✓ BLOCK 547 LOT 6 & 7 ADDRESS (SITE) 451 Brick Blvd PERMIT NO. 1891-90

RECEIVED
SEP 19 1990
BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed work-site at: #6 General Stores ✓
2. Name of Owner in Fee: Alexander Amodio Tel. (201) 370-5995
   Address 451 Brick Blvd (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Omar Tent Rentals Tel. (201) 920-2222
   Address _____
   License No. OR, if new home, Builder Reg. No. 1247-81 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	$ 50-		
2. Electrical			
3. Plumbing			
4. Fire Protection	25-		
5. Other			
6. Subtotal	$ 75.-		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20.00		
12. Other			
13. TOTAL	$ 95.-		

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

temp. tent sale

	Est. Cost
1. ☐ Minor Work (single trade)	500-
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 ✓	500-

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
JL			10/2/90	RL			
	9/10-2-90		10-2-90	JL	10-19-90		JE

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:
2. Use Group: Temp Tent
3. Change in Use Group, Indicate Former:

LDS BR 10409529

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 Philip Langellotti

Address 735 Airport Rd
Lakewood NJ 08701

Telephone (201) 901-1745

Signature Philip Langellotti Date _____

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
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐ tent Sale	189-	74	10-4-	10-8			SR		
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

Date Issued 10-2-90
Control #
Permit # 1891-90

IDENTIFICATION Block 547 Lot 6,7

Work Site Location 451 Brick Blvd.

Owner in Fee Alexander Cimadio
Address Same

Tele. ( )

Contractor Omar Tent Rentals
Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. **0002**

or Social Security No. 1991**

Is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Temp. tent sale

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 $ 500.-

A. J. Ciezo
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Block	547 #	0.00
Building	Lot 6.7 #	
Plumbing	BUILDING	50.00
Electrical	FIRE	25.00
Fire Protection	C / O	20.00
Other	TOTAL	95.00
Other	CHECK	95.00
DCA Training Fee	CHANGE	0.00
Cert. of Occ.	10/02/90 NO. 5 0006A005	15:45
Other		
Total		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-2-90
Control #
Permit # 1891-90

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

Block 547 Lot 6 & 7
Work Site Location 451 Brick Blvd
Owner in Fee Alexander Amodio
Address
Tele. (201) 370-5995
Contractor Omar Tent Rental
Address
Tele. (201) 920-2222
Lic. No. or Bldrs. Reg. No. 1247-81
Federal Emp. No. _____ or Social Security No. _____

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. Langlotti

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Temp Tent

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/1/90	RK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

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 (Temp) Bldg. $ 500
2. Alteration $ _____
3. Total (1+2) $ _____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

(Office Use Only)
FEE
$ _____

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ _____

U.C.C. Form F-110A
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 10-2-90
Control #
Permit # 1891-90

Certificate of Flame Resistance att.

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

Block 547 Lot 6 & 7
Work Site Location 451 Brick Blvd
Owner in Fee Alexander Amodio
Address
Tele. (201) 370-5995
Contractor Amar Tent Rental
Address
Tele. (201) 920-2222
Lic. No.
Federal Emp. No. or Social Security No.

Temp Tent

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 $ 500— [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 10-2-90
Approved by: JE
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10-19-90
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Temp Tent			10/19/90	JE
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.

P. Lanelotti
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Temp Tent

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		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
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 Temp Tent		25

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

U.C.C. Form F-140A

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Stevan J. Zboyan, Mayor

Township Council:
Andrew R. Ciesla, President
Albert Chrobocinski
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Warren H. Wolf
David W. Wolfe

Office of the Municipal Clerk

Francis E. Smith, RMC
Municipal Clerk
(201) 477-3000, Ext. 254

Joyce A. Shafer, RMC
Assistant Municipal Clerk
(201) 477-3000, Ext. 253

Fax: (201) 920-4850

October 2, 1990

RE: ORDINANCE NO. 189-74 (204A) TRAILER & TENT SALES

PERMIT NO.: 23-90

TO WHOM IT MAY CONCERN:

Permission is hereby granted to General Stores, 451 Brick Blvd, Brick, New Jersey to hold a Trailer/Tent Sale from October 4, 1990 to October 8, 1990.

$25.00 Permit fee received 10-2-90

MUNICIPAL CLERK

ARTHUR J. CIERZO, CONSTRUCTION CODE OFFICIAL

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

#1247-81

ISSUED BY

ANCHOR INDUSTRIES, INC.
EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

4-10-81

This is to certify that the materials described have been flame-retardant treated (or are inherently noninflammable) and were supplied to:

NAME: OMAR TENT RENTAL

CITY BRICKTOWN STATE NJ

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with Federal Specification MIL-C-43006D

Method of application: LAMINATED

Type, color and weight of canvas: 13 oz. Dacron Yellow & White

Description of item certified: (1) 30' x 30' Fiesta Tent

Flame Retardant Process Used Will Not Be Removed By Washing

SNYDER MANUFACTURING COMPANY
Name of Applicator of Flame Resistant Finish
NEW PHILADELPHIA, OHIO

Signed: Louis R Brown
TENT DEPARTMENT—ANCHOR INDUSTRIES, INC.
LOUIS R. BROWN

John P. Kinnevy, Jr.
401 Chambersbridge Rd
Bricktown, NJ., 08723

September 19, 1990

Dear Mr. Kinnevy;

We request permission to hold a tent sale from October 4, 1990 thru October 9, 1990.

Omar The Tent Man is going to supply us the tent which will be accompanied by a certificate of fire retardation.

Enclosed is a sketch of where the tent will be placed.

thank you for your consideration in this matter.

Sincerely,

Alexander Amodio PP

Alexander Amodio
Fashion Plus, Inc.
T/A General Stores Unlimited
451 Brick Blvd
Bricktown, NJ., 08723