

BLOCK 446.05 LOT 3, 4 & 5 QUALIFICATION CODE _____ ADDRESS (SITE) 580 BUICK BLVD PERMIT NO. 04-4037



CONSTRUCTION PERMIT APPLICATION

C14-45

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

I. IDENTIFICATION

1. Proposed Work Site at: 580 Buick Blvd.
2. Name of Owner in Fee: TACO Bell Tel. (801) 280-4400
Address 10 Rue RD Montville NJ.
street municipality zip code
3. Ownership in fee: Public _____ Private X
4. Principal Contractor: Reese Corp Tel. () _____
Address 10 Rue RD Montville NJ.
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. 22693822 FAX: () _____
5. Architect or Engineer _____ Tel. () _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Robert Reese
Tel. 203 280-4400 FAX: 203 318-8426

Temp Trailer

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>100</u>		
2. Electrical	<u>50</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge	\$ <u>1</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>151</u>		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure		ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New 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	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
- ☐ Fire Protection
- ☐ Plumbing
- ☒ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>500</u>	<u>SL</u>	<u>11/3</u>		<u>9/23/04</u>	<u>SL</u>		
<u>300</u>							
<u>4800</u>							
TOTAL COSTS							

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

- No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

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 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 Robert Reese

Address 10 River Rd

Manalapan NJ 07048

Telephone 801 280 4406

Signature [Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 580 BRICK BLVD.
 Block: 446.0S Lot: 3,4,5
 Owner's Name: TACO BELL
 Owner's Mailing Address: 10 River RD
Monmouth NJ 07045
 Phone: (201) 280-4400

BUILDING

Contractor: Reese Const.
 Address: 10 River RD
Monmouth NJ 07045
 Phone#: 201-280-4400
 Lis # _____
 Federal Emp # or SSN 226 083822

Technical Data

Description of Work:

1 Temporary Office TRAILER
 1 Storage Trailer

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Structure: _____
 Volume of New Structure: _____
 Total Land Disturbed: _____

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Cost of Site Work \$ _____

Total Cost of New Building Work: \$ 500

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name Robert Reese

ELECTRICAL

Contractor: Peter's Complete Electrical & Plumbing Inc
 Address: 46 Campbell
Fairfield NJ 07007
 Phone#: 973-227-7511 Cell 201 247 3892
 Lis #: 13749
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ KW
 Oven/Surface Unit _____ KW
 Electric Water Heater _____ KW
 Electric Dryer _____ KW
 Dishwasher _____ KW
 Garbage Disposal _____ HP
 A/C Unit - Central Air _____ KW
 Space Heater/Air Handler _____ KW
 Baseboard Heating _____ KW
 Motors 1+ HP _____
 Transformer/Generator _____ KW
 Light Stander _____ AMP
 Service _____ AMP
 Subpanel 1 40 AMP
 Motor Control Center _____ AMP
 Sign/Outline Light _____ KW
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical Work: 300

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name Peter Peter Wageman

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet) _____	
Urinals/Bidets _____	
Bath Tub (w/or w/out shower head) _____	
Lavatory (BR Sink) _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Air Conditioner (Condensate Drain) _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Pool Heater _____	
Other: _____	

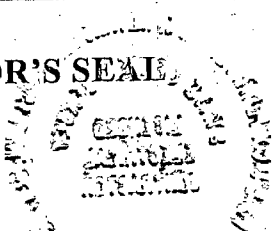
Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL



FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____	capacity _____	fuel _____
Combustible Storage Tanks _____	capacity _____	fuel _____
LPG Storage Tanks _____	capacity _____	fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____

TOWNSHIP OF ROCKY
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/17/2004
Control #
Permit # 04-4037

NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 46.05 Lot 3

Work Site Location 580 BRICK BLVD-JACO BEL

TEMP TRAILER

Owner in Fee JACO BEL

Address 10 RIVER RD

NEWVILLE, NJ 07045

Telephone (201) 280-4400

Contractor MEER CONST

Address 10 RIVER RD

NEWVILLE, NJ 07045

Telephone (201) 280-4400

Lic. No. or Bldgs. Agt. No.

Federal Emp. No. 22-0993922

Is hereby granted permission to perform the following work:

- (X) BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
(X) ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR SERVICES ☐ ASBESTOS ABATEMENT ☐ OTHER _____
(Subchapter 8 only)

DESCRIPTION OF WORK:

- ☐ TEMPORARY OFFICE TRAILER
☐ STORAGE TRAILER

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 \$ 880

Construction official

09/17/2004

Date

PAYMENTS (Office Use Only)
Building _____ 100
Electrical _____ 50
Plumbing _____ 0
Fire Protection _____ 0
Elevator Devices _____ 0
Other _____
DCA State Permit Fee _____ 1
Cert. of Occupancy _____ 0
Other _____
Total _____ 151
Check No. _____ 18520
Cash _____
Collected By _____ JHL

09/17/04 2:50PM 001556#2834
#07 SERV.007

#4037
BUILDING \$100.00
ELECTRIC \$50.00
DCA \$1.00
CHECK \$151.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/13/2004
Date Issued 9/17/04
Control # C14-45
Permit # 01-4037

