

Brick

Permit Without a Jacket

Permit Number 1276-92



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received 6-17-92
Date Issued
Control # 1276-92
Permit #

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

Block 628-17 Lot 16
Work Site Location 1626 Howard Ave
Brick NJ

Owner in Fee John or Cheryl Castiglia

Address _____

Tele. [REDACTED]

Contractor [REDACTED]

Address _____

Teie. [REDACTED]

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Failure
☒ No Plans Req.	<u>6/15/92</u>	<u>[Signature]</u>	<u>Footings</u>		
☒ All			<u>Foundation</u>		
☐ Footing			<u>Slab</u>		
☐ Foundation			<u>Frame</u>		
☐ Frame			<u>Insulation</u>		
☐ Other			<u>Finishes:</u>		
Joint Plan Review Required:			<u>Energy</u>		
☐ Elec. ☐ Plumb. ☐ Fire			<u>Mechanical</u>		
SUBCODE APPROVAL			<u>TCO</u>		
☐ CO ☐ CCO ☐ CA			<u>Other</u>		
Date: _____			<u>Final</u>		
Approved By: _____					

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 \$ _____
3. Total (1+2) \$ _____

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 Cheryl Castiglia

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

fence
TYPE — stockade
6 ft.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☒ Miscellaneous
- ☒ Fence 6 ft. Height _____ Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool _____
- ☐ Elevator _____
- ☐ Asbestos Abatement _____
- ☐ Other _____

(Office Use Only)
FEE

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	TOTAL FEE \$ _____