

# Brick

## Permit Without a Jacket

Permit Number A-8883.

Construction Permit # A-8883

Oct. 26, 19 81

Owner Richard A. Gant

Location 261 Circle Dr.

Osbornville

Block 323 Lot 23

Contractor Same

Fee \$ 241.01 ck. Use Barn

*MS*

**BUILDING SUB-CODE INSPECTIONS**

Footing Trench 10-28-81 AM

Slab

Foundation 11-4-81 PM

Framing made PM

Insulation

Final 11-30-81 PM

C. O. Issued

**PLUMBING SUB-CODE INSPECTIONS**

Slab

Rough

Septic/Sewer

Water

Final

Electrical Final

**VIOLATIONS**

Use reverse side for additional remarks

| CONSTRUCTION PERMIT APPLICATION<br>BRICK TOWNSHIP, NEW JERSEY                                                                                                        |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|------------------------------|
| OCT 26 1981                                                                                                                                                          |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| BUILDING IMPORTANT — Complete ALL items. Mark boxes where applicable                                                                                                 |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| I. LOCATION OF BUILDING                                                                                                                                              | Number and street                                                                                                                            | Section                                                                                                                                                                                                                                                                                                                                                                     | Lot | Block                        |
|                                                                                                                                                                      | 261 CIRCLE DRIVE                                                                                                                             | OSBORNVILLE                                                                                                                                                                                                                                                                                                                                                                 | 23  | 323                          |
|                                                                                                                                                                      | N S N S<br>E W side of ..... feet E W from intersection of .....<br>(Other local geographic, political, or legal subdivision identification) |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D                                                                                                  |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| A. TYPE OF IMPROVEMENT                                                                                                                                               |                                                                                                                                              | D. PROPOSED USE — For "Wrecking" most recent use                                                                                                                                                                                                                                                                                                                            |     |                              |
| 1 <input checked="" type="checkbox"/> New buildings                                                                                                                  |                                                                                                                                              | Residential                                                                                                                                                                                                                                                                                                                                                                 |     |                              |
| 2 <input type="checkbox"/> Addition (If residential, enter number of new housing units added, if any, in Part D, 13)                                                 |                                                                                                                                              | 12 <input type="checkbox"/> One family                                                                                                                                                                                                                                                                                                                                      |     |                              |
| 3 <input type="checkbox"/> Alteration (See 2 above)                                                                                                                  |                                                                                                                                              | 13 <input type="checkbox"/> Two or more family — Enter number of units .....                                                                                                                                                                                                                                                                                                |     |                              |
| 4 <input type="checkbox"/> Repair, replacement                                                                                                                       |                                                                                                                                              | 14 <input type="checkbox"/> Transient hotel, motel, or dormitory — Enter number of units .....                                                                                                                                                                                                                                                                              |     |                              |
| 5 <input type="checkbox"/> Demolition                                                                                                                                |                                                                                                                                              | 15 <input type="checkbox"/> Garage                                                                                                                                                                                                                                                                                                                                          |     |                              |
| 6 <input type="checkbox"/> Moving (relocation)                                                                                                                       |                                                                                                                                              | 16 <input type="checkbox"/> Carport                                                                                                                                                                                                                                                                                                                                         |     |                              |
| 7 <input type="checkbox"/> Garage                                                                                                                                    |                                                                                                                                              | 17 <input checked="" type="checkbox"/> Other — Specify <u>BARN</u>                                                                                                                                                                                                                                                                                                          |     |                              |
| <input type="checkbox"/> Swim Pool <input type="checkbox"/> in <input type="checkbox"/> out                                                                          |                                                                                                                                              | <u>HORSE</u>                                                                                                                                                                                                                                                                                                                                                                |     |                              |
| <input type="checkbox"/> Fence                                                                                                                                       |                                                                                                                                              | <u>36' x 60'</u>                                                                                                                                                                                                                                                                                                                                                            |     |                              |
| B. OWNERSHIP                                                                                                                                                         |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| 8 <input type="checkbox"/> Private (Individual, corporation, nonprofit institution, etc.)                                                                            |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| 9 <input type="checkbox"/> Public (Federal, State, or local government)                                                                                              |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| C. COST                                                                                                                                                              |                                                                                                                                              | 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. |     |                              |
| 10. Cost of Improvement .....                                                                                                                                        |                                                                                                                                              | (Omit cents)                                                                                                                                                                                                                                                                                                                                                                |     |                              |
