

Brick

Permit Without a Jacket

Permit Number 232596



Date Received
Date Issued
Control #
Permit #

2325-96
9-9-96-

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701 Lot 789.05
Work Site Location Route 70 & Chambersbridge Rd Pine Beach, NJ 08744 Bricktown NJ 08125
Owner in Fee Hong Li Hua Clemmatt
Address 719 Prospect Ave Pine Beach, NJ 08741
Tele. (908) 286-6392
Contractor Same as above
Address _____
Tele. (_____) _____
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☐ No Plans Req.			Type:				
☒ All	<u>9/18/96</u>	<u>RL</u>	Footing				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date: _____			Other				
Approved By: _____			Final				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed A3
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature for Hong Li Hua

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Sheet Pile & metal Studs to be moved.
(interior)

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other _____
☐ Other _____
☒ Demolition

(Office Use Only)
FEE

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____