

Page 1
JUN 10/86

BUILDING

IDENTIFICATION

Proposed Work at: 1631 HWY 88

Owner Name: NABII NIMAN Tel. ()

Address: 2 XAVIER DR JACKSON N.J.

Principal Contractor: Tel. ()

Address:

J.C. No. or Builder Reg. No. Federal Emp. No.

Architect or Engineer: Palermini Eng. Co Inc Tel. () 972-9300

Address: 170 US HWY 9 Marlboro

Responsible Person in Charge of Work Tel. ()

PROPOSED WORK

TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																								
☐ Minor Work (Single Trade)	<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>450,000</u></td></tr></tbody></table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$	2. ☐ Plumbing		3. ☐ Electrical		4. ☐ Fire Protection		5. ☐ Other		6. ☐ Other		TOTAL COST \$ <u>450,000</u>		<table border="1"><tbody><tr><td>1. ☐ Elevators/Dumbwaiters</td></tr><tr><td>2. ☐ High-Pressure Boilers</td></tr><tr><td>3. ☐ Refrigeration Systems</td></tr><tr><td>4. ☐ Pressure Vessels</td></tr><tr><td>5. ☐ Hazardous Uses/Places of Assembly</td></tr><tr><td>6. ☐ Cross-connections/Backflow Preventors</td></tr><tr><td>7. ☐ Sprinklers</td></tr><tr><td>8. ☐ Smoke Control Systems in Open Wells</td></tr></tbody></table>	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
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☐ New Building																										
☐ Addition																										
☒ Alteration																										
☒ Repair, Replacement																										
☐ Demolition																										
☐ Other:																										

DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL	NON-RESIDENTIAL
1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____ If other than new construction, enter no. of dwelling units: _____ Before Construction: _____ After Construction: _____ Net Gain (or loss): _____	5. ☐ Theatres with Stage (A-1-A) 6. ☐ Movie Theatres (A-1-B) 7. ☐ Night Clubs (A-2) 8. ☐ Restaurants, Libraries, Museums (A-3) 9. ☐ Religious Assembly (A-4) 10. ☐ Outdoor Assembly (A-5) 11. ☒ Business (B) 12. ☐ Educational (E) 13. ☐ Moderate-Hazard Factory (F-1) 14. ☐ Low-Hazard Factory (F-2) 15. ☐ High-Hazard (H)
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____	16. ☐ Institutional Detention Center (I-1) 17. ☐ Hospitals, Infirmeries (I-2) 18. ☐ Group Homes (I-3) 19. ☐ Mercantile (M) 20. ☐ Moderate-Hazard Warehouse (S-1) 21. ☐ Low-Hazard Warehouse (S-2) 22. ☐ Temporary, Misc. (U) 23. ☐ Other
3. ☐ Two Family (R-3b)	
4. ☒ One-Family (R-3a)	
Date Specific Use: <u>County Shop</u>	
Change in Use Group, Indicate Former: _____	

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP	B. HEATING FUEL	C. TYPE OF SEWAGE DISPOSAL	D. TYPE OF WATER SUPPLY	E. BUILDING CHARACTERISTICS																								
1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.) 2. ☐ Public (State, County or Local Govt.)	<table border="1"><thead><tr><th>Principal</th><th>Secondary</th><th>Type</th></tr></thead><tbody><tr><td>3. ☐</td><td>☒</td><td>Gas</td></tr><tr><td>4. ☐</td><td>☒</td><td>Oil</td></tr><tr><td>5. ☐</td><td>☐</td><td>Electric</td></tr><tr><td>6. ☐</td><td>☐</td><td>Solid (Wood, Coal, Etc.)</td></tr><tr><td>7. ☐</td><td>☐</td><td>Propane</td></tr><tr><td>8. ☐</td><td>☐</td><td>Solar</td></tr><tr><td>9. ☐</td><td>☐</td><td>Other</td></tr></tbody></table>	Principal	Secondary	Type	3. ☐	☒	Gas	4. ☐	☒	Oil	5. ☐	☐	Electric	6. ☐	☐	Solid (Wood, Coal, Etc.)	7. ☐	☐	Propane	8. ☐	☐	Solar	9. ☐	☐	Other	10. ☐ Public or Private Company 11. ☐ Private (Septic Tank, Etc.)	12. ☐ Public or Private Company 13. ☐ Private (Well, Etc.)	14. No. of Stories _____ 15. Height of Structure _____ Ft. 16. Area—Largest Floor _____ Sq. Ft. 17. Bldg. Area—All Fls. <u>1100</u> Sq. Ft. 18. Volume of Structure _____ Cu. Ft. 19. Total Land Area Disturbed _____ Sq. Ft.
Principal	Secondary	Type																										
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LDS BR 10208580

