

RECEIVED

MAR 3 1987
BUILDING



CONSTRUCTION PERMIT APPLICATION

Page 1

I. IDENTIFICATION

- Proposed Work at: Hooper Ave. & Drum Point Road (Lots 5, 6, 9, 10, 12.2 Block 549) Brick, N.J.
- Owner Name: Patrick L. Bottazzi Tel. (201) 477-1230
Address: 2545 Hooper Ave. - Brick, N.J.
- Principal Contractor: ABC Sign Co. Tel. (201) 270-0734
Address: 934 Chisholm Ct. - Toms River, N.J. 08753
Lic. No. or Builder Reg. No. _____ Federal Emp. No. 30734 1801
- Architect or Engineer: _____ Tel. () _____
Address _____
- Responsible Person in Charge of Work: Mary E. Lockhart Tel. (201) 270-0734

II. PROPOSED WORK

A. TYPE OF WORK

- ☐ Minor Work (Single Trade)
- ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Repair, Replacement
- ☐ Demolition
- ☒ Other: Outdoor Identification Sign

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|---|-----------------|
| 1. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other | _____ |
| 6. ☒ Other: <u>SIGN</u> | <u>8,000.00</u> |
| TOTAL COST <u>\$8,000.00</u> | |

C. DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Dumbwaiters
- ☐ High-Pressure Boilers
- ☐ Refrigeration Systems
- ☐ Pressure Vessels
- ☐ Hazardous Uses/Places of Assembly
- ☐ Cross-connections/Backflow Preventors
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

- ☐ Hotels (R-1)
 - ☐ Multi-Family (R-2)
HMD Reg. No.: _____
 - ☐ Two Family (R-3b)
 - ☐ 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

- ☐ Theatres with Stage (A-1-A)
- ☐ Movie Theatres (A-1-B)
- ☐ Night Clubs (A-2)
- ☐ Restaurants, Libraries, Museums (A-3)
- ☐ Religious Assembly (A-4)
- ☐ Outdoor Assembly (A-5)
- ☒ Business (B)
- ☐ Educational (E)
- ☐ Moderate-Hazard Factory (F-1)
- ☐ Low-Hazard Factory (F-2)
- ☐ High-Hazard (H)
- ☐ Institutional Detention Center (I-1)
- ☐ Hospitals, Infirmeries (I-2)
- ☐ Group Homes (I-3)
- ☐ Mercantile (M)
- ☐ Moderate-Hazard Warehouse (S-1)
- ☐ Low-Hazard Warehouse (S-2)
- ☐ Temporary, Misc. (U)
- ☐ Other: _____

State Specific Use: Main Outdoor Identification Sign for strip mall shopping center.

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

- ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
- ☐ 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

- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

- No. of Stories: _____
- Height of Structure: _____ Ft.
- Area—Largest Floor: _____ Sq. Ft.
- Bldg. Area—All Fls.: _____ Sq. Ft.
- Volume of Structure: _____ Cu. Ft.
- Total Land Area Disturbed: _____ Sq. Ft.

LDS BR 10310342

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 ABC Sign Co. TEL. (201) 270-0734
 ADDRESS 934 Chisholm Ct.
Toms River, N.J. 08753
 SIGNATURE Mary E. Lockhart

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>2</u>		3/6/87	JK	Sign 50 sf.
☐	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

	AMOUNT
BUILDING	\$ _____
PLUMBING	\$ _____
ELECTRICAL	\$ _____
FIRE PROTECTION	\$ _____
OTHER <u>Sign</u>	\$ <u>50.00</u>
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	\$ <u>50.00</u>
DATE <u>7/9/87</u> Collected By <u>JK</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)	\$ <u>50.00</u>
COLLECTED AFTER PERMIT (VB)	\$ _____
TOTAL	\$ _____

