

# Brick

Permit Without a Jacket

Permit Number 9452

Construction Permit # 9452

12/9, 19<sup>86</sup>

Owner .. Bagoclus, G.

Location .. Brick Blvd. & Cedar Bridge Ave.

Block. <sup>670</sup>~~688~~ Lot 9

Contractor .... same

Fee \$.50.00. Use .. Const. trailer

**BUILDING SUB-CODE INSPECTIONS**

**VIOLATIONS**

Footing Trench .....

Foundation .....

Slab .....

Sheathing .....

Framing .....

Insulation .....

Sheet Rock .....

Plumbing .....

Fire Inspection .....

Final ..... 1-1-17-89 KAA

C.O. Issued .....

**PLUMBING SUB-CODE INSPECTIONS**

Slab .....

Rough .....

Septic/Sewer .....

Water .....

Final .....

Electrical Final .....

Use reverse side for additional remarks

DEC 3 - 82

# ~~BUILDING~~

# ~~BUILDING~~

|                                  |                                                                          |         |                                |            |
|----------------------------------|--------------------------------------------------------------------------|---------|--------------------------------|------------|
| I.<br>LOCATION<br>OF<br>BUILDING | Number and street                                                        | Section | Lot                            | Block      |
|                                  | <u>Brick Blvd + Cedar Bridge Ave</u>                                     |         | <u>9</u>                       | <u>670</u> |
|                                  | N S                                                                      | N S     |                                |            |
|                                  | E W side of .....                                                        | feet    | E W from intersection of ..... |            |
|                                  | (Other local geographic, political, or legal subdivision identification) |         |                                |            |

II. TYPE AND COST OF BUILDING — All applicants complete Parts A-D

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <p><b>A. TYPE OF IMPROVEMENT</b></p> <p>1 <input type="checkbox"/> New buildings</p> <p>2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)</p> <p>3 <input type="checkbox"/> Alteration (See 2 above)</p> <p>4 <input type="checkbox"/> Repair, replacement</p> <p>5 <input type="checkbox"/> Demolition</p> <p>6 <input type="checkbox"/> Moving (relocation)</p> <p>7 <input type="checkbox"/> Garage</p> <p><input type="checkbox"/> Swim Pool <input type="checkbox"/> in <input type="checkbox"/> out</p> <p><input type="checkbox"/> Fence</p> | <p><b>D. PROPOSED USE — For "Wrecking" most recent use</b></p> <p><b>Residential</b></p> <p>12 <input type="checkbox"/> One family</p> <p>13 <input type="checkbox"/> Two or more family — Enter number of units .....</p> <p>14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units .....</p> <p>15 <input type="checkbox"/> Garage</p> <p>16 <input type="checkbox"/> Carport</p> <p>17 <input checked="" type="checkbox"/> Other — Specify <u>Construction</u><br/><u>Temp. Trailer</u></p> | <p><b>Nonresidential</b></p> <p>18 <input type="checkbox"/> Amusement, recreational</p> <p>19 <input type="checkbox"/> Church, other religious</p> <p>20 <input type="checkbox"/> Industrial</p> <p>21 <input type="checkbox"/> Parking garage</p> <p>22 <input type="checkbox"/> Service station, repair garage</p> <p>23 <input type="checkbox"/> Hospital, institutional</p> <p>24 <input type="checkbox"/> Office, bank, professional</p> <p>25 <input type="checkbox"/> Public utility</p> <p>26 <input type="checkbox"/> School, library, other educational</p> <p>27 <input type="checkbox"/> Stores, mercantile</p> <p>28 <input type="checkbox"/> Tanks, towers</p> <p>29 <input type="checkbox"/> Other - Specify .....</p> |
| <p><b>B. OWNERSHIP</b></p> <p>8 <input type="checkbox"/> Private (individual, corporation, nonprofit institution, etc.)</p> <p>9 <input type="checkbox"/> Public (Federal, State, or local government)</p>                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |

| C. COST                                            |    | (Omit cents) | Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use. |
|----------------------------------------------------|----|--------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 10. Cost of Improvement .....                      | \$ |              |                                                                                                                                                                                                                                                                                                                                                                             |
| To be installed but not included in the above cost |    |              |                                                                                                                                                                                                                                                                                                                                                                             |
| a. Electrical (# Fixtures, Outlets) .....          |    |              |                                                                                                                                                                                                                                                                                                                                                                             |
| b. Plumbing (# of Fixtures) .....                  |    |              |                                                                                                                                                                                                                                                                                                                                                                             |
| c. Heating, air conditioning .....                 |    |              |                                                                                                                                                                                                                                                                                                                                                                             |
| d. Other (elevator, etc.) .....                    |    |              |                                                                                                                                                                                                                                                                                                                                                                             |
| 11. TOTAL COST OF IMPROVEMENT .....                | \$ | 1080         |                                                                                                                                                                                                                                                                                                                                                                             |

