

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT RECEIVED

APPLICATION

NOV 1 1989

I. IDENTIFICATION

1. Proposed Work at: 698 Route 70 ALWICK RECORDS
2. Owner Name: Landthorp Enterprises, Inc. Tel. (201) 773-4000
Address 174 Passaic Street, Garfield, NJ 07026
3. Principal Contractor: K & F Construction, Inc. Tel. (914) 964-5275
Address 560 Van Cortlandt Park Ave., Yonkers, NY 10705
Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: James M. McGlumphy Tel. (201) 227-3081
Address 15 Alan Drive, Fairfield, NJ 07006
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: 40

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|---|-----------|
| 1. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |
| TOTAL COST \$ <u>7900</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) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmeries (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: Record Sales

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 10312151

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 _____

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE

EDITION OF CODE

☐ Flood Hazard

- | | | |
|---|---------------------------------------|---|
| ☐ One and Two Family Dwellings | ☐ Mechanical | ☐ As Built Elevation Certification |
| ☐ Building | ☐ Energy | ☐ Other |
| ☐ Electrical | ☐ Barrier Free | |
| ☐ 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 Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	11-1-89	11-14-89	JK	
	Footings/Foundations				
	Framing				
	Architectural				
	Other <i>plumbing</i>		11/14/89	JK	
☒	PLUMBING				
☒	ELECTRICAL		11-15-89	JK	
☒	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		12-1-89	
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING		11-13-89	In Main jacket.
	ELECTRICAL		12-1-89	RK.
	FIRE PROTECTION		12-1-89	S.E.
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: *Comp.* Date Issued *12-1-89*

☒ Temporary Certificate of Occupancy
 Date Expired *12-30-89*

☐ Temporary Certificate of Occupancy
 Date Expired _____

☒ Certificate of Occupancy
 No. *5832*

☐ Certificate of Continued Occupancy
 No. _____

☐ Certificate of Approval
 No. _____

☐ None

3-7-90

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	\$ 60.00
PLUMBING	0.00
ELECTRICAL	0.00
FIRE PROTECTION	40.00
OTHER	0.00
SUBTOTAL	\$ 100.00
- LESS: 20% of subtotal (when plan review performed by state agency).	
	(20.00)
D.C.A. TRAINING FEE .0008 x _____	0.00
CERTIFICATE OF OCCUPANCY	20.00
OTHER	0.00
OTHER	0.00
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 125.00
DATE <i>11/16/89</i> Collected By <i>Palo</i>	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY		0.00
OTHER		0.00
OTHER		0.00
- LESS: Refunds		(0.00)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ 0.00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ 0.00
COLLECTED AFTER PERMIT (VB)	0.00
TOTAL	\$ 0.00

"Alwick Records"



CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5832

IDENTIFICATION

Block 701 Lot 7, 8, 15, 16
Work Site Location Rt. 70 & Chambersburg Rd.
Owner In Fee Landtarp Enterprises, Inc.
Address 174 Passaic St.
Garfield, NJ
Tele. ()
Contractor K & F Construction, Inc.
Address
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. none
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:
Retail sales - Records

Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF APPROVAL

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than , 19 or the owner will be subject to a fine or order to vacate:

CONSTRUCTION OFFICIAL

Arthur J. Diego

Fee \$
Paid [] Check No.
Collected by:

TOWNSHIP OF BRICK

Unit 1 H



CERTIFICATE

CERT. NO.	5832
DATE ISSUED	12-1-89
Block	701
Subdivision	Lo7-8-8-2,15 16

IDENTIFICATION

Owner	Landthorp, Ent.	Agent	
Address	174 Passaic St. Garfield, N.J.	Address	
Tel. ()		Tel. ()	
Work Site Address	698 Route 88	Lic. No.	
		Federal Emp. No.	

PAYMENTS

Fees Remitted	\$	
☐ Check No.		
☐ Cash		
☐ Other		
Collected By:		
Date:		

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than Dec. 30, 1989 or the owner will be subject to a fine or order to vacate:

Pending completion of entire building

D. DESCRIPTION OF WORK:

Business

USE GROUP	B	FIRE GRADING	2 Hours
MAXIMUM LIVE LOAD		MAXIMUM OCCUPANCY LOAD	
SPECIFIC USE	Retail Sales		

FINAL COST OF CONSTRUCTION: \$ 7900.

