

BLOCK

469

LOT

12

ADDRESS (SITE)

PERMIT NO.

19

RECEIVED

JAN 17 1990

CONSTRUCTION PERMIT
APPLICATION

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

BUILDING IDENTIFICATION

1. Proposed Work-site at: TOWN HALL SHOPPES
2. Name of Owner in Fee: DET CITY Tel. ()
- Address 990 CEDAR BRIDGE AVE
street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BOB & GUY CO. Tel. (477) 8507
- Address 229 CAMDEN BRIDGE RD. BRICK
- License No. OR _____ Exp. Date _____
- Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. ()
- Address _____
6. Responsible Person
In Charge of Work PAUL GILZER Tel. () 91006

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

Est. Cost

20K

TOTAL COSTS

2066.

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1-16-90			1-18-90		Approval Rejection	

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	<u>SIGN</u> \$ <u>15.00</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$ <u>15 -</u>		
7. Less 20% for State Plan Review	\$ <u>5 -</u>		
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20 -</u>		
12. Other			
13. TOTAL	\$ <u>40 -</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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 10511004

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:

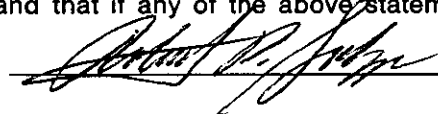
C.3. ☐ Electrical C.4. ☐ Plumbing

- 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

1-17-90

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

Address

Telephone ()

Signature

Date

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>SC</i>	<i>11/17/90</i>	<i>5/94</i>						
☐									
☐									

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

Name of Code & Edition _____

Name of Code & Edition _____

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Mechanical _____

Energy _____

Barrier Free _____

Flood Hazard _____

As Built Elevation Cert. _____

Other _____

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 # 19- 90

1/18/90

IDENTIFICATION Block 469 Lot 12Work Site Location Town Hall Shoppers Contractor Bob & Son

Address _____

Owner in Fee Pet CityAddress 490 Cedar Bridge Rd

Tele. (____) _____

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. **0004**

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☒ OTHER _____☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Sign

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 \$ 2066

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 15 469 # 0.00Plumbing LOT 0.00Electrical 12 #Fire Protection BUILDING 15.00Other PR 5 PLAN REV 5.00Other PLAN REV 5.00

DCA Training Fee

Cert. of Occ. 20 PLAN REV 5.00Other CLD 20.00Total 40 TOTAL 40.00Check No. X CHECK 40.00

Cash

Collected By: SH

Per City



Date Received 1/18/90
Date Issued
Control #
Permit # 19-90

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

Block 469
Work Site Location 469
Owner in Fee
Address
Tele. ()
Contractor
Address
Tele. ()
Lic. No. of Bldgs.
Federal Emp. No.
Social Security No.

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
[] No Plans Req.
[X] All 1-18-90
[] All
[] Footing
[] Foundation
[] Slab
[] Frame
[] Other
Joint Plan Review Required:
[] Elec. [] Plumb. [] Fire
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By: Final

B. BUILDING CHARACTERISTICS
Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure
Area—Largest Floor
Total Bldg. Area/All Floors
Volume of Structure
Total Land Area Disturbed

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

Sign

TYPE OF WORK:
[] New Building
[] Addition
[] Alteration
[] Roofing
[] Siding
[] Other
[] Demolition
[] Miscellaneous
[] Fence
[X] Sign
[] Pool
[] Elevator
[] Asbestos Abatement
[] Other

Administrative Surcharge \$
Paid [] Check # Minimum Fee \$
Collected by: TOTAL FEE \$

TOWNSHIP OF
BRICK NJ

01/18/90 NO. 5

0004

19**

BLOCK 0.00

469 #

LOT 0.00

12 #

BUILDING 15.00

PLAN RVW 5.00

PLAN RVW 5.00

PLAN RVW -5.00

C / O 20.00

TOTAL 40.00

CHECK 40.00

CHANGE 0.00

0038A005 17:15

240
1965
P E T C I T Y

42"

2020
CITY OF PET
CITY OF PET

2411 - CHAMBERLAIN
CITY OF PET
CITY OF PET
CITY OF PET

OK 1-18-90

[Signature]