

BLOCK 852 LOT 4 ADDRESS (SITE) 1759 Rt 88 W PERMIT NO. 2112-92

SEP 4 1992

Dominick
home - 255
4569



CONSTRUCTION PERMIT APPLICATION

APPLICANT'S COMPLETE: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: 1759 Rt 88 W
2. Name of Owner in Fee: Laurelton Plaza Inc. Tel. ()
- Address 400 Plaza Secaucus 07094
street municipality zip code
3. Ownership in Fee: Public ☒ Private ☐
4. Principal Contractor: Werner Reschmeier Tel. (214) 3606
(ask for Jacob) Mgr
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Emp. No. Social Security No.
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person In Charge of Work Tel. ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	<u>Sign</u>	<u>8</u>	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$	<u>8</u>	
7. Less 20% for State Plan Review		<u>5</u>	
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy		<u>20</u>	
12. Other			
13. TOTAL	\$	<u>33</u>	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure	ft.
3. Area—Largest Floor	sq. ft.
4. Building Area—All Floors	sq. ft.
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

1. ☒ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

TOTAL COSTS \$ 100

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>jc</u>	<u>9/11/92</u>		<u>10/18/92</u>	<u>RA</u>			

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

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:
Movie Theater
2. Use Group:
3. Change in Use Group. Indicate Former:

LDS BR 10514434

20K

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 Werner Raschmeier

Address _____

Telephone () 254-3606

Signature [Signature] Date 9/4/92

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ 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 Protection									
☐ Utility Dig No.									
☒ Other <i>28115</i>	<i>SLC</i>	<i>9/4/92</i>							
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

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



CONSTRUCTION PERMIT

Date Issued 10-9-92
Control #
Permit # 2112-92

IDENTIFICATION Block 852 Lot 4
Work Site Location 1759 RT 88 (1) Contractor Werner Puschmeier
Address _____
Owner in Fee Frederick Blum
Address 400 20th St Tele. () _____
Secaucus NJ 07094 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Tele. () _____ Federal Emp. No. _____
or Social Security No. _____

is hereby granted permission to perform the following work:
[] BUILDING [] PLUMBING [X] OTHER Sign
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

Sign

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 \$ 100. at Lien

PAYMENTS (Office Use Only)

Building	<u>8</u>	
Plumbing		
Electrical		
Fire Protection		
Other	<u>P/R 5</u>	<u>211292</u>
Other		
DCA Training Fee	<u>LOT</u>	<u>1.00</u>
Cert. of Occ	<u>AP 20</u>	<u>4 #</u>
Other	<u>BUILDING</u>	<u>1.00</u>
Total	<u>33</u>	<u>PLAN RVW</u>
Check No.	<u>11</u>	<u>1.00</u>
Cash	<u>✓</u>	<u>TOTAL</u>
Collected By:	<u>26</u>	



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued 10-9-92
Control # _____
Permit # 2112-92

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

Block 852 Lot 4
Work Site Location Circle K Supermarket
Owner in Fee Lancaster Village Inc
Address 400 Plaza Drive Shawnee 07054
Tele. () 234-3606
Contractor Warner Construction
Address _____
Tele. () _____
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Failure		Failure		Approval		Initial	
☒	No Plans Req.																
☒	All																
☐	Foundation																
☐	Slab																
☐	Frame																
☐	Other																
Joint Plan Review Required:																	
☐	Elec.																
☐	Plumb.																
☐	Fire																
SUBCODE APPROVAL																	
☐	CO																
☐	CCO																
☐	CA																
Date:																	
Approved By:																	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg./Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>1000</u>
No. of Stories			2. Alteration \$ <u>1170</u>
Height of Structure			3. Total (1+2) \$ <u>1170</u>
Area—Largest Floor			Sq. Ft.
Total Bldg. Area/All Floors			Sq. Ft.
Volume of Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

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

Augur

TYPE OF WORK:	(Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Alteration	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Other	\$ _____
☐ Demolition	\$ _____
☐ Miscellaneous	\$ _____
☐ Fence	Height _____
☐ Sign	Sq. Ft. _____
☐ Pool	\$ _____
☐ Elevator	\$ _____
☐ Asbestos Abatement	\$ _____
☐ Other	\$ _____

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

Note: This quote is subject to change after 10 days

SIGN DEPOT Formerly Sign Stop	
S	P
231 Brick Blvd. BRICK, NJ 08723 (908) 920-1818	
Quotation	

Date 15/6/92

NAME OF COMPANY <u>Lowes Theatres</u>	TELEPHONE # <u>458-5078</u>	DATE NEEDED
COMPLETE ADDRESS	CONTACT <u>Dom</u>	SIGNAGE _____ ENGRAVING _____

LETTER
HEIGHT/COLOR

LAYOUT

JUSTIFY
LEFT/CENTER/RIGHT

12 x 36	ofo gauge	Real Tex 7
THEATRE ENTRANCE		
1	10'	polo
Bolts		
ALL + TAX		

6' 2"

