

OKEN

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

IDENTIFICATION

Proposed Work at: 339 BRICK BLVD DRUM PT PLAZA UNDEK DRIVE

Owner Name: William PEPE Tel. (201) 920-1770

Address: 49 W. GRANADA DR BRICK

Principal Contractor: SELF Tel. ()

Address: SAME

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

Architect or Engineer: Tel. ()

Address

Responsible Person in Charge of Work: SAME 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)	Permit/Category Estimated	1. ☐ Elevators/Dumbwaiters
2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i>	1. ☐ Building/Structural \$	2. ☐ High-Pressure Boilers
3. ☒ New Building	2. ☐ Plumbing	3. ☐ Refrigeration Systems
4. ☐ Addition	3. ☐ Electrical	4. ☐ Pressure Vessels
5. ☒ Alteration	4. ☐ Fire Protection	5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Repair, Replacement	5. ☐ Other	6. ☐ Cross-connections/Backflow Preventors
7. ☐ Demolition	6. ☐ Other	7. ☐ Sprinklers
8. ☐ Other:	TOTAL COST \$ <u>1,000</u>	8. ☐ Smoke Control Systems in Open Walls
	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):

I. 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 1

15. Height of Structure 1170 Ft.

16. Area—Largest Floor 1170 Sq. Ft.

17. Bldg. Area—All Fls. 1170 Sq. Ft.

18. Volume of Structure 1170 Cu. Ft.

19. Total Land Area Disturbed 1170 Sq. Ft.

LDS BR 10310237

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 _____

2/8/8

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE

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			10-1-84	ED	
	Footings/Foundations					
	Framing					
	Architectural			9/20/84	JMA	
	Other <u> zoning </u>					
☐	PLUMBING					
☐	ELECTRICAL			10-2-84	ML	APP AS NOTED
☒	FIRE PROTECTION					
☒	OTHER <u> SV </u>					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		10-16-84	ED
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			Plumbing OK on site
	ELECTRICAL			
	FIRE PROTECTION	MC - TCO 10-4-84	10-16-84	
	OTHER <u> SV </u>			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy	_____
☐ Temporary Certificate of Occupancy	_____
☒ Certificate of Occupancy	10/20/84
No. <u> 2188 </u>	
☐ 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	\$ 7.50
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	
OTHER	
SUBTOTAL	\$ 7.50
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	
CERTIFICATE OF OCCUPANCY	25.00
OTHER	
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 37.50
DATE <u> 10/3/84 </u> Collected By <u> Pato </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	\$



CERTIFICATE

CERT. NO.	15-16
DATE ISSUED	12/15/16
Block	15-16
Subdivision	1

IDENTIFICATION

Owner William Kaper Agent Sam
 Address 339 R. 4. Blvd Address _____
49 W. Conlan Ave
 Tel. () _____ Tel. () _____
 Work Site Address 339 R. 4. Blvd 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 NO, 19____ or the owner will be subject to a fine or order to vacate:

D. DESCRIPTION OF WORK:

USE GROUP M FIRE GRADING 3 1/2
 MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____
 SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: \$ _____

Arthur D. D'Amico
 CONSTRUCTION OFFICIAL



CERTIFICATE

CERT. NO.	2188
DATE ISSUED	10-20-84
Block	347A Lot 15-16
Subdivision	←

IDENTIFICATION

Owner William Repe Agent Sam
 Address 339 Brick Blvd Address _____
49 W. Gantman _____
 Tel. (____) _____ Tel. (____) _____
 Work Site Address 339 Brick 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.

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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 10/20, 19____ or the owner will be subject to a fine or order to vacate:

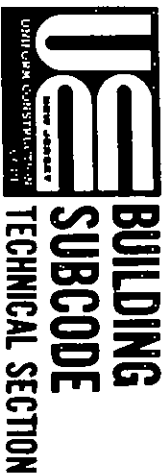
D. DESCRIPTION OF WORK:

USE GROUP M FIRE GRADING 3 1/2
 MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____
 SPECIFIC USE _____

FINAL COST OF CONSTRUCTION: \$ _____

Arthur Reiz
 CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



PERMIT NO. 2188
 DATE ISSUED 10-3-84
 REVISION DATE _____
 Block 547 A Lot 15411
 Subdivision DRUM PT PLAZA

A. IDENTIFICATION

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

Owner William DeDe Contractor _____
 Address 339 BRICK BLVD (DRUM PT PLAZA)
BRICK
 Tel. (201) 924 1720 Tel. () _____
 Work Site Address SAME Lic. No. _____
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

