Called 8/2

BLOCK 827 LOT 19,20,37,40 ADDRESS (SITE) 1617 RT 88 WEST PERMIT NO. 1964-95

RECEIVED

JUL 26 1995

DIV. OF INSPECTIONS

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 1617 RT 88 WEST
2. Name of Owner in Fee: 1617 RT 88 WEST ASSOC Tel. (908) 458-5854
   Address 1617 RT 88 WEST (street) (municipality) (zip code) BKPK
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: _____ Tel. (908) 891-3333 BARRY
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ 341-4600
6. Responsible Person in Charge of Work JOHN DEPALMA Tel. (908) 458-5854 688-7738

interior alterations

## 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 | 10,000 |
| 6. ☐ Fire Protection | |
| 7. ☑ Plumbing | |
| 8. ☑ Electrical | |
| 9. ☐ Elevator Devices | |
| 10. ☐ Asbestos Abatement | |
| 11. ☐ Demolition | |
| TOTAL COSTS | |

**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 |
|---|---|---|---|---|---|---|---|
| WB | 7/26/95 | | 7/31/95 | R.I. | | 8/9/95 | |
| | | | | | | | |
| | | | 7/27/95 8-2-95 | | 10/6/95 10/6/95 | | |
| | | | | Elec | 10/11/95 | | |
| | 7/28/95 | | | | | | |

**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 | $ | 190 | | |
| 2. Electrical | | | | |
| 3. Plumbing | | 38 | | |
| 4. Fire Protection | | 92 | | |
| 5. Elevator Devices | | | | |
| 6. Subtotal | $ | 320 | | |
| 7. ~~Less~~ 10% for State Plan Review | | 32 | | |
| 8. Subtotal | $ | | | |
| 9. DCA Training Fee | | 8 | | |
| 10. Subtotal | $ | | | |
| 11. Cert. of Occupancy | | 20 | | |
| 12. Other 2 PAPP | | 35.00 | | |
| 13. TOTAL | $ | 410.00 | | |

## 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 sq. ft. / no | |
| 11. Max. Live Load | |
| 12. 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: DOCTOR'S OFFICE
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10200524

**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 John De Palma

Address 1130 Silverton Rd

Toms River NJ 08755

Telephone (908) 286-9439

Signature _____ Date 7/25/95

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 | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Zoning Officer | | | | | | | | | |
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Fire Department | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☐ Health Department | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Dept. of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Dept. of Environmental Protect. | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

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 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. 1964 | 10-19-95 | | | |

# CERTIFICATE

Date Issued 10/19/95
Control #
Permit # 1964-95

## IDENTIFICATION

Block 827 Lot 19,20,37,40
Work Site Location 1617 Route 88 West
Brick, N.J.
Owner in Fee 1617 Route 88 West Assoc
Address Same

Tele. ( )
Contractor Same
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

**Home Warranty No.** N/A
**Use Group** B 2 hour
**Maximum Live Load**
**Description of Work/Use:**

Interior Alteration

**Type of Warranty Plan:** [ ] **State** [ ] **Private**
**Construction Classification**
**Maximum Occupancy Load**

## CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☑ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cerza Jr.
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

# CONSTRUCTION PERMIT

Date Issued 8/2/95
Control #
Permit # 1964-95

IDENTIFICATION Block 827 Lot 19,20,37,40

Work Site Location 1617 Rt. 88

Owner in Fee 1617 Rt 88 West Assoc.
Address Same

Tele. ( ) **0002**

Contractor Same

Address

Tele. ( ) **0002**

Lic. No. or Bldrs. Reg. No. 1964*# Exp. Date

Federal Emp. No. BLOCK 0.00

or Social Security No. 827 #

**is hereby granted permission to perform the following work:**

[✓] BUILDING [✓] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

interior alterations

**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 $** 10,000.-

A J Ciarco
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

| PAYMENTS (Office Use Only) 40 # | |
|---|---|
| Building 190.- | 190.00 |
| Plumbing 38.- | 38.00 |
| Electrical | 92.00 |
| Fire Protection 92.- | 32.00 |
| Other Plan 32 | 8.00 |
| Other | 20.00 |
| DCA Training Fee 8 | 15.00 |
| Cert. of Occ. 20.- | 15.00 |
| Other 3% 1.5 | 10.00 |
| Total 1 140.- | 10.00 |
| Check No. | 0.00 |
| Cash | |
| Collected By: | |

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

# PERMIT UPDATE

Date Update Issued 8/22/95
Control #
Permit # 1964-'95
Date Permit Issued

IDENTIFICATION Block 827 Lot 19, 20, 37 40
Work Site Location 1617 RT 88 ISRILK
Owner in Fee 1617 RT 88 WEST ASSOC
Address SAME AS ABOVE
Tele. ( ) 458-5854 - 891-3333

Contractor RICHARD STILE
Address 1958 S. LUGATON RD. TOMS RIVER NJ 08755
Tele. ( ) 255-9286 1964##
Lic. No. or Bldrs. Reg. No. 7312 BLOCK 0.00
Federal Emp. No. 22-2992809 827 #
or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:
2 LV Ash Box for discharge of footbath - small Electric water low rate of flow

Estimated Cost of Work $ 100.00

CONSTRUCTION OFFICIAL

| PAYMENTS (Office Use Only) | |
|---|---|
| BING | 14.00 |
| TOTAL | 14.00 |
| CHECK | 14.00 |
| CHANGE | 0.00 |
| Building | |
| Plumbing 14 | |
| Electrical | |
| Fire Protection | |
| Other | |
| Other | |
| DCA Training Fee | |
| Cert. of Occ. | |
| Other | |
| Total 14- | |
| Check No. # 1413 | |
| Cash | |
| Collected By: | |

08:34

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

Brick

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date-Received
Date Issued
Control # FEB 1 9500 0 0 0 0 6
Permit # FEB 1 9500 0 0 8 0 6

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

Block 827 Lot 19-20 37-40
Work Site Location 1617 RT 88
BRICK TOWN
Owner in Fee 1617 RT 88 W 2 ST A 5506.
Address 1617 RT 88
BRICK
Tele. (908) 458-5854
Contractor CARLTON ELECTRICAL INSTALLATIONS INC.
Address 2030 RT 37 E.
TOMS RIVER NJ 08753
Tele. (908) 244-0050
Lic. No. 7461
Federal Emp. No. 22-2064550 or Social Security No.

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed (RENOVATION)
[ ] Pole/Pad. # [ ] Temporary [ ] Other
Building Occupied as (MALL) Utility Co.
**Est. Cost of Elec. Work $** 16,000

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

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

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Rough | | | | |
| Temporary | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

**C. CERTIFICATION IN LIEU OF OATH**

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

ELECTRICAL INSTALLATION STATE OF NEW JERSEY LICENSED ELECTRICAL CONTRACTOR 5461

Signature—Contractor Seal

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| ~~28~~ 26 | | Fixtures (1) | |
| ~~20~~ 30 | | Receptacles (2) | |
| ~~30~~ 10 | | Switches (3) | |
| 66 | | Total 1 + 2 + 3 | 44 |
| | Kw | Range | |
| | Kw | Oven(s) | |
| | Kw | Surface Unit | |
| | hp | Dishwasher | |
| | hp | Garbage Disposal | |
| | Kw | Dryer | |
| 1 | 15 Kw | A/C Unit · RELOCATE | 33 |
| | | Burglar Alarms | |
| | | Intercoms Panels | |
| | | Smoke Detectors | |
| | hp | Whirlpool/spa | |
| | | Pool Bonding | |
| | hp | Pool Filter Motor | |
| | | Pool Lights | |
| | Kw | Water Heater(s) | |
| | Kw | Central heat: oil, gas or elec. | |
| | Kw | Baseboard Heat Units | |
| | | Thermostats | |
| | hp | Heat Pump | |
| | hp | Pump(s) | |
| | Amp | Motor Control Center/Sub Panels | |
| | | Signs | |
| | | Light Standards | |
| | hp | Motors—Fractional H.P. | |
| 1 | 20 hp | Motors—All Others ELEVATOR | 33. — |
| | Kw | Transformers | |
| | Kw | Generators | |
| | Amp | Service Entrance | |
| | | Other | |

Aspen Electrical 10/11/95

Paid [✓] Check # 2976 Administrative Surcharge $
Collected by: KW Minimum Fee $ 110. —
DCA Training Fee $ 3. —
TOTAL FEE $ 113. —

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-2-95
Control #
Permit # 1964-95

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

Block 827 Lot 19-20-37-40
Work Site Location 1617 RT 88
BRICK
Owner in Fee 1617 RT 88 WEST ASSOC
Address BRICK

Tele. (908) 458-5854
Contractor RICHARD A. SITEK SR.
Address 1958 SILVERTON RD.
TOMS RIVER, N.J. 08753
Tele. (908) 255-9286
Lic. No. 7312
Federal Emp. No. 22-2992809 or Social Security No.

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
**Estimated Cost of Plumbing Work $**

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-1-95
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] DCA
Approved By:
Date: 10-6-95

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | 8-3-95 | |
| Rough | 8-24-95 | | 8-24-95 | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| | | | | |
| | | | | |

**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.

Richard A. Sitek Sr.
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA** (List all fixtures.)

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Closet | |
| | Urinal/Bidet | |
| | Bath Tub | |
| 4 | Lavatory | 28 |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| | Washing Machine | |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Water Cooled A/C or Refrigeration Unit | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Active Solar System | |
| | Other | 10 |

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $ 38
Collected by: TOTAL $

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

8-21-95 - Rough OK but 2 WASHER Boxes not on permit -

# PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/22/95
Date Issued
Control #
Permit # -1964-95

UPDATE

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

Block 827 Lot 19, 20, 37, 40
Work Site Location 1617 RT 88 WEST
BRICK
Owner in Fee 1617 RT 88 WEST ASSOC
Address SAME AS ABOVE

Tele. (908) 458-5854
Contractor RICHARD A. SITEK SR.
Address 1958 SILVERTON RD.
TOMS RIVER, N.J. 08753
Tele. (908) 255-9286
Lic. No. 7312
Federal Emp. No. 22-2992809 or Social Security No.

**B. PLUMBING CHARACTERISTICS**

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
**Estimated Cost of Plumbing Work $**

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-22-95
Approved by:

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

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Slab | | | | |
| Rough | | | | |
| Water | | | | |
| Sewer | | | | |
| Fixtures | | | | |
| Gas Equipment | | | | |
| Gas Piping | | | | |
| Solar | | | | |
| TCO | | | | |
| | | | | |
| | | | | |

**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.

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA** (List all fixtures.)

| NO. | FIXTURE/EQUIPMENT | FEE (Office Use Only) |
|---|---|---|
| | Water Closet | |
| | Urinal/Bidet | |
| | Bath Tub | |
| | Lavatory | |
| | Shower | |
| | Floor Drain | |
| | Sink | |
| | Dishwasher | |
| | Drinking Fountain | |
| 2 | Washing Machine For electric meter distance of footwath | 14 |
| | Hose Bibb | |
| | Water Heater | |
| | Fuel Oil Piping | |
| | Gas Piping | |
| | Steam Boiler | |
| | Hot Water Boiler | |
| | Sewer Pump | |
| | Interceptor/Separator | |
| | Backflow Preventer | |
| | Greasetrap | |
| | Water Cooled A/C or Refrigeration Unit | |
| | Sewer Connection | |
| | Water Service Connection | |
| | Active Solar System | |
| | Other | |

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 14

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received
Date Issued 8-2-95
Control #
Permit # 1964-95

