



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 7-11 101 CHAMBERS BRIDGE RD.

2. Name of Owner in Fee: SOUTH LAND CORP Tel. (609) 860-5033

Address X 1075 Chambers Avenue Rd. S. Jamiesburg N.J.

street municipality zip code 08831

3. Ownership in Fee: Public _____ Private 1

4. Principal Contractor: OSRAM SYLVANIA Tel. ()

Address 2 JULES LANE

License No. OR, if new home Builder Reg. No. 0243 Exp. Date 02

Federal Employee No. _____ FAX: ()

5. Architect or Engineer _____ Tel. ()

Address _____

6. Responsible Person in Charge of Work JOHN MARY

Tel. (732) 249 2230 FAX ()

Electrical

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40.</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>2</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	<u>42.</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories	
2. Height of Structure	ft.
3. Area — Largest Floor	sq. ft.
4. New Building Area	sq. ft.
5. Volume of New 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 _____ no _____
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	<u>3000</u>								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>3000</u>								

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	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks

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:

2. Use Group:

3. Change in Use Group, Indicate Former:

U.C.C. F100-1 (rev. 3/96)

LDS BR 10503509

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 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 OSRAM SYLVANIA

Address 2 JULES LANE, NEW BRUNSWICK, NJ

Telephone (732) 249 2230

Signature John R. May

- III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

06/11/99 NO. 5
0019A005
10:03

Date Issued 06/11/99
Control # 99-2092
Permit # 99-2092

IDENTIFICATION Block 702.02 Lot 14 Qual

Work Site Location 101 CHAMBERS BRIDGE RD
ELECTRICAL FIXTURES
Owner in Fee SOUTHLAND CORPORATION-7-11
Address 1075 CRANBURY S RIVER RD
JAMESBURG, NJ 08831-
Telephone (609)860-5023

Contractor OSPAM SYLVANIA
Address 7 JULES LANE
N BRUNSWICK, NJ 0
Telephone (732)249-2230
Lic. No. or Bldrs. Reg. No. 8074
Federal Emp. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACING ELECTRICAL FIXTURES

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 \$ 3,000

Construction Official [Signature] Date 06/11/99

PAYMENTS (Office Use Only)

Building	0
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Total	42
Check No.	
Cash	X
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/11/99
Date Issued 06/11/99
Control #
Permit # 99-2092

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 Quad
Work Site Location 101 CHAMBERS BRIDGE RD

ELECTRICAL FIXTURES

Owner in Fee SOUTHLAND CORPORATION-7-11

Address 1075 CRANBURY S RIVER RD

JAMESBURG, NJ 08831-

Tele. (732) 249-2230 Fax ()

Contractor OSRAH SYLVANIA

Address 7 JULES LAKE

N BRUNSWICK, NJ 0 -

Tele. (732) 249-2230

Lic. No. or Bldgs. Reg. No. 6074

Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed M

[] Pole/Pad # [] Temporary [X] Other 7-11

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 3,000

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO. SIZE

40

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

0

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UV Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA Training Fee \$

U.C.C. F120 (rev. 3/96)

664"

276"

$\frac{1}{16}$

7.5" OFF ↑

$\frac{3}{16} + \frac{1}{4}$

$\frac{3}{16}$

$\frac{3}{16}$

$\frac{3}{16}$

$\frac{3}{16}$

$\frac{3}{16} + \frac{1}{4}$

1ST G210 2' OFF FRONT BUCKLE

$\frac{2}{16}$

ENTRANCE ROW'S EQUIPMENT

$\frac{2}{16}$

$\frac{1}{16}$

2.5" FROM G.L.

