RECEIVED
JUN 26 '87
BUILDING

TOWNSHIP OF BRICK

Welsh Farms Store

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Red Lion Plaza
2. Owner Name: Pat Bottazz Tel. (___) ___
   Address ___
3. Principal Contractor: Shore Fire Protection Tel. (201) 920-2210
   Address 652 Drumpoint rd, Brick, NJ 08753
   Lic. No. or Builder Reg. No. ___ Federal Emp. No. 22-2343823
4. Architect or Engineer: ___ Tel. (___) ___
   Address ___
5. Responsible Person in Charge of Work ___ Tel. (___) ___

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☑ Other: Fire Sprinkler System

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ ___
2. ☐	Plumbing	___
3. ☐	Electrical	___
4. ☐	Fire Protection	___
5. ☐	Other ___	___
6. ☐	Other ___	___
	TOTAL COST	$ 13,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: ___
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

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): ___

B. NON-RESIDENTIAL

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–6)
11. ☑ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory(F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (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 ___

State Specific Use: ___

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 10109767

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.**

for

AGENT NAME Shore Fire Protection TEL.(201) 920-2210

ADDRESS 652 Drumpoint rd

Brick N.J 08723

SIGNATURE D. McLean

BLOCK NO. 549 LOT NO. 5-6-9-10-12.2 SUBDIVISION Red Lion Plaza PERMIT NO. 11878

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____				_____

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	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			7-20-87	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☒	PLUMBING			7-17-87	[signature]	
☐	ELECTRICAL					
☒	FIRE PROTECTION			6-4-87	[signature]	
☐	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				9-21-87 DM	
_____	ELECTRICAL					
✓	FIRE PROTECTION				9-22-87 [signature]	
_____	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

		AMOUNT
BUILDING		$ •
PLUMBING	SPECIAL DEVICE	25.00
ELECTRICAL		•
FIRE PROTECTION		45.00
OTHER _____		•
SUBTOTAL		$ 70.00
– 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		$ 95.00

DATE 7/21/87 Collected By DM

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	$ •

Welsh Farms
Red lion Plaza

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 11878
DATE ISSUED 7/21/87
REVISION DATE
Block 549 Lot 5, 6, 9, 10
Subdivision 12.2

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Pat Bottaz
Address
Tel. ( )
Work Site Address 2536-4 Hooper Ave

Contractor Shore Fire Protection
Address 652 Dumpoint Rd Brick, NJ
Tel. (201) 920-3210
Lic. No.
Federal Emp. No. 22-2343823

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: 93 No. of Spare Heads: 6
☐ Valves Supervised – Method:
Water Supply – Source: City Size: 6
FD Connection Location: West Side
Estimated Cost of Work: $ 13,000 — $45.00

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ 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

$ $ $

Subtotal $45.00
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $45.00

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

REDUCED PRESSURE PRINCIPLE BACK-FLOW PREVENTER (SIAMESE CONN.)
NSPC 10, 5.3, F2

☐ Partial Releases ☐ Prototype Processing

Walsh Farms
Red Lion Plaza

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 11878
DATE ISSUED 7/24/87
REVISION DATE

Block 549 Lot 5, 6, 9, 10
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Pat Bottaz
Address
Tel. ( )
Work Site Address 25 36-41 Harper Ave

Contractor Shore Fire Protection
Address 652 Davisville Rd Warminster, PA
Tel. (215) 920-2210
Lic. No.
Federal Emp. No. 22-2344228

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: 93 No. of Spare Heads: 6
☐ Valves Supervised – Method:
Water Supply – Source: City Size: 6
FD Connection Location: West Side
Estimated Cost of Work: $ 13,000

FEE $ 95.00

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ 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

$

Subtotal $ 95.00
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 95.00

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

REDUCED PRESSURE PRINCIPLE BACK-FLOW PREVENTER (SIAMESE CONN.) NSPC 10.5.3.F2

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 6-29-87
Approved By: [signature]

INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA
Date: 9-22-87
Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☑ Other Hydrostatic				7-21-87
☑ Other Airtest				9-22-87
☐ Other				
☐ Other				

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 11878
DATE ISSUED 7/21/87
REVISION DATE

Block 549 Lot 5-6-9-10
Subdivision 12.2

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner PAT BOTTAZZI

Address

Tel. ( )

Work Site Address WELSH FARMS
RED LION PLAZA

Contractor SHORE FIRE PROTECTION

Address 652 DRUMPOINT RD.
BRICK, N.J.

Tel. ( ) 920-3210

Lic.No./Bus. Permit

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

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	25.-
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$ 25.-

Fee	
COLUMN 1	$ -0-
COLUMN 2	$ 25.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 25.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____

Building Sewer— Material _____ Size _____

Water Service— Material _____ Size _____

Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE

PERMIT NO. 11818
DATE ISSUED 7/21/87
REVISION DATE
Block 349 Lot 5-6-9-10
Subdivision 12.2

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

Owner PAT BOTTAZZI
Address
Tel. ( )
Work Site Address WELSH FARMS RED LION PLAZA

When changing contractors, notify this office

Contractor SHORE FIRE PROTECTION
Address 652 DRUMPOINT RD. BRICK, N.J.
Tel. ( ) 920-2210
Lic.No./Bus. Permit
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

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		1	Backflow Device	25.-
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace			Vent Stack	
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$		COLUMN 2	$ 25.-

Fee	
COLUMN 1	$ -0-
COLUMN 2	$ 25.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 25.-

X 5-21-5

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed
Drainage — Material _____ Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 7-17-87

Approved By: J. W. Smith

INSPECTIONS FINAL

☐ CO ☐ CCO ☒ CA

Date: 9/21/87

Inspected By: D Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

called 6/30 J.C.

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

Welsh Farms

RE: Block 549 Lot 5 - 12 Address Red Lion Plaza

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building _____

Plumbing 6/29/87 Sprinkler = Back flow - Reduce Pressure Principle Backflow Preventa

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

NSPC 10.5.3.F.2.

_____

Arthur J. Cierzo,
Construction Official

Date _____