

2883-94

SEP 15 1994

DIV. OF INSPECTION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. IDENTIFICATION

1 Proposed Work-site at: 1905 RT. 88 "Genes' Train"

2 Name of Owner in Fee: ~~420 AS~~ EDWARD DATTILO Tel. (908) 486-4480

Address 400 ASHTON AV. LINDEN NJ 07036
street municipality zip code

3 Ownership in Fee: Public _____ Private ☒ _____

4 Principal Contractor: VITALE SIGN CORP Tel. (908) 388-8401

Address 2204 ELIZABETH AV. RAINWAY NJ 07065

License No. OR, if new home. Builder Reg. No. _____ Exp. Date _____

Federal Emp. No. 22-252-6497 Social Security No. _____

5 Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person J. VITALE Tel. 908 388-8401
In Charge of Work

II. PROPOSED WORK

11. **Prior Work**
- 1 ☐ Minor Work
(single trade)
 - 2 ☐ Small Job (\$5,000
and no prior
approvals)
 - 3 ☐ New Building
 - 4 ☐ Addition
 - 5 ☐ Alteration
 - 6 ☐ Fire Protection
 - 7 ☐ Plumbing
 - 8 ☐ Electrical
 - 9 ☐ Asbestos Abatement
 - 10 ☐ Demolition

TOTAL COSTS

Est. Cost

1,200-

OPTIONAL (for office use only)[illegible]

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other 1221 1222		48.00	
6. Subtotal	\$		
7. Less 20% for State Plan Review		5-	
8. Subtotal	\$		
9. DCA Training Fee		2-	
10. Subtotal	\$		
11. Cert. of Occupancy		20-	
12. Other			
13. TOTAL	\$	75-	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
 no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL
- ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
 - ☐ Two-Family (R-3) BOCA
 - ☐ Two-Family (R-4) CABO
 - ☐ One-Family (R-3) BOCA
 - ☐ One-Family (R-4) CABO
- No of dwelling units:
- Before Construction _____
- After Construction _____
- Net gain or loss _____
- B. NON-RESIDENTIAL
- State Specific Use:
retail
 - Use Group:
 - Change in Use Group,
Indicate Former:

LDS BR 10514494

2012

CERTIFICATION IN LIEU OF OATH

I OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A () I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. () I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. () I further certify that I will perform or supervise the following work:

C.1. () Building C.2. () Fire Protection

I further certify that I will perform the following work:

C.3. () Electrical C.4. () Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

VITALIS SIGN CORP

Address

2204 ELIZABETH AV. RARITON NJ 07065

Telephone

(908) 388-8401

Signature

[Signature]

Date

9/14/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other Zoning	SE	7/20/94	WA	5/95					
☒ City	AA	9/22/94	NO Fee						
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	No. _____

ORIGINAL
ILLEGIBLE



CONSTRUCTION
PERMIT

Date Issued

Control #

Permit #

10/7/94

2883-94

IDENTIFICATION Block

82-9.01

Lot

4

Work Site Location

1905 Rt 58

Contractor

Vitalo & Sons Co.

Address

Owner in Fee

C. D'Amico

Address

400 Ashburton Ave

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING

☐ PLUMBING

☒ OTHER

☐ ELECTRICAL

☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Sign

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 \$

1200

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building

Sign 48

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

10/7/94

2883-94

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING.

CONTRACTORS NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 369.01 Lot 83
Work Site Location 1905 27th St

Owner in Fee EDWARD DATTILO
Address 400 ASHTON AV. LINDEN NJ 07036

Tele. 908 436-4480

Contractor UTLANS SUB CORP
Address 2209 ELLIOTT ST. NJ 07035

Tele. 908 388-8701

Lic. No. or Bids. Reg. No. 2-252-6497
Federal Emp. No. 2-252-6497 or Social Security No. 13-1566497

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 [Signature]