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

Block 827 Lot 19, 29, 37, 40
Work Site Location 1617 RT 88 WEST
Owner in Fee 1617 RT 88 WEST ASSOC.
Address
Tele. (908) 458-5854
Contractor SAME AS ABOVE
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [✓] All | 7-31-95 | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] COO [ ] CA
Date: 8-1-95
Approved By:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | 8/2/95 | |
| Insulation | | | | |
| Finishes: | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 2
Height of Structure 22' Ft.
Area—Largest Floor ____ Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

**Est. Cost of Bldg. Work:**
1. New Bldg. $ ____
2. Alteration $ 10,000
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

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

INTERIOR ALTERATION

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (6' or over)
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other ____
- [ ] Other ____

[ ] Demolition

**(Office Use Only)**
FEE
$ ____

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

U.C.C. Form F-110B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Date Issued 8-2-95
Control #
Permit # 1964-95

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

Block 827 Lot 19,20,37,40
Work Site Location 1617 RT 88 WEST
BRICK
Owner in Fee 1617 RT 88 WEST ASSOC
Address SAME AS ABOVE
Tele. (908) 458-5854
Contractor SAME AS ABOVE
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
**Total Est. Cost of Fire Prot. Work $** [ ] Other

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 7/27/95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [✓] CA
Date: 10/17/95
Approved by:

INSPECTIONS:

| Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Suppression Test | | | | |
| Fire Alarm Test | | | | |
| Smoke Test | | | | |
| Mechanical | | | 10/17/95 | |
| TCO | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

**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**

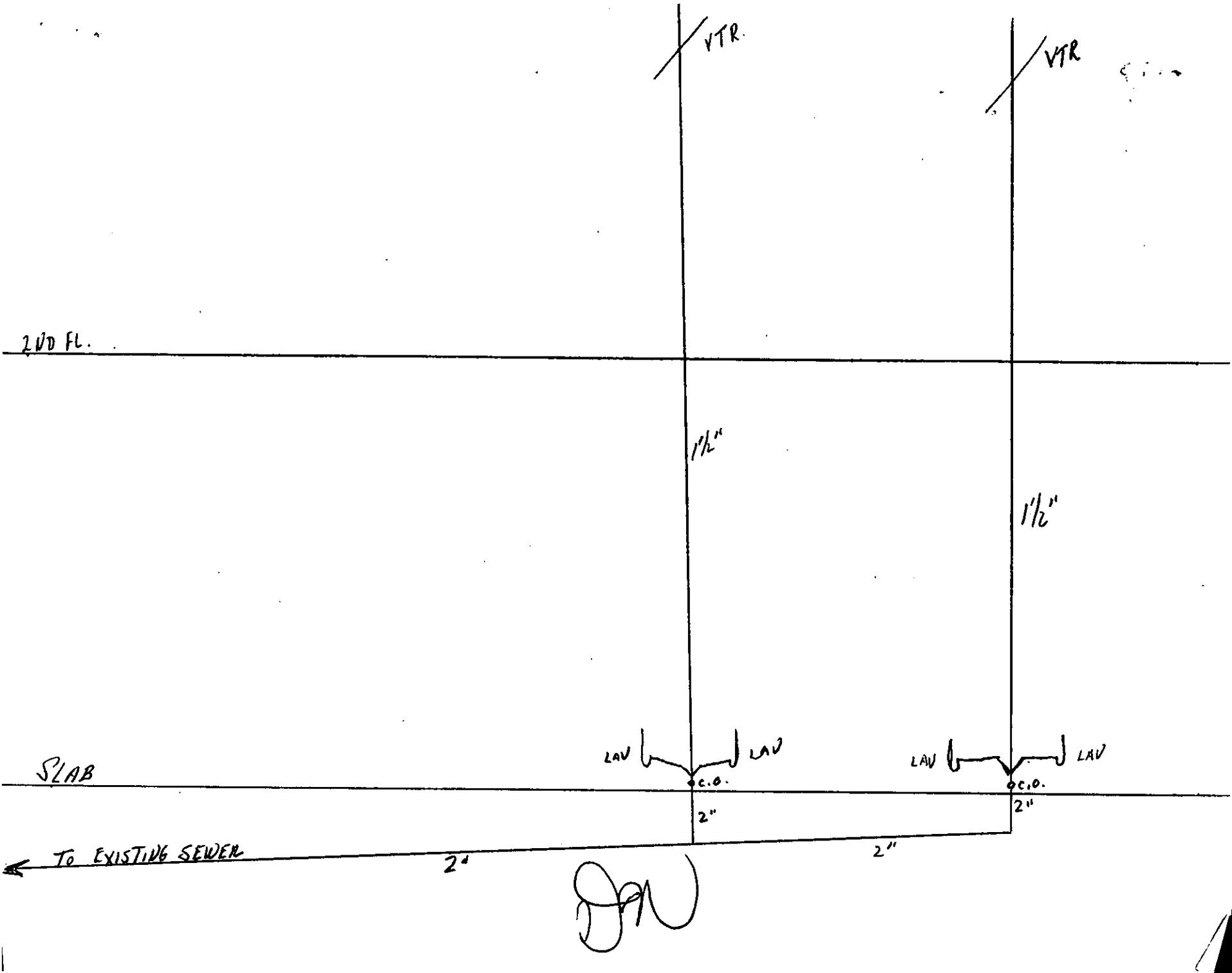
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