2' 2"

1' 10"

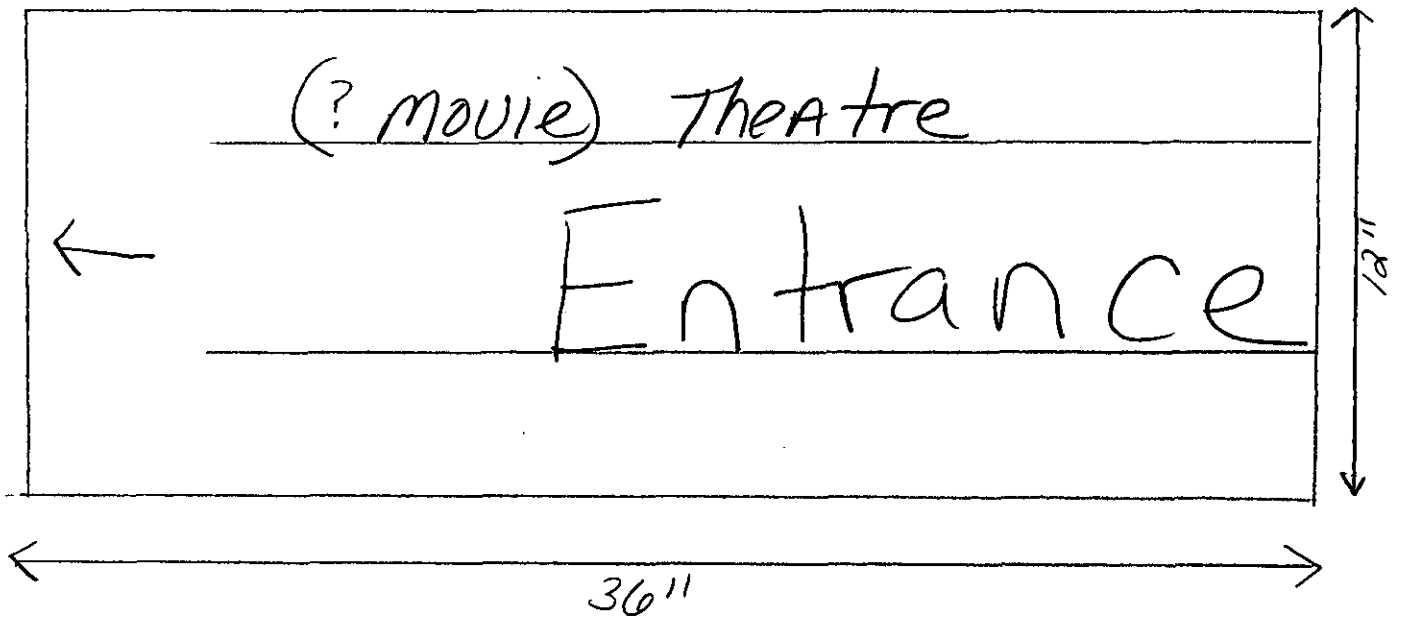
SPECIAL INSTRUCTIONS:

DETAILS:

FONT SELECT:	QUANTITY:
SLANT (%):	BACKING: SIZE: x
ARC (%):	VERTICAL ☐ HORIZONTAL ☐
REVERSE:	MOUNTING:
UPPER/LOWER CASE:	LOGO:

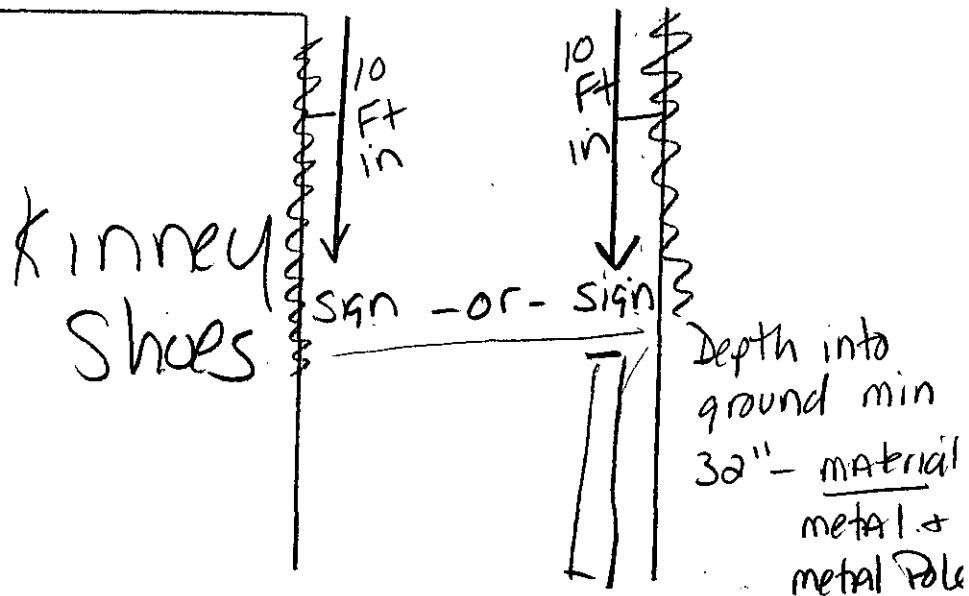
231 Brick Boulevard
Brick Town, NJ 08723
(201) 920-1818