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 446.05 Lot 3 Qual
Work Site Location 580 BRICK BLVD-TACO BELL
TEMP TRAILER

Owner in Fee TACO BELL
Address 10 RIVER RD
MONTVILLE, NJ 07045-

Tele (201)280-4400
Contractor PETE'S COMPLETE ELECTRIC & PLC

Address 46 LAMP LN
FAIRFIELD, NJ 07004-

Tele (973)227-7511
Lic. No. or Bldg. Reg. No. 13749
Federal Emp. No. [REDACTED]

B. ELECTRICAL CHARACTERISTICS
Use Group - Present U Proposed U
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required
Joint Plan Review Required:
Type Rough Failure Failure Approval Initial

[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 9/15/04
Approved By: [Signature]

SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved By: _____

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/P.A.C. Panel	
0		TOTAL NUMBERS	
0		Pool Permit/with UV Lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elect Range/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elect Water Heater	
0		KW Elect Dryer/Receptacle	
0		KW Dishwasher	
0		HP Garbage Disposal	
0		KW Central A/C Unit	
0		HP/KW Space Heater/Air Handler	
0		Baseboard Heat	
0		HP Motors 1/4 HP	
0		KW Transformer/Generator	
0		AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elect Sign/Outline Light	
0		Other	
0		Other	

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ 50
DCA State Permit Fee \$ _____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/13/2004
Date Issued 9/17/04
Control # C14-45
Permit # 01-4637

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 446.05 Lot 3 Parcel
Work Site Location 580 BRICK BLVD-TACO BELL
TEMP TRAILER

Owner in Fee TACO BELL
Address 10 RIVER RD
MONTVILLE, NJ 07045-

Tele. (201) 280-4400
Contractor PETE'S COMPLETE ELECTRIC & PLC

Address 46 LAMP LN
FAIRFIELD, NJ 07004-

Tele. (973) 227-7511
Lic. No. or Bids. Ref. No. 13749
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 9-15-04
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA

Date: _____
Approved By: _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	
0		Pool Permit/with UV Lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elect Range/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elect Water Heater	
0		KW Elect Dryer/Receptacle	
0		KW Dishwasher	
0		HP Garbage Disposal	
0		KW Central A/C Unit	
0		HP/KW Space Heater/Air Handler	
0		Baseboard Heat	
0		HP Motors 1/+ HP	
0		KW Transformer/Generator	
0		AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elect Sign/Outline Light	
0		Other	
0		Other	

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

Paid [] Check # _____
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 50
DCA State Permit Fee \$ 0

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/13/2004
Date Issued 9/17/04
Control # C14-45
Permit # 01-4087

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000

Block 446.05 Lot 3 Qual
Work Site Location 580 BRICK BLVD-TACO BELL
TEMP TRAILER

Owner in Fee TACO BELL
Address 10 RIVER RD
MONTVILLE, NJ 07045-

Tele. (201) 280-4400

Contractor REESE CONST

Address 10 RIVER RD
MONTVILLE, NJ 07045-

Tele. (201) 280-4600 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-6083822

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type	Failure
☒ All			Footings	Approval
☐ Footing			Foundation	Initial
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☒ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			TCO	
Approved By:			Other	
			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present U	Proposed U	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0		2. Alteration \$ 500
Height of Structure	0 Ft.		3. Total (1+2) \$ 500
Area Largest Floor	0 Sq. Ft.		
New Bldg. Area/All Floors	0 Sq. Ft.		Industrialized Building:
Volume of New Structure	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.		☐ HUD

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

1 TEMPORARY OFFICE TRAILER - must NOT BE for hiring
1 STORAGE TRAILER new employees for Taco Bell.

Must BE Anchored Before Use

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$ 0
☐ Addition	0
☒ Alteration	0
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:17	0
☒ Other 2 TEMP TRAILERS	100
Other	0
☐ Demolition	0

Paid ☐ Check \$	Administrative Surcharge	\$ 0
Collected by:	Minimum Fee	\$ 0
	TOTAL FEE	\$ 100
	DCA State Permit Fee	\$ 1

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 09/13/2004
Date Issued 9/17/04
Control # C14-45
Permit # 01-4037

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Block 446.05 Lot 3 Qual
Work Site Location 580 BRICK BLVD-TACO BELL

TEMP TRAILER

Owner in Ree TACO BELL

Address 10 RIVER RD

MONTEVILLE, NJ 07045-

Tele. (201) 280-4400

Contractor REESE CONST

Address 10 RIVER RD

MONTEVILLE, NJ 07045-

Tele. (201) 280-4600

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-6083822

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required *9/15/04*

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☒ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U

Constr. Class Present Proposed

No. of Stories 0

Height of Structure 0 Ft.

Area Largest Floor 0 Sq. Ft.

New Bldg. Area/All Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 500

3. Total (1+2) \$ 500

Industrialized Building:

☐ State Approved

☐ HUD

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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

1 TEMPORARY OFFICE TRAILER - must NOT BE for hiring
1 STORAGE TRAILER new employees for Taco Bell.

Must BE Anchored Before Use

FEE (Office Use Only)

\$

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other 2 TEMP TRAILERS

Other

☐ Demolition

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee