

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: RIVIERA PLAZA REALTY - 550 BRICK BLVD.
2. Owner Name: BOB SMITH Tel. (201) 477-2000
- Address 550 BRICK BLVD.
3. Principal Contractor: ANDREW KEYES Tel. (201) 270-3165
- Address 1114 LAUREL P.R. TOMS RIVER
- 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: HOT TAR ROOF
SECTION ADDED
\$2,000.00

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	<u>\$7,000.00</u>
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	<u>HOT</u>
5. ☐ Other <u>SECTION ADDED</u>	_____
6. ☐ Other _____	_____
TOTAL COST <u>\$7,000.00</u>	

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/Pieces 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) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a)
- 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, Infirmeries (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 10511181

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 _____

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 ANDREW KEYES TEL. 270.3153

ADDRESS 1114 LAUREL DR. Toms River

SIGNATURE ANDREW KEYES Peter Forrester for ANDREW KEYES

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 <u>Hot for Roof</u>	<u>2-2-84</u>			
☐	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		<u>2-2-84</u>	<u>KW</u>
	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 Ticker

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER <u>Roofing flat. Hot tar</u>	<u>52</u> <u>.50</u>
SUBTOTAL	\$ _____
— LESS: 20% of subtotal (when plan review performed by state agency).	
D.C.A. TRAINING FEE .0006 x _____	_____
CERTIFICATE OF OCCUPANCY	_____
OTHER <u>Plan review</u>	<u>5</u> <u>.25</u>
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ <u>57</u> <u>.75</u>
DATE _____	Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

DIVISION OF INSPECTIONS
TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick Town, New Jersey 08723



CONSTRUCTION PERMIT

PERMIT NO.	19
DATE ISSUED	2-2-84
Block	446005 Lot 3
Subdivision	Libertina

A. IDENTIFICATION

Owner	Bob Smith	Agent	Andrew Kuper Profer
Address	550 Birch Blvd Brick	Address	1114 Lakeland Dr. Toms River, N.J.
Tel. ()		Tel.	(201) 270-3155
Work Site Address		Lic. No.	
		Federal Emp. No.	

PAYMENTS

Permit Fee	\$ 57.75
Fees Remitted	\$
☒ Check No.	1581
☐ Cash	
☐ Other	
Collected By:	JA
Date:	2-2-84

is hereby granted permission
to perform the following work:

- | | |
|---|--|
| ☐ BUILDING | ☐ ELECTRICAL |
| ☐ PLUMBING | ☐ FIRE PROTECTION |
| ☒ OTHER | |

Description of work:

Hot Tar Roof Section
8000 sq ft.

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: \$ 7000.-

Andrew J. Craygo
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. _____
 DATE ISSUED _____
 REVISION DATE _____
 Block 446.005 Lot 3
 Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only When changing contractors, notify this office
 Owner 13003 SMITH (RIVERVIEW KEYES) Contractor ANDREW KEYES
 Address 550 BRICK BLVD Address 1114 HARVEY DR
 Tel. (201) 477-2000 Tel. (201) 270-3163
 Work Site Address 550 BRICK-BLVD L.C. 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.
Hot Tpk Roof
SECTION APPROX.
8000 sq ft.

TYPE OF WORK:	Fee Basis	Fee
☐ New Building	<u>3400.00</u>	<u>3400.00</u>
☐ Addition	<u>BSC</u>	<u>32.50</u>
☒ Alteration/Renovation	<u>Other</u>	<u>5.25</u>
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL	\$ <u>3400.00</u>	\$ <u>3400.00</u>
Minimum Building Fee (if applicable)	\$ <u>57.75</u>	\$ <u>57.75</u>
Total Building Fee (Greater of Minimum or Subtotal)	\$ <u>3400.00</u>	\$ <u>3400.00</u>

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: Commercial Present Commercial Proposed
 No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ 7000.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION -- BUILDING

DATE

JOB CONDITION/COMMENTS

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☒ No Plans Required
☐ All
☐ Footing/Foundation
☐ Frame
☐ Architectural
☐ Other

Date

Initials

2-2-89 1/68

INSPECTIONS FINAL

☐ CO
 ☐ CCO
 ☐ CA

Date: 2-2-89

Inspected By: 1/68

INSPECTIONS

Type

Failure Dates

Approval Date

☐ Footing/Foundation

☐ Slab

☐ Frame

☐ Architectural

☐ Insulation

☐ Finishes

☐ Energy

☐ Mechanical

☐ TCO

☐ Other