

RECEIVED

Page 1

JUN 19 1987

BUILDING

OWNSHIP OF BRICK

Brick Date Decisions



CONSTRUCTION PERMIT APPLICATION

IDENTIFICATION

Proposed Work at: 2526 Hooper Ave Brick N.J. 08723 (on line Plot)
 Owner Name: Bill Donohue Tel. (201) 255-2859
 Address: 80 Joe Court Brick N.J. 08723
 Principal Contractor: Bill Donohue Tel. (201) 255-2859
 Address: 80 Joe Court Brick N.J.
 Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
 Architect or Engineer: _____ Tel. (____) _____
 Address _____
 Responsible Person in Charge of Work: Bill Donohue Tel. (201) 255-2859

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) 2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> 3. ☐ New Building 4. ☐ Addition 5. ☐ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☐ Other: <u>c/o 1 com. alter</u>	<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>\$ 200.00</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>\$ 200.00</u>		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
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other _____	_____																	
6. ☐ Other _____	_____																	
TOTAL COST <u>\$ 200.00</u>																		
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): _____

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) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☒ Business (B) | 22. ☐ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ High-Hazard (H) | |

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 10109769

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				
	Footings/Foundations				
	Framing				
	Architectural		6/19/87	QIC	
	Other				
☐	PLUMBING				
☐	ELECTRICAL				
☒	FIRE PROTECTION		6/24/87	AL	
☐	OTHER				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		7-28-87	EF
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION		7-28-87	AA
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

- ☐ Temporary Certificate of Occupancy
 Date Expired _____
☐ Temporary Certificate of Occupancy
 Date Expired _____
☒ Certificate of Occupancy
 No. 11598
☐ Certificate of Continued Occupancy
 No. _____
☐ Certificate of Approval
 No. _____
☐ None

Date Issued

9-28-87

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	\$ 7.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	15.-
OTHER	.
SUBTOTAL	\$ 22.50
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.-)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	20.-
OTHER	.
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 47.50
DATE <u>6/26/87</u> Collected By <u>Falo</u>	

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

Brick Data Decisions



CERTIFICATE

CERT. NO.	11598		
DATE ISSUED	9-28-87		
Block	549	Lot	5-12
Subdivision Red Lion Plaza			

IDENTIFICATION

Owner	William D. Donohue	Agent	
Address	80 Doe Ct.	Address	
	Brick, NJ		
Tel. ()		Tel. ()	
Work Site Address		Lic. No.	
	2526 Hooper Avenue	Federal Emp. No.	

PAYMENTS

Fees Remitted	\$	
☐ Check No.		
☐ Cash		
☐ Other		
Collected By:		
Date:		

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☒ CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

Retail Store

USE GROUP B

FIRE GRADING 2 hours

MAXIMUM LIVE LOAD _____

MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Business

FINAL COST OF CONSTRUCTION: \$ 200.

Arthur J. Ciofo
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



BUILDING

SUBCODE

TECHNICAL SECTION



PERMIT NO. 11598
 DATE ISSUED 6-26-87
 REVISION DATE _____
 Block 549 Floor 5-6-9-10
 Subdivision 12-2

A. IDENTIFICATION

☒ APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner William D. DeBattis

Contractor Bill DeBattis

Address 80 Roe Cowl

Address 80 Roe Cowl

Block 45-08773

Block 45-08773

Tel. (201) 255-2959

Tel. (201) 255-2959

Work Site Address 8576 Hooped Ave

Lic. No. _____

Block 45-08773 (on the Plaza)

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.

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)

\$ _____

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area-All Floors 1320 Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

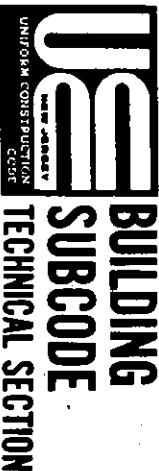
Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ 200.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK



PERMIT NO. 11598
 DATE ISSUED 6-26-87
 REVISION DATE _____
 Block 549 Lot 56-9-10
 Subdivision 12-2

A. IDENTIFICATION

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

Owner William T. Bruck Contractor Paul Trachsel
 Address 40 N. Hill Address 2411 Hill
 Tel. 765-3577 Tel. 765-3577
 Work Site Address 2536 Maple Ave 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.
Brick DETR

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis	Fee
Minimum Building Fee (if applicable)	\$ _____
200 Total Building Fee (Greater of Minimum or Subtotal)	\$ _____
SUBTOTAL	\$ _____

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors 1720 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: \$ 2000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

DATE

JOB CONDITION/COMMENTS

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐ No Plans Required
☒ All
☐ Footing/Foundation
☐ Frame
☐ Architectural
☐ Other

Date: 6/27/87 Initials: W.S.

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 7-9-87
Inspected By: [Signature]

INSPECTIONS

Type	Failure Dates	Approval Date
☐ Footing/Foundation		
☐ Slab		
☐ Frame		
☐ Architectural		
☐ Insulation		
☒ Finishes		7-9-87
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other		



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 11598
DATE ISSUED 6-26-87
REVISION DATE
Xblock 549 Xlot 5-6-9-10
Subdivision 12-2

A. IDENTIFICATION

☒ APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner William B. Deothue Contractor Bill Deothue

Address 80 Ave Cull

Address 80 Ave C

APOL 41-5-08723

APOL 41-5-08723

Tel. (801) 955-7959

Tel. (801) 955-7959

Work Site Address 2526 Keopla Ave

Lic. No. _____

APOL 41-5-08723 (Per Keopla)

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

Areas 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 ☐ CO₂

☐ 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

Fires Extinguishers
Exit Lights
Fire Extinguishers

Subtotal

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum or Subtotal)

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



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO.	11598
DATE ISSUED	6-16-87
REVISION DATE	
Block	549
Subdivision	1222
Lot	5-6-9-1

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner St. Paul Fire Dept.
Address 1000 N. 1st St.
Tel. () 601-1111
Work Site Address 1000 N. 1st St.

Contractor H. H. Fire
Address 1000 N. 1st St.
Tel. () 601-1111
Lic. No.
Federal Emp. No.

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____
Areas Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised - Method: _____ Size: _____
Water Supply - Source: _____
FD Connection Location: _____
Estimated Cost of Work: \$ _____

FEE

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
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

Fire Extinguishers
Fire Alarm
Fire Drills

Subtotal

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum
or Subtotal)

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

JOB CONDITION/COMMENTSU.C.C. Form F-140 (8/83)

REAR

20'

Building Devised with Halls

5' 00"

65'

38'

Front

8711 DOUGLAS T/A

BRICK DATA DEVISIONS
7526 HOOPER AVE
BRICK, N.J. 08723

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date June 24, 1987

NAME .. Red Lion Plaza % P. Bottazzi

ADDRESS 45 Seville Drive Brick, NJ 08723

PROPERTY LOCATION.. 2526 Drum Point Road Unit 6

Account No.. I999230 Block .. 549 Lot ... 5

I hereby certify that the above applicant has complied with all rules
and Regulations of this Authority and has paid all required fees and
charges.

Brick Data

For the Authority 