| To be installed but not included in the above cost                                                                                                                   |                                                                                                                                              | \$ 9000. -                                                                                                                                                                                                                                                                                                                                                                  |     |                              |
| a. Electrical (# Fixtures, Outlets) .....                                                                                                                            |                                                                                                                                              | No Elect.                                                                                                                                                                                                                                                                                                                                                                   |     |                              |
| b. Plumbing (# of Fixtures) .....                                                                                                                                    |                                                                                                                                              | No                                                                                                                                                                                                                                                                                                                                                                          |     |                              |
| c. Heating, air conditioning .....                                                                                                                                   |                                                                                                                                              | No                                                                                                                                                                                                                                                                                                                                                                          |     |                              |
| d. Other (elevator, etc.) .....                                                                                                                                      |                                                                                                                                              | No                                                                                                                                                                                                                                                                                                                                                                          |     |                              |
| 11. TOTAL COST OF IMPROVEMENT .....                                                                                                                                  |                                                                                                                                              | \$ 9000. -                                                                                                                                                                                                                                                                                                                                                                  |     |                              |
| III. SELECTED CHARACTERISTICS OF BUILDING —<br>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)                                                                                                                      |                                                                                                                                              | Number of stories .....                                                                                                                                                                                                                                                                                                                                                     |     | VOLUME OF BUILDING 29760.9   |
| <input type="checkbox"/> Wood frame                                                                                                                                  |                                                                                                                                              | Total square feet of floor area, all floors, based on exterior dimensions .....                                                                                                                                                                                                                                                                                             |     | BUILDING SUB CODE 208.32     |
| <input type="checkbox"/> Structural steel                                                                                                                            |                                                                                                                                              | Total land area, sq. ft. ....                                                                                                                                                                                                                                                                                                                                               |     | ELECTRICAL CODE -            |
| <input type="checkbox"/> Reinforced concrete                                                                                                                         |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     | PLUMBING CODE -              |
| <input type="checkbox"/> Other - Specify .....                                                                                                                       |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     | PLAN REVIEW 20.83            |
|                                                                                                                                                                      |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     | CERTIFICATE OF OCCUPANCY -   |
| F. TYPE OF HEATING SYSTEM                                                                                                                                            |                                                                                                                                              | 1. RESIDENTIAL BUILDING ONLY                                                                                                                                                                                                                                                                                                                                                |     | STATE TRAINING FUND 17.86    |
| Specify .....                                                                                                                                                        |                                                                                                                                              | Number of bedrooms .....                                                                                                                                                                                                                                                                                                                                                    |     |                              |
| Air Cond. Yes <input type="checkbox"/> No <input type="checkbox"/>                                                                                                   |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |
| G. TYPE OF SEWERAGE DISPOSAL                                                                                                                                         |                                                                                                                                              | Number of bathrooms { Full..... Partial.....                                                                                                                                                                                                                                                                                                                                |     | CONSTRUCTION                 |
| <input type="checkbox"/> Public                                                                                                                                      |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     | PERMIT FEE { 24.01 ch 287.28 |
| <input type="checkbox"/> Individual                                                                                                                                  |                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                             |     |                              |

SEE REVERSE

A8883

247.01 T.T. Chuk

| 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

RICHARD A. GANT

ADDRESS

265 CIRCLE DRIVE BRICKTOWN

IV. IDENTIFICATION — To be completed by all applicants

| Name           | Mailing address — Number, street, city, and State | ZIP code | Tel. No.    |
|----------------|---------------------------------------------------|----------|-------------|
| 1. Owner Agent | RICHARD A. GANT 265 CIRCLE DRIVE BRICKTOWN        | 08883    | 477<br>2622 |
| 2. Contractor  | SAME                                              |          |             |
| 3. Architects  |                                                   |          |             |

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<br><i>Richard A. Gant</i> | Address | Application date |
|--------------------------------------------------|---------|------------------|

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

|                                      |                                |                         |
|--------------------------------------|--------------------------------|-------------------------|
| Approved by<br><i>Fred Jerolemon</i> | Date permit issued<br>10/26/81 | Permit Number<br>A 8883 |
|--------------------------------------|--------------------------------|-------------------------|

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.

