

Unit 7A

TOWNSHIP OF BRICK

VERTICAL VIEW

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 990 CEDAR BRIDGE AVE. SUITE A-7
2. Owner Name: HARVEY LANGER Tel. (201) 920-9498
Address: 332 DELAWARE DR.
3. Principal Contractor: VETO BERA TO Tel. ()
Address: N. LAKE SHORE DRIVE BRICK
- 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	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade) 2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> 3. ☒ New Building 4. ☐ Addition 5. ☐ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☐ Other: <u>C/O</u>	<table border="1"><thead><tr><th>Permit/Category</th><th>Estimated</th></tr></thead><tbody><tr><td>1. ☐ Building/Structural</td><td>\$ _____</td></tr><tr><td>2. ☐ Plumbing</td><td>_____</td></tr><tr><td>3. ☐ Electrical</td><td>_____</td></tr><tr><td>4. ☐ Fire Protection</td><td>_____</td></tr><tr><td>5. ☐ Other _____</td><td>_____</td></tr><tr><td>6. ☐ Other _____</td><td>_____</td></tr><tr><td colspan="2">TOTAL COST \$ <u>3800</u></td></tr></tbody></table> C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other _____	_____	6. ☐ Other _____	_____	TOTAL COST \$ <u>3800</u>		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
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other _____	_____																	
6. ☐ Other _____	_____																	
TOTAL COST \$ <u>3800</u>																		

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

4. ☐ One-Family (R-3a) Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A) 16. ☐ Institutional Detention Center (I-1)

6. ☐ Movie Theatres (A-1-B) 17. ☐ Hospitals, Infirmeries (I-2)

7. ☐ Night Clubs (A-2) 18. ☐ Group Homes (I-3)

8. ☐ Restaurants, Libraries, Museums (A-3) 19. ☐ Mercantile (M)

9. ☐ Religious Assembly (A-4) 20. ☐ Moderate-Hazard Warehouse (S-1)

10. ☐ Outdoor Assembly (A-5) 21. ☐ Low-Hazard Warehouse (S-2)

11. ☐ Business (B) 22. ☐ Temporary, Misc. (U)

12. ☐ Educational (E) 23. ☒ Other: STORE

13. ☐ Moderate-Hazard Factory (F-1)

14. ☐ Low-Hazard Factory (F-2)

15. ☐ High-Hazard (H)

State Specific Use: HOME DECORATING-RETAIL

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 10510945

469-12

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 _____ TEL.() _____

ADDRESS _____

SIGNATURE _____

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SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

☐ Flood Hazard

- ☐ **As Built
Elevation
Certification**

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		Approval Date	Reviewer	Comments
		Date	Receiver			
☐	BUILDING			1-7-88	ED	
	Footings/Foundations					
	Framing					
	Architectural					
	Other <i>girders</i>			11/2/88	JK	
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			1-7-88	JK	as noted on plans
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		2-7-88	Edward H. 330
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL		1-25-88	
	FIRE PROTECTION		2-29-88	JK
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE 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

Date Issued

2/29/88

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 30.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	15.
OTHER	
SUBTOTAL	\$ 45.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x	
CERTIFICATE OF OCCUPANCY	20.00
OTHER	.
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 70.00
DATE 1-19-88 Collected By <i>JK</i>	

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	\$

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Tickler

TOWNSHIP OF BRICK

"Vertical View" Unit 7A



CERTIFICATE

CERT. NO.	85
DATE ISSUED	2-29-88
Block	469 Lot 12
Subdivision	

IDENTIFICATION

Owner Harvey Langer Agent Veto Beiraito
 Address 332 Delaware Dr. Address _____
Brick, NJ
 Tel. () _____ Tel. () _____
 Work Site Address Town Hall Plaza Lic. No. _____
990 Cedarbridge Ave. Federal Emp. No. _____

PAYMENTS

Fees Remitted \$ _____
☐ Check No. _____
☐ Cash _____
☐ Other _____
 Collected By: _____
 Date: _____

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

Cxx ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Pending completion of construction.

D. DESCRIPTION OF WORK:

Retail store

USE GROUP B FIRE GRADING 2 hours

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Home decorating - retail

FINAL COST OF CONSTRUCTION: \$ 3,800.

Arthur J. Craig
 CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 185
 DATE ISSUED 1/19/88
 REVISION DATE _____
 Block 469 Lot 12
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only
 When changing contractors, notify this office
 Owner HARRY LAUSE Contractor _____
 Address 332 DELAWARE DR. BRICK Address _____
 Tel. 920-9498 Tel. () _____
 Work Site Address 990 CENTRE BRIDGE SUITE A-7 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:

- ☐ 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 _____ 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: \$ 3800.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Building B



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 105
DATE ISSUED 1-17-88
REVISION DATE _____
Block 761 Lot 12
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

[illegible]**Contractor**

Address 552 DELAMARE D

Address

8545

三

Work Site Address PO BOX 13610

Lic. No.

Federal Emp. No.

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

TYPE OF WORK:

 New Building

□ Addition

☐ Alteration/Renovation

Siding

☐ Other☐ Demolition☐ Miscellaneous☐ Fence☐ Sign☐ Elevator☐ Other _____**SUBTOTAL**

Minimum Building Fee (if applicable)

Total Building Fee
(Greater of Minimum
or Subtotal)

USE GROUP: _____ Present _____ 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: \$ 1,000

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

	- BUILDING	JOB CONDITION/COMMENTS
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JOB CONDITION/COMMENTS

Fire Grading:

Maximum Occupancy Load:

JOB SUMMARY

INSPECTIONS FINALDate: 5-27-80

Inspected By: _____

INSPECTIONS

Type

Type
☐ Footing/Foundation

Failure Dates

Approval Date

☐ CC ☐ CCN ☐ CA

☐ CA

☐ CA

CA

Date:

Date: 5-27-80

Inspected By: _____

Inspected By: _____



FIRE SUBCODE



PERMIT NO. 85
DATE ISSUED 1-19-88
REVISION DATE _____
Block 449 Lot 12
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner Harvey Kauler, Inc.

Address 332 Delaware Dr.

Tel. (201) 920-6498

Work Site Address 990 Cedar Bridge

Suite A-7

Contractor _____

Address _____

Tel. (____) _____

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised — Method: _____

Water Supply — Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

FEE

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Full Supervision
Fire Subcode
Engineering Office

Subtotal

\$ 15

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum or Subtotal)

\$ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____

Heating Systems — Location: _____

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank — Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing