



I. IDENTIFICATION

1. Proposed Work-site at: 856 LAURELTON CIRCLE
2. Name of Owner in Fee: MUTKI SYSTEM Tel. (201) 599-1800
- Address 856 LAURELTON CIRCLE, BRICKTOWN, N.J.
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: MARK SKIN CO. Tel. (201) 696-1718
- Address 241 TPKE, PERJANNOCK, N.J.
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. 22-289-9011 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person In Charge of Work MR. M. LADAK Tel. (201) 696-1718

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

Est. Cost

8000.35

500000

OPTIONAL (for office use only)[illegible]

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly
2. ☐ High Pressure Boilers	4. ☐ Refrigeration Systems	7. ☐ Sprinklers
	5. ☐ Cross-Connections/Backflow Preventers	8. ☐ Smoke Control Systems in Open Wells
		9. ☐ Underground Storage Tanks

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other <u>Sign</u>	<u>40.00</u>		
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20.00</u>		
12. Other			
13. TOTAL	\$ <u>60.00</u>		

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 _____

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:

3. Change in Use Group,
Indicate Former:

RECEIVED

JUN 6 1991

DIV. OF INSPECTION

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 MARK SIGN CO.
241 NEWARK POMPTON TNP
PEQUANNOCK, NJ 07440

Address _____

Telephone (201) _____

696-1718

Signature _____ Date 5/8/91

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>Zoning</i>	<i>NC</i>	<i>6/6/91</i>	<i>J194</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 _____

Control # _____

Permit # _____

IDENTIFICATION Block _____ Lot _____

Work Site Location 856 LAURELTON CIRCLE Contractor MARK SIGN Co.
BRICKTOWN, N.J. Address 241 TPKE

Owner in Fee NUTRI SYSTEM Address PERU ANNOCK N.J.

Address 856 LAURELTON CIRCLE Tele. (201) 696-1718
BRICKTOWN, N.J.

Tele. (201) 599-1800 Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. 22-289-9011
or Social Security No. _____

is hereby granted permission to perform the following work:

[] BUILDING [] PLUMBING ☒ OTHER SIGN
[] ELECTRICAL [] FIRE PROTECTION

DESCRIPTION OF WORK:

INSTALL SIGN
AS SHOWN ON SKETCH

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 \$ 5000.00**PAYMENTS (Office Use Only)**

Building _____
Plumbing _____
Electrical _____
Fire Protection _____
Other _____
Other _____
DCA Training Fee _____
Cert. of Occ. _____
Other _____
Total _____
Check No. _____
Cash _____
Collected By: _____



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

6/21/91
1115-91

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

Block _____ Lot _____
Work Site Location 856 LAURELTON CIRCLE
BLACKTOWN N.J.
Owner in Fee NORTH SYSTEM
Address 856 LAURELTON CIRCLE, BLACKTOWN N.J.
Tele. (201) 599-1800
Contractor MARK SICILIO
Address 241 TPK Rt 200, BLACKTOWN, N.J. 07440
Tele. (201) 699-1718
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. 22-289-9011 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 [Signature]

**D. TECHNICAL SITE DATA
DESCRIPTION OF WORK**

Install Sign As
Shower On Search.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
[] No Plans Req.			Type:	Failure Failure Approval Initial
[x] All	6/21/91	MS	Footings	
[] Footing			Foundation	
[] Foundation			Slab	
[] Frame			Frame	
[] Other			Insulation	
Joint Plan Review Required:			Finishes:	
[] Elec. [] Plumb. [] Fire			Energy	
SUBCODE APPROVAL			Mechanical	
[] CO [] CCO [] CA			TCO	
Date:			Other	
Approved By:			Final	

B. BUILDING CHARACTERISTICS

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

**(Office Use Only)
FEE**

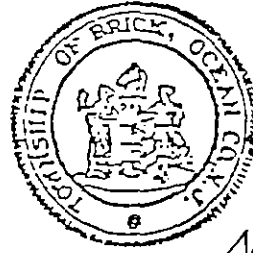
TYPE OF WORK:	
[] New Building	
[] Addition	
[] Alteration	
[] Roofing	
[] Siding	
[] Other	
[] Demolition	
[] Miscellaneous	
[] Fence	
[x] Sign	40 Height Sq. Ft.
[] Pool	
[] Elevator	
[] Asbestos Abatement	
[] Other	

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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



wman, Mayor

Township Council

L. Butler, Council President

Anderson

Antuzzi

Hibbard

Scarpelli

Wolf

Volle

Division of In

A.J. Cierzo
Construction

(201) 477-3000

6-11-91
mon from
Marko Lito
called
JH

CHECK LIST

Block 857 Lot 4.01 Address Rt 70
NUTRI SYSTEM

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	<u>NO PLAN WITH SEAL</u>
Plumbing	<u>OR-UL</u>
Electric	_____
Fire	_____

See attached review check list(s) for details as to the reasons 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 construction permit application. This time ceases in the event of a rejection of any type, and starts again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Officer

Date _____