TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 351 Brick Blvd Point Plaza Laundromat
2. Owner Name: Robert Clinchy Tel. ( ) 295-1372
   Address 2207 Ramona place
3. Principal Contractor: SEE Tel. ( )
   Address
   Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ( )
   Address
5. Responsible Person in Charge of Work SEE 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:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☒	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 300.

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: B – LAUNDRYMAT

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 1
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 10310232

C.C. Form F-100 (8/83)

477-9773

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. ~~35~~ 347A LOT NO. 15 + 16 SUBDIVISION Dawn Pl Plaza PERMIT NO. 2180

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	_____		_____

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					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			10-2-84	ML	PLANS APP AS NOTED
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
✓	BUILDING		10-11-84	GT
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
✓	PLUMBING		OK	Plumbing ok + water
_____	ELECTRICAL			
✓	FIRE PROTECTION	TCO 10-4-84 MC	–	
_____	OTHER _____			

dev

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. 2180	12-28-84
☐ 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 _____	_____
SUBTOTAL	$ _____
– LESS: 20% of subtotal (when plan review performed by state agency).	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	25.00
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 25.00

DATE 10/2/84 Collected By Palo

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

CERTIFICATE

CERT. NO. 2180
DATE ISSUED 10-30-84
Block 547A Lot 15416
Subdivision

IDENTIFICATION

Owner Robert Chaney - LAUNDROMAT Agent SAME
Address 2207 Fenimore Road Address
PT. PLEASANT N.J.
Tel. ( ) Tel. ( )
Work Site Address Lic. No.
351 BRICK BLVD 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 Nov. 30, 19 84 or the owner will be subject to a fine or order to vacate:
extending to 12-14-84 As per A.C.
extend to 12-30-84 for
full Compliance with Elec.

D. DESCRIPTION OF WORK:

USE GROUP M FIRE GRADING 3½ HRS.
MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD
SPECIFIC USE merchantile

FINAL COST OF CONSTRUCTION: $ 300. Arthur J. Ciezo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

TOWNSHIP OF BRICK

CERTIFICATE

CERT. NO. 2180
DATE ISSUED 12-28-84
Block 547A Lot 15 & 16
Subdivision Drum Point Plaza

IDENTIFICATION

Owner Robert Chinery- Lauddramat
Address 2207 Riviera Parkway, Pt. Pleasant, N.J.
Tel. ( )
Work Site Address 351 Brick Blvd.

Agent SAME
Address
Tel. ( )
Lic. No.
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:

Laundramat - merchantile

USE GROUP M
FIRE GRADING 3½ Hours
MAXIMUM LIVE LOAD
MAXIMUM OCCUPANCY LOAD
SPECIFIC USE Laundramat

FINAL COST OF CONSTRUCTION: $ 300.

Arthur J. Ciezza
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant Copy Yellow/Orange = Tax Assessor Copy

Approved plans must be on job or assessed penalty under [illegible]
Finals for Certificates of Occupancy must be called for or assessed Penalty under 5-23-27.

RECEIVED
SEP 25 1984
BUILDING

Permit 1182
Ok on plumbing

CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY 295-1372

Soil ok

IMPORTANT — Complete ALL items. Mark boxes where applicable 15 347-A

Eng
Elec
Bldg
Pool

I. LOCATION OF BUILDING

Number and street	Section	Lot	Block
351 Drumhurst Rd	351		

N S / E W side of ..... feet N S / E W from intersection of .....
(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT
1 ☐ New buildings
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 ☐ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Demolition
6 ☐ Moving (relocation)
7 ☐ Garage
☐ Swim Pool ☐ in ☐ out
☐ Fence

B. OWNERSHIP
8 ☐ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential
12 ☐ One family
13 ☐ Two or more family — Enter number of units .....
14 ☐ Transient hotel, motel, or dormitory — Enter number of units .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other — Specify ..... Screened room

Nonresidential
18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other - Specify .....

C. COST

	(Omit cents)
10. Cost of improvement 4300.00	$
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

f Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME
☐ Masonry (wall bearing)
☐ Wood frame
☐ Structural steel
☐ Reinforced concrete
☐ Other - Specify .....

