

0018, 670
RECEIVED

Oct 7 1990

FRUSTRATING
Frustrating Completes: Sect

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



CONSTRUCTION PERMIT APPLICATION

LOT 1000 ADDRESS (SITE) 1000

PERMIT NO.

2166-9c

1. IDENTIFICATION

1. Proposed Work-site at: TOWN HALL SHOPPES

2. Name of Owner in Fee: KARZMA S&SON Tel. (____) _____

Address CEDAR BRIDGE AV. X 549

3. Ownership in Fee: Public X Private ~~_____~~

4. Principal Contractor: PROB & SON CO. Tel. (201) 477 8507

Address 239 CHAMBERS BRIDGE AVE

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

Federal Emp. No. 222903792 Social Security No. [REDACTED]

5. Architect or Engineer _____ Tel. (_____) _____

Address _____

6. Responsible Person
In Charge of Work BOB GILZER Tel. ()

II. PROPOSED 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

1700.

Sign

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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 <u>5196</u>	<u>16.00</u>		
6. Subtotal	\$		
7. Less 20% for State Plan Review	<u>51</u>		
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20</u>		
12. Other			
13. TOTAL	\$ <u>141</u>		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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.

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units: _____
Before Construction _____
After Construction _____
Net gain or loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group:
Indicate Former:

LDS BR 10310415

20K

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 BOB + SON CO.

Address 229 CHAMBERS BRIDGE RD.
BRICK NJ 08723

Telephone (201) 477 8507

Signature Bob Jones Date 10-18-90

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 Protection									
☐ Utility Dig No.									
☒ Other <i>Zoning</i>	<i>NC</i>	<i>10/26/90</i>	<i>Sign</i>						
☐									
☐									
☐									

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

Name of Code & Edition	Name of Code & Edition	Other
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. _____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

2166-90

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner in Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

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:

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 \$

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	670 #	0.00
Plumbing	LOT	0.00
Electrical	9 #	
Fire Protection	SIGNS	16.00
Other	Sign PLAS RW	5.00
Other	PIR C / S	20.00
DCA Training Fee	TOTAL	41.00
Cert. of Occ.	CHECK	41.00
Other	CHANGE	0.00
Total	41	
Check No.	NO. 5 0031A005	12:33
Cash		
Collected By:		



Date Received
Date Issued
Control #
Permit #

11/19/90
2166-90

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

Block 670 Lot 9 22-22
Work Site Location _____

Owner in Fee EDWARD BIRNBAUM
Address 239 CHAMBERS STREET RD BRICK

Contractor BOB + GARY SIGNS

Address 239 CHAMBERS STREET RD BRICK

Tele. (201) 477 8507

Lic. No. or Bldrs. Reg. No. 222903792 or Social Security _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.			Type:	Failure	Approval
☐ All	<u>12/30/90</u>	<u>EA</u>	Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			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 _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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

ATTACHED

TYPE OF WORK:

☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Other SIGN
☐ Demolition
☐ Miscellaneous
☒ Fence 22 Height
☒ Sign 22 Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

(Office Use Only)

	FEE
Paid ☐ Check # _____	\$ _____
Collected by: _____	\$ _____
Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
TOTAL FEE	\$ _____



Date Received
Date Issued
Control #
Permit #

11/19/90

2166-90

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

Block 670 Lot 922.22
Work Site Location _____

Owner in Fee ARMSTRONG HARRIS UNION
Address 2000 14TH ST NW

Contractor ARMSTRONG HARRIS UNION
Address 2000 14TH ST NW

Tele. () 477 0507
Lic. No. or Bldrs. Reg. No. 222903792 or Social Security No. [REDACTED]

Federal Emp. No. 222903792

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	INSPECTIONS
Date	Initial
☒ No Plans Req.	Type: <u>AA</u>
☐ All	<u>12/30/90</u>
☐ Footing	<u>AA</u>
☐ Foundation	<u>AA</u>
☐ Slab	<u>AA</u>
☐ Frame	<u>AA</u>
☐ Other	<u>AA</u>
Joint Plan Review Required:	Finishes: <u>AA</u>
☐ Elec. ☐ Plumb. ☐ Fire	Energy: <u>AA</u>
SUBCODE APPROVAL	Mechanical: <u>AA</u>
☐ CO ☐ CCO ☐ CA	TCO: <u>AA</u>
Date: _____	Other: <u>AA</u>
Approved By: _____	Final: <u>AA</u>

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Constr. Class Present _____ Proposed _____
No. of Stories _____
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☐ Miscellaneous
☐ Fence 22 Height
☒ Sign 22 Sq. Ft.
☐ Pool
☐ Elevator
☐ Asbestos Abatement
☐ Other _____

Paid ☐ Check # _____
Collected by: _____
Administrative Surcharge \$ _____
Minimum Fee \$ _____
TOTAL FEE \$ _____

(Office Use Only)
FEE

ATTACHED
SHEET METAL
BARRIERS & QUICK CONNECTS

BOB & SON CO.
BRICK, NJ
477-8507

13 MAR 1967

petroleum

909-260
909-260

RED
JEWELRY
JPM