## BRICK TOWNSHIP APPLICANT'S DECLARATION

RICHARD A. GANT for the purpose of inducing the Inspector to accept the plans and specifications submitted by me and to issue a building permit, declare as follows:

I am the applicant named in, and who signed, the annexed application for a building permit to be issued by the Building Inspector of the Township of Brick in the County of Ocean, State of New Jersey, for the (construction) (alteration) of a building in said township.

As permitted by the statute the plans and specifications which accompany said application were prepared by me, as I am myself acting as the designer of said (building) (alteration) which is to be constructed by me for my own occupancy.

The above words, "to be constructed by me" as used in this declaration do not mean that I intend personally to do the work of (construction) (altering) said building, but means that I am the person undertaking the work as owner and principal; and as above stated, said (building) (alteration) is to be constructed for my own occupancy.

Sworn and subscribed to  
before me this 26 day  
of October, 19 81

Richard A. Gant  
APPLICANT  
Fred Jerolemon  
BUILDING INSPECTOR

Date \_\_\_\_\_

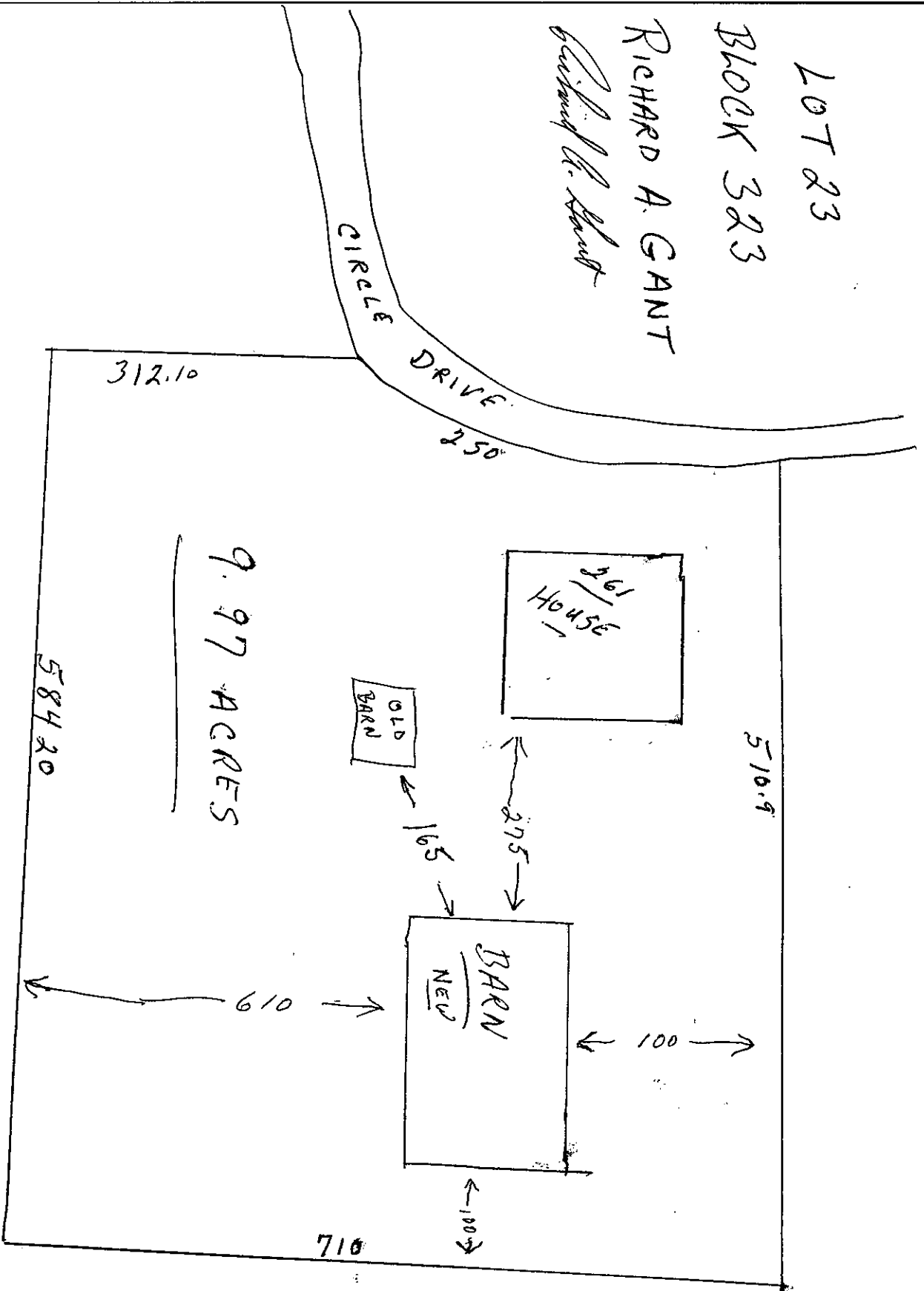
**AREF FAYAD**  
NOTARY PUBLIC OF NEW JERSEY  
My Commission Expires Mar. 10, 1985  
Aref Fayad  
Notary Public of New Jersey