Arthur J. Cioffi
CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

Date Issued 11-16-89
Control #
Permit # 5832

IDENTIFICATION Block 701 Lot 7-8-15-16

Work Site Location 698 Pt. 70

Contractor KVF Constr., Co.

Address _____

Owner in Fee Landthorp Ent., Inc.

Address 174 Passaic St.

Tele. (____) _____

Sanfield, NJ

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

Tele. (____) _____

Federal Emp. No. _____

***00002**

or Social Security No. _____

5832**

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alter. & c/p

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 \$ 7900.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	<u>701 #</u>	0.00
Plumbing	<u>L7.8.15.16 #</u>	
Electrical	<u>BUILDING</u>	60.00
Fire Protection	<u>FIRE</u>	40.00
Other	<u>PLAN RVW</u>	5.00
Other	<u>C / D</u>	20.00
DCA Training Fee	<u>TOTAL</u>	125.00
Cert. of Occ.	<u>CASH</u>	140.00
Other	<u>CHANGE</u>	15.00
Total	<u>11/16/89 NO. 5 0041A005</u>	12:43
Check No.	_____	
Cash	_____	
Collected By:	_____	

USE
BUILDING
SUBCODE
TECHNICAL SECTION



PERMIT NO. 5812
DATE ISSUED 11-16-89
REVISION DATE _____
Block 701 Lot 7.8.8.2.15
Subdivision _____

When changing contractors, notify this office

Owner	Landthrop Enterprises, Inc.	Contractor	K & F Construction, Inc.
Address	174 Passaic Street Garfield, NJ 07026	Address	560 Van Cortlandt Park Ave Yonkers, NY 10705
Tel. (201, 773-4000		Tel. (914, 964-5275	
Work Site Address	698 Route 70 Bricktown, NJ	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

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Partition Wall
c/s

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

Fee Basis

34

SUBTOTAL

Minimum Building Fee (if applicable)
Total Building Fee
(Greater of Minimum or Subtotal)

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

JOB CONDITION/COMMENTS[illegible]

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW		Date	Initials
☐	No Plans Required		
☒	All	11-14-89	11/28
☐	Footings/Foundation		
☐	Frame		
☐	Architectural		
☐	Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 12-1-89
Inspected By: SGT

INSPECTIONS

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



**FIRE
SUBCODE**



PERMIT NO. 5832
DATE ISSUED 11-16-89
REVISION DATE _____
Block 701 Lot 7.8.8.2.15
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Landthorp Enterprises, Inc.
Address 174 Passaic Street
Garfield, NJ 07026

Contractor K & F Construction, Inc.
Address 560 Van Cortlandt Park Ave.
Yonkers, NY 10705

Tel. (201) 773-4000
Work Site Address 698 Route 70
Bricktown, NJ

Tel. (914) 964-5275
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 ☐ CO₂
☐ 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

Art Siggins Enterprises
Building Rock adj to
S.D.I.

Subtotal

Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (Greater of Minimum
or Subtotal)

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

☐ Partial Releases ☐ Prototype Processing

MUNICIPALITY

B.T.



CUT-IN-CARD

LOCATION

UTILITY CO

P.P.

Rte 708 Chamberside Rd

BLK

701

LOT

7/16

OWNER

Landtrip Enterprises

OCCUPANT

Alvick Records

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☒ FINAL ☐ TEMPORARY

This approval void after _____ days

SERVICE 100A 30

RANGE

WATER HEATER

AIR COND

ELECT HEAT

MISC

COMMENTS

Does not include 5 in

DATE 12-11-89

PERMIT # 10920

INSPECTOR

B. K. O'Neil

Elec. 104

Insp. Lic #

74

P. 11-14-89

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Daniel F. Newman, Mayor

Members of Township Council

Mary Anne L. Butler, Council President

Charles E. Anderson

Patrick L. Bottazzi

Edmund H. Hibbard

Joseph C. Scarpelli

Warren H. Wolf

David W. Wolfe



Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

RE: Block _____ Lot _____ Address 698 Route 90

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

Complete pages of application!!

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date 11-2-89