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 _____

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 Date Receiver	Approval Date	Reviewer	Comments
☐	BUILDING		6-11-86	ED	
	Footings/Foundations				
	Framing				
	Architectural				
	Other <u> zoning </u>				
☐	PLUMBING				
☐	ELECTRICAL				
☒	FIRE PROTECTION				
☐	OTHER _____				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date 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	_____

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

BUILDING	\$ _____
PLUMBING	\$ _____
ELECTRICAL	\$ _____
FIRE PROTECTION	\$ _____
OTHER _____	\$ _____
SUBTOTAL	
- LESS: 20% of subtotal (when plan review performed by state agency).	
D.C.A. TRAINING FEE .0006 x _____	
CERTIFICATE OF OCCUPANCY	
OTHER _____	
OTHER _____	
TOTAL COLLECTED WHEN PERMIT ISSUED	
DATE _____	Collected By _____

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	\$ _____

CONSTRUCTION PERMIT
APPLICATION

RECEIVED

FEB 10 REC'D

BUILDING

IDENTIFICATION

1. Proposed Work at: 1631 Rt 88. (NABIL ~~RENTY~~ GAFERDS)

2. Owner Name: NABIL NIMAN Tel. ()

Address 2 XAVIER DR. JACKSON N.J.

3. Principal Contractor: Tel. ()

Address

Lic. No. or Builder Reg. No. Federal Emp. No.

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Address 170 US Hwy 9 Marlboro.

5. Responsible Person in Charge of Work Tel. ()

I. 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)	Permit/Category Estimated	1. ☐ Elevators/Dumbwaiters
2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i>	1. ☐ Building/Structural \$	2. ☐ High-Pressure Boilers
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4. ☐ Addition	3. ☐ Electrical	4. ☐ Pressure Vessels
5. ☐ Alteration	4. ☐ Fire Protection	5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Repair, Replacement	5. ☐ Other	6. ☐ Cross-connections/Backflow Preventors
7. ☐ Demolition	6. ☐ Other	7. ☐ Sprinklers
8. ☐ Other: <u>Cosm. Reno.</u>	TOTAL COST <u>\$40,000</u>	8. ☐ Smoke Control Systems in Open Wells
	C. DO YOU WANT:	
	1. ☐ Partial Releases 2. ☐ Prototype Processing	

II. 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)
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13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)

State Specific Use: Beauty Parlors

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.

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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 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 Patil Neman 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.