11028

JOHN,

PLEASE PULL PERMIT FOR

7-11 # 11028

101 CHAMBERBRIDGE ROAD

BRICKTOWN NJ 08723

FED DWP NO 13-264-2452

MUNICIPAL BUDG OLCOM TNSP—

ESTIMATED COST \$ 3000.00

PLEASE PRINT

ELECTRICAL SUBCODE		FIRE SUBCODE	
CONTRACTOR: <u>OSRAM SYLVANIA</u>		CONTRACTOR:	
ADDRESS: <u>7 JULES LANE</u>		ADDRESS:	
PHONE: <u>732 249 2230 08903</u>		PHONE:	
LIC. #: <u>8074 B</u> EXP. DATE: <u>00</u>		LIC. #: EXP. DATE:	
FEDERAL EMPL. #: (or S.S. #) <u>[REDACTED]</u>		FEDERAL EMPL. #: (or S.S. #):	
TECHNICAL DATA (LIST ALL FIXTURES)		TECHNICAL DATA (DESCRIPTION OF WORK)	
DESCRIPTION	QTY SIZE		
ITEMS			
Lighting Fixtures	40 - 1L F032		
Receptacles			
Switches			
Detectors			
Light Poles		Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar	
Motors - Fract. HP		Heating Sys: ☐ New ☐ Existing	
Emergency & Exit Lights		Location of Furnace / Boiler	
Communications Points			
Alarm Devices/E.A.C. Panel			
TOTAL NUMBERS			
Pool Permit w/UW Lights		Water Supply Source	
Storable Pool/Spa/Hot Tub		Method of Valve Supervision	
KW Elec. Range / Receptacle	KW	Local Alarm Supervision	
KW Oven / Surface Unit	KW	Central Supervision	
KW Elec. Water Heater	KW	Proprietary Supervision	
KW Elec. Dryer / Receptacle	KW	Flammable Liquid Storage Tanks Capacity: Fu	
KW Dishwasher	KW	Combustible Liquid Storage Tanks Capacity: Fu	
HP Garbage Disposal	HP	L.G.P. Storage Tanks Capacity: Fu	
KW Central A/C Unit	KW	DESCRIPTION NUMBER	
HP/KW Space Heater/Air Handler	HP/KW	Wet Sprinkler Heads	
KW Baseboard Heat	KW	Dry Sprinkler Heads	
HP Motors 1/+ HP	HP	Total	
KW Transformer/Generator	KW	Smoke Detectors	
AMP Service	AMP	Heat Detectors	
AMP Subpanels	AMP	Total	
AMP Motor Control Center	AMP	Strand Pipes	
AMP Elec. Sign/Outline Light	KW	Kitchen Hood Exhaust Systems	
Other		Pre-Engineered Systems	
Other		Co2 Suppression	
Other		Halon Suppression	
Estimated Cost of Electrical Work: \$		Foam Suppression	
Signature (print name):		Dry Chemical	
Estimated Cost of Electrical Work: \$ <u>3000</u>		Wet Chemical	
Signature (print name):		Gas or Oil Fired Appliance	
Owner ☐ Contractor ☐		Other	
SUBCODE APPROVAL:		Other	
PLANS: Required ☐ Approved ☐		Estimated Cost of Fire Protection Work: \$	
Approved by:		Signature:	
Date:		Owner ☐ Contractor ☐	
CONTRACTOR AFFIX SEAL:		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	
		Approved by:	
		Date:	

REMOVING EXISTING 1L96 AND USING SAME WIRING
INSTALL F032 FIXTURE ENERGY SAVING TYPE.

COUNTER FORM

PLEASE PRINT

TOWNSHIP OF BRICK
101 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location:		Date Rec'd:
Block:	Lot:	Date Issued:
Owner in Fee:		Control #:
Address:		Permit #:
State:	Zip:	Phone: ()
SS #: Provide only if Applicant is owner		

PLUMBING SUBCODE		BUILDING SUBCODE	
CONTRACTOR:		CONTRACTOR:	
ADDRESS:		ADDRESS:	
PHONE:		PHONE:	
LIC #:		LIC #:	
LIC EXPIRATION DATE:		LIC EXPIRATION DATE:	
FEDERAL EMP. # (or S.S. #):		FEDERAL EMP. # (or S.S. #):	
TECHNICAL SITE DATA (LIST ALL FIXTURES)		TECHNICAL SITE DATA	
NO.	FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:	
	Water Closet		
	Urinal / Bidet		
	Bath Tub		
	Lavatory		
	Shower		
	Floor Drain		
	Sink		
	Dishwasher		
	Drinking Fountain		
	Washing Machine		
	Hose Bibb		
	Gas Piping		
	Fuel Oil Piping		
	Water Heater		
	Steam Boiler		
	Hot Water Boiler		
	Sewer Pump		
	Interceptor / Separator		
	Backflow Preventer		
	Greasetrap		
	Water Cooled AC or Refrig. Unit		
	Sewer Connection		
	Septic (Disposal System) Closure		
	Water Service Connection		
	Gas Service Connection		
	Active Solar System		
	Vent Through Roof		
	Other		
Estimated Cost of Plumbing Work: \$		TYPE OF WORK	
Signature:		☐ New Building ☐ Addition ☐ Alteration ☐ Roofing ☐ Siding ☐ Other: ☐ Other:	
Owner ☐ Contractor ☐		☐ Fence: Height (6' or More) ☐ Sign: Sq. Ft. ☐ Pool (In Ground) ☐ Pool (Above Ground) ☐ Asbestos Abatement ☐ Demolition	
SUBCODE APPROVAL:		BUILDING CHARACTERISTICS	
PLANS: Required ☐ Approved ☐		USE GROUP Present: Proposed:	
Approved by:		CONSTR. CLASS Present: Proposed:	
Date:		No. of Stories:	
CONTRACTOR AFFIX SEAL:		Height of Structure:	
		Area - Largest Floor:	
		New Building Area / All Floors:	
		Volume of Structure: Total Land Disturbed:	
		Signature:	
		Estimated Cost of Building Work:	
		New Building (1): \$	
		Alteration (2): \$	
		TOTAL (1+2): \$	
		SUBCODE APPROVAL:	
		PLANS: Required ☐ Approved ☐	
		Approved by:	
		Date:	