

# Brick

## Permit Without a Jacket

Permit Number 9414

Construction Permit # 9414

12-5-86, 19.....

Owner .... Kocat, Gerald .....  
Location . Rt .70 .& .Chambers .Bridge .Rd .....  
.....  
Block .... 701 ..... Lot ... 7, 8, 15, 16 .....  
Contractor ..... Lafayette Sign .....  
Fee \$ .... 48.00 ..... Use .... Sign .....

**BUILDING SUB-CODE INSPECTIONS**

**VIOLATIONS**

Footing Trench .....  
Foundation .....  
Slab .....  
Sheathing .....  
Framing .....  
Insulation .....  
Sheet Rock .....  
Plumbing .....  
Fire Inspection .....  
Final .....  
C.O. Issued .....

**PLUMBING SUB-CODE INSPECTIONS**

Slab .....  
Rough .....  
Septic/Sewer .....  
Water .....  
Final .....  
Electrical Final .....

Use reverse side for additional remarks

RECEIVED

# CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY

DEC 5/86

BUILDING

IMPORTANT — Complete ALL items. Mark boxes where applicable

|                                                                          |                       |         |     |       |
|--------------------------------------------------------------------------|-----------------------|---------|-----|-------|
| I. LOCATION OF BUILDING                                                  | Number and street     | Section | Lot | Block |
|                                                                          | Rt 70 & Chamber Ridge | R       | 78  | 701   |
|                                                                          | N S                   | N S     | 15  | 16    |
| E W side of _____ feet E W from intersection of _____                    |                       |         |     |       |
| (Other local geographic, political, or legal subdivision identification) |                       |         |     |       |

## II. TYPE AND COST OF BUILDING — All applicants complete Parts A-D

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
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| <b>A. TYPE OF IMPROVEMENT</b><br>1 <input type="checkbox"/> New buildings<br>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)<br>3 <input type="checkbox"/> Alteration (See 2 above)<br>4 <input type="checkbox"/> Repair, replacement<br>5 <input type="checkbox"/> Demolition<br>6 <input type="checkbox"/> Moving (relocation)<br>7 <input type="checkbox"/> Garage<br><input type="checkbox"/> Swim Pool <input type="checkbox"/> in <input type="checkbox"/> out<br><input type="checkbox"/> Fence |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | <b>D. PROPOSED USE — For "Wrecking" most recent use</b><br><table border="0"> <tr> <td> <b>Residential</b><br/>                             12 <input type="checkbox"/> One family<br/>                             13 <input type="checkbox"/> Two or more family — Enter number of units _____<br/>                             14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____<br/>                             15 <input type="checkbox"/> Garage<br/>                             16 <input type="checkbox"/> Carport<br/>                             17 <input type="checkbox"/> Other — Specify _____                         </td> <td> <b>Nonresidential</b><br/>                             18 <input type="checkbox"/> Amusement, recreational<br/>                             19 <input type="checkbox"/> Church, other religious<br/>                             20 <input type="checkbox"/> Industrial<br/>                             21 <input type="checkbox"/> Parking garage<br/>                             22 <input type="checkbox"/> Service station, repair garage<br/>                             23 <input type="checkbox"/> Hospital, institutional<br/>                             24 <input type="checkbox"/> Office, bank, professional<br/>                             25 <input type="checkbox"/> Public utility<br/>                             26 <input type="checkbox"/> School, library, other educational<br/>                             27 <input type="checkbox"/> Stores, mercantile<br/>                             28 <input type="checkbox"/> Tanks, towers<br/>                             29 <input type="checkbox"/> Other - Specify _____                         </td> </tr> </table> |  | <b>Residential</b><br>12 <input type="checkbox"/> One family<br>13 <input type="checkbox"/> Two or more family — Enter number of units _____<br>14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units _____<br>15 <input type="checkbox"/> Garage<br>16 <input type="checkbox"/> Carport<br>17 <input type="checkbox"/> Other — Specify _____ | <b>Nonresidential</b><br>18 <input type="checkbox"/> Amusement, recreational<br>19 <input type="checkbox"/> Church, other religious<br>20 <input type="checkbox"/> Industrial<br>21 <input type="checkbox"/> Parking garage<br>22 <input type="checkbox"/> Service station, repair garage<br>23 <input type="checkbox"/> Hospital, institutional<br>24 <input type="checkbox"/> Office, bank, professional<br>25 <input type="checkbox"/> Public utility<br>26 <input type="checkbox"/> School, library, other educational<br>27 <input type="checkbox"/> Stores, mercantile<br>28 <input type="checkbox"/> Tanks, towers<br>29 <input type="checkbox"/> Other - Specify _____ |
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| <b>B. OWNERSHIP</b><br>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)<br>9 <input type="checkbox"/> Public (Federal, State, or local government)                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Install ①<br>4x12' Temp<br>Sign                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

