

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

IDENTIFICATION

Proposed Work at: MANTOLOKING Road - ON FRONT OF VISITATION CHURCH
 Owner Name: REVEREND F. PICCARILLO Tel. (201) 49
 Address: 230 LYNNWOOD AVE BRICK N.J.
 Principal Contractor: R. HEINE Co. Tel. (201) 349-2209
 Address: 100 RT 37 EAST, TOMS RIVER, N.J.
 Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
 Architect or Engineer: _____ Tel. () _____
 Address _____
 Responsible Person in Charge of Work: R.E. KIESER Tel. (201) 349-2209

PROPOSED WORK

TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
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: _____	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☐ Building/Structural</td> <td>\$ _____</td> </tr> <tr> <td>2. ☐ Plumbing</td> <td>_____</td> </tr> <tr> <td>3. ☐ Electrical</td> <td>_____</td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. ☐ Other</td> <td>_____</td> </tr> <tr> <td>6. ☐ Other <u>ALUM PACKS</u></td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>6250.00</u></td> </tr> </tbody> </table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other	_____	6. ☐ Other <u>ALUM PACKS</u>	_____	TOTAL COST \$ <u>6250.00</u>		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
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other	_____																	
6. ☐ Other <u>ALUM PACKS</u>	_____																	
TOTAL COST \$ <u>6250.00</u>																		
C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing																		

I. DESCRIPTION OF BUILDING USE (USE GROUPS)

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:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____ |
| 4. ☐ One-Family (R-3a) | |

NON-RESIDENTIAL

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmarys (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 _____
 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 10511892

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

Richard E. Kiese T/A R. Almeida

TEL.

349-2209

ADDRESS

100 Rt 37 East

Tom's River / N.J. 08753

SIGNATURE _____

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	Reviewed	Comments
☐	BUILDING		12-6-84	ED	
	Footings/Foundations				
	Framing				
	Architectural				
	Other <u>CONING</u>		12/3/84	JRK	
☐	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		12-6-84	Edward H. 3/80
	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 Ticker
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING <u>7 times 7.50</u>	\$ <u>52.50</u>
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ <u>52.50</u>
- LESS: 20% of subtotal (when plan review performed by state agency).	(<u>5.00</u>)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ <u>57.50</u>
DATE <u>12/10/84</u> Collected By <u>Palo</u>	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____
OTHER	_____	_____
OTHER	_____	_____
- LESS: Refunds	_____	(<u>_____</u>)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

JOB CONDITION/COMMENTS

DATE _____

[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW		Date	Initials
☐	No Plans Required		
☒	All	12-6-84	ED
☐	Footings/Foundation		
☐	Frame		
☐	Architectural		
☐	Other		
INSPECTIONS FINAL			
☐	CO	☐	CCO
☐	CA		
Date:	12-6-84		
Inspector:	C. J. [Signature]		

INSPECTIONS

Type	Failure Dates		Approval Date
☐ Footing/Foundation			
☐ Slab			
☐ Frame			
☐ Architectural			
☐ Insulation			
☐ Finishes			
☐ Energy			
☐ Mechanical			
☐ TCO			
☐ Other			