Called 3/25/94 DK

BLOCK 702.02 LOT 14 ADDRESS (SITE) PERMIT NO. 827-94

RECEIVED MAR DIV OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 101 Chamber Bridge Rd. Brick
2. Name of Owner in Fee: South Land Corp. Tel. (215) 672-5711
   Address 2711 Easton Rd. Willow Grove PA 19090 (sweet / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AW H Corp. Tel. (800) 283-6116
   Address P.O. Box 619 Royston Ga
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. I [redacted] Social Security No. _____
5. Architect or Engineer W. Paul Wottring Tel. (____) _____
   Address 3100 W. ALABAMA Houston Texas
6. Responsible Person In Charge of Work Pete E. Kirk Tel. (____) _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	$7700
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	$7700.

SIGN (Wall sign Fascia Only)

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
JJ			3-29-94	RH			
Eng	3/16/94		Eng N/A	RH			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems In Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$			
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Other Sign		16.00	✓	
6. Subtotal	$			
7. Less 20% for State Plan Review		5 -	✓	
8. Subtotal	$			
9. DCA Training Fee		6 -	✓	
10. Subtotal	$		✓	
11. Cert. of Occupancy		20 -	✓	
12. Other				
13. TOTAL	$	47 -	✓	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use: 1 Flavor Convenience Store
2. Use Group:
3. Change in Use Group, Indicate Former:

Exempt

LDS BR 10314497

20K

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 Judith A Bohne

Address 2121 Goldbach Ave
Ronkonkoma New York 11779

Telephone (516) 981-5175

Signature Judith A. Bohne Date 3/11/94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board							X	X
☐ Zoning Board			X	X	X	X	X	X
☐ Sewer Authority							X	X
☐ Water Authority							X	X
☐ Fire Department					X	X	X	X
☐ Police Department			X	X	X	X	X	X
☐ Health Department					X	X		
☐ Soil Conservation							X	X
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X		
☐ N.J. Department of Transportation	X	X	X	X	X	X		
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X		
☐ Utility Dig No.			X	X	X	X	X	X
☒ Other Zoning	JE	3/11/94	Wall Sign					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

Date Issued 5/3/94
Control #
Permit # 827-94

IDENTIFICATION Block [illegible] Lot [illegible]

Work Site Location [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. ( ) [illegible]

Contractor [illegible]

Address [illegible]

Tele. ( ) [illegible]

Lic. No. or Bldrs. Reg. No. [illegible] Exp. Date [illegible]

Federal Emp. No. BLOCK

or Social Security No. [illegible]

is hereby granted permission to perform the following work:

[/] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

[illegible]

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ [illegible]

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	14 #	0.00
Plumbing	SIGNS	6.00
Electrical	PLAN RVW	5.00
Fire Protection	D.C.A.	6.00
Other	C / O	30.00
Other	TOTAL	47.00
DCA Training Fee	CHECK	47.00
Cert. of Occ.	CHANGE	0.00
Other 05/02/94	NO. 5 0014A005	32.06
Total		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/2/94
Date Issued
Control #
Permit # 827-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 702.02 Lot 14
Work Site Location 101 Chamberbridge Rd Brick NJ

Owner in Fee Southland Corp.
Address 2711 EASTON Rd
Willow Grove PA 19090
Tele. (215) 672-5711
Contractor FWH Corp.
Address P.O. Box 614
Royston GA 30662
Tele (800) 283-6116
Lic. No. or Bldr: [redacted]
Federal Emp. N [redacted] or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remove existing sign. Install new Fascia system with 4'x4' 7-Eleven Logo.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-28-94	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 1700
3. Total (1+2) $ 1700