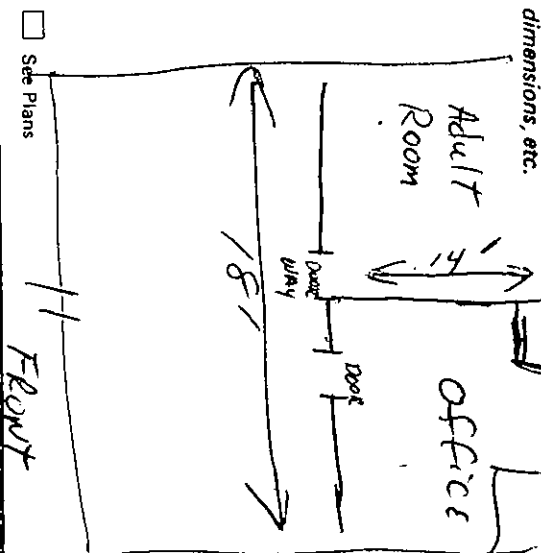
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.



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)

D. COMMENTS

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: \$ _____

☐ 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

☐ No Plans Required

☒ All

☐ Footing/Foundation

☐ Frame

☐ Architectural

☐ Other

Date

Initials

10-1-84 ED

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-10-84

Inspected By: Ed Jago

INSPECTIONS

Type

☐ Footing/Foundation

☐ Slab

☐ Frame

☐ Architectural

☐ Insulation

☒ Finishes

☐ Energy

☐ Mechanical

☐ TCO

☐ Other

Failure Dates

Approval Date

10-10-84 ED

TOWNSHIP OF BRICK



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO.	2488
DATE ISSUED	10-3-84
REVISION DATE	
Block	547 A Lot 15+11
Subdivision	Dawn Pt Pln 24

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	William Bell	Contractor	S
Address	339 Brick Blvd (near Dr Plaza)	Address	
Tel.	(201) 920 1770	Tel.	()
Work Site Address	Same	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

B1. SPRINKLERS TYPE: ☐ Wet ☐ Dry ☐ Other Area 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: \$		B3. ALARM TYPE: ☐ Manual ☐ Automatic Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote 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: \$		B4. STAND PIPES Pipe Size: Pump Size: Water Source: Size: FD Connection Location: Hose Station: ☐ Yes ☐ No Estimated Cost of Work: \$	
B5. OTHER FIRE 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	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

VIDEO DATA
Partial Releases ☐ Prototype Processing ☐

PERMIT 2188 VIDEO DAZE

PLAN REVIEW AND INSPECTION - FIRE

DATE 10-2-84 10-4-84 10-2-84 10-4-84

JOB CONDITION/COMMENTS

339 DRUM POINT
BLOCK 547 LOT 15

10-2-84 PLAN Review: APPROVED ALL
10-4-84 FINAL FIRE: T.C.O.
10-2-84 FIRE INSP: NOT DONE
10-4-84 FIRE INSP: NOT DONE

10-2-84 10-4-84 10-2-84 10-4-84

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10-2-84 10-4-84 10-2-84 10-4-84

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved AS NOTED

Date: 10-2-84
Approved By: Mike Clayton

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-10-84
Inspected By: Rick Chabaud

INSPECTIONS

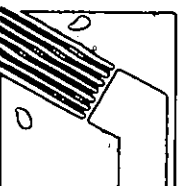
Type
☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☒ Other FINAL
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date

10-2-84 10-4-84

**PLUMBING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 3418 Lot 15-100
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner: PRIMA CT HOLDINGS
Address: 1100 W 25th St APT 3
San Jose CA 95128
Tel: (408) 255-9444
Work Site Address: 2201 E 29th St.
San Jose CA 95128 339

Contractor AUSTIN & T. DALLMAN SA.
Address 161 E 4th Plc Ave
FALLINGTON, N. J.
Tel. (201) 346-9330
Lic./No./Bus. Permit 827
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and

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.

D. T. [Signature]
AGENT SIGNATURE

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
✓	Water Closet/Bidet/Urinal	\$ 5.00		Garbage Disposal	\$	COLUMN 1 \$ 50.00
	Bathub		✓	Air Conditioner Unit	15.00	COLUMN 2 \$ 40.00
✓	Lavatory/Sink			Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (if applicable)
	Washing Machine			Grease Trap		\$
	Dishwasher			Interceptor		Total Plumbing Fee (Greater of Minimum or Subtotal)
	Commercial Dishwasher			Backflow Device		\$ 7.00
✓	Water Heater	5.00		Reduced Pressure Backflow Device		
✓	Domestic Boiler/ Furnace	15.00	✓	Vent Stack	10.00	
	Steam Boiler			Solar System		
	Water Util. Connection		✓	Other GAS	15.00	
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1 \$ 6.00			COLUMN 2 \$ 40.00			

USE GROUP:

