



# CONSTRUCTION PERMIT APPLICATION

RECEIVED  
NOV 2 1988  
DIV OF INSPECTION

## I. IDENTIFICATION

- Proposed Work at: 550 BRICK BLVD., B.T.
- Owner Name: MONTE SMITH LAKEVIEW CO. Tel. ( ) 477-2000  
Address: Same
- Principal Contractor: SMITHSONS INC. Tel. ( ) 477-2000  
Address: Same
- Lic. No. or Builder Reg. No. 06580 Federal Emp. No. \_\_\_\_\_
- Architect or Engineer: \_\_\_\_\_ Tel. ( ) \_\_\_\_\_  
Address: \_\_\_\_\_
- Responsible Person in Charge of Work: \_\_\_\_\_ Tel. ( ) \_\_\_\_\_

## II. PROPOSED WORK

### A. TYPE OF WORK

- ☐ Minor Work (Single Trade)
- ☐ Small Job (\$5,000 and no Prior Approvals)  
*Complete only II.B., III and IV.A. and Page 2*
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Repair, Replacement
- ☐ Demolition
- ☒ Other: Temp Trailer

### B. CATEGORIES OF WORK

| Permit/Category                                 | Estimated            |
|-------------------------------------------------|----------------------|
| 1. <input type="checkbox"/> Building/Structural | \$ _____             |
| 2. <input type="checkbox"/> Plumbing            | _____                |
| 3. <input type="checkbox"/> Electrical          | _____                |
| 4. <input type="checkbox"/> Fire Protection     | _____                |
| 5. <input type="checkbox"/> Other _____         | _____                |
| 6. <input type="checkbox"/> Other _____         | _____                |
| <b>TOTAL COST</b>                               | <b>\$ <u>300</u></b> |

### C. DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Dumbwaiters
- ☐ High-Pressure Boilers
- ☐ Refrigeration Systems
- ☐ Pressure Vessels
- ☐ Hazardous Uses/Places of Assembly
- ☐ Cross-connections/Backflow Preventors
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

### A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)  
HMD Reg. No.: \_\_\_\_\_
- ☐ Two Family (R-3b)
- ☐ 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

- ☐ Theatres with Stage (A-1-A)
- ☐ Movie Theatres (A-1-B)
- ☐ Night Clubs (A-2)
- ☐ Restaurants, Libraries, Museums (A-3)
- ☐ Religious Assembly (A-4)
- ☐ Outdoor Assembly (A-5)
- ☒ Business (B)
- ☐ Educational (E)
- ☐ Moderate-Hazard Factory (F-1)
- ☐ Low-Hazard Factory (F-2)
- ☐ High-Hazard (H)
- ☐ Institutional Detention Center (I-1)
- ☐ Hospitals, Infirmarys (I-2)
- ☐ Group Homes (I-3)
- ☐ Mercantile (M)
- ☐ Moderate-Hazard Warehouse (S-1)
- ☐ Low-Hazard Warehouse (S-2)
- ☐ Temporary, Misc. (U)
- ☐ Other: \_\_\_\_\_

State Specific Use: Realty

If Change in Use Group, Indicate Former: \_\_\_\_\_

## IV. BUILDING CHARACTERISTICS

### A. OWNERSHIP

- ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
- ☐ Public (State, County or Local Govt.)

### B. HEATING FUEL

| Principal                   | Secondary                | Type                     |
|-----------------------------|--------------------------|--------------------------|
| 3. <input type="checkbox"/> | <input type="checkbox"/> | Gas                      |
| 4. <input type="checkbox"/> | <input type="checkbox"/> | Oil                      |
| 5. <input type="checkbox"/> | <input type="checkbox"/> | Electric                 |
| 6. <input type="checkbox"/> | <input type="checkbox"/> | Solid (Wood, Coal, Etc.) |
| 7. <input type="checkbox"/> | <input type="checkbox"/> | Propane                  |
| 8. <input type="checkbox"/> | <input type="checkbox"/> | Solar                    |
| 9. <input type="checkbox"/> | <input type="checkbox"/> | Other _____              |

### C. TYPE OF SEWAGE DISPOSAL

- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

### D. TYPE OF WATER SUPPLY

- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

### E. BUILDING CHARACTERISTICS

- No. of Stories: \_\_\_\_\_
- Height of Structure: \_\_\_\_\_ Ft.
- Area—Largest Floor: \_\_\_\_\_ Sq. Ft.
- Bldg. Area—All Fls.: \_\_\_\_\_ Sq. Ft.
- Volume of Structure: \_\_\_\_\_ Cu. Ft.
- Total Land Area Disturbed: \_\_\_\_\_ Sq. Ft.