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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 _____

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 Date Receiver	Approval Date Reviewer	Comments
☐	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other <u>gaming</u>		2/16/88 JK	(sit approval) Security factors
☐	PLUMBING			
☐	ELECTRICAL			
☒	FIRE PROTECTION		2-29-88 JK	no noted
☐	OTHER <u>eng</u>			

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

	Date 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	

IV. ON-GOING INSPECTIONS

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

Date Posted to
Log and Tickler

<u>Suspension of Permit</u>	<u>1/20/89</u>
<u>Letter to Owner</u>	<u>3/8/89</u>

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	\$ _____
ELECTRICAL	\$ _____
X FIRE PROTECTION	\$ <u>46.00</u>
OTHER	\$ _____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	
	(_____)
D.C.A. TRAINING FEE .0006 x _____	\$ _____
CERTIFICATE OF OCCUPANCY	\$ <u>20.00</u>
OTHER <u>alter</u>	\$ <u>75.00</u>
OTHER	\$ _____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ _____
DATE _____	Collected By _____

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	\$ _____

TOWNSHIP OF BRICK



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 827-18 Lot 24
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner NABIL NIMAN
Address 2 YAVIA DR
JACKSON NJ
Tel. () _____
Work Site Address 1631 Hwy 86

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

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

bas chg. of area
Comm Alter
Shed Windows
Plng, Elec
New Entrance door

☐ See Plans

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: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Maximum Occupancy Load:

INSPECTIONS

	Date	Initials
☐ No Plans Required	7-8-76	[Signature]
☒ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

Inspected By: _____

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



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 827-18 Lot 24
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner NABIC NIMAN (Comm) Contractor _____

Address 2 XAVIER DR Address _____

TACKSON N.J. _____

Tel. (____) _____ Tel. (____) _____

Work Site Address _____ Lic. No. _____

1631 Hwy 88 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 _____ FEE

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: \$ 25

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 FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Exit Signs - Illuminated \$ 15
Fire & Police Alarms \$ _____
Emergency Plan \$ _____

Subtotal \$ 40

Minimum Fire Protection Fee (if Applicable) \$ _____

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 40

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

Fireman have Access

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE _____

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 6-27-16
Approved By: [Signature]

Approved By: Carla L. L...

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type I

Failure Date

Approval Date

Fire Suppression Test

Fire Alarm Test

☐ Smoke Test

TCO

☐ Other☐ Other☐ Other☐ Other

TOWNSHIP OF BRICK



PLUMBING SUBCODE

TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 827.18 Lot 24, 25, 26
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Nabil Chappone
Address 2 Aaron Dr.
Jackson, N.J.
Tel. () 28525
Work Site Address Nabil Chappone
1631 Rt 88

Contractor B&P Plumbing & Heating
Address 327 VAN PELT PL.
Tel. (201) 269-0983
Lic. No./Bus. Permit 7036
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.

Joseph H. Gales
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1 \$
	Bathtub		1	Air Conditioner Unit		COLUMN 2 \$
3	Lavatory/Sink			Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee
	Washing Machine			Grease Trap		(If applicable) \$
	Dishwasher			Interceptor		Total Plumbing Fee
1	Commercial Dishwasher		1	Backflow Device		(Greater of Minimum
	Water Heater			Reduced Pressure		or Subtotal) \$
1	Domestic Boiler/ Furnace		2	Backflow Device		
	Steam Boiler			Vent Stack		
	Water Util. Connection			Solar System		
	Sewer Util. Connection			Other		
2	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1 \$			COLUMN 2 \$			

C. PLUMBING CHARACTERISTICS

USE GROUP: _____

Present

Proposed

Drainage - Material _____ Size _____
Building Sewer - Material ABS Size 3" x 4"
Water Service - Material _____ Size _____
Venting - Material ABS Size 3" x 1 1/4"
Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases

☐ Prototype Processing

Removed Meter - OK to
GENTLEMEN: Plugged Riser RAISE HOUSE
FORM 233 Rev. 7/84
YOUR REQUEST TO LOCATE NJNG PIPELINE FACILITIES AT THE LOCATION SHOWN
BELOW HAS BEEN INVESTIGATED AND WE ARE REPORTING THE STATUS WITH AN "X"
IN THE APPROPRIATE BLOCK(S).
1631 RT 88 BT
STREET LOCATION MUNICIPALITY