Present

Proposed

Drainage - PVC Material Size 3" x 2"

Material PMC

Size 3 1/2 x 2 1/4

Building Sewer-- Material	PHC	Size	4"
---------------------------	-----	------	----

Material	P ³ HC
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Size 4"

Water Service--	Material	Size
	AAS	1"
	160 PSI	

Material AAS

Size /"

Venting -	
Material	PVC
Size	3" x 2"

Material PVC

Size 3' x 2'

Estimated Cost of Plumbing Work: \$ _____

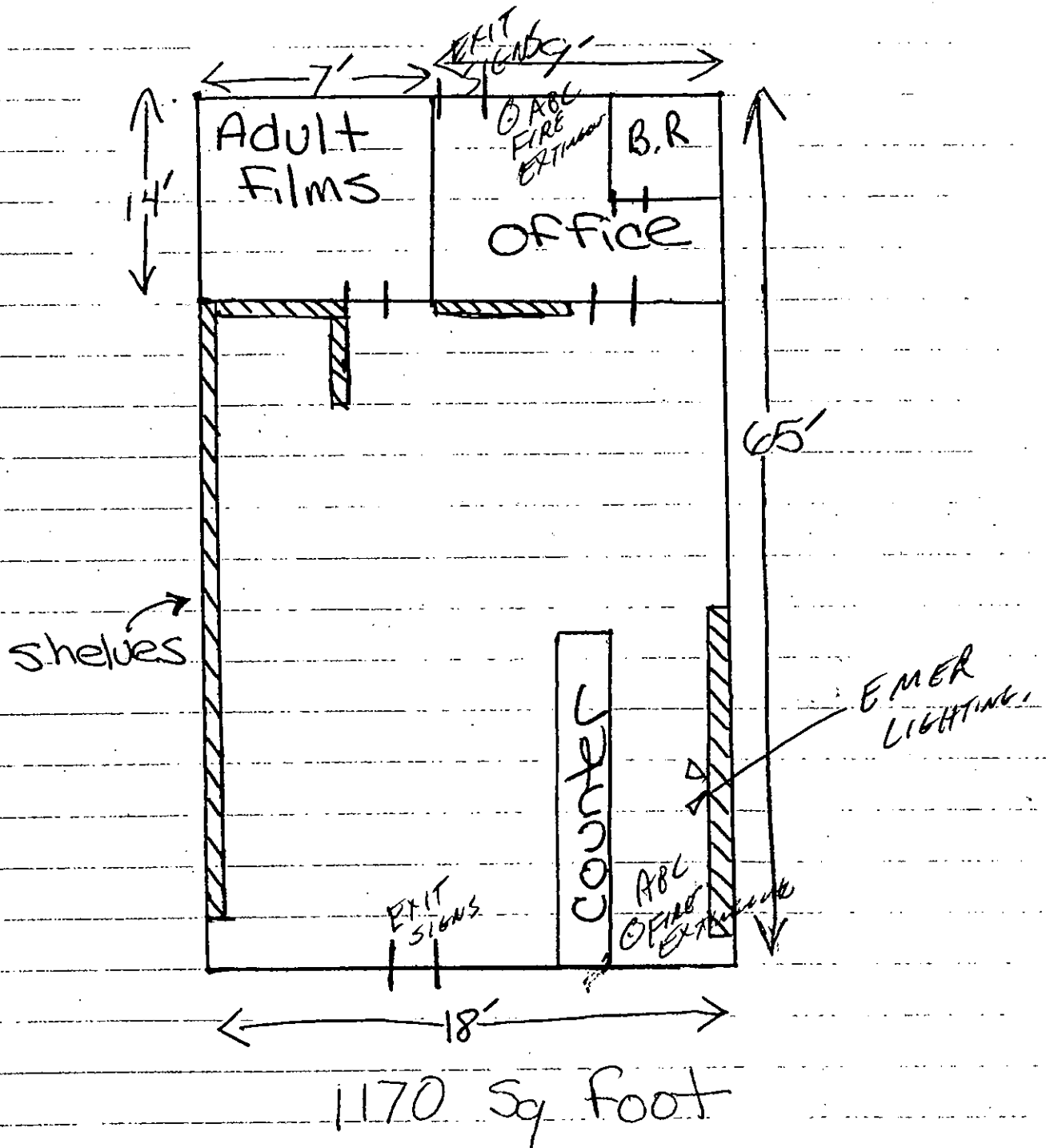
Plumbing Work

0	1
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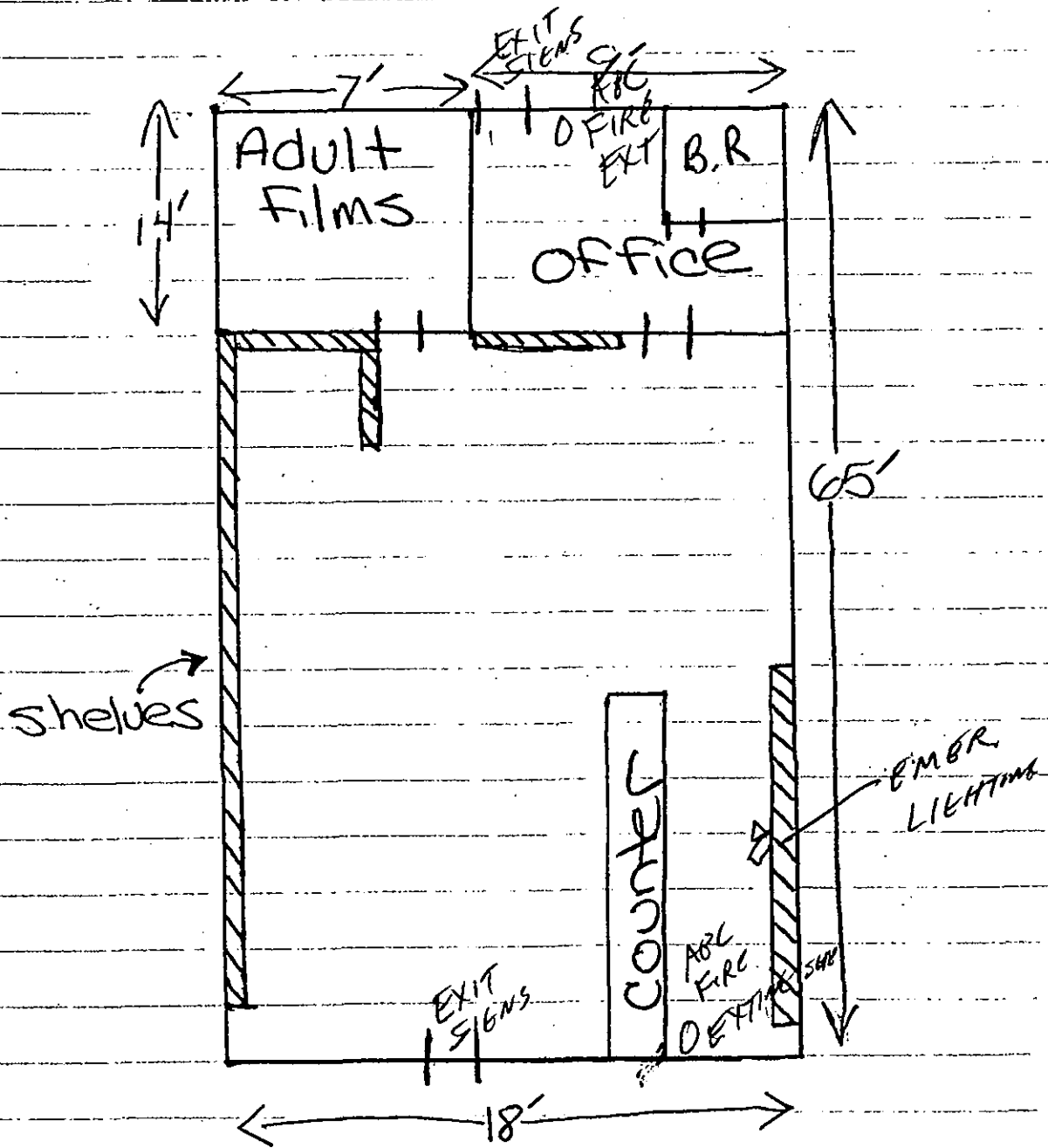
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

Video Daze
339 Brick Blvd.
(Drum Point Plaza)
920-1770



Video Daze
339 Brick Blvd.
(Drum Point Plaza)
920-1770



1170 Sq foot

SIZING FOR WATER AND SEWER SERVICES

Property Owner DRUM PLAZA Date 8-17-84
 Property Address 339 Beck Blvd Block 547A Lot 15-16
 Zoning _____ Use Group _____
 Contractor DAMIANO License No. Registration 927
 Water Main Size _____ Water Pressure _____ Sewer Main Size _____

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

WATER \$15.00 _____

Total

7

8

SEWER \$15.00 _____

Gallons per minute

6

Size of Service

3/4

Date: 8-17-84

Approved: [Signature]
Brick Township Plumbing Inspector

9/27/84

To Whom it may concern:

I hereby request a certificate of occupancy
for Video Daze at 339 Brick Blvd Drum
Point Plaza I would like to ~~schedule~~ all inspections
on Tues 10/2/84

William P. Peru