LOT 23

BLOCK 323

RICHARD A. GANT

*Richard A. Gant*



JPK 10/26/81 App.  
Bldg 10/26/81 28

RICHARD A. GANT  
Richard A. Gant

½ Plywood roof  
5/8 side Texture 1-11  
2 x 12 Headers  
2 x 4 Kneewall - 9 foot in from side  
7 x 10 ft. Doors - fiberglass  
28 x 6'8 door  
2 x 4 Studs 16" centers  
2 x 4 Plates  
2 x 6 wolmanized ~~skill~~  
1 x 6 Facia Board  
8 x 8 x 16 Blocks  
Sill Seal  
SMI Filled blocks Top cores  
¼ bolt 1 foot corner 8 ft. max.  
8 x 16 Footing  
½ Plywood Soffit  
2½ or 3 3/8 Rods Footing  
2 x 6 Rafters 16" Center  
2 x 8 Ridges  
2 x 8 Floor Beams 16" @  
Roof shingles 235 weight 15 lb. felt paper  
3 ft. sliding windows aluminum  
4 x 4 posts 10ft. apart under header.

Bldg 10/26/81 71

RICHARD A. GANT  
*Richard A. Gant*

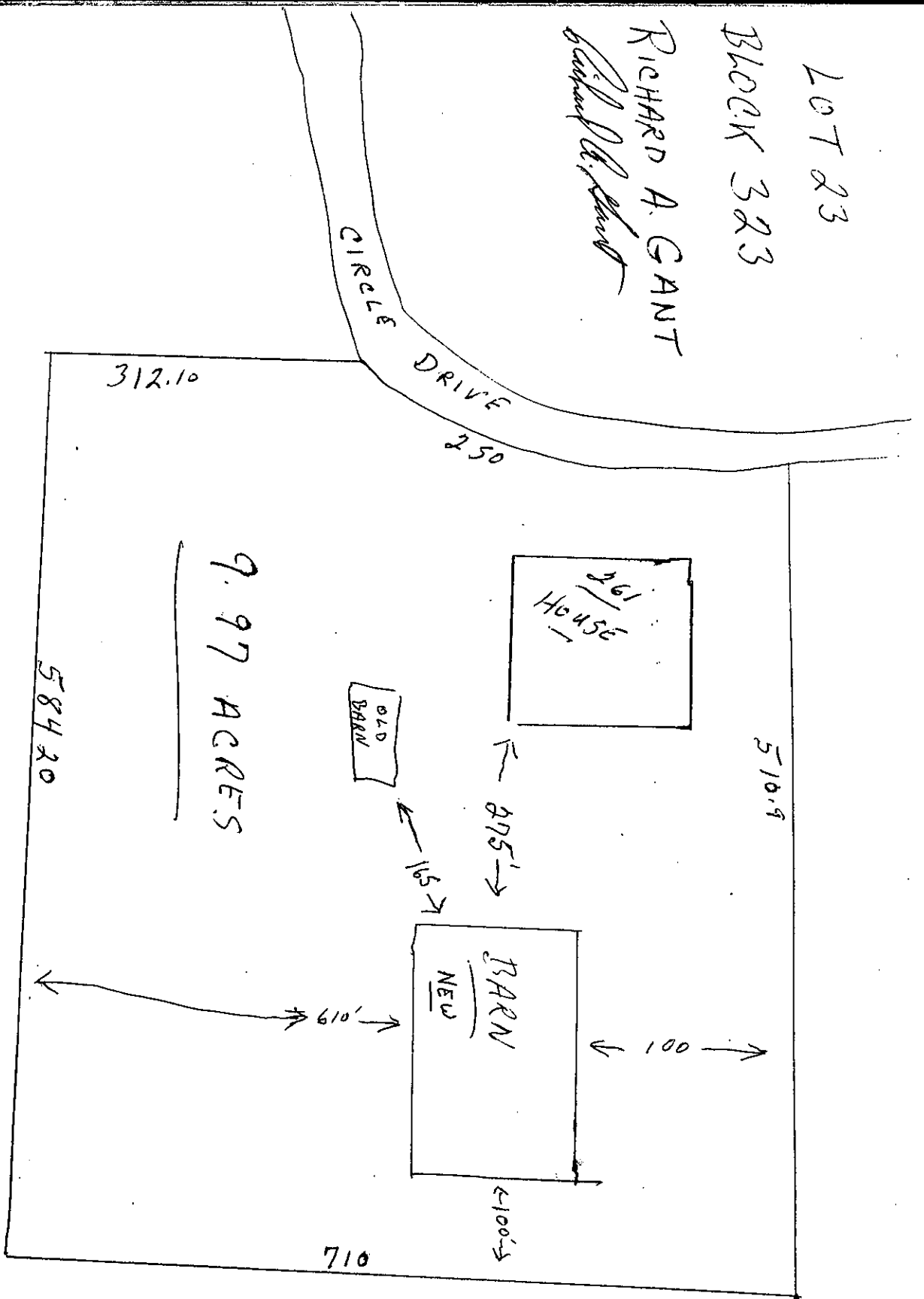
½ Plywood roof  
5/8 side Texture 1-11  
2 x 12 Headers  
2 x 4 Kneewall - 9 foot in from side  
7 x 10 ft. Doors - fiberglass  
28 x 6'8 door  
2 x 4 Studs 16" centers  
2 x 4 Plates  
2 x 6 wolmanized s~~h~~ill  
1 x 6 Facia Board  
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¼ bolt 1 foot corner 8 ft. max.  
8 x 16 Footing  
¼ Plywood Soffit  
2½ or 3 3/8 Rods Footing  
2 x 6 Rafters 16" Center  
2 x 8 Ridges  
2 x 8 Floor Beams 16" ~~C~~  
Roof shingles 235 weight 15 lb. felt paper  
3 ft. sliding windows aluminum  
4 x 4 posts 10ft. apart under header.

