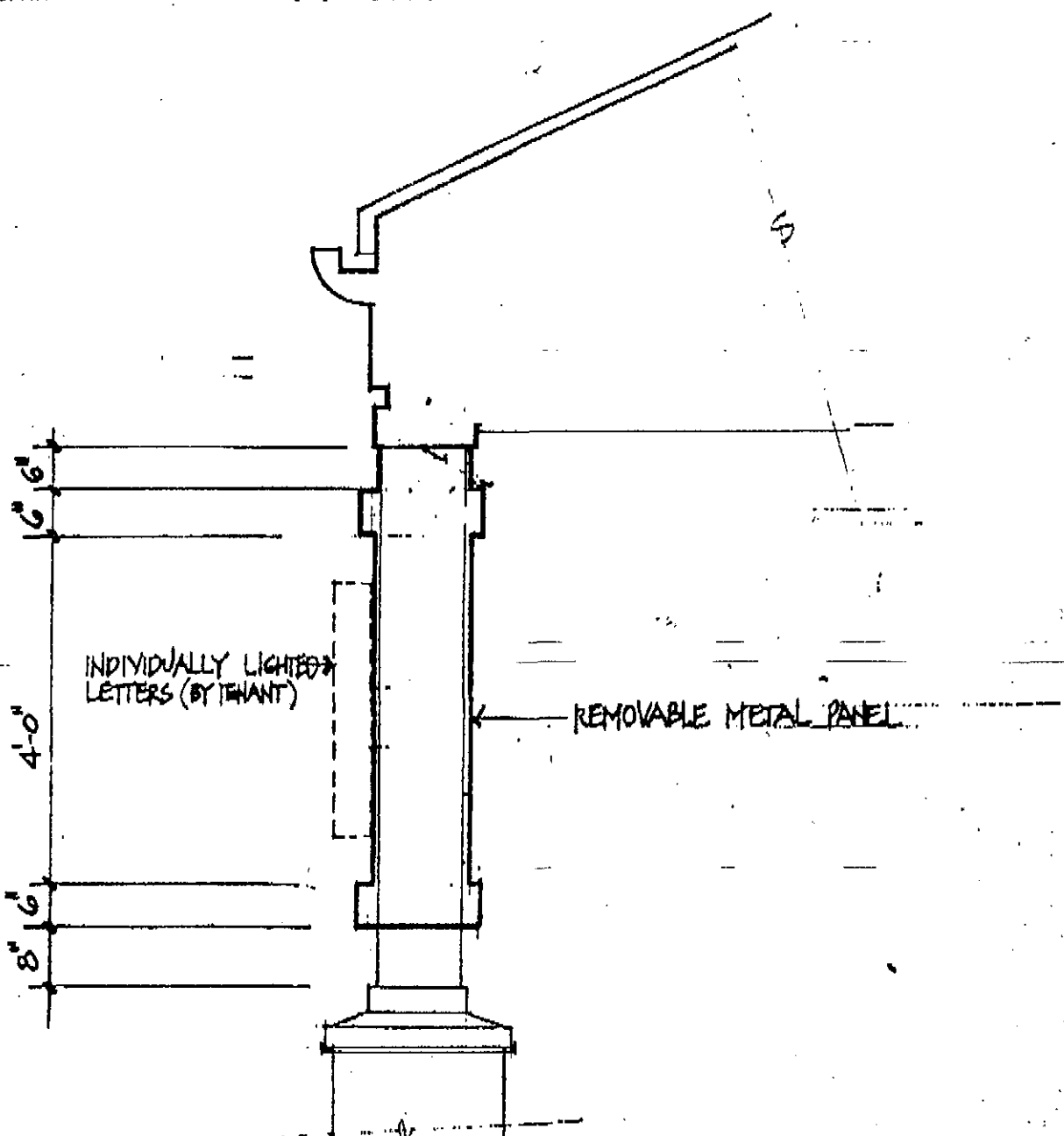
BRONZE

TO MATCH COLOR OF SIGN FACIA
(R-WALL, DOVER CHALK 005)

■ INDIVIDUALLY ILLUMINATED LETTERS

NOTES:

- HEIGHT AND LENGTH OF LETTERS ARE SUBJECT TO GOVERNMENTAL APPROVAL OF THE TOWNSHIP. • TENANT IS RESPONSIBLE TO OBTAIN NECESSARY GOV'T APPROVALS AND PERMIT.
- SUBMIT SHOP DRAWINGS TO THIS OFFICE FOR APPROVAL



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4 1/2"

