

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

OK. 3-21-84
EB

I. IDENTIFICATION

1. Proposed Work at: 981 MIDVALE AVE.
2. Owner Name: JOHN COTRELL & MARGARET SCHIMMELBUSCH Tel. ()
Address 981 MIDVALE AVE. BRICK
3. Principal Contractor: SELF Tel. ()
Address _____
Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ()
Address _____
5. Responsible Person in Charge of Work _____ Tel. ()

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☒ Minor Work (Single Trade) 2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> 3. ☐ New Building 4. ☐ Addition 5. ☐ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☒ Other: <u>CRAIN LINK FENCE</u>	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☐ Building/Structural</td> <td>\$ <u>1500.</u></td> </tr> <tr> <td>2. ☐ Plumbing</td> <td>_____</td> </tr> <tr> <td>3. ☐ Electrical</td> <td>_____</td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. ☒ Other <u>FENCING</u></td> <td>_____</td> </tr> <tr> <td>6. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>1500.</u></td> </tr> </tbody> </table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$ <u>1500.</u>	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☒ Other <u>FENCING</u>	_____	6. ☐ Other _____	_____	TOTAL COST \$ <u>1500.</u>		1. ☐ Elevators/Dumbwaiters 2. ☐ High-Pressure Boilers 3. ☐ Refrigeration Systems 4. ☐ Pressure Vessels 5. ☐ Hazardous Uses/Places of Assembly 6. ☐ Cross-connections/Backflow Preventors 7. ☐ Sprinklers 8. ☐ Smoke Control Systems in Open Wells
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ <u>1500.</u>																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☒ Other <u>FENCING</u>	_____																	
6. ☐ Other _____	_____																	
TOTAL COST \$ <u>1500.</u>																		
C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing																		

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☒ One-Family (R-3a) If other than new construction, enter no. of dwelling units: _____
- Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmeries (I-2) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☐ Business (B) | 22. ☐ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ High-Hazard (H) | |

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

- | Principal | Secondary | Type |
|--|--------------------------|--------------------------|
| 3. ☐ | ☐ | Gas |
| 4. ☒ | ☐ | Oil |
| 5. ☐ | ☐ | Electric |
| 6. ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. ☐ | ☐ | Propane |
| 8. ☐ | ☐ | Solar |
| 9. ☐ | ☐ | Other _____ |

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10511089

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☒ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
- B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____

John R. Colwell

DATE _____

3/20/84

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____

TEL.() _____

ADDRESS _____

SIGNATURE _____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By		Approval Date	Reviewer	Comments
		Date	Receiver			
☐	BUILDING			2/26/84	R.M.	
	Footings/Foundations					
	Framing					
	Architectural					
	Other <u>coning</u>			3/29/84	J.R.C.	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions		Final Inspection	Comments
_____	ALL CONSTRUCTION				
_____	BUILDING				
	Footings/Foundations				
	Framing				
	Architectural				
	Other				
_____	PLUMBING				
_____	ELECTRICAL				
_____	FIRE PROTECTION				
_____	OTHER				

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

Date Issued

☐ Temporary Certificate of Occupancy	_____
Date Expired	_____
☐ Temporary Certificate of Occupancy	_____
Date Expired	_____
☐ Certificate of Occupancy	_____
No.	_____
☐ Certificate of Continued Occupancy	_____
No.	_____
☐ Certificate of Approval	_____
No.	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ _____
- LESS: 20% of subtotal (when plan review performed by state agency).	
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ <u>15.00</u>
DATE <u>3/23/84</u>	Collected By <u>Pelo</u>

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____
OTHER	_____	_____
OTHER	_____	_____
- LESS: Refunds		(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT

PERMIT NO. 271
 DATE ISSUED Mar. 23, 1984
 Block 527-20 Lot 1,3&11-14
 Subdivision Cedarwood Park

A. IDENTIFICATION

Owner Cottrell & Schimmelbusch Agent _____
 Address 981 Midvale Avenue Address _____
Brick, NJ
 Tel. (_____) _____
 Work Site Address _____ Lic. No. _____
981 Midvale Avenue Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 15.00
 Fees Remitted \$ 15.00
☒ Check No. 1089
☐ Cash
☐ Other _____
 Collected By: Palo
 Date: 3-23-84

is hereby granted permission
to perform the following work:

- ☒ **BUILDING** ☐ **ELECTRICAL**
☐ **PLUMBING** ☐ **FIRE PROTECTION**
☐ **OTHER** _____

Description of work:

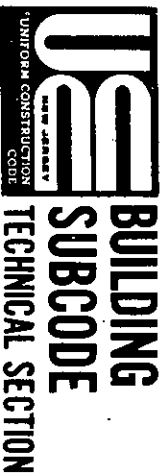
chain fence

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: \$ 1,500.

Arthur J. Celzo
 CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



PERMIT NO. 277
 DATE ISSUED 3-23-84
 REVISION DATE _____
 Block 517.20 Lot 1-3411-14
 Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only When changing contractors, notify this office

Owner JOHN LESTER & MARGARET SCHMIDT Contractor SELF
 Address 931 MIDVALE AVE Address _____
 Tel. () BRICK Tel. () _____
 Work Site Address 781 MIDVALE AVE., BRICK Lic. No. _____
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
 I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.
420' chainlink fence

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other _____		
☐ Demolition		
☒ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other _____		
SUBTOTAL		<u>15.00</u>
Minimum Building Fee (if applicable)		\$ _____
Total Building Fee (Greater of Minimum or Subtotal)		\$ _____

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING **SUBCODE** TECHNICAL SECTION



PERMIT NO. 271
 DATE ISSUED 3-23-84
 REVISION DATE _____
 Block 527.20 Lot 1.3 & 1.14
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner JOHN CETERELLI & MARGARET SCHIMMELBUSCH SELF
 Address 981 MIDVALE AVE
 Address BRICK
 Tel. () _____
 Tel. () _____
 Work Site Address 981 MIDVALE AVE
 Work Site Address BRICK
 Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:
 (Complete for Minor Work and Small Job Only)
 I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.

420' chain link fence

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
- ☐ Roofing
- ☐ Siding
- ☐ Other _____
- ☐ Demolition
- ☒ Miscellaneous
 - ☒ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Elevator
 - ☐ Other _____

Fee Basis

\$

SUBTOTAL

\$ 13.00

Minimum Building Fee (if applicable)

\$

Total Building Fee (Greater of Minimum or Subtotal)

\$

☐ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
 No. of Stories _____ Total Building Area-All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area-Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ _____

D. COMMENTS

420' chain link fence

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

INSPECTIONS

		Date	Initials
☐	No Plans Required	_____	_____
☐	All	_____	_____
☐	Footing/Foundation	_____	_____
☐	Frame	_____	_____
☐	Architectural	_____	_____
☐	Other <u>None</u>	<u>3-20-54</u>	<u>RM</u>
INSPECTIONS FINAL			
☐	CO	☐	CCO
☐	CA		
Date: _____			
Inspected By: _____			

Type	Failure Dates				Approval Date
☐ Footing/Foundation					
☐ Slab					
☐ Frame					
☐ Architectural					
☐ Insulation					
☐ Finishes					
☐ Energy					
☐ Mechanical					
☐ TCO					
☐ Other _____					