*Bldg 10/24/51 78*

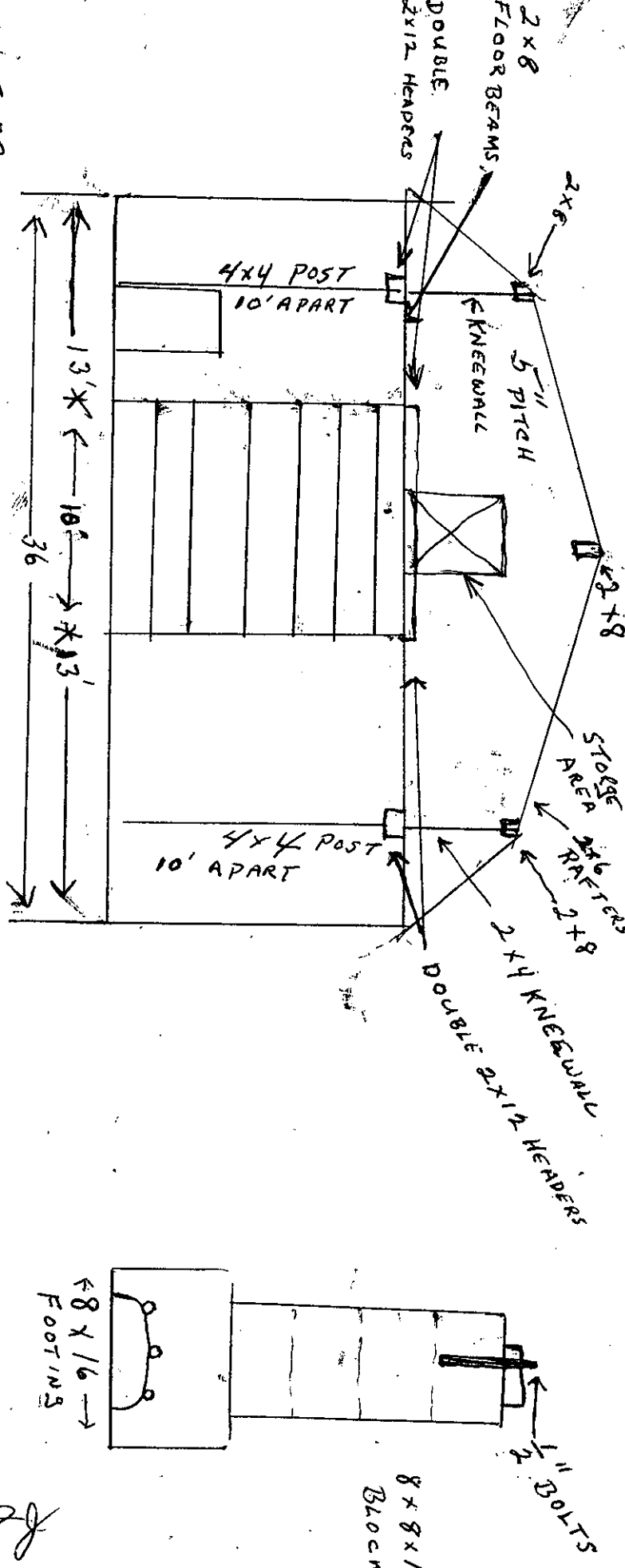
LOT 23

BLOCK 323

RICHARD A. GANT  
*Richard A. Gant*

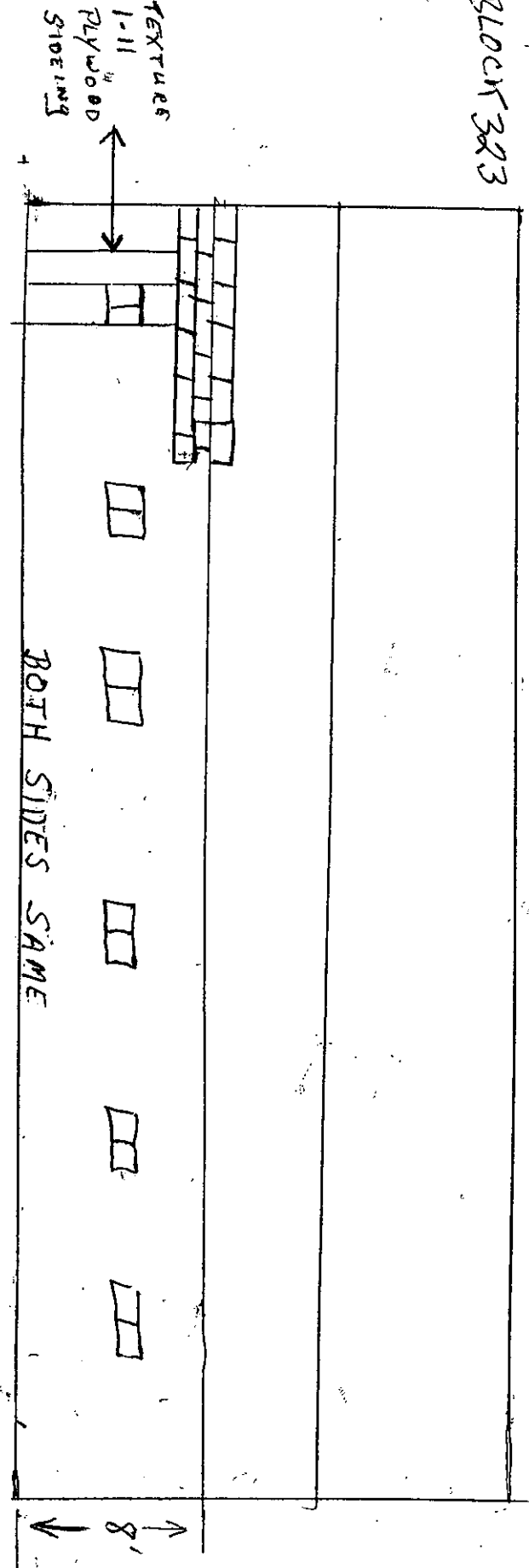


Bldg 10/26/81 78



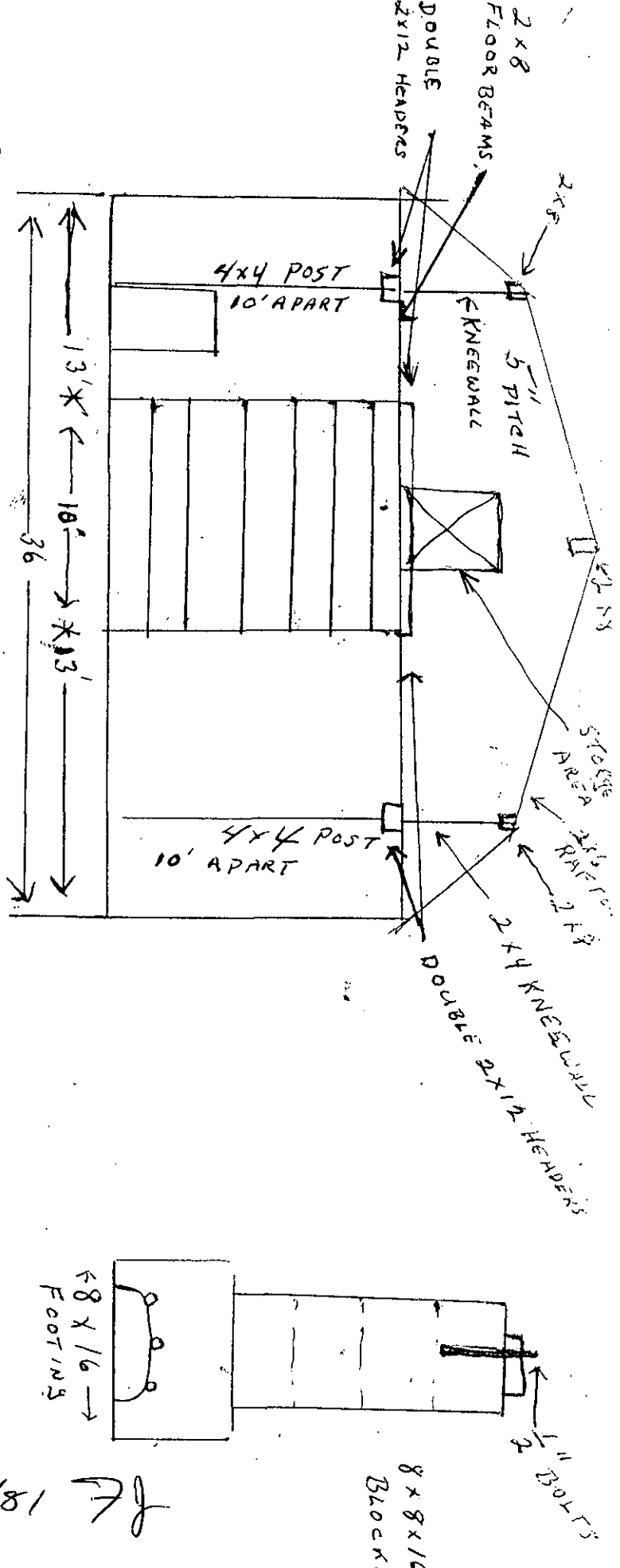
LOT 23