TECHNICAL SITE DATA

① 3'x16' SIGN FOR SPACES
ON BUILDING.
ON SIDE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☐ No Plans Req.			Footings			
☒ All	10/1/94	[Signature]	Foundation			
☐ Footing			Slab			
☐ Foundation			Frame			
☐ Other			Insulation			
Joint Plan Review Required:			Finishes:			
☐ Elec. ☐ Plumb. ☐ Fire			Energy			
SUBCODE APPROVAL			Mechanical			
☐ CO ☐ CCO ☐ CA			TCO			
Date:			Other			
Approved By:			Final			

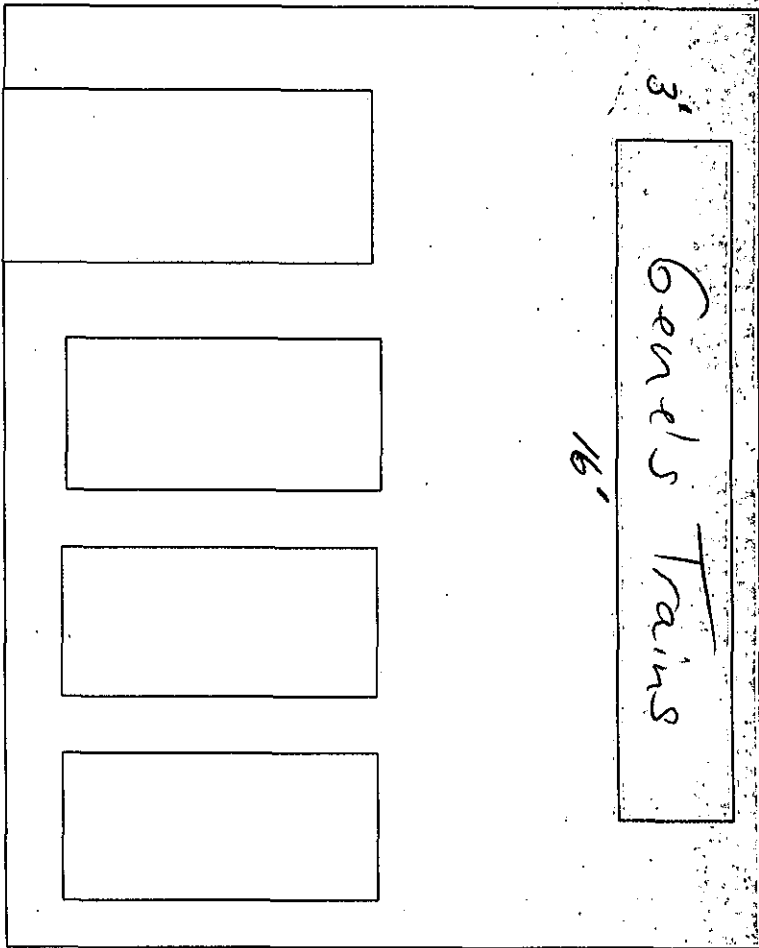
B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$ <u>4200</u>
Area - Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

(Office Use Only)

TYPE OF WORK:	Height (6' or over)
☐ New Building	
☐ Addition	
☐ Alteration	
☐ Roofing	
☐ Siding	
☐ Fence	
☐ Sign	
☐ Pool	
☐ Asbestos Abatement	
☐ Other	
☐ Other	
☐ Demolition	

Administrative Surcharge	Minimum Fee	DCA TRAINING FEE	TOTAL FEE
Paid ☐ Check #			
Collected by:			



20'
STAIRWAY

FASTEN TO
MASONRY
W/ ANCHORS
5 STEEL ANCHORS
STAYS W/
3/8" X 6" PLATE
BOLTS

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
DATE 9/20/94 Sean Kinney
Gene's Trains Sign Wall

GENIE'S TRAINS

MODEL RAILROAD SUPPLIES • COLLECTIBLE TRAINS

Amici

**HAIR
GALLERY**

REGENCY CLEANERS

EXPERT REPAIRS & ALTERATIONS • LEATHER & SUEDES