

RS. Rejected

← (246-1234) []

(B-3)

Condition ✓

RECEIVED
Page 1



CONSTRUCTION PERMIT APPLICATION

SEP 19 1989
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work: RTS Strauss at 70 + Chamberbridge Rd
2. Owner Name: VORNAJO
Address: PASSAIC ST GARFIELD
3. Principal Contractor: LAFAYETTE SIGNS CO Tel. () 434-4434
Address: 1000 Westside Ave JC
Lic. No. or Builder Reg. No. Federal Emp. No. 22-1846262
4. Architect or Engineer: Tel. ()
Address:
5. Responsible Person in Charge of Work: Gerald J. Kocet Tel. () 434-4434
LAFAYETTE SIGNS CO - 1000 Westside Ave JC

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: Signs

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☒ Other: <u>Signs</u>	_____
6. ☐ Other	_____
TOTAL COST <u>\$15000</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: _____

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.

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

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	9/19/89			
	Footings/Foundations				
	Framing				
	Architectural		9/21/89	QC	
	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
11-15-89	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 Ticker

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 217.00
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ 217.00
- 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	\$ 217.00
DATE 9/26/89	Collected By Pals

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 9-26-89
Control #
Permit # 5480

IDENTIFICATION Block 701 Lot 78, 15-16
Work Site Location St. 70 & Chambers Bridge Rd. Contractor Papayette Signs
Address _____
Owner in Fee Vonno Address _____
Address _____ Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Tele. (____) _____ Federal Emp. No. _____
or Social Security No. ##0002##

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Sign - R/S Strauss

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 \$ 15000.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		5480##
Building	BLOCK	0.00
Plumbing	701 #	
Electrical	L7.8.15.16 #	
Fire Protection	SIGNS	217.00
Other	TOTAL	217.00
Other	CHECK	217.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ.	NO. 5	0003A005
Other		14:52
Total	217.	
Check No.		
Cash		
Collected By:	<u>Fato</u>	



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO.	5480
DATE ISSUED	8-26-84
REVISION DATE	
Block	701 Lot 78, 15, 16
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	Yocumado	Contractor	ATTAQUE 5194 CO
Address	1855 A. 9 St CATHEDRAL LA.	Address	1000 W. 55th St Apt 20524 CTH
Tel. 1	845 5TH AVE S	Tel. 1	474-2434
Most Site Address	2470 S. Chambers Ave	Lic. No.	
		Federal Emp. No.	22-1846262

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.	TYPE OF WORK:	Fee Basis	Fee
Front Fence	☐ New Building ☐ Addition ☐ Alteration/Renovation ☐ Roofing ☐ Siding ☐ Other		
Total 1 3x38			
845 ST AVE S (1144)	☐ Demolition ☐ Miscellaneous ☒ Fence ☐ Sign ☐ Pool ☐ Elevator ☐ Other		
Discourt Auto Service Center (624)			
Side			
Total 1 18" x 21" 6' 9"			
Auto Service Center (414)			
Subtotal (Total 217)			
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
Height of Structure		Volume of Structure
Area-Largest Floor		Total Land Area Disturbed
Estimated Cost of Building Work: \$		

D. COMMENTS

☐ Partial Releases	☐ Prototype Processing
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JOB CONDITION/COMMENTS

DATE _____

[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW		INSPECTIONS	
Date	Initials	Type	Failure Dates
☐ No Plans Required	_____	☐ Footing/Foundation	_____
☐ All	_____	☐ Slab	_____
☐ Footing/Foundation	_____	☒ Frame	9-22-89
☐ Frame	_____	☐ Architectural	_____
☐ Architectural	_____	☐ Insulation	_____
☐ Other _____	_____	☒ Finishes	9-9-89
INSPECTIONS FINAL		☐ Energy	_____
☐ CO	☐ CCO	☐ Mechanical	_____
☐ CA		☐ TCO	_____
Date: 11-15-89		☐ Other _____	_____
Inspected By: 			