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RED

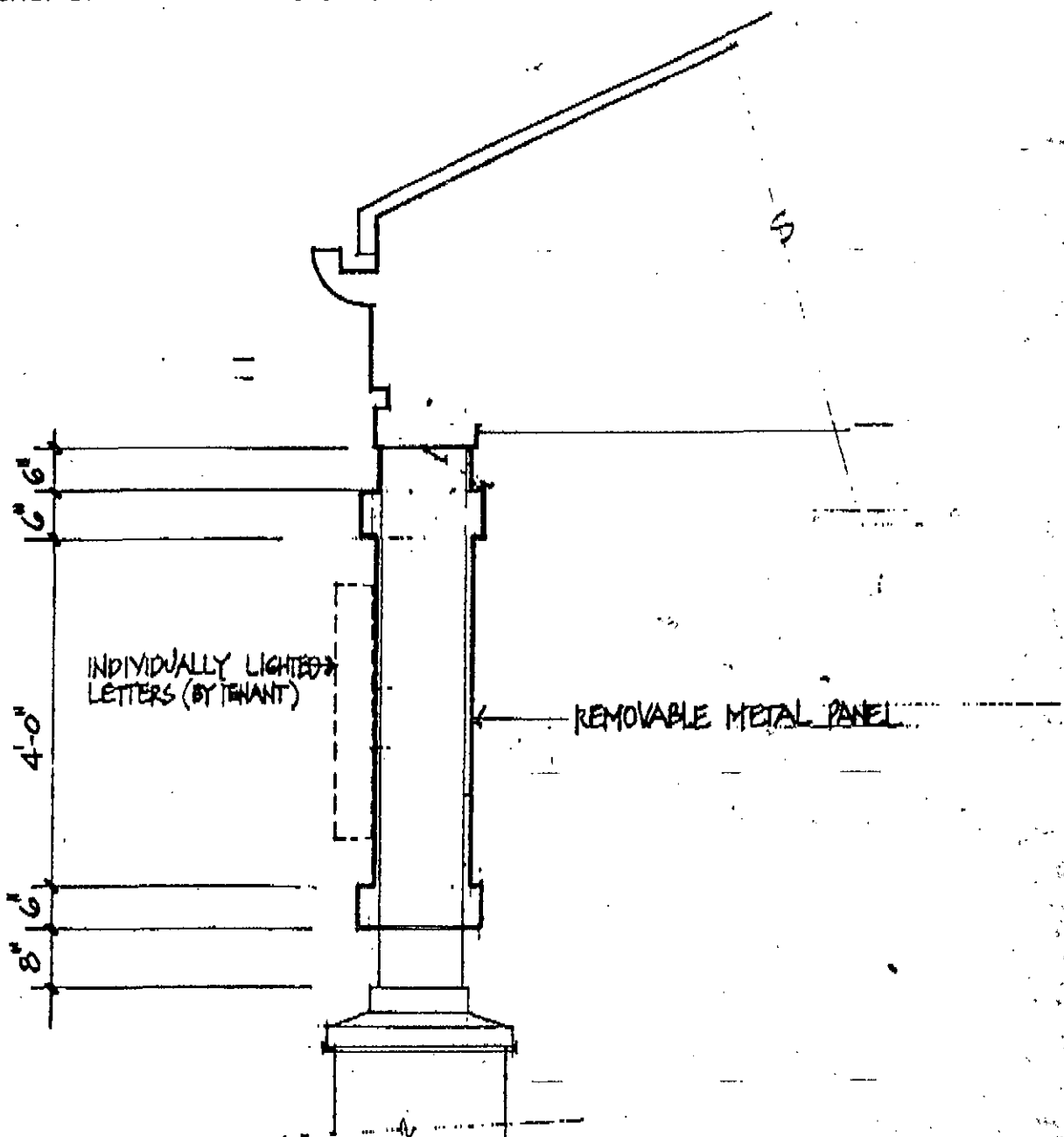
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SIZE OF LETTERS - HEIGHT
LENGTH**COLOR SCHEDULE:**

PLEXIGLASS FACE

NEON TUBE

TRIM CAP

METAL LETTERS

PER TENANT'S CRITERIA

4 1/2"

36"

2/3 OF STOREFRONT WIDTH

= 130' 14"