MARK OUT NUMBER 3145 NO NJNG FACILITIES WITHIN 200' ☐
MARK OUT METHOD --- PAINT ☐ LOCATION IS NOT IN NJNG SERVICE AREA ☐
--- STAKES ☐ OTHER COMPANIES MAY SERVICE THIS AREA ☐

5/27/86
DATE

NEW JERSEY NATURAL GAS COMPANY

PS
SHOULD ANY DAMAGE TO NJNG FACILITIES OCCUR,
PLEASE TELEPHONE NJNG AT ONCE - - - 800-392-6865
FOR MARK OUT QUESTIONS PLEASE TELEPHONE - 800-221-0051



New Jersey Bell

980 Hooper Ave.
Toms River, New Jersey 08753
Phone (201) Ask Operator for
240 — Official 13

June 9, 1986

RE: 1631 Hwy. 88
Bricktown, N. J.

Mr. Nimom
2 Xavier Dr.
Jackson, N. J.

Dear Mr. Nimom:

This letter is in confirmation of your request for service to be removed from 1631 Hwy. #88, Bricktown.

Please be advised, that all New Jersey Bell facilities have been removed from the requested location on June 4, 1986.

I hope this information is of assistance. If I may be of further help, please contact me at 201-244-9949.

Sincerely,

S. T. Devaney
Engineer

STD/gjm

JCP&L

GPU

Jersey Central Power & Light Company
521-525 Main Street
Allenhurst, New Jersey 07711
(201) 493-9400

Date: JUNE 5, 1986

To: Regina Gallagher
1631 Ocean Road
Brick, New Jersey, 08783

NEW OWNER: NABIL NIMAN

Yln

RE: 1631 Ocean Road,
Brick, N.J.

Dear Sir:

In response to your request we have removed the electric meter(s) and service(s) from the above referenced location.