LDS BR 10511185

# 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 11-1-88

## 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<br>Date Receiver | Approval Date | Reviewer | Comments |
|--------------------------|----------------------|------------------------------------|---------------|----------|----------|
| <input type="checkbox"/> | BUILDING             |                                    | 11-2-88       | ASD      |          |
|                          | Footings/Foundations |                                    |               |          |          |
|                          | Framing              |                                    |               |          |          |
|                          | Architectural        |                                    |               |          |          |
|                          | Other _____          |                                    |               |          |          |
| <input type="checkbox"/> | PLUMBING             |                                    |               |          |          |
| <input type="checkbox"/> | ELECTRICAL           |                                    |               |          |          |
| <input type="checkbox"/> | FIRE PROTECTION      |                                    |               |          |          |
| <input type="checkbox"/> | OTHER _____          |                                    |               |          |          |

## II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

| Issue Date | Category             | Revisions | Final Inspection | Comments |
|------------|----------------------|-----------|------------------|----------|
|            | ALL CONSTRUCTION     |           |                  |          |
|            | BUILDING             |           | 11-2-88          | WS       |
|            | Footings/Foundations |           |                  |          |
|            | Framing              |           |                  |          |
|            | Architectural        |           |                  |          |
|            | Other _____          |           |                  |          |
|            | PLUMBING             |           |                  |          |
|            | ELECTRICAL           |           |                  |          |
|            | FIRE PROTECTION      |           |                  |          |
|            | OTHER _____          |           |                  |          |

## III. CERTIFICATES ISSUED

### CERTIFICATES TO BE ISSUED:

|                                                                                   | Date Issued |
|-----------------------------------------------------------------------------------|-------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy<br>Date Expired _____ | _____       |
| <input type="checkbox"/> Temporary Certificate of Occupancy<br>Date Expired _____ | _____       |
| <input type="checkbox"/> Certificate of Occupancy<br>No. _____                    | _____       |
| <input type="checkbox"/> Certificate of Continued Occupancy<br>No. _____          | _____       |
| <input type="checkbox"/> Certificate of Approval<br>No. _____                     | _____       |
| <input type="checkbox"/> None                                                     |             |

## IV. ON-GOING INSPECTIONS

| On-going Inspections Required<br>(See Page 1, II.D.) | Date Posted to<br>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                                                              | \$ 50.00        |
| PLUMBING                                                              | _____           |
| ELECTRICAL                                                            | _____           |
| FIRE PROTECTION                                                       | _____           |
| OTHER _____                                                           | _____           |
| <b>SUBTOTAL</b>                                                       | <b>\$ 50.00</b> |
| – LESS: 20% of subtotal (when plan review performed by state agency). | ( _____ )       |
| D.C.A. TRAINING FEE .0006 x _____                                     | _____           |
| CERTIFICATE OF OCCUPANCY                                              | _____           |
| OTHER _____                                                           | _____           |
| <b>TOTAL COLLECTED WHEN PERMIT ISSUED</b>                             | <b>\$ 50.00</b> |
| DATE _____ Collected By _____                                         |                 |

### B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

|                                            | Date  | Collected By | AMOUNT          |
|--------------------------------------------|-------|--------------|-----------------|
| CERTIFICATE OF OCCUPANCY                   | _____ | _____        | _____           |
| OTHER                                      | _____ | _____        | _____           |
| OTHER                                      | _____ | _____        | _____           |
| – LESS: Refunds                            | _____ | _____        | ( _____ )       |
| <b>TOTAL COLLECTED AFTER PERMIT ISSUED</b> |       |              | <b>\$ _____</b> |

### C. TOTAL CONSTRUCTION FEES COLLECTED

|                             | AMOUNT          |
|-----------------------------|-----------------|
| COLLECTED WITH PERMIT (VA)  | \$ _____        |
| COLLECTED AFTER PERMIT (VB) | _____           |
| <b>TOTAL</b>                | <b>\$ _____</b> |



## PLAN REVIEW AND INSPECTION – BUILDING

DATE \_\_\_\_\_

**JOB CONDITION/COMMENTS**[illegible]

**Fire Grading:**

Maximum Live Load:

Maximum Occupancy Load:

## JOB SUMMARY

| PLAN REVIEW                         |                    | Date    | Initials    |
|-------------------------------------|--------------------|---------|-------------|
| <input checked="" type="checkbox"/> | No Plans Required  | 11/2/88 | [Signature] |
| <input type="checkbox"/>            | All                |         |             |
| <input type="checkbox"/>            | Footing/Foundation |         |             |
| <input type="checkbox"/>            | Frame              |         |             |
| <input type="checkbox"/>            | Architectural      |         |             |
| <input type="checkbox"/>            | Other              |         |             |

## PLAN REVIEW

## INSPECTIONS

|                                                                                      |                     |
|--------------------------------------------------------------------------------------|---------------------|
| <input checked="" type="checkbox"/> No Plans Required. <u>11/2/88</u>                | Date <u>11/2/88</u> |
| <input type="checkbox"/> All _____                                                   |                     |
| <input type="checkbox"/> Footing/Foundation _____                                    |                     |
| <input type="checkbox"/> Frame _____                                                 |                     |
| <input type="checkbox"/> Architectural _____                                         |                     |
| <input type="checkbox"/> Other _____                                                 |                     |
| <b>INSPECTIONS FINAL</b>                                                             |                     |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA |                     |
| Date: <u>11-2-88</u>                                                                 |                     |
| Inspected By: <u>WS</u>                                                              |                     |

| Type                                        | Failure Dates | Approval Date |
|---------------------------------------------|---------------|---------------|
| <input type="checkbox"/> Footing/Foundation |               |               |
| <input type="checkbox"/> Slab               |               |               |
| <input type="checkbox"/> Frame              |               |               |
| <input type="checkbox"/> Architectural      |               |               |
| <input type="checkbox"/> Insulation         |               |               |
| <input type="checkbox"/> Finishes           |               |               |
| <input type="checkbox"/> Energy             |               |               |
| <input type="checkbox"/> Mechanical         |               |               |
| <input type="checkbox"/> TCO                |               |               |
| <input type="checkbox"/> Other _____        |               |               |