SUBTOTAL
LOGO WORK
SUBTOTAL
TAX
TOTAL

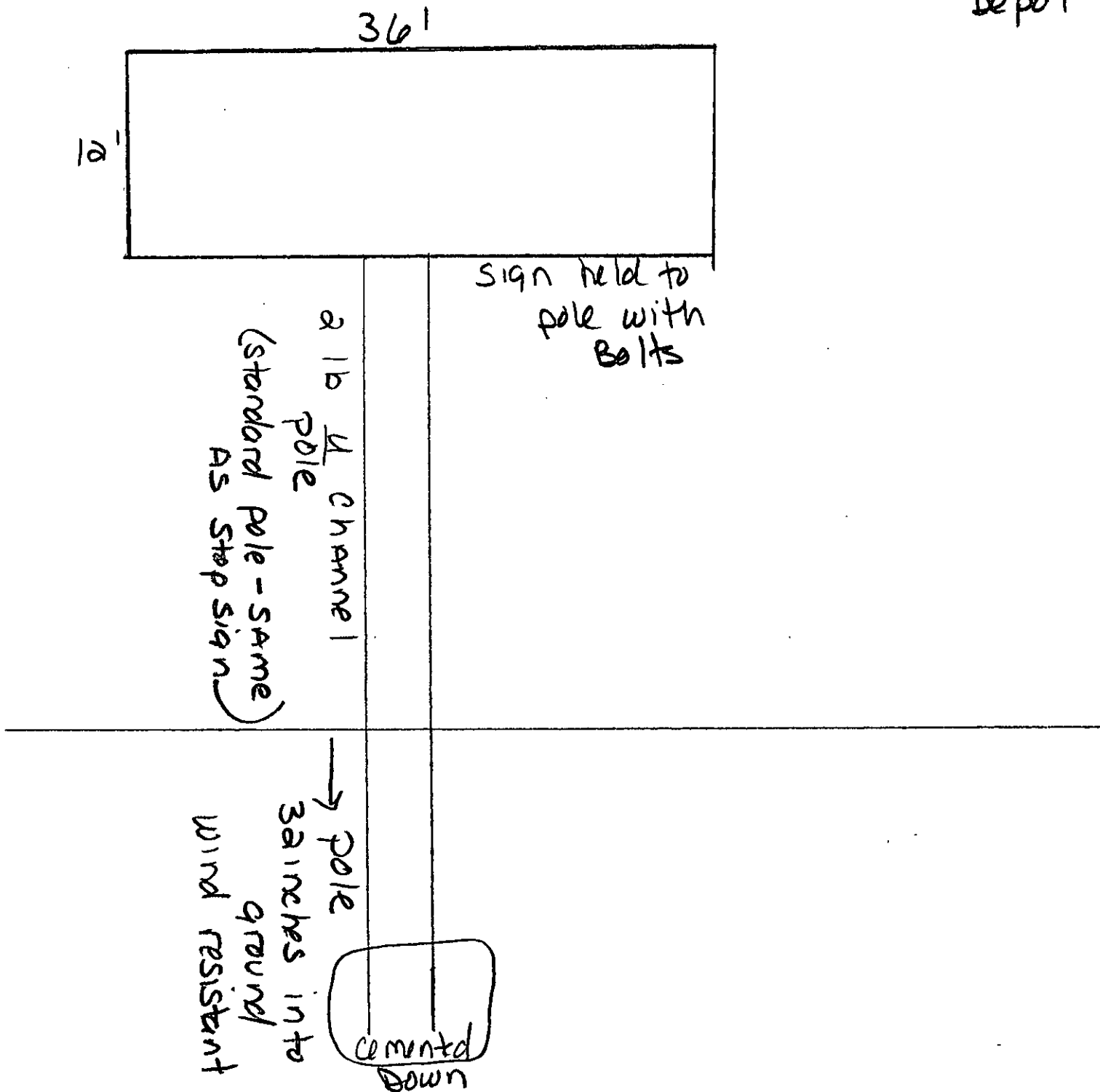


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
DATE Sean Kinney 9/4/22
entrance signs

70 West



white with Red lettering
12' by 36' Aluminium 080 gauge sign
made by Sign
Depot





Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CIRCLE C 1004 A

CHECK LIST

Re: Block 852 Lot 4

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative _____
Zoning _____
Engineering _____
Building NO PLAN
Plumbing _____
Electric _____
Fire _____

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

458-5077

- 5678