Very truly yours,

John DeVito

J. J. DeVito
Division Engineer
Coast Division Engineering

CC: File

0066D

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

**1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724**

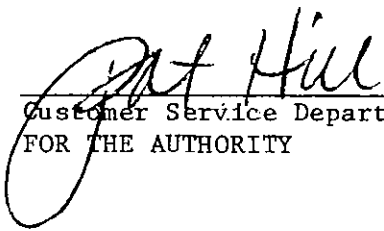
PHONE: (201) 458-7000

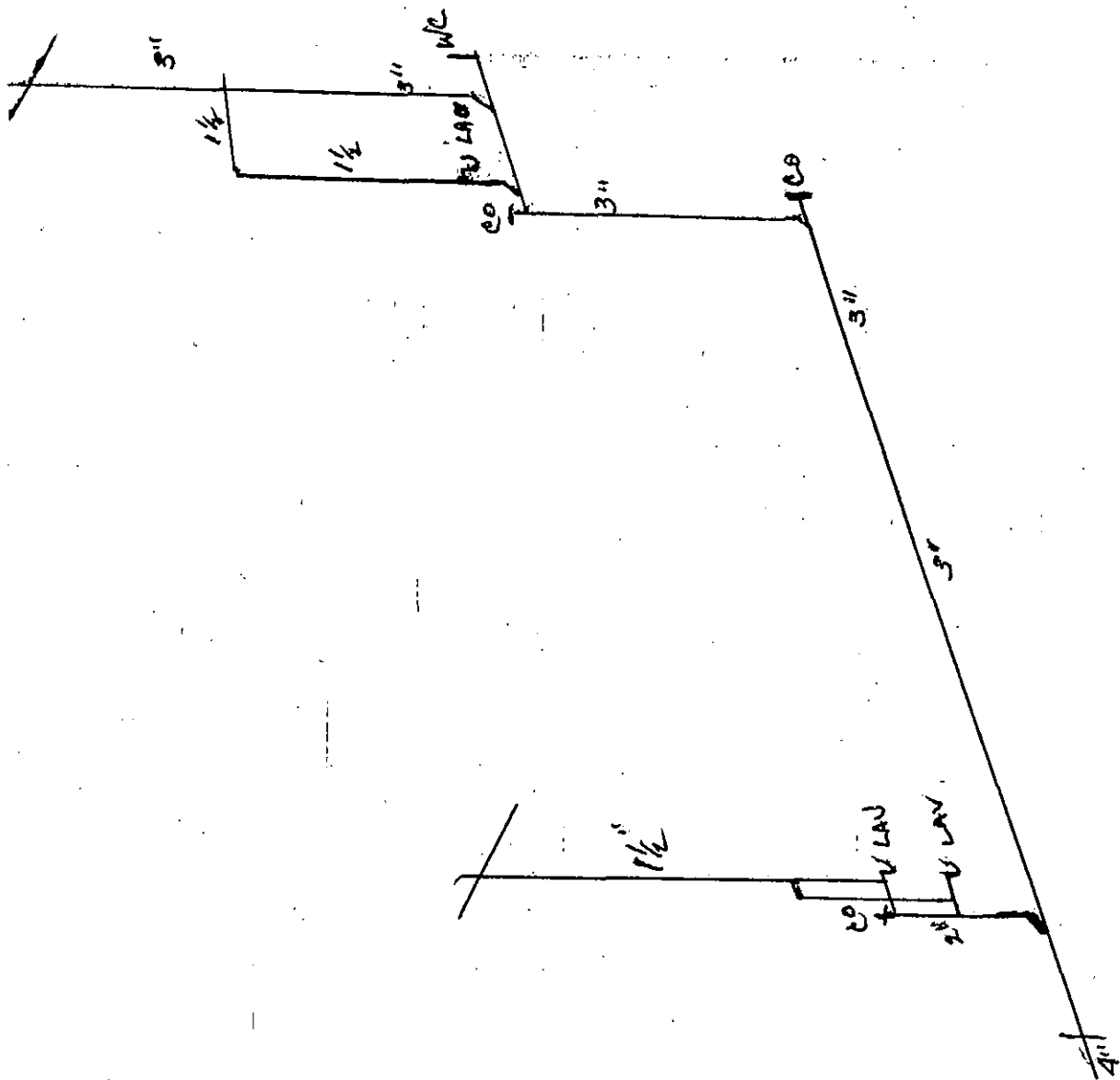
May 29, 1986

TO WHOM IT MAY CONCERN:

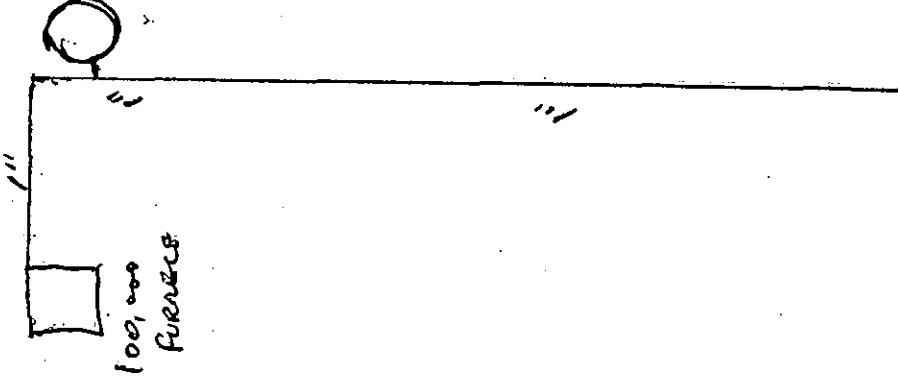
Re: 1631 Highway 88 West
Block 827-18 Lot 24-
Account # L288808

Please be advised that the services of this Authority have been discontinued to the above referenced property and the meter servicing same has been removed.