F. TYPE OF HEATING SYSTEM
Specify .....
Air Cond. Yes ☐ No ☐

G. TYPE OF SEWERAGE DISPOSAL
☐ Public
☐ Individual

H. DIMENSIONS
Number of stories .....
Total square feet of floor area, all floors, based on exterior dimensions .....
Total land area, sq. ft. .....

I. RESIDENTIAL BUILDING ONLY
Number of bedrooms .....
Number of bathrooms { Full ..... Partial .....

FEE COMPUTATIONS

VOLUME OF BUILDING	
BUILDING SUB CODE	
ELECTRICAL CODE	
PLUMBING CODE	
PLAN REVIEW	
CERTIFICATE OF OCCUPANCY	25.00
STATE TRAINING FUND	
CONSTRUCTION	
PERMIT FEE	25.00

SEE REVERSE

check

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME Robert W Chinigo

ADDRESS 2207 Princess pkwy Point pleasant NJ 08742

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	Robert Chinigo			
2. Contractor	Robert Chinigo			
3. Architects				

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant	Address	Application date
Robert Chinigo		

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by	Date permit issued	Permit Number
Edward Sipp		

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 2180
DATE ISSUED 10-2-84
REVISION DATE
Block 547A Lot 15,16
Subdivision

A. IDENTIFICATION

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

Owner Robert Cuneo
Address 2207 Ocean Ave Point Pleasant NJ
Tel. (201) 295-1372

Contractor Robert Cuneo
Address 2207 Ocean Ave Point Pleasant NJ
Tel. (201) 295-1372

Work Site Address
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:

- ☑ 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)*	$

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

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☑ All	9-25-84	EB
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-11-84

Inspected By: Ed Dyke

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☑ Finishes				10-11-84 EB
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 2180
DATE ISSUED 10-2-84
REVISION DATE
Block 344A Lot 15,16
Subdivision

A. IDENTIFICATION

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

Owner Rolf Chinnis
Address 2207 River pkwy
Point pleasant NJ
Tel. (201) 295-1372
Work Site Address 351 Drum
Point Rd Bricktown

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.

Rolf Chinnis
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
Manual Pull: ☒ Yes ☐ No
Locations: office

Estimated Cost of Work: $ — $

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

FIRE EXT — $
EXIT SIGNS — $
EMER LIGHTING — $

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP — Present B 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

DRUM POINT PLAZA LAUNDERMAT

☐ Partial Releases ☐ Prototype Processing

PERMIT 2180 DRUM PT. LAUNDROMAT

PLAN REVIEW AND INSPECTION – FIRE

351 DRUM POINT PLAZA
BLOCK 547 A LOT 15

DATE	JOB CONDITION/COMMENTS
10-2-84	PLAN Review: APP AS NOTED
	(1) FIRE EXT (2) 5 LBS
	(2) EXIT SIGNS OVER DOORS
	(3) EMERGENCY LIGHTING
	(4) AREA Behind DRYERS FOR SERVICE ONLY
~~9-20-84~~	FIRE INSP: FAIL
10-4-84	FIRE INSP: FAIL (1) NO FIRE EXTINGUISHERS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved AS NOTED
Date: 10-2-84
Approved By: Mike Clayton

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 10-16-84
Inspected By: R. V. Eberhardt

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other FINAL	9-20-84	10-4-84		
☐ Other				
☐ Other				
☐ Other				

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

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
8-22-84	Plumbing Toilet only

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 6-1-84
Approved By: J. D. Lee

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 9-27-84
Inspected By: D Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				6-19-84 DM
☒ Rough				8-22-84 DL
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO.	482
DATE ISSUED	6/18/84
REVISION DATE	
Block	511 [illegible]
Lot	[illegible]
Subdivision	[illegible]

A. IDENTIFICATION

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

Owner	R & M Cleaners	Contractor	Louis [illegible]
Address	Penny Pathway Point Pleasant N.J.	Address	P.O. Box 1302 Point Pleasant NJ 08742
Tel. ( )		Tel. ( )	201 899 [illegible]
Work Site Address	351 Drum Point Rd Brick N.J.	Lic.No./Bus. Permit	[illegible]
		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.

