

Brick

Permit Without a Jacket

Permit Number 7306

LDS BR 10310279

Construction Permit # 7306

6-2-86, 19

Owner.....CTR ~~XXXX~~.Dist. Video Is.....

Location.....331 Winding Brook Plaza.....

Block...547.A.....Lot.....17.....

Contractor...Craig Ac me Signs.....

Fee\$.100.00.....Use...Sign.....

BUILDING SUB-CODE INSPECTIONS

VIOLATIONS

Footing Trench

Foundation

Slab

Sheathing

Framing

Insulation

Sheet Rock

Plumbing

Fire Inspection

Final

C.O. Issued

PLUMBING SUB-CODE INSPECTIONS

Slab

Rough

Septic/Sewer

Water

Final

Electrical Final

Use reverse side for additional remarks

CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY

5-15-84

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING	Number and street	Section	Lot	Block
	31 Brick Blvd, WINDING Brook PLAZA		17	547, A
	N S	N S		
	E W side offeet 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		D. PROPOSED USE — For "Wrecking" most recent use <table border="0"> <tr> <td> 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 </td> <td> 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 </td> </tr> </table>		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	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
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B. OWNERSHIP 8 ☐ Private (individual, corporation, nonprofit institution, etc.) 9 ☐ Public (Federal, State, or local government)					

C. COST 10. Cost of improvement \$4,000 ✓ 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 \$	(Omit cents) 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.
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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	H. DIMENSIONS Number of stories Total square feet of floor area, all floors, based on exterior dimensions Total land area, sq. ft.	FEE COMPUTATIONS VOLUME OF BUILDING Sign 100sf BUILDING SUB CODE ELECTRICAL CODE PLUMBING CODE PLAN REVIEW CERTIFICATE OF OCCUPANCY STATE TRAINING FUND CONSTRUCTION PERMIT FEE 100.
F. TYPE OF HEATING SYSTEM Specify Air Cond. Yes ☐ No ☐	1. RESIDENTIAL BUILDING ONLY Number of bedrooms Number of bathrooms { Full Partial	
G. TYPE OF SEWERAGE DISPOSAL ☐ Public ☐ Individual		

SEE REVERSE

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1. <i>ADME</i>				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME *CHARLES SCHUMACHER - CRAIG ADME SIGNS INC.*ADDRESS *275 NEW BRUNSWICK AVE FORDS N.J. 08863*

IV. IDENTIFICATION — To be completed by all applicants

Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent <i>CTR DIST. T/A VIDEO IS</i>	<i>331 WINDING BROOK PLAZA BRICK BLVD.</i>		
2. Contractor <i>CRAIG ADME SIGNS</i>	<i>275 NEW BRUNSWICK AVE FORDS N.J.</i>	<i>08863</i>	<i>738-4895</i>
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 *CRAIG ADME SIGNS* Address *275 NEW BRUNSWICK AVE FORDS* Application date *5/15/86*

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

Date permit issued

Permit Number

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.