

# Brick

## Permit Without a Jacket

Permit Number A-2507

LDS BR 10312252

Construction Permit #

A-2507

March 15, 1979, 19

Owner..... Deocon, Corp.

Location..... Route 70 and Chambersbridge Road

Laurelton

Block..... 702-A2 Lot..... 14

Contractor..... Cardinal Roofing

Fee \$..... 7.50 Use..... repair/roof

**BUILDING SUB-CODE INSPECTIONS**

Footing Trench .....

Slab .....

Foundation .....

Framing .....

Insulation .....

Final ..... *Ed Dzyo 2/5/80*

C. O. Issued .....

**VIOLATIONS**

**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

IMPORTANT — Complete ALL items. Mark boxes where applicable

|                                                                          |                             |            |         |                          |     |    |       |        |
|--------------------------------------------------------------------------|-----------------------------|------------|---------|--------------------------|-----|----|-------|--------|
| I. LOCATION OF BUILDING                                                  | Number and street           | 7-11 STAGE | Section | Laurelton                | Lot | 14 | Block | 702-A2 |
|                                                                          | Rt 70 & CHAMBERS BRIDGE AD. |            |         |                          |     |    |       |        |
|                                                                          | N S                         |            | N S     |                          |     |    |       |        |
| E W side of                                                              |                             | feet       |         | 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

### B. OWNERSHIP

- 8 ☐ Private (individual, corporation, nonprofit institution, etc.)
- 9 ☐ Public (Federal, State, or local government)

### 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

Re Comm - TARE 254

3540

### 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.)

(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.

#### 11. TOTAL COST OF IMPROVEMENT

\$

4600

## 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                                                                                                                                                                                                      | H. DIMENSIONS                                                                                                              | FEE COMPUTATIONS                                                                                                                              |      |
|                                                                                                                                                                                                                                 |                                                                                                                            |                                                                                                                                               |      |
| <input type="checkbox"/> Masonry (wall bearing)<br><input type="checkbox"/> Wood frame<br><input type="checkbox"/> Structural steel<br><input type="checkbox"/> Reinforced concrete<br><input type="checkbox"/> Other - Specify | Number of stories<br>Total square feet of floor area, all floors, based on exterior dimensions<br>Total land area, sq. ft. | VOLUME OF BUILDING<br>BUILDING SUB CODE<br>ELECTRICAL CODE<br>PLUMBING CODE<br>PLAN REVIEW<br>CERTIFICATE OF OCCUPANCY<br>STATE TRAINING FUND |      |
| F. TYPE OF HEATING SYSTEM                                                                                                                                                                                                       | I. RESIDENTIAL BUILDING ONLY                                                                                               | CONSTRUCTION                                                                                                                                  |      |
| Specify                                                                                                                                                                                                                         | Number of bedrooms                                                                                                         | PERMIT FEE                                                                                                                                    |      |
| Air Cond. Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                                                                              | Number of bathrooms                                                                                                        |                                                                                                                                               |      |
| G. TYPE OF SEWERAGE DISPOSAL                                                                                                                                                                                                    | Full<br>Partial                                                                                                            |                                                                                                                                               |      |
| <input type="checkbox"/> Public<br><input type="checkbox"/> Individual                                                                                                                                                          |                                                                                                                            |                                                                                                                                               | 7.50 |

SEE REVERSE

A-2507

ck

## SUB CONTRACTORS

| NAME | TRADE | ADDRESS | ZIP CODE | PHONE # |
|------|-------|---------|----------|---------|
| 1.   |       |         |          |         |
|      |       |         |          |         |
| 2.   |       |         |          |         |
|      |       |         |          |         |
| 3.   |       |         |          |         |
|      |       |         |          |         |
| 4.   |       |         |          |         |
|      |       |         |          |         |
| 5.   |       |         |          |         |
|      |       |         |          |         |
| 6.   |       |         |          |         |
|      |       |         |          |         |
| 7.   |       |         |          |         |
|      |       |         |          |         |
| 8.   |       |         |          |         |
|      |       |         |          |         |

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME

*Cardinal Roofing*

ADDRESS

## IV. IDENTIFICATION — To be completed by all applicants

| Name                                                   | Mailing address — Number, street, city, and State | ZIP code | Tel. No.        |
|--------------------------------------------------------|---------------------------------------------------|----------|-----------------|
| 1.<br>Owner Agent<br><i>DEVCON CORP</i><br><i>1005</i> | <i>1005 HOOPER AVE T.R.</i>                       |          |                 |
| 2.<br>Contractor<br><i>Cardinal Roofing</i>            | <i>PO Box 333 Brick</i>                           |          | <i>455-5212</i> |
| 3.<br>Architects<br><i>84 Lin</i>                      |                                                   |          |                 |

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

*Edward J. Jizzo*

Address

Application date

*3-16-79*

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

*Edward Jizzo*

Date permit issued

*3/16/79*

Permit Number

*A-2507*

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.