[signature]

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain	[illegible]		Sewer Ejector	
20	Washing Machine			Grease Trap	
	Dishwasher		1	Interceptor LINT	[illegible]
	Commercial Dishwasher	[illegible]		Backflow Device	
2	Water Heater	[illegible]		Reduced Pressure	
	Domestic Boiler/ Furnace		6	Backflow Device	
	Steam Boiler			Vent Stack	
	Water Util. Connection			Solar System	
	Sewer Util. Connection			Other Gas	
	Hose Bibb			Other Water [illegible]	
	Water Cooler			Other	
				Other	
	COLUMN 1	$ [illegible]		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	$
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: M Present M Proposed

	Material	Size
Drainage —	[illegible]	[illegible]
Building Sewer—	[illegible]	[illegible]
Water Service—	Copper	[illegible]
Venting —	[illegible]	[illegible]

Estimated Cost of Plumbing Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS
8-22-84	W+V ok DM
9-4-84	Water ok DM

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: _____

Approved By: D Metcalf

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-25-84

Inspected By: D Metcalf

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Slab				6-29-84 DM
☒ Rough				8-22-84 DM
☒ Water				9-4-84 DM
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

FINIAL

OCEAN COUNTY ELECTRICAL BUREAU
36 HADLEY AVE., C.N. 2191, TOMS RIVER, N.J. 08754

MUNICIPALITY B.T. LINE DEPT. P.P.

OWNER Koko Cleaners OCCUPANT Laundromatte.

LOCATION 351 Main St. Kob.

B. 547A L. 15

"INSTALLATION IN THE ABOVE PREMISES HAS BEEN INSPECTED AND IS IN ACCORDANCE WITH THE N.E.C., APPLICABLE UTILITY AND GOVERNMENTAL REGULATIONS"

SERVICE _____ FIXTURES 4 RECEPTACLES 17 RANGE _____

WATER HEATER _____ ELECT. HEAT _____ AIR COND. _____

MISC/COMMENTS 3 - 50 Amp circuits.

DATE 12.24.84 APPL. # 11891 INSPECTOR B. Kochis 74

ELEC. 104 LIC# _____

FINIAL

OCEAN COUNTY ELECTRICAL BUREAU
36 HADLEY AVE., C.N. 2191, TOMS RIVER, N.J. 08754

MUNICIPALITY B.T. LINE DEPT. P.P.

OWNER Town Pt. Plaza OCCUPANT Laundromat

LOCATION 351 Main Street.

B. 547A L. 15/16

"INSTALLATION IN THE ABOVE PREMISES HAS BEEN INSPECTED AND IS IN ACCORDANCE WITH THE N.E.C., APPLICABLE UTILITY AND GOVERNMENTAL REGULATIONS"