Customer Service Department
FOR THE AUTHORITY



WATER HEATER



GAS PIPING



Township of Brick

Block 82
Lots 24, 25 & 26

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

UNIFORM CONSTRUCTION CODE Chapter 23, Title 5

Approval of Part
5.23-2.5 (7)

OWNER/AGENT NABIL NIMAN
ADDRESS 2 XAVIER DR.
TOWN Jackson N.J. ZIP 08527
BLOCK 827-18 LOT 24

☐

FOOTING

☐

FOUNDATION

☒

OTHER

Attain Comm Bldg. (inside only)

OWNER/AGENT PROCEED AT OWN RISK

☒

OWNER/AGENT

Nabil Niman

BUILDING SUB-CODE OFFICIAL

Edward Dwyer

CONSTRUCTION OFFICIAL

Arthur Cioffi



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

DATE

3-1-88

SUBJECT: LOT(S)

24, 25 & 26

BLOCK

827.18

AFFIDAVIT

I, NABIL NIMAN ^{INSIDE WORK ONLY} hereby request a temporary building permit to proceed with construction of ~~footings and foundation~~ (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

Nabil Niman
Applicant

Date

James J. Tansy
Top. Engineer or Ass't. Engineer
Engineering Department

3-1-88
Date

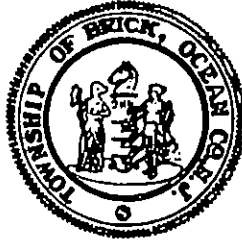
J. King
Zoning Officer
Zoning Department

2-16-88
Date

Edward J. [Signature]
Building Inspector
Building Department

3-1-88
Date

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723



Daniel F. Newman, Mayor

Members of Township Council:
Warren H. Wolf, Council President
Charles E. Anderson
Patrick L. Bottazzi
Mary Anne L. Butler
Andrew R. Ciesla
Joseph C. Scarpelli
David W. Wolfe

Division of Inspections

A. J. Cierzo,
Construction Official

(201) 477-3000, Ext. 260

March 8, 1989

Joseph Foster
Attorney at Law
616 Washington Ave.
Toms River, NJ 08753

Dear Joe,

Our records show that a Nabil Niman applied for a building permit on a site located at 1631 Rt. 88. Preliminary approvals were granted to do inside work only. However, the permit was never issued and the structure never received any inspections. A letter was sent informing Mr. Niman that his permit was suspended because work had ceased for more than six months. He was told, in this letter, to stop by the office or contact us in some way so that the matter could be resolved.

This permit has been outstanding since February of 1986. As of this date, he has never contacted our office. I hereby request that any legal action necessary be taken at this time.

Sincerely yours,

Arthur J. Cierzo
Construction Official

vjgs

cc: Mayor Daniel F. Newman
Scott R. MacFadden, Business Administrator

AJC
Nabil

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08721

Letter sent

Daniel J. Newman, Mayor

Members, Township Council

Warren H. Koch, Council President

Charles E. Anderson

Patrick L. Bottazzi

Mary Anne L. Butler

Andrew R. Ciesla

Joseph C. Scarpelli

David W. Wolfe



Division of Inspection

Arthur J. Cierzo
Construction Official

(201) 477-3000, Ext. 260

January 20, 1989

Nabil Niman
2 Xavier Drive
Jackson, N.J. 08527

Re: 1631 Route 88, Block 827-18, Lot 24

Dear Mr. Niman,

Preliminary approvals were granted to proceed with inside work only at the above mentioned site, on or about 3-1-88. Our records indicate that no inspections have been called for. Uniform Construction Code, Section 5;23-2-16 (b) Suspension of permit. Any permit or prior approval shall become invalid if the authorized work is suspended or abandoned for a period of six months after the time of commencing the work.

For further information please stop in to the office of Division of Inspections to see me regarding the above matter.

Very truly yours,

Arthur J. Cierzo
Construction Official

AJC/tl

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723



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January 20, 1989

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Arthur J. Cierzo
Construction Official

AJC/tl