

Brick

Permit Without a Jacket

Permit Number A-2340

LDS BR 10310453

Construction Permit #

A-2340

Jan. 23, 1979, 19

Owner Township of Brick

Location 950 Cedarbridge Ave.

Cedarbridge

Block 670

Lot 21

Contractor C. A. Lertch Wrecking

Fee \$ 50.00

Use demolition/library

BUILDING SUB-CODE INSPECTIONS

Footing Trench

Slab

Foundation

Framing

Insulation

Final

C. O. Issued

PLUMBING SUB-CODE INSPECTIONS

Slab

Rough

Septic/Sewer

Water

Final

Electrical Final

VIOLATIONS

Use reverse side for additional remarks

util. ltr

CONSTRUCTION PERMIT APPLICATION
BRICK TOWNSHIP, NEW JERSEY

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING	Number and street <u>950 Cedar Bridge Ave</u>	Section <u>Cedarbridge</u>	Lot <u>21</u>	Block <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

A. TYPE OF IMPROVEMENT 1 ☐ New buildings 2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13) 3 ☐ Alteration (See 2 above) 4 ☐ Repair, replacement 5 ☒ Demolition 6 ☐ Moving (relocation) 7 ☐ Garage ☐ Swim Pool ☐ in ☐ out ☐ Fence B. OWNERSHIP 8 ☐ Private (individual, corporation, nonprofit institution, etc.) 9 ☐ Public (Federal, State, or local government)	D. PROPOSED USE — For "Wrecking" most recent use <table style="width: 100%;"><tr><td style="width: 50%; vertical-align: top;">Residential 12 ☐ One family 13 ☐ Two or more family — Enter number of units _____ 14 ☐ Transient hotel, motel, or dormitory — Enter number of units _____ 15 ☐ Garage 16 ☐ Carport 17 ☐ Other — Specify _____</td><td style="width: 50%; vertical-align: top;">Nonresidential 18 ☐ Amusement, recreational 19 ☐ Church, other religious 20 ☐ Industrial 21 ☐ Parking garage 22 ☐ Service station, repair garage 23 ☐ Hospital, institutional 24 ☐ Office, bank, professional 25 ☐ Public utility 26 ☒ School, library, other educational 27 ☐ Stores, mercantile 28 ☐ Tanks, towers 29 ☐ Other - Specify _____</td></tr></table>	Residential 12 ☐ One family 13 ☐ Two or more family — Enter number of units _____ 14 ☐ Transient hotel, motel, or dormitory — Enter number of units _____ 15 ☐ Garage 16 ☐ Carport 17 ☐ Other — Specify _____	Nonresidential 18 ☐ Amusement, recreational 19 ☐ Church, other religious 20 ☐ Industrial 21 ☐ Parking garage 22 ☐ Service station, repair garage 23 ☐ Hospital, institutional 24 ☐ Office, bank, professional 25 ☐ Public utility 26 ☒ School, library, other educational 27 ☐ Stores, mercantile 28 ☐ Tanks, towers 29 ☐ Other - Specify _____
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C. COST 10. Cost of improvement <u>\$2900</u> 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 \$ _____	(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. <u>Demolition of one story</u> <u>Library</u>
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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.

E. PRINCIPAL TYPE OF FRAME ☐ Masonry (wall bearing) ☐ Wood frame ☐ Structural steel ☐ Reinforced concrete ☐ Other - Specify _____	H. DIMENSIONS Number of stories <u>one</u> Total square feet of floor area, all floors, based on exterior dimensions _____ Total land area, sq. ft. _____	FEE COMPUTATIONS VOLUME OF BUILDING BUILDING SUB CODE ELECTRICAL CODE PLUMBING CODE PLAN REVIEW CERTIFICATE OF OCCUPANCY STATE TRAINING FUND CONSTRUCTION PERMIT FEE	50.00 \$50.00
F. TYPE OF HEATING SYSTEM Specify _____ Air Cond. Yes ☐ No ☐	I. RESIDENTIAL BUILDING ONLY Number of bedrooms _____ Number of bathrooms { Full _____ Partial _____		
G. TYPE OF SEWERAGE DISPOSAL ☐ Public ☐ Individual			

SEE REVERSE

A-2340 *pl*

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

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME *C A Lertch Wrecking*

ADDRESS *3018 McKinty St Wall Township NJ*

IV. IDENTIFICATION — To be completed by all applicants

Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner-Agent	<i>Twp of Brick</i>		
2. Contractor	<i>C A Lertch Wrecking Co</i> <i>3018 McKinty St Wall Twp.</i>	<i>07719</i>	<i>681 0706</i>
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

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

Date permit issued

Permit Number

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.