BLOCK 323



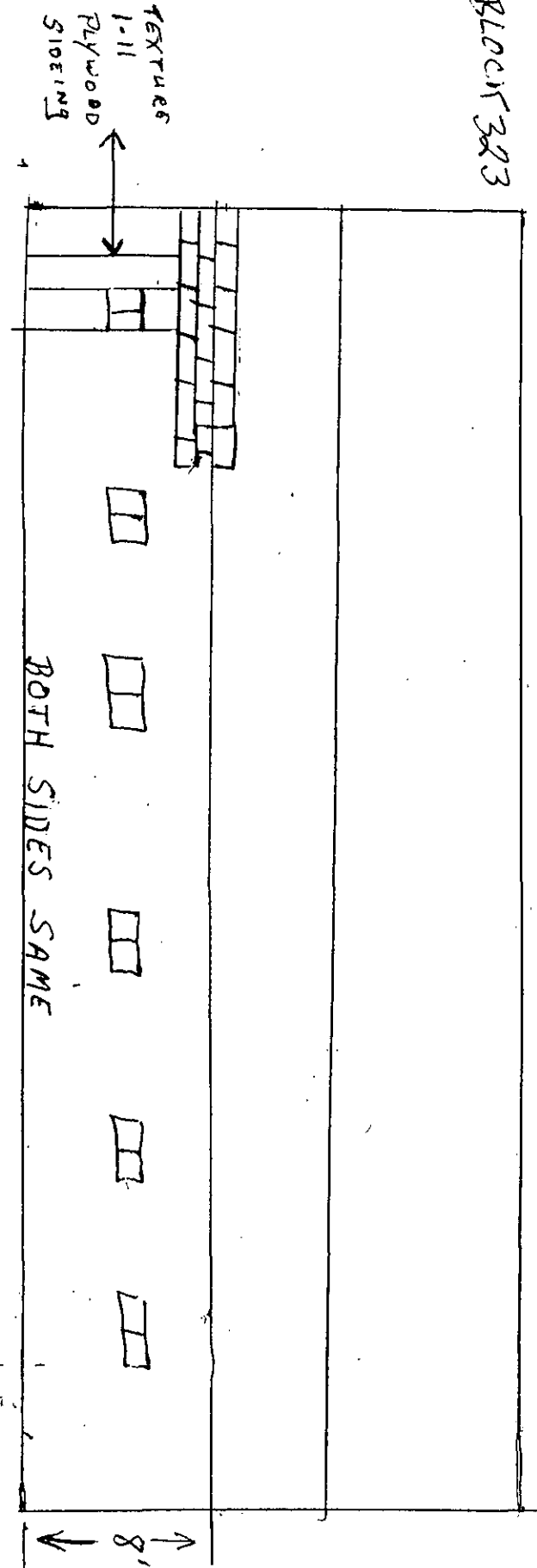
Bldg 02018178

RICHARD A. GANT



LOT 23

BLOCK 323



Bldg. 10/26/81

RICHARD A. GANT & Company

26. x 1  
10. x  
8. =  
2 030.00T

25. x  
10. x  
4. =  
1 040.00T

1 040. x  
2. =  
520.00T

520.00 +  
2 030.00 +

002  
2 600.00 \*

2 600. x  
0.007 =  
18.20T

18.2 x  
10. x  
1.82T

VOL 2 600. x  
0.0006 =  
1.56T

BBC 18.20 +  
PLNS 1.82 +  
C/O 20.00 +

0.04 STATE 1.56 +

TOTAL 41.58 \*

000