Brick

Permit Without a Jacket

Permit Number 10793

Construction Permit # 10793

5/7, 19 87

Owner Jackson

Location 1905 Hwy. 88 E.

Block 869-1 Lot 4

Contractor same

Fee $ 35.00 Use Plumbing

BUILDING SUB-CODE INSPECTIONS **VIOLATIONS**

Footing Trench
Foundation
Slab
Sheathing
Framing
Insulation
Sheet Rock
Plumbing 6-8-87 JS
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
MAY 5
BUILDING

CONSTRUCTION PERMIT APPLICATION

Bagel Basket

BRICK TOWNSHIP, NEW JERSEY

IMPORTANT — Complete ALL items. Mark boxes where applicable.

I. LOCATION OF BUILDING

Number and street: 1905 Hwy 88 | Section: | Lot: 4 | Block: 869-1

N S
E W side of ..... ; ..... feet N S 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

A. TYPE OF IMPROVEMENT

1 ☐ New buildings
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Demolition
6 ☐ Moving (relocation)
7 ☐ Garage
☐ Swim Pool ☐ in ☐ out
☐ Fence

B. OWNERSHIP

8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential

12 ☐ One family
13 ☐ Two or more family — Enter number of units .....
14 ☐ Transient hotel, motel, or dormitory — Enter number of units .....
15 ☐ Garage
16 ☐ Carport
17 ☑ Other — Specify 2" gas line for oven

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ *Stores, mercantile*
28 ☐ Tanks, towers
29 ☐ Other - Specify .....

C. COST

	(Omit cents)
10. Cost of improvement	$
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	3
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 600,00

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.

840 - 4133

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.

E. PRINCIPAL TYPE OF FRAME

☐ Masonry (wall bearing)
☐ Wood frame
☐ *Structural steel*
☐ Reinforced concrete
☐ Other - Specify .....

F. TYPE OF HEATING SYSTEM

Specify .....
Air Cond. Yes ☐ No ☐

G. TYPE OF SEWERAGE DISPOSAL

☐ Public
☐ Individual

H. DIMENSIONS

Number of stories .....
Total square feet of floor area, all floors, based on exterior dimensions .....
Total land area, sq. ft. .....

I. RESIDENTIAL BUILDING ONLY

Number of bedrooms .....
Number of bathrooms { Full ..... Partial .....

FEE COMPUTATIONS

VOLUME OF BUILDING	
BUILDING SUB CODE	
ELECTRICAL CODE	
PLUMBING CODE	15 —
PLAN REVIEW	
CERTIFICATE OF ~~Occupancy~~ Copy	20
STATE TRAINING FUND	
CONSTRUCTION	35 —
PERMIT FEE	

SEE REVERSE

SUB CONTRACTORS

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

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME David A Jackson

ADDRESS 224B Saw Mill Rd Brick NJ 08723

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	David A Jackson	2240 Saw Mill Rd Brick N.J.	08723	458 7825
2. Contractor				
3. Architects				

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
David A Jackson		

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by	Date permit issued	Permit Number
	5/8/87	10793

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.

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 10793
DATE ISSUED 5/7/87
REVISION DATE
Block 869-1 Lot 4
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner David A Jackson
Address 224 B Lay Mill Rd
Brick NJ
Tel. (201) 458 7875
Work Site Address 1405 E Gdwy 88
Brick NJ 08723

Contractor Self
Address
Tel. ( )
Lic.No./Bus. Permit
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

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other Gasoline	15—
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$ 15—
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____

Building Sewer— Material _____ Size _____

Water Service— Material _____ Size _____

Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 6-8-82

Inspected By: J. D. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				