11-20-85 Permit

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2774 Hooper Ave Alans Florist
2. Owner Name: Alans Florist. Tel. ( )
   Address 2774 Hooper Ave Brick N.J.
3. Principal Contractor: Tel. ( ) 477-5050
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work Tel. ( )

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: Temp. Structure

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 1000

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, 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 10310902

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 610 LOT NO. 23 SUBDIVISION _____ PERMIT NO. 5878

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	_____		_____

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	11-20-89	M.	11-20-89	JE	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning					
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			11-27-89	JE	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION		11/27/89	
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
X	FIRE PROTECTION		11-27-89	
_____	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	$ 7.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	25.–
OTHER Temp. Structure	.
SUBTOTAL	$ 32.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	20.–
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 52.50

DATE 11-21-89 Collected By JE

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 11-21-
Control #
Permit # 5878

IDENTIFICATION Block 670 Lot 23

Work Site Location 2774 Hooper Ave

Owner in Fee Alan T. Frost
Address 2774 Hooper Ave
Brick N.J.
Tele. ( ) 477-5050

Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

**000.
BLOCK 670
LOT 23 #

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Temp Heat

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 $ 1000.

A. J. Cicero
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	7.50
Plumbing	
Electrical	
Fire Protection	25.
Other	
Other	
DCA Training Fee (11/21/05) No. 5	0032A005
Cert. of Occ.	20.
Other	
Total	52.50
Check No.	✓
Cash	
Collected By:	AJC

BUILDING
FIRE
C / O
TOTAL
CASH
CHANGE

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. [illegible]
DATE ISSUED 4-27-89
REVISION DATE

Block 670 Lot 23
Subdivision

A. IDENTIFICATION

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

Owner Alan's Florist
Address 2774 Hooper Ave Brick N.J.
Tel. ( )

Contractor
Address
Tel. ( )

Work Site Address 2774 Hooper Ave
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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Temp. Structure

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ 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: _____ 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

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☒ No Plans Required	11-20-89	JC
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 11/27/89

Inspected By: JC

INSPECTIONS

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

U.C.C. Form F-110 (8/83)

Temp Electric

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 55-78
DATE ISSUED 11-2-85
REVISION DATE
Block 170 Lot 23
Subdivision Rossmoor

A. IDENTIFICATION

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

Owner William F. Vincent
Address 2774 Hooper Ave
Brick N.J.
Tel. ( )
Work Site Address 2774 Hooper Ave

Contractor
Address
Tel. ( )
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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
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: $

FEE $

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
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

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

B5. OTHER

Temp Electric

$

Subtotal $

Minimum Fire Protection Fee (If Applicable) $ 18.-
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 25.-

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems — Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank — Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

Certificate of Occupancy
Residential

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
11-27-89	Temp Structure Complies with Code.

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 11-21-89
Approved By: [signature]

INSPECTIONS/FINAL

☒ CO ☐ CCO ☐ CA
Date: 11-27-89
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other Temp Structure				
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

F121.4

REGISTERED STATE OF CALIFORNIA STATE FIRE MARSHAL FLAME RETARDANT

ISSUED BY

ANCHOR INDUSTRIES INC.

EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

T2590
4/22/88

This is to certify that the materials described have been flame-retardant treated (or are inherently noninflammable) and were supplied to:

NAME: Taylor Rental Center

CITY Bricktown **STATE** New Jersey

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code, equal to or exceeds NFPA 701, CPAI 84 MIL-C-43006D

Method of application: Laminated

Type, color and weight of canvas/vinyl: 15 oz. Boyles Big Top Dacron (White)

Description of item certified: 1 Fiesta Top 20' x 20'

Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

John Boyle & Co.
Name of Applicator of Flame Resistant Finish
Statesville, NC

Signed: Louis R. Brown

TENT DEPARTMENT—ANCHOR INDUSTRIES INC.
Louis R. Brown

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

F121.4

REGISTERED STATE OF CALIFORNIA STATE FIRE MARSHAL FLAME RETARDANT

ISSUED BY

ANCHOR INDUSTRIES INC.

EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

T2590
4/22/88

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CITY Bricktown STATE New Jersey

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The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshall Code, equal to or exceeds NFPA 701, CPAI 84 MIL-C-43006D

Method of application: Laminated

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Flame Retardant Process Used Will Not Be Removed By Washing And Is Effective For The Life Of The Fabric

John Boyle & Co.
Name of Applicator of Flame Resistant Finish
Statesville, NC

Signed: Louis R. Brown

TENT DEPARTMENT—ANCHOR INDUSTRIES INC.
Louis R. Brown