

JUL 27

OWNSHIP OF BRICK
*Down The Shore
Clothing "*



CONSTRUCTION PERMIT APPLICATION

BUILDING

IDENTIFICATION

Proposed Work at: 2532 ~~2532~~ Hooper Ave. Red Lion Plaza Bldg, NJ 08723

Owner Name: Margaret Palermo Tel. () 477-7544 & 477-0179

Address 3 Bank Rd. Bldg, NJ 08723

Principal Contractor: _____ Tel. () _____

Address _____

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

Architect or Engineer: _____ Tel. () _____

Address _____

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) 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</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>8. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST <u>\$ 100.</u></td> </tr> </tbody> </table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other _____	_____	8. ☐ Other _____	_____	TOTAL COST <u>\$ 100.</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 _____	_____																	
8. ☐ Other _____	_____																	
TOTAL COST <u>\$ 100.</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): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)	16. ☐ Institutional Detention Center (I-1)
6. ☐ Movie Theatres (A-1-B)	17. ☐ Hospitals, Infirmaries (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 10109766

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 _____

TOWNSHIP OF BRICK
" Down the Shore Clothing"



CERTIFICATE

CERT. NO.	11955		
DATE ISSUED	9-25-87		
Block	549	Lot	5,6,9,10
Subdivision	12.2		

IDENTIFICATION

Owner Margaret Palermo Agent _____
Address 3 Bark Rd. Address _____
Brick, NJ
Tel. (____) _____ Tel. (____) _____
Work Site Address _____ Lic. No. _____
2532 Hooper Ave. Federal Emp. No. _____

PAYMENTS

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☒ **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: \$ 100.

CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK

"Down the Shore Clothing"



CERTIFICATE

CERT. NO.	11955		
DATE ISSUED	8-7-87		
Block	549	Lot	5,6,9,10,12
Subdivision	Red Lion Plaza		

IDENTIFICATION

Owner	Margaret Palermo	Agent	same
Address	3 Bark Rd.	Address	
	Brick, NJ		
Tel. ()		Tel. ()	
Work Site Address	Red Lion Plaza	Lic. No.	
	2532 Hooper Ave.	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.

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- 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:

P ending completion of building.

- 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: \$ 100.

Arthur J. Curzio
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK

"*Down The Shore Clothing*"



PERMIT NO. 11955
 DATE ISSUED 8-3-87
 REVISION DATE _____
 Block 549 Lot 5.619-10
 Subdivision 12.2

A. IDENTIFICATION

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

Owner Margaret Paley Contractor _____
 Address 3 Brook Rd. Address _____
Brook N.J. 08723
 Tel. 201, 477-8179 Tel. (____) _____
 Work Site Address 332 Old Apple Ave Lic. No. _____
Red Bank Plaza, Brook N.J. 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.

C/O

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)	\$ _____
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 _____ 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

TOWNSHIP OF BRICK

Don The Home Clothing



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 14955
 DATE ISSUED 8-3-81
 REVISION DATE _____
 Block 549 Lot 5.619-10
 Subdivision 12.2

A. IDENTIFICATION

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

Owner Margaret Palermo Contractor _____
 Address 3 Oak Rd. Address _____
Buck, NJ 08723
 Tel. 201, 477-6179 Tel. () _____
 Work Site Address 2532 Old Highway Lic. No. _____
Rd. Don Plaza, Buck, NJ 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.

C/O

☐ 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

DATE

JOB CONDITION/COMMENTS

7/30/87

OK C.O. *[Signature]*

[Handwritten signature/initials]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐ No Plans Required	Date	Initials
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Frame	_____	_____
☐ Architectural	_____	_____
☐ Other	_____	_____

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

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

Own the share
clubbing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO.	11455
DATE ISSUED	8-3-87
REVISION DATE	
Block	5-49 Xlon 5/6/8-10
Subdivision	12-2

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner <u>Margaret Albright</u>	Contractor <u>X</u>
Address <u>3 Buck Rd.</u>	Address _____
<u>Buck N.Y. 08123</u>	_____
Tel. <u>201, 477-0617</u>	Tel. (____) _____
Work Site Address <u>2533 Old Apple Rd.</u>	Lic. No. _____
<u>Rodden Plaza Buck N.Y.</u>	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: \$ _____	

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

_____	\$ _____
_____	\$ _____
_____	\$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO ₂	
☐ Halon ☐ Foam	
☐ Other _____	
Manual Pull: ☐ Yes ☐ No	
Locations: _____	

Estimated Cost of Work: \$ _____	

Subtotal	\$ _____
Minimum Fire Protection Fee (If Applicable)	\$ 15.00
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/COMMENTS

JOB SUMMARY

INSPECTIONS FINAL

Inspected By: [Signature]

U.C.C. Form F-140 (8/83)