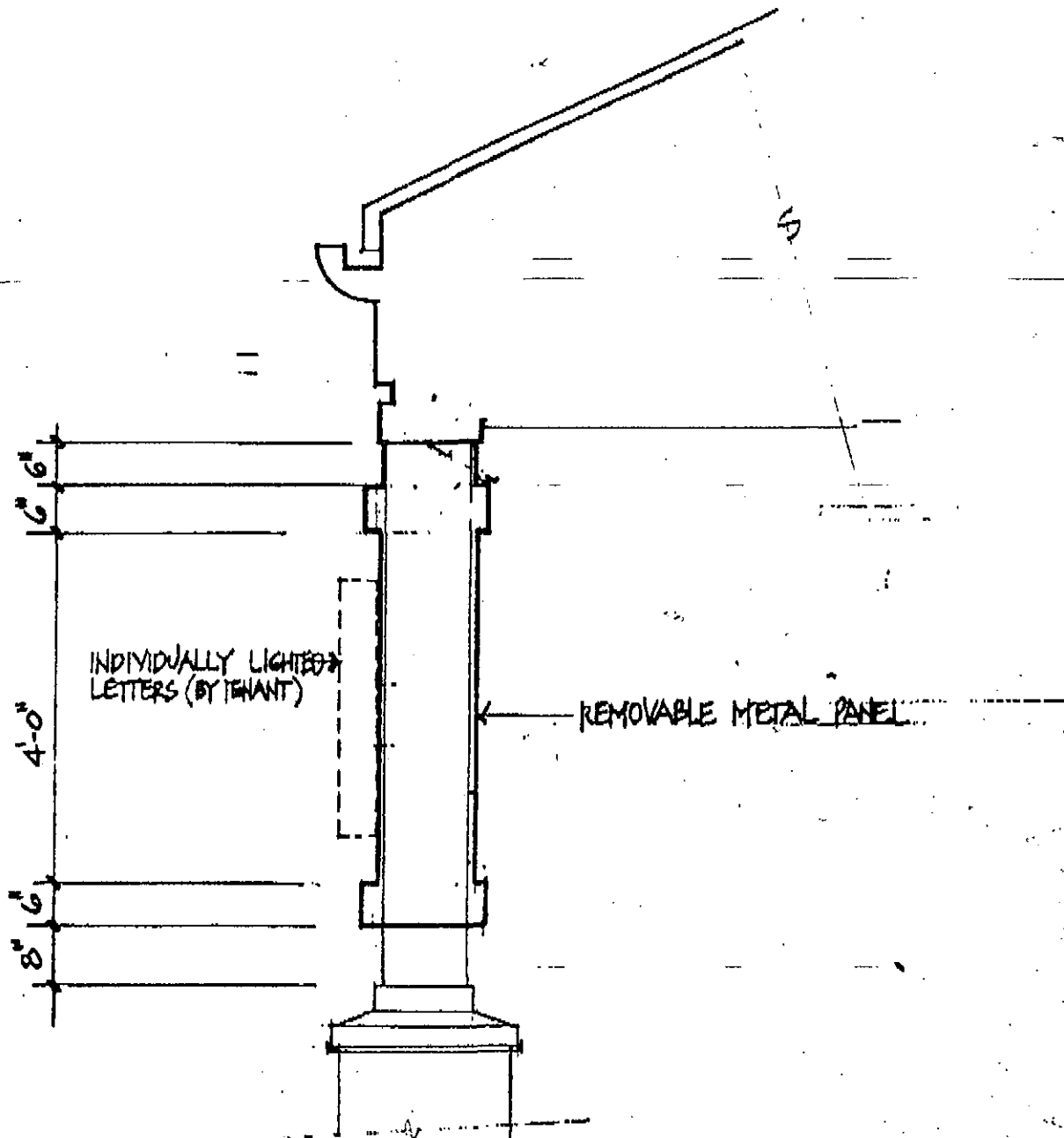
RHONE HAAS RED #2283

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BRONZE

TO MATCH COLOR OF SIGN FACIA
(R-WALL, DOVER CHALK 005)■ **INDIVIDUALLY ILLUMINATED LETTERS****NOTES:**

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- SUBMIT SHOP DRAWINGS TO THIS OFFICE FOR APPROVAL



740 172.6

MATCH LINE D - D

175

18

185

191

20

3 1/2" x 12" LAYOUT AREA

ALWICK MUSIC
COMPACT DISCS - CASSETTES

SIGN AREA

ALWICK RECORDS

BEAUTY BARN

5

N.E. PART I CONT.

(J1)

(J2)

(H1)

(G5)

(F6)

740 FAX Room
1726

MATCH LINE D - D

17.5

18

18.5

19.1

20

3 1/2" x 12" LAYOUT AREA

ALWICK MUSIC
COMPACT DISCS - CASSETTES

SIGN AREA

ALWICK RECORDS

BEAUTY BARN

N.E. PART I CONT.

5

11.1

12

14.1

6.5

F.6

740 F4 R20
172.6

MATCH LINE D - D

17.5

18

18.5

19.1

20

36" x 12" LAMPOST AREA

ALWICK MUSIC
COMPACT DISCS - CASSETTES

SIGN AREA

ALWICK RECORDS

BEAUTY BARN

5

N.E. PART I CONT.

(11)

(12)

(H.1)

(1)

(G.5)

(F.6)