

Brick

Permit Without a Jacket

Permit Number 11104

Construction Permit # 11104-011

6/1, 19 87

Owner ... Merrichew, H.

Location ... 251 Old Squan Rd.

Block ... 1031 ... Lot ... 69

Contractor same

Fee \$ 7.50 Use Fence

BUILDING SUB-CODE INSPECTIONS

Footing Trench
Foundation
Slab
Sheathing
Framing
Insulation
Sheet Rock
Plumbing
Fire Inspection
Final
C.O. Issued

PLUMBING SUB-CODE INSPECTIONS

Slab
Rough
Septic/Sewer
Water
Final
Electrical Final

VIOLATIONS

Use reverse side for additional remarks

~~RECEIVED~~

MAY 21 1967

~~licable~~ BUILDING

11. TYPE AND COST OF BUILDING — All applicants complete Parts A-D

C. COST		(Omit cents)	
10. Cost of Improvement	\$		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. _____ _____ _____ _____
To be installed but not included in the above cost			
a. Electrical (# Fixtures, Outlets)			
b. Plumbing (# of Fixtures)			
c. Heating, air conditioning			
d. Other (elevator, etc.)			
11. TOTAL COST OF IMPROVEMENT	\$	200.00	

III. SELECTED CHARACTERISTICS OF BUILDING —
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 ☐ Masonry (wall bearing) ☐ Wood frame ☐ Structural steel ☐ Reinforced concrete ☐ Other - Specify _____	H. DIMENSIONS Number of stories _____ Total square feet of floor area, all floors, based on exterior dimensions _____ Total land area, sq. ft. _____	FEE COMPUTATIONS VOLUME OF BUILDING _____ BUILDING SUB CODE _____ ELECTRICAL CODE _____ PLUMBING CODE _____ PLAN REVIEW _____ CERTIFICATE OF OCCUPANCY _____ STATE TRAINING FUND _____	_____ _____ _____ _____ _____ _____ _____
F. TYPE OF HEATING SYSTEM Specify _____ Air Cond. Yes ☐ No ☐	I. RESIDENTIAL BUILDING ONLY Number of bedrooms _____ Number of bathrooms { Full _____ Partial _____	CONSTRUCTION _____ PERMIT FEE 11104	_____ _____ _____ _____ _____ _____
G. TYPE OF SEWERAGE DISPOSAL ☐ Public ☐ Individual			7.50

Cash

SUB CONTRACTORS				
NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME

Michael S. Leonard

ADDRESS

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	<i>Ed Merrihue</i>	<i>251 Old Square Rd. Brick, N.J.</i>	<i>08724</i>	<i>840-9547</i>
2. Contractor	<i>Self Installed</i>			
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

Address

Application date

Harold Merrihue

251 Old Square Rd. Brick N.J.

5-22-87

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by

Date permit issued

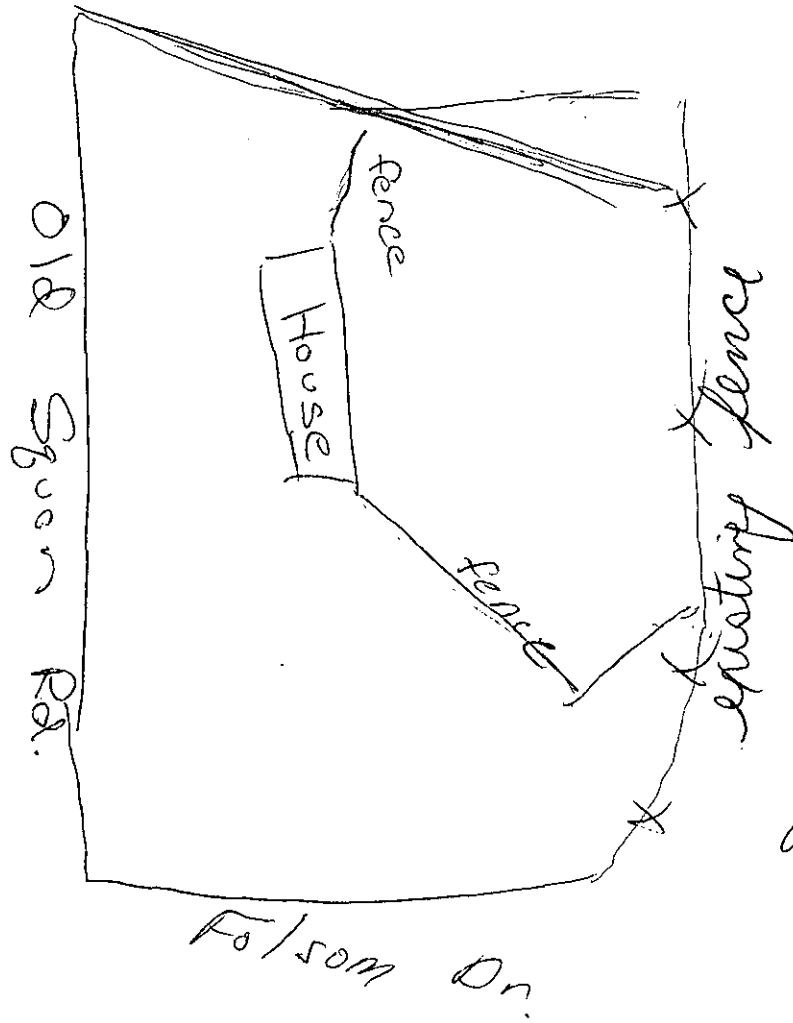
Permit Number

[Signature]

6-1-87

11104

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.



Approved
5/26/87
J.K.
Jr.