

Brick

Permit Without a Jacket

Permit Number A-8579

LDS BR 10311606

Construction Permit # A-8579

Sept. 21, 19 81

Owner.....Keith Ranner.....

Location.....Chambersbridge Rd.....

.....Birchwood Mall.....

Block.....702..... Lot.....11.....

Contractor.....Same.....

Fee \$.....27.50 ck.....

Use.....Comm. (game rm.).....

alteration

BUILDING SUB-CODE INSPECTIONS

Footing Trench

Slab

Foundation

Framing *10/81 E. J. J. J.*

Insulation

Final *10/81 E. J. J. J.*

C. O. Issued

PLUMBING SUB-CODE INSPECTIONS

Slab

Rough

Septic/Sewer

Water

Final

Electrical Final

VIOLATIONS

Use reverse side for additional remarks

SEP 21 1981		CONSTRUCTION PERMIT APPLICATION																			
BUILDING		BRICK TOWNSHIP, NEW JERSEY																			
IMPORTANT — Complete ALL items. Mark boxes where applicable																					
I. LOCATION OF BUILDING	Number and street <u>249 Chambers Bridge RD</u> N S E W side of _____ feet (Other local geographic, political, or legal subdivision identification)	Section <u>Birchwood MALL.</u> N S E W from intersection of <u>RT 70 + Chambers Bridge RD.</u>	Lot <u>11</u> Block <u>702</u>																		
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 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 _____																			
B. OWNERSHIP 8 ☒ Private (Individual, corporation, nonprofit institution, etc.) 9 ☐ Public (Federal, State, or local government)		C. COST 10. Cost of Improvement \$ _____ 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 \$ <u>750.00/00</u>																			
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. <u>Game Room for</u> <u>RECREATIONAL USE</u>																					
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 <u>1</u> Total square feet of floor area, all floors, based on exterior dimensions <u>1400 SQ FT</u> Total land area, sq. ft. _____	FEE COMPUTATIONS <table style="width:100%; border-collapse: collapse;"><tr><td style="width:60%;">VOLUME OF BUILDING</td><td style="width:40%; text-align: right;">7.50</td></tr><tr><td>BUILDING SUB CODE</td><td></td></tr><tr><td>ELECTRICAL CODE</td><td></td></tr><tr><td>PLUMBING CODE</td><td></td></tr><tr><td>PLAN REVIEW</td><td></td></tr><tr><td>CERTIFICATE OF OCCUPANCY</td><td style="text-align: right;">20.00</td></tr><tr><td>STATE TRAINING FUND</td><td></td></tr><tr><td>CONSTRUCTION</td><td></td></tr><tr><td>PERMIT FEE</td><td style="text-align: right;">27.50</td></tr></table>		VOLUME OF BUILDING	7.50	BUILDING SUB CODE		ELECTRICAL CODE		PLUMBING CODE		PLAN REVIEW		CERTIFICATE OF OCCUPANCY	20.00	STATE TRAINING FUND		CONSTRUCTION		PERMIT FEE	27.50
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F. TYPE OF HEATING SYSTEM Specify <u>HOT AIR</u> Air Cond. Yes ☒ No ☐	1. RESIDENTIAL BUILDING ONLY Number of bedrooms _____ Number of bathrooms { Full _____ Partial _____																				
G. TYPE OF SEWERAGE DISPOSAL ☒ Public ☐ Individual																					

SUB CONTRACTORS

	NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.	NONE				
2.					
3.					
4.					
5.					
6.					
7.					
8.					

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME Keith RannerADDRESS 435 CARLISA AVE BRICKTOWN NJ

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent		SAME AS ABOVE		477-8489
2. Contractor		SAME AS ABOVE		
3. Architects		NONE		

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 Keith Ranner Address 435 Carlisa ave. Application date 9/

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by Edward Wozzo Date permit issued 9/21/81 Permit Number A 8579

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.