



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: DRUM PLAZA SHOPPING CENTER
2. Owner Name: CHUBBY CHICKEN Tel. ()
- Address DRUM PT. RD. BRICK TOWN, N.J.
3. Principal Contractor: MARK-O-LITE SIGN CO. Tel. () 462-8530
- Address 249 RT. 9 HOWELL, N.J.
- Lic. No. or Builder Reg. No. Federal Emp. No. 222-391-94000
4. Architect or Engineer: Tel. ()
- Address
5. Responsible Person in Charge of Work HOWARD MARK Tel. () 462-8530

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: SIGN

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|---|-----------|
| 1. ☐ Building/Structural | \$ |
| 2. ☐ Plumbing | |
| 3. ☐ Electrical | |
| 4. ☐ Fire Protection | |
| 5. ☐ Other <u>SIGN</u> | |
| 6. ☐ Other | |
| TOTAL COST <u>\$2000.00</u> | |

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, Infirmeries (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: sign for restaurant

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 10310382

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 HOWARD MARK TEL. () 462-8530

ADDRESS MARK-O-LITE SIGN CO.

249 R.T. 9 HOWELL, N.J.

SIGNATURE H. Mark

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>2dwing</u>		8/23/84	JPC	
☐	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>40</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>40</u> - -
DATE <u>8/23/84</u> Collected By <u>Kale</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	\$ _____



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 1824
DATE ISSUED 8-23-84
REVISION DATE _____
Block 542A Lot 15
Subdivision _____

A. IDENTIFICATION

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

Owner CHUBBY CHICKEN Contractor MARK-O-LITE SON CO
Address DRAFT PLAZA Address 249 E 19
BECK TOWN, N. J. LOWELL, N. J.
Tel. () _____ Tel. () 462-8530
Work Site Address SAME L.C. No. _____
Federal Emp. No. 222-391-94000

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

INSTALL LETTERS ON
BUILDING ELECTRICAL
CONNECTION BY JOE
ELECTRICIAN.

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)

\$ _____
\$ _____
\$ 40.00

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



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO.	_____
DATE ISSUED	_____
REVISION DATE	_____
Block	5472 Lot 15
Subdivision	_____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	CHIEF, CHURCH	Contractor	ALACK-OLINE STAIN CO
Address	BRAD PLAZA	Address	240 ETC
	ROCKY MOUNTAIN, N.J.		HOWELL, N.J.
Tel. ()	_____	Tel. ()	162-5530
Work Site Address	Same	Lic. No.	_____
	_____	Federal Emp. No.	222-391 94000

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.
<i>A. M. J. [Signature]</i>
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
INSURANCE BUILDING & ELECTRICAL CONSTRUCTION ELECTRICAL			
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
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PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS

3 1/2

Fire Grading:

Maximum Live Load:

Maximum Occurrence Load:

JOB SUMMARY

PLAN REVIEW

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

INSPECTIONS FINAL

☒	CO	☐	CCO	☐	CA
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Date: 1042-84

Inspected By:

INSECTIONS

Type	Failure Dates	Approval Date
☐ Footing/Foundation		
☐ Slab		
☐ Frame		
☐ Architectural		
☐ Insulation		
☒ Finishes		10-12-88
☐ Energy		
☐ Mechanical		
☐ TCO		
☐ Other <u>C/O</u>		10-12-88

ADDITIONAL 6
30"

CHUBBY CHICKEN

ADDITIONAL 6
24"

DRAWN PLAZA BLOCK SIGN LOT 15
DEEM PT. RD.
BRICKTOWN, N.J.

INDIVIDUALLY
ILLUMINATED -
NEON LIT.

4" DEEP ALUMINUM
CHANNELS SCREWED
TO WOOD WALL.

YELLOW PLASTIC
COVERS.

Approved
8/23/84
JPC
am