N J NATURAL GAS COMPANY APPLICATION FOR LOCATING GAS LINE FACILITIES

APPLICATION NUMBER

11-18-78

ROY STREETER
REQUESTED BY (NAME)

TELEPHONE

Same
REQUEST MADE FOR (NAME IF DIFFERENT THAN ABOVE)

TELEPHONE

651 HERBERTSVILLE RD.
MAILING ADDRESS

BRICK TOWN
TOWN

N.J.
STATE

08723
ZIP CODE

SHOW REASON AND DESCRIBE AREA TO BE EXCAVATED
(INCLUDE INTERSECTING STREETS AND ATTACH SKETCH IF AVAILABLE)

950 CEDAR BRIDGE AVE

BRICK TOWN
MUNICIPALITY

Building To be DEMOLISHED
REASON

MO	DAY	YR
12	28	78

FOR THE COMPANY

PERMIT APPLICANT ----- PRESENT THIS FORM TO THE MUNICIPAL REPRESENTATIVE WHEN APPLYING FOR A PERMIT TO MAKE AN EXCAVATION.

MUNICIPAL REPRESENTATIVE ----- SEPARATE AT THE PERFORATION AND ATTACH THE LOWER SECTION OF THIS FORM TO THE PLACARD ISSUED TO THE PERMIT APPLICANT.

CAUTION

MARK OUTS ARE VISIBLE FOR APPROXIMATELY TWO MONTHS AND MUST BE RENEWED WITHIN TWO MONTHS OF THE ABOVE DATE. MARK OUT STAKES USED TO LOCATE UNDERGROUND GAS LINE FACILITIES MUST BE REMOVED BY THE APPLICANT OR CONTRACTOR WHEN THE JOB IS COMPLETED.

PLEASE ACCEPT THIS FORM AS EVIDENCE THAT THE APPLICANT NAMED HEREIN HAS APPLIED TO N J NATURAL GAS COMPANY FOR A MARK OUT OF THEIR FACILITIES AT THE LOCATION SHOWN. IN ACCORDANCE WITH ASSEMBLY BILL 803 AMENDING SECTION 1 OF P. L. 1964 c. 53 (C. 2A: 170-69.4) A PERMIT TO MAKE AN EXCAVATION OR DISCHARGE EXPLOSIVES MAY BE ISSUED AFTER THE DATE SHOWN BELOW.

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK TOWN, NEW JERSEY 08723

PHONE: (201) 899-7000

DECEMBER 27, 1978

RE: REMOVAL OF B.T.M.U.A. EQUIPMENT
950 CEDAR BRIDGE AVENUE
BLOCK: 670
LOT : 21
ACCT # J958409
ROUTE: 026
CYCLE: 02

TO WHOM IT MAY CONCERN:

PLEASE BE ADVISED THAT AT THE ABOVE REFERENCED PROPERTY
THIS AUTHORITY HAS REMOVED ALL OF OUR EQUIPMENT .

VERY TRULY YOURS,


COLLEEN M. BRADLEY
CUSTOMER SERVICE DEPT.

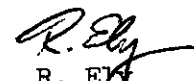


Jersey Central Power & Light Company
River Avenue
Lakewood, New Jersey 08701
(201) 367-8811

1-23-79

To Whom It May Concern:

This is to confirm that all electrical facilities have been removed from the premises at 950 Cedarbridge Ave., Brick Township which was formerly occupied by the Brick Town Library.


R. Ely
Operating Asst.

RE: jy