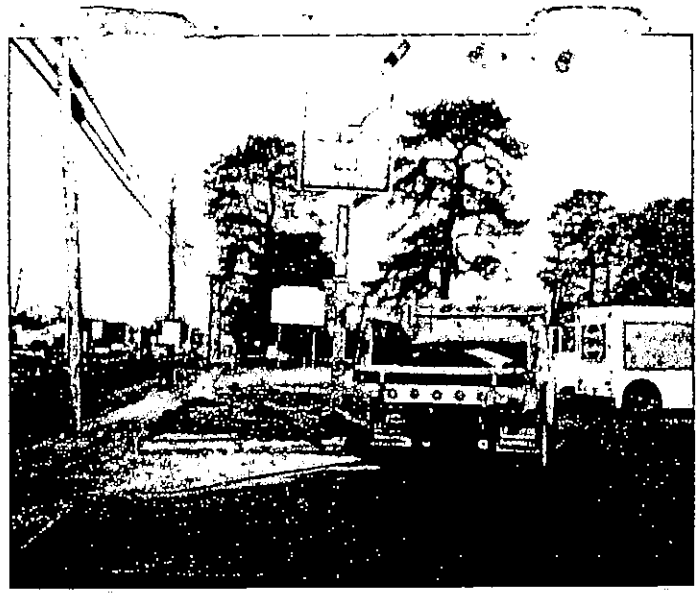
TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[X] Other Fascia system only
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[X] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

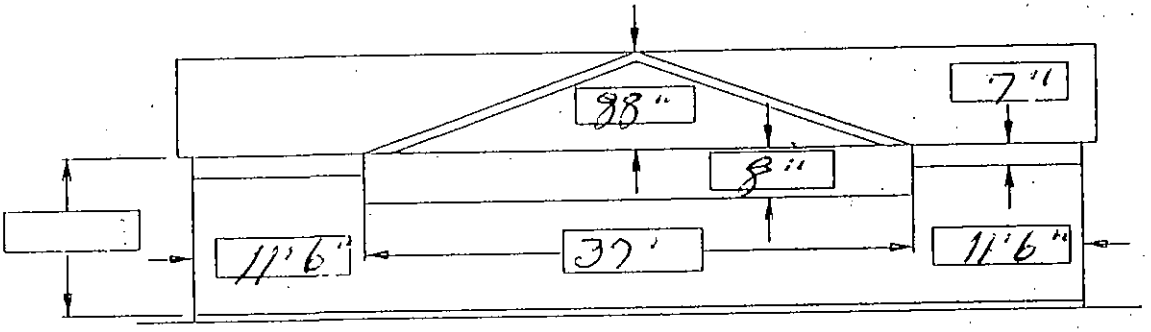
U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

11028

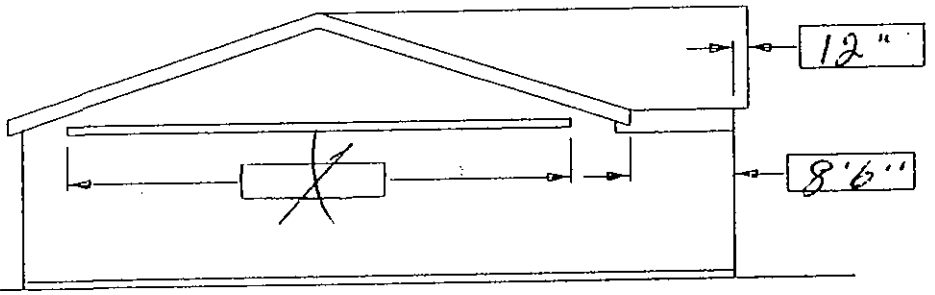


11028

COLONIAL STYLE EASTERN REGION



Total 44'



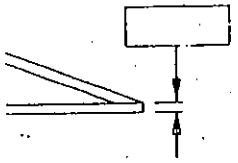
offset

STORE #: 11028
ADDRESS: 101 Chambersbridge Rd.
CITY: Brick
STATE: N.J.
ZIP:
SURVEY DATE: 1-13-94
SURVEYOR: Hayes Land
STORE PHONE:
CREW:
INSTALLATION DATE:
JURISDICTION STATE:
COUNTY:
CITY:

SPECIAL NOTES

3"