SERVICE 200 3Ø FIXTURES 11 RECEPTACLES 8 RANGE _____

WATER HEATER _____ ELECT. HEAT _____ AIR COND. ✓

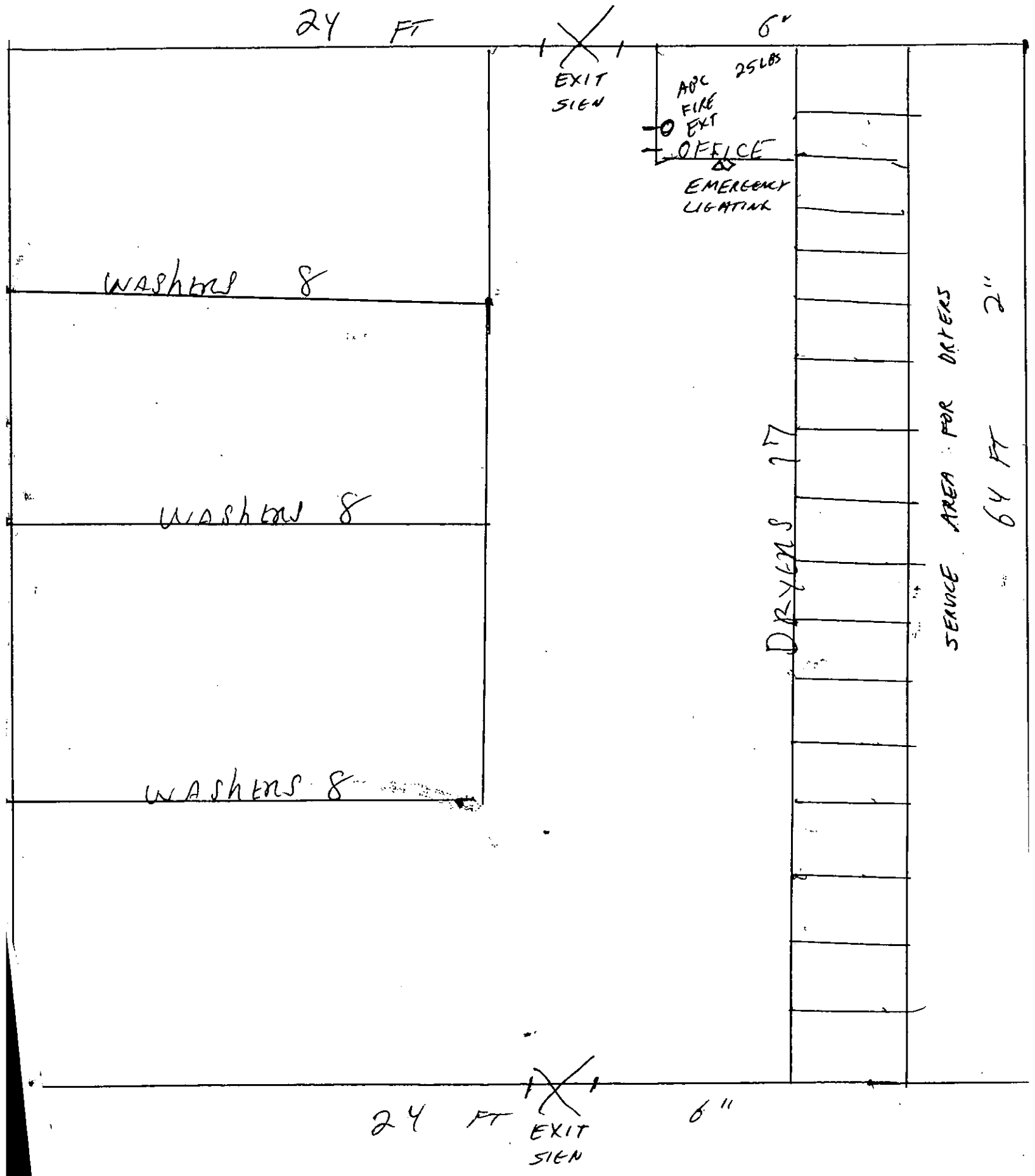
MISC/COMMENTS 1 Switch

Shell only. additional work

DATE 11.27.84 APPL. # 1-6661 INSPECTOR B. Kochis 74

ELEC. 104 12.24.84 LIC# _____

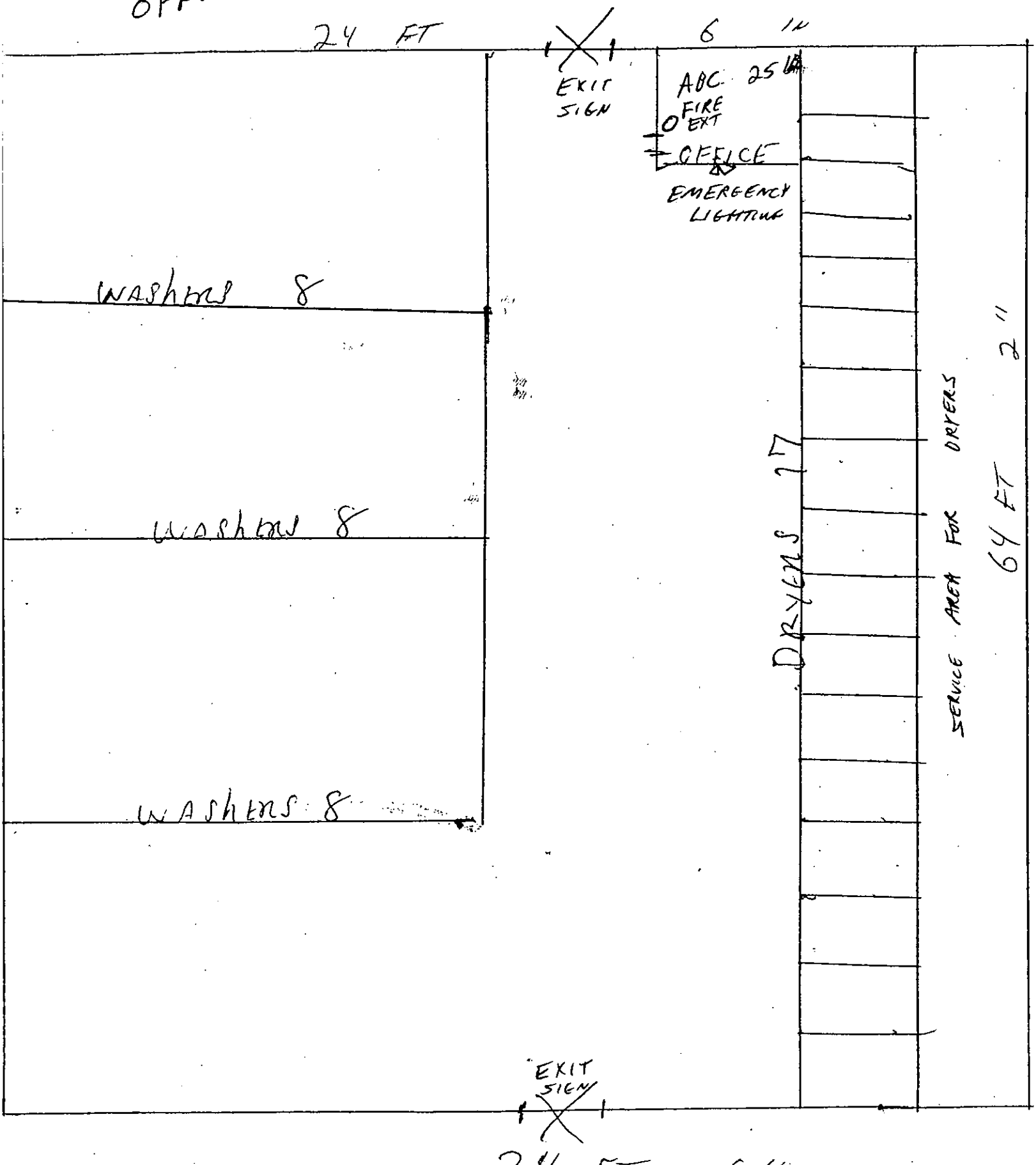
LAUNDROMAT UNIT 351 Bricktown NJ.



LAUNDROMAT

Landmark OFFICE COPY

UNIT 351 Bucktown NV



LAUNDROMAT

OK

SIZING FOR WATER AND SEWER SERVICES

Property Owner Drum Pt Plaza = RM Chuckas Date 8-17-84

Property Address 351 Brick Blvd Block 547A Lot 15-16

Zoning _____ Use Group _____

Contractor Damiano License No. Registration 927

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	1	( ) 5	( ) 6
2. Lavatory	1	( ) 2	( ) 2
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink		( )	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )
		Total 7	8

WATER $15.00

SEWER $15.00

Gallons per minute 6

Size of Service 3/4

Date: 8-17-84

Approved: [signature]
Brick Township Plumbing Inspect

Hold No water

SIZING FOR WATER AND SEWER SERVICES

Property Owner Drum Pt Plaza = RM Chinery Date 8-17-84

Property Address 351 Brick Blvd Block 597-A Lot 15

Zoning _____ Use Group _____

Contractor Pugliese well License No. Registration B589

~~Water Main Size~~ _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet		( )	( )
2. Lavatory		( )	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink		( )	( )
6. Service Sink		( )	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine	30	(4) 120	(4) 120
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

WATER Well ~~$15.00~~ Total 120

SEWER ~~$~~ Gallons per minute 50

Size of Service 3" 4"

Date: _____ Approved: Metcalf
Brick Township Plumbing Inspect