

Brick

Permit Without a Jacket

Permit Number 12532

TOWNSHIP OF BRICK

Building B



BUILDING

SUBCODE

TECHNICAL SECTION



PERMIT NO. 12532
 DATE ISSUED 9-17-87
 REVISION DATE _____
 Block 468 Lot 12
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner M.E.R.V. Inc. Contractor PAGE Associates
 Address 133 Sherwood Lane Address 3000 Horizon Way
Toms River NJ 08753 Mt Laurel NJ 08054
 Tel. 201 355 2557 Tel. 609 778 8897
 Office One Hour Photo
 Work Site Address Toms River High School
Brick Blvd & Cedar Bridge
 Le. 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.

Erection of one interior partition using 1/2" sheetrock over 2x4" o.c. studs 12' AFE to create 11'6" x 15' room within 12' of sliding glass doors as per drawing submitted.

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration/Renovation
☐ Roofing
☐ Siding
☒ Other Partition
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)
 Total Building Fee.
 (Greater of Minimum or Subtotal)

\$ _____
 \$ _____
 \$ _____

X

☐ See Plans

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: \$ 1500

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW		Date	Initials
☐	No Plans Required	9-14-87	BD
☒	All		
☐	Footings/Foundation		
☐	Frame		
☐	Architectural		
☐	Other		
INSPECTIONS FINAL			
☐	CO	☐	CCO
☐	CA		
Date:			
Inspected By:			

INSPECTIONS

Type	Failure Dates		Approval Date
☐ Footing/Foundation			
☐ Slab			
☐ Frame			
☐ Architectural			
☐ Insulation			
☐ Finishes			
☐ Energy			
☐ Mechanical			
☐ TCO			
☐ Other _____			