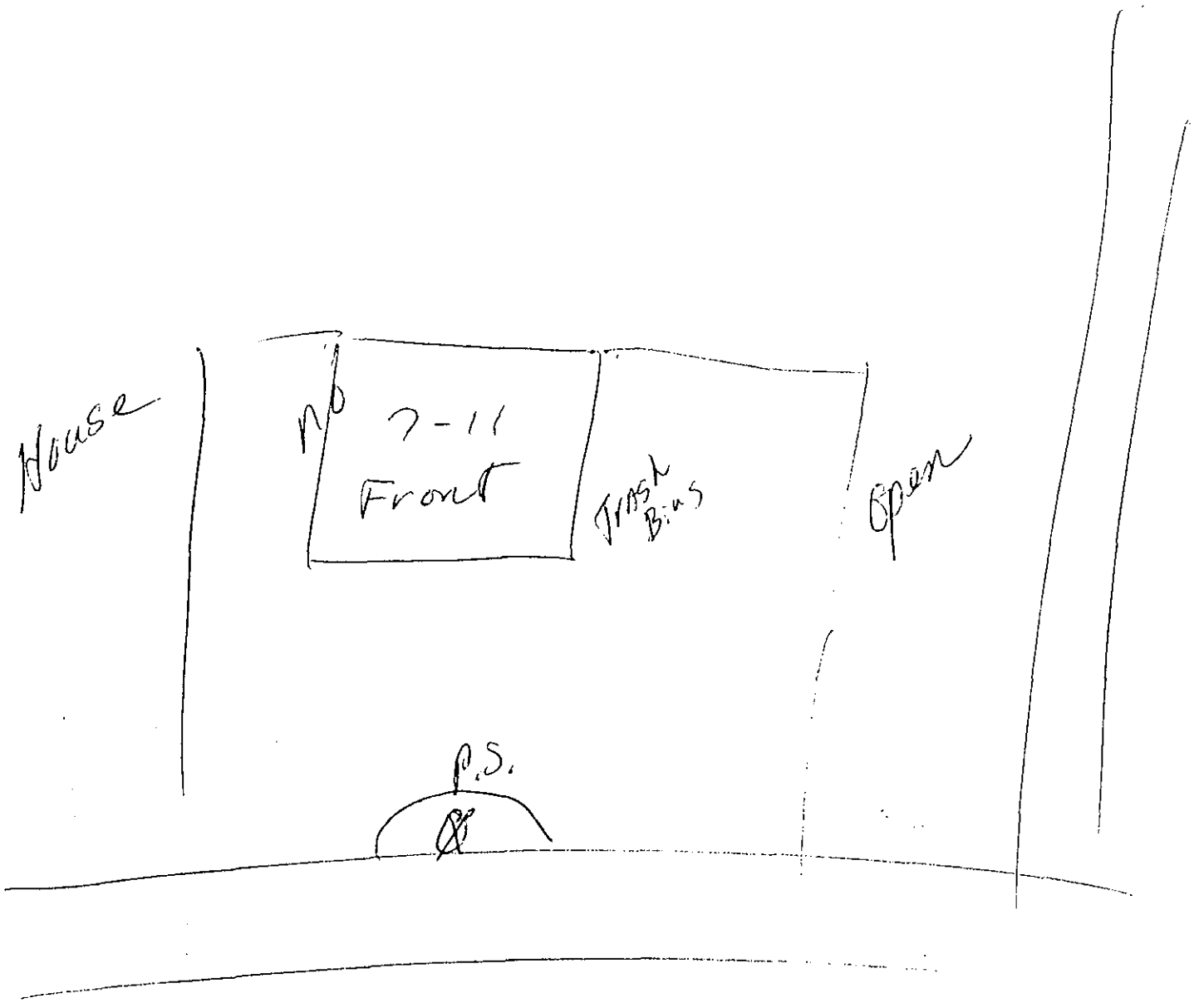
DIMENSION FROM SHINGLE TO FACE OF BUILDING



Remove Spot light & Phone Box

Remove Spot Light

106'
104'
106'
102
106'
408'
107
104'
106'
108'


House
no
7-11
Front
Trash Bins
Open
P.S.

☒ EXEMPT 3/15/94 KD
☐ PRELIMINARY _____
☐ TEMPORARY _____
☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: Southland Corp. DATE: 3/15/94
ADDRESS: 2711 Eastern Rd.
Willow Grove, Pa 19090
PROPERTY LOCATION: 101 Chambers Bridge Rd.
ACCOUNT NO: _____ BLOCK 702.02 LOT 14

INCLUSIONARY DEVELOPMENT

☐ Affordable
Fee Required $500.00 Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Pd. in Full _____ Date _____

☐ Market Rate
No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%
☐ Commercial is .01%

Estimated Fee : _____ Date: _____
Down Payment : _____ Date: _____
Final Fee : _____ Date: _____
(Less down payment)
Balance : _____ Date: _____
Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe/kd
CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR