TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
SEP 16 REC'D

I. IDENTIFICATION

1. Proposed Work at: DRUMTHWELSH PARKUS - NORKUS BROS. Kidston Place
2. Owner Name: NORKUS BROS. Tel. ( )
   Address: West Farms
3. Principal Contractor: FIRE ONLY ~~Jim Kruda~~ AC FECI Tel. (201) 938-2020
   Address: RR2 BOX 011 FARMINGDALE N.J. 07727
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-2699591
4. Architect or Engineer: _____ Tel. ( )
   Address _____
5. Responsible Person in Charge of Work: Jim KRUDA 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 SUPPRESSION SYSTEM

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$ 130000

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–5)
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 10310225

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 _____

BLOCK NO. V 547-A LOT NO. 15 SUBDIVISION - PERMIT NO. 12561

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	9/16/87	[illegible]	9-17-87	ED	
	Footings/Foundations					
	Framing					
	Architectural					
	Other [illegible]			9/16/87	JK	
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			9/16/87	CA	
☐	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			
9-21-87	FIRE PROTECTION		9-21-87	[illegible]
_____	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	$ 15.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	35.00
OTHER _____	.
SUBTOTAL	$ 50.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	.
CERTIFICATE OF OCCUPANCY	10.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 75.00

DATE 9-21-87 Collected By Polo

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

Welsh Farms

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 12566
DATE ISSUED 12-21-87
REVISION DATE

Block [redacted] Lot [redacted]
Subdivision 547-A 15

A. IDENTIFICATION

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

Owner NORKUS Bros
Address
Tel. ( )
Work Site Address Drum Pt Farms - Red Lion Plaza

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.

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
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

U.C.C. Form F-110 (8/83) Green - Office Copy White - Applicant Copy Beige - Inspector Copy

[redacted]PT
T # 11766

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 12561
DATE ISSUED 9-24-87
REVISION DATE
Block [redacted] Lot 15
Subdivision 597-A

A. IDENTIFICATION

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

Owner NORKUS BROS
Address 505 RICHMOND AVE
ST. PLEASANT, NJ.
Tel. (201) 899-4040
Work Site Address WELSH FARMS
RED LION PLAZA BRICK NJ.

Contractor JERSEY COAST FIRE
Address RTE 33 T 34
FARMINGDALE NJ
Tel. (201) 938-2000
Lic. No.
Federal Emp. No. 22-2699591

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

FEE

TYPE: ☐ Wet ☐ Dry ☐ Other
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: $ $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☒ Other LIQUID
Manual Pull: ☒ Yes ☐ No
Locations: KITCHEN AREA.
Estimated Cost of Work: $ 1300.00 $ 35.00

B3. ALARM

FEE

TYPE: ☐ Manual ☐ Automatic
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 $ 35.00
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 35.00

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

☐ Partial Releases ☐ Prototype Processing

BCDC IX PT
PERMIT # 11766

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 12561
DATE ISSUED 9-21-87
REVISION DATE
Block 345 Lot 542
Subdivision 549 542

A. IDENTIFICATION

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

Owner NORKUS BROS
Address 505 RICHMOND AVE
ST. PLEASANT NJ.
Tel. (201) 899-4040
Work Site Address WELSH FARMS
RED LION PLAZA BRICK NJ.

Contractor JERSEY COAST FIRE
Address RTE 33 & 34
FAIRMINGDALE NJ
Tel. (201) 938-2000
Lic. No.
Federal Emp. No. 22-2699591

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: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2
☐ Halon ☐ Foam
☒ Other LIQUID
Manual Pull: ☒ Yes ☐ No
Locations:
KITCHEN AREA.

Estimated Cost of Work: $ 1300.00

$ 35.00

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 $ 21.75

Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 21.00

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

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 9-11-87
Approved By: R Cook

INSPECTIONS FINAL

☑ CO ☐ CCO ☑ CA
Date: 9-21-87
Inspected By: R Cook

INSPECTIONS

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

WARNING

THIS SYSTEM IS TO BE INSTALLED BY PYRO CHEM TRAINED DISTRIBUTOR IN ACCORDANCE WITH UNDERWRITERS LABORATORY LISTING #16S6. REFER TO INSTALLATION MANUAL UL EX3830.

DATE 9-17-87

INSTALLER:

Name JERSEY COAST FIRE + SAFETY

Street RR2 BOX 311 RTS 33+34

City FARMINGDALE State NJ. Zip 07727

CUSTOMER:

Name NORKUS BROS WELSH FARMS

Street RED LION PLAZA PRUM PT RD + HOOVER AVE

City BRICKTOWN State NJ Zip

PCL-165/275/550 SERIAL # 376645 1-87

(Circle Appropriate Model)

DUCT LENGTH 91 DUCT PERIMETER 72" PLENUM LENGTH 11' PLENUM WIDTH 21"

SURFACE APPLIANCES:

☐	UPRIGHT BROILER	☐ GAS	☐ ELECTRIC
☒	FRYER/FRYERS REGULAR PENNY	☒ GAS	☐ ELECTRIC
☐	LAVA ROCK BROILER	☐ GAS	☐ ELECTRIC
☒	GRIDDLE/GRIDDLES 13 + 26	☒ GAS	☐ ELECTRIC
☐	FUEL SHUT-OFF	☐ GAS	☐ ELECTRIC
☒	RANGE 24 x 12	☒ GAS	☐ ELECTRIC
☒	RADIANT CHARBROILER 20 x 24	☒ GAS	☐ ELECTRIC
☐	CLASS "A" CHARBROILER	☐ CHARCOAL	☐ MESQUITE

I ACKNOWLEDGE RECEIPT OF THIS OWNER'S MANUAL AND AGREE WITH EQUIPMENT LIST ABOVE.

[signature] for Norkus Bros Inc. 9/17/87 3:00 p.m.

CUSTOMER SIGNATURE DATE

Test OK 9-21-87

R Dell

Pyro Chem, Inc.
A Subsidiary of Baker Industries, Inc.
301 Division Street
Boonton, New Jersey 07005

315 420701