|                                                                                                                                                                                                                                                                                                         |                                       |                                                                                                                                                                                                                                                                                                                                                                                             |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>C. COST</b><br>10. Cost of Improvement _____<br>To be installed but not included in the above cost<br>a. Electrical (# Fixtures, Outlets) _____<br>b. Plumbing (# of Fixtures) _____<br>c. Heating, air conditioning _____<br>d. Other (elevator, etc.) _____<br>11. TOTAL COST OF IMPROVEMENT _____ | (Omit cents)<br>\$ _____<br>\$1050.00 | Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.<br>Carport Bank |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

## III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E-I; for wrecking, complete only Part H, for all others skip to IV.

|                                                                                                                                                                                                                                                                            |                                                                                                                                                                      |                                                                                                                                                                                                        |                         |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------|
| <b>E. PRINCIPAL TYPE OF FRAME</b><br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Wood frame<br><input type="checkbox"/> Structural steel<br><input type="checkbox"/> Reinforced concrete<br><input type="checkbox"/> Other - Specify _____ | <b>H. DIMENSIONS</b><br>Number of stories _____<br>Total square feet of floor area, all floors, based on exterior dimensions _____<br>Total land area, sq. ft. _____ | <b>FEE COMPUTATIONS</b><br>VOLUME OF BUILDING<br>BUILDING SUB CODE<br>ELECTRICAL CODE<br>PLUMBING CODE<br>PLAN REVIEW<br>CERTIFICATE OF OCCUPANCY<br>STATE TRAINING FUND<br>CONSTRUCTION<br>PERMIT FEE | 48.5f<br>48.5f<br>48.5f |
| <b>F. TYPE OF HEATING SYSTEM</b><br>Specify _____<br>Air Cond. Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                    | <b>I. RESIDENTIAL BUILDING ONLY</b><br>Number of bedrooms _____<br>Number of bathrooms { Full _____ Partial _____                                                    | 9414                                                                                                                                                                                                   | 48.5f                   |
| <b>G. TYPE OF SEWERAGE DISPOSAL</b><br><input type="checkbox"/> Public<br><input type="checkbox"/> Individual                                                                                                                                                              |                                                                                                                                                                      |                                                                                                                                                                                                        | Check                   |

## SUB CONTRACTORS

| NAME | TRADE | ADDRESS | ZIP CODE | PHONE # |
|------|-------|---------|----------|---------|
| 1.   |       |         |          |         |
|      |       |         |          |         |
| 2.   |       |         |          |         |
|      |       |         |          |         |
| 3.   |       |         |          |         |
|      |       |         |          |         |
| 4.   |       |         |          |         |
|      |       |         |          |         |
| 5.   |       |         |          |         |
|      |       |         |          |         |
| 6.   |       |         |          |         |
|      |       |         |          |         |
| 7.   |       |         |          |         |
|      |       |         |          |         |
| 8.   |       |         |          |         |
|      |       |         |          |         |

## PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME

ADDRESS

## IV. IDENTIFICATION — To be completed by all applicants

|                | Name              | Mailing address — Number, street, city, and State | ZIP code | Tel. No. |
|----------------|-------------------|---------------------------------------------------|----------|----------|
| 1. Owner Agent | Gerald J Krest    | 1000 Westside Ave SC                              | 07306    | 434      |
| 2. Contractor  | Lafayette Siga Co | 1000 Westside Ave                                 | 07306    | 4434     |
| 3. Architects  |                   | Jersey City NJ                                    | 07306    | 4434     |

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant

Address

Application date

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

Date permit issued

Permit Number

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.