### III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

|                                                                                                                                                                                                                                                                                     |                                                                                                                                                                                        |                                                                                                                                                                                                                                                                                                  |                                                                                                       |
|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------|
| <b>E. PRINCIPAL TYPE OF FRAME</b><br><input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Wood frame<br><input type="checkbox"/> Structural steel<br><input type="checkbox"/> Reinforced concrete<br><input type="checkbox"/> Other - Specify _____<br>_____ | <b>H. DIMENSIONS</b><br><br>Number of stories _____<br><br>Total square feet of floor area,<br>all floors, based on exterior<br>dimensions _____<br><br>Total land area, sq. ft. _____ | <b>FEE COMPUTATIONS</b><br><br>VOLUME OF BUILDING _____<br><br>BUILDING SUB CODE _____<br><br>ELECTRICAL CODE _____<br><br>PLUMBING CODE _____<br><br>PLAN REVIEW _____<br><br>CERTIFICATE OF OCCUPANCY _____<br><br>STATE TRAINING FUND _____<br><br>CONSTRUCTION _____<br><br>PERMIT FEE _____ | <div style="text-align: right;">50-</div> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> <hr/> |
| <b>F. TYPE OF HEATING SYSTEM</b><br>Specify _____<br>Air Cond.                  Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                            | <b>I. RESIDENTIAL BUILDING ONLY</b><br><br>Number of bedrooms _____                                                                                                                    |                                                                                                                                                                                                                                                                                                  |                                                                                                       |
| <b>G. TYPE OF SEWERAGE DISPOSAL</b><br><input type="checkbox"/> Public<br><input type="checkbox"/> Individual                                                                                                                                                                       | Number of bathrooms { Full.....<br>Partial.....                                                                                                                                        |                                                                                                                                                                                                                                                                                                  | <div style="text-align: right;">50-</div>                                                             |

## SUB CONTRACTORS

| NAME | TRADE | ADDRESS | ZIP CODE | PHONE # |
|------|-------|---------|----------|---------|
| 1.   |       |         |          |         |
|      |       |         |          |         |
| 2.   |       |         |          |         |
|      |       |         |          |         |
| 3.   |       |         |          |         |
|      |       |         |          |         |
| 4.   |       |         |          |         |
|      |       |         |          |         |
| 5.   |       |         |          |         |
|      |       |         |          |         |
| 6.   |       |         |          |         |
|      |       |         |          |         |
| 7.   |       |         |          |         |
|      |       |         |          |         |
| 8.   |       |         |          |         |
|      |       |         |          |         |

## PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME George J. BabociusADDRESS ~~20,000 Horizon Way, Mt. Laurel, N.J. 08054~~ 20,000 HORIZON WAY, MT. LAUREL N.J. 08054

## IV. IDENTIFICATION — To be completed by all applicants

| Name                                               | Mailing address — Number, street, city, and State | ZIP code                                  | Tel. No.            |
|----------------------------------------------------|---------------------------------------------------|-------------------------------------------|---------------------|
| 1. <input checked="" type="checkbox"/> Owner Agent | <u>George Babocius</u>                            | <u>20,000 HORIZON WAY MT. LAUREL N.J.</u> | <u>08054</u>        |
|                                                    |                                                   | <u>08054</u>                              | <u>609-778-8897</u> |
| 2. Contractor                                      | <u>PAGE ASSOCIATES</u>                            | <u>20,000 HORIZON WAY MT. LAUREL NJ.</u>  | <u>08054</u>        |
|                                                    |                                                   |                                           | <u>609-778-8897</u> |
| 3. Architects                                      |                                                   |                                           |                     |

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant

Address

Application date

George J. Babocius

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

Date permit issued

Permit Number

[Signature]12/5/869452

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.