BUILDING **SUBCODE** TECHNICAL SECTION



PERMIT NO.	49333
DATE ISSUED	3.9.87
REVISION DATE	
Block	549 Lot 569 10/22
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	<u>Patrick L. Bottazzi</u>	Contractor	<u>ABC Sign Company</u>
Address	<u>3545 Hopper Ave.</u> <u>Brick, N.J.</u>	Address	<u>934 Chisholm Ct.</u> <u>Toms River, N.J. 08753</u>
Tel. (201)	<u>477-1230</u>	Tel. (201)	<u>270-0734</u>
Work Site Address	<u>Lots 5, 6, 9, 10, 12, 2</u> <u>Block 549 Hopper + Drum Point Rd</u> <u>Brick, N.J.</u>	Lic. No.	
		Federal Emp. No.	<u>307347801</u>

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. One (1) V-shaped ~~door~~ ^{sidewalk} identification sign, size: 57 square feet sign to be fabricated of high-impact plastic faces, enameled aluminum sign cabinets. ~~Three~~ Three (3) STEEL POSTS (schedule 40) installed in concrete foundation.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
- ☐ Roofing
- ☐ Siding
- ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Elevator
- ☒ Other SIGN

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
Height of Structure	Ft.	Volume of Structure
Area—Largest Floor	Sq. Ft.	Total Land Area Disturbed
Estimated Cost of Building Work:	\$ <u>8,000.</u>	

D. COMMENTS

- ☐ Partial Releases ☐ Prototype Processing



**BUILDING
SUBCODE
TECHNICAL SECTION**



PERMIT NO.	100-3
DATE ISSUED	5-18-73
REVISION DATE	
Block	544
Lot	5671012
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	<u>Hatrick L. B. Frazzi</u>	Contractor	<u>ABO Simon (unshaded)</u>
Address	<u>3545 Howard Ave.</u>	Address	<u>934 Chickadee Pt.</u>
	<u>York, N.J.</u>		<u>Toms River N.J. 08753</u>
Tel. (201)	<u>477-1230</u>	Tel. (201)	<u>270-0734</u>
Work Site Address	<u>Lots 5, 6, 9, 10, 12, 2</u>	Lic. No.	
	<u>Block 544 (Howard Ave. Dist D1)</u>	Federal Emp. No.	<u>307347801</u>

CERTIFICATION IN LIEU OF OATH: (Complete for Minor Work and Small Job Only)
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AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK Give detail description including materials used, dimensions, etc. (One) V-shaped structure ^{structure} for identification, sign, size: 57 square feet sign to be fabricated of high impact plastic faces, enameled aluminum sign labials. Three Three (3) STEEL POSTS (5' x 4" x 4") installed in concrete foundation.	TYPE OF WORK: ☐ New Building ☐ Addition ☐ Alteration/Renovation ☐ Roofing ☐ Siding ☐ Other ☐ Demolition ☐ Miscellaneous ☐ Fence ☐ Sign ☐ Pool ☐ Elevator ☒ Other <u>SIGN</u>	Fee Basis	
		\$	\$
☒ See Plans, <u>Sketch</u>		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:	<u>\$ 8,000.00</u>		

D. COMMENTS

☐ Partial Releases	☐ Prototype Processing
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PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS

0/20

Fire Grading:

Maximum Live Load:

Maximum Occurrence Load:

JOB SUMMARY

PLAN REVIEW		Date	Initials
☐	No Plans Required	_____	_____
☐	All	_____	_____
☐	Footings/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			

COLORS / LETTER STYLES
 First DeWitt Savings & Loan Assn.
 Colors & copy as shown on original
 sketch.

Red Lion Plaza

Plastic Face Color: _____
 Copy _____
 Letter Style _____

Tenant Panel

Background color: _____
 1. _____
 2. _____
 3. _____
 4. _____
 5. _____
 6. _____
 7. _____
 8. _____
 9. _____

Sign Cabinets: Duronodic Bronze

Wood skirt/Trim _____



APPROVED: _____ DATE _____

APPROVED: _____ DATE _____