



CONSTRUCTION PERMIT APPLICATION

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NOV 2 1988
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: 550 Brick Blvd
2. Owner Name: LAKE RIVER CO Tel. () 477-2080
Address: 550 Brick Blvd.
3. Principal Contractor: same Tel. ()
Address: same
- Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ()
Address
5. Responsible Person in Charge of Work Tel. ()

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:

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	\$ 12,000

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)
2. ☐ Multi-Family (R-2)
HMD Reg. No.:
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

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, Infirmarys (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.

LDS BR 10511151

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

11-2-88

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 Footings/Foundations Framing Architectural Other _____		11-12-88	[Signature]	
☐	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
_____	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 Tickler
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 90.00
PLUMBING	0.00
ELECTRICAL	0.00
FIRE PROTECTION	0.00
OTHER _____	0.00
SUBTOTAL	\$ 90.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(18.00)
D.C.A. TRAINING FEE .0006 x _____	0.00
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	0.00
OTHER _____	0.00
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 115.00
DATE _____ Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	0.00
OTHER	_____	0.00
OTHER	_____	0.00
- LESS: Refunds	_____	(0.00)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ 0.00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ 0.00
COLLECTED AFTER PERMIT (VB)	0.00
TOTAL	\$ 0.00

Back town

8/21/91



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

NOV 22 94 010424

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000. 3

Block 446.05 Lot 550 BRICK BLVD & CLEME BRIDGE BLVD

Work Site Location BRICK, NJ (BOSTON CHICKEN)

Owner in Fee LAKE RIVERVIEW CO. (BOSTON CHICKEN)

Address 550 BRICK BLVD.

Tele. () 477-2000 BRICK, NJ

Contractor CRISTAL ELEC CO

Address 17 SEVILLE DR

BRICK NJ

Tele. () 920 3532

Lic. No. 4558

Federal Emp. No. 222223105 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present A-3 Proposed A-3

() Pole/Pad # () Temporary () Other

Building Occupied as BOSTON MILLERD Utility Co. WPE# 81117

Est. Cost of Elec. Work \$ 35,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
Joint Plan Review Required:		Rough			
() Bldg. () Plumb.		Temporary			
() Fire () Elevator		Const. Serv.			
() Elec. Plans Approved		TCO			
Date: 8/21/91		Other			
Approved by: [Signature]		Service			
		Final			
SUBCODE APPROVAL		Temp. Cut-in-Card Date Issued			
() CO () CCO () CA		Final Cut-in-Card Date Issued			
Date: 8/21/91					
Approved By: [Signature]					

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

() Licensed Electrical Contractor () Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
100		Fixtures (1)	
40		Receptacles (2)	
20		Switches (3)	
160		Total 1 + 2 + 3	60
		Kw Range	
		Kw Oven(s)	
		Kw Surface Unit	
		hp Dishwasher	
		hp Garbage Disposal	
2		Kw Dryer	
5		KVA/C Unit	14
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		hp Whirlpool/spa	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
2		Kw Water Heater(s)	
		Kw Central heat:	
		oil, gas or elec.	
		Kw Baseboard Heat Units	
		Thermostats	
		hp Heat Pump	
3		hp Pump(s) 2-200' 1-100' 4	99
1		Amp Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		hp Motors—Fractional H.P.	
4		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
1		Amp Service Entrance 30	75
		Other See ATTACHMENT	77

Paid Check # 10743	Administrative Surcharge	\$ 325
	Minimum Fee	\$ 28
Collected by: [Signature]	DCA Training Fee	\$ 353
	TOTAL FEE	\$ 353

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO.	240
DATE ISSUED	11/2/05
REVISION DATE	
Block	444.0.D.5 Lot 2
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	Love E. Co.	Contractor	Scand
Address	500 Blvd. W.	Address	
Tel. ()	477-7535	Tel. ()	
Work Site Address	5000	Lic. No.	
		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

DESCRIPTION OF WORK Give detail description including materials used, dimensions, etc.		TYPE OF WORK:	
Replace Suspended ceiling. Replace Carpet		☐ New Building ☐ Addition ☐ Alteration/Renovation ☐ Roofing ☐ Siding ☐ Other _____ ☐ Demolition ☐ Miscellaneous ☐ Fence ☐ Sign ☐ Pool ☐ Elevator ☐ Other _____	
		Fee Basis \$ _____ Fee \$ _____ 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[illegible]

Maximum Occupancy Load:

INSPECTIONS

☒ No Plans Required

☐ All

☐ Footing/Foundation

☐ Frame

☐ Architectural

☐ Other

Date: 11/1/88

Inspector: [Signature]

INSPECTIONS FINAL

☐ CO

☐ CCO

☐ CA

Date: _____

Inspected By: _____

Type	Failure Dates	Approval Date
☐ Footing/Foundation		
☐ Slab		
☐ Frame		
☐ Architectural		
☐ Insulation		
☐ Finishes		
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		