| | | | |
|---|---|---|---|
| Flammable Liquid Storage Tanks | ( ) Capacity | | Fuel |
| Combustible Liquid Storage Tanks | ( ) Capacity | | Fuel |
| L.P.G. Storage Tanks | ( ) Capacity | | Fuel |
| L.N.G. Storage Tanks | ( ) Capacity | | Fuel |

| | Number | FEE (Office Use Only) |
|---|---|---|
| Wet Sprinkler Heads in Furnace Room | 1 | 46 |
| Dry Sprinkler Heads | | |
| TOTAL | | |
| Smoke Detectors Common Areas | | 46 |
| Heat Detectors | | |
| TOTAL | | |
| Stand Pipes | | |
| Kitchen Hood Exhaust Systems | | |
| Pre-Engineered Systems | | |
| $CO_2$ Suppression | | |
| Halon Suppression | | |
| Foam Suppression | | |
| Dry Chemical | | |
| Wet Chemical | | |
| Gas or Oil Fired Appliance | | |
| OTHER | | |

Administrative Surcharge $ 92-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy


VTR
VTR
2ND FL.
1½"
1½"
LAV
LAV
LAV
LAV
C.O.
C.O.
SLAB
2"
2"
TO EXISTING SEWER
2"
2"

# TOWNSHIP OF BRICK
## ZONING PERMIT

**Date of Issue:** July 26, 1995 — 1995 Z 1150

**Block** 827 **Lot** 19 **Zone** B-1, N.B.

**Property Address:** 1617 Route 88

**Owner:** 1617 Route 88 West Associates **(Phone):** 458-5854

**Applicant:** Same **(Phone):** Same

**Use:** Medical Offices.

**Proposed Construction (if any):** Interior alterations only.

**Conditions:**

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinnevy

Sean Kinnevy — Land Use Officer

# BOCA
# PLAN REVIEW RECORD

Plan Review # _____

Date _____

## BASIC/NATIONAL BUILDING CODE

(All Articles except 15, 22 and 24)

Valuation $ Split to AT ok 7/26/95 at

Fee

JURISDICTION _____ (City, County, Township etc.)

BUILDING LOCATION _____ (Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

*Numerals indicated in parentheses are applicable code sections of 1984 Basic/National Building Code.*

## CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| | RE-PLAN | |
| | 8-3-95 called left message | |
| | 10/13/95 Owner has been called | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |



BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477