

10/25/89

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Kennedy Mall - Brick Blvd. Bricktown NJ
2. Owner Name: INS DIANE CONST Tel. [REDACTED]
- Address [REDACTED]
3. Principal Contractor: HD-VANTAGE SIGNS INC Tel. (201) 901-0029
- Address 688 CROSS STREET, LAKEWOOD NJ 08701
- Lic. No. or Builder Reg. No. [REDACTED] Federal Emp. No. [REDACTED]
4. Architect or Engineer: [REDACTED]
- Address [REDACTED]
5. Responsible Person in Charge of Work [REDACTED] Tel. ([REDACTED]) [REDACTED]

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 | \$ <u>3700</u> |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |

TOTAL COST \$ 3700

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: SIGN

State Specific Use: "Packaging Plus"

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 10408678

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 Leonard Rezza for AD-ADVANTAGE SIGMA TEL. (201) 901-0029

ADDRESS 688 CROSS ST.

LAKEWOOD N.J. 08701

SIGNATURE Leonard Rezza

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 <u>2</u>			<u>10/25/89</u>	<u>JLE</u>	
	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			
_____	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>30</u> _____
SUBTOTAL	\$ <u>30</u> _____
- 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>30</u> _____
DATE _____ Collected By _____	

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 10-7-89
Control #
Permit # 5785

IDENTIFICATION Block 670. Lot 5, 8, 23, 25

Work Site Location Kennedy Mall

Contractor Ad. Vantage

Owner in Fee MS. Olase Const.

Address

Address

Tele. ()

Tele. ()

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

Federal Emp. No. 0003

or Social Security No. 5785

is hereby granted permission to perform the following work:

[] BUILDING [] PLUMBING [] OTHER

[] 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 \$ 3700-

ad. Vantage

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

BLOCK		0.00
PAYMENTS (Office Use Only) 670 %		
Building	LOT	0.00
Plumbing	4562325	#
Electrical	BUILDING	30.00
Fire Protection	TOTAL	30.00
Other	CHECK	30.00
Other	CHECK	0.00
DCA Training Fee	RD. 5 0005A005	12.55
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
Collected By:	<u>AS</u>	

BUILDING **SUBCODE** TECHNICAL SECTION



PERMIT NO. 5795
 DATE ISSUED 11-7-89
 REVISION DATE _____
 Block 6070 Lot 4-5-8-23-25
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner D/Arte (DOTI) Contractor AB-VANTAGE SIGNS INC
 Ad _____ Address 688 CROSS ST
 Tel _____ LAKEWOOD NJ
 Tel. (201) 961-0224
 Work Site Address BRICKLAWN RD Lic. No. _____
BRICKLAWN NJ Federal Emp. # _____

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.

SIGNS - Channel letters
Sketches Attached

TYPE OF WORK:

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

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories 1 Total Building Area-All Floors _____ Sq. Ft.
 Height of Structure 34' Ft. Volume of Structure _____ Cu. Ft.
 Area-Largest Floor 20' x 10' 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. 5285
DATE ISSUED 11.2.89
REVISION DATE
Block 6070 Lot 4-5-5-23-25
Subdivision

A. IDENTIFICATION

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

Owner Diane Courti Contractor Al-Vanthalc Signel Inc
Add [Redacted] Address 688 Cross St
Tel. [Redacted] Tel. (201) 901-0000
Work Site Address Kennedy Halls Lic. No. [Redacted]
Brick Row, Brick Row 29 Federal Emp. N [Redacted]

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.

Signs - Channel letters
Sketch Attached

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

Sign

Fee Basis	Fee
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 1 Total Building Area-All Floors Sq. Ft.

Height of Structure 34' Ft. Volume of Structure Cu. Ft.

Area-Largest Floor 30' x 10' 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[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

Date	Initials
☐ No Plans Required	
☒ All	<u>1/14</u>
☐ 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 _____			

TOWNSHIP OF
BRICK NJ

11/08/89 NO. 5

0003

5785**

BLOCK 0.00

670 #

LOT 0.00

4582325 #

BUILDING 30.00

TOTAL 30.00

CHECK 30.00

CHANGE 0.00

0005A005 12:55
