

RECEIVED

JUL 13 1988

DIV. OF INSTRUCTION



# CONSTRUCTION PERMIT APPLICATION

OWNSHIP OF BRICK

## I. IDENTIFICATION

1. Proposed Work at: General Stores 451 BRICK BLD BRICKTOWN NJ

2. Owner Name: ALEXANDER AMODIO Tel. (201-477-7171)

Address: \_\_\_\_\_

3. Principal Contractor: OMAR Tent Rental 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. <input type="checkbox"/> Minor Work (Single Trade)<br>2. <input type="checkbox"/> Small Job (\$5,000 and no Prior Approvals)<br><i>Complete only II.B., III and IV.A. and Page 2</i><br>3. <input type="checkbox"/> New Building<br>4. <input type="checkbox"/> Addition<br>5. <input type="checkbox"/> Alteration<br>6. <input type="checkbox"/> Repair, Replacement<br>7. <input type="checkbox"/> Demolition<br>8. <input checked="" type="checkbox"/> Other: <u>Temp. Tent</u> | <table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. <input type="checkbox"/> Building/Structural</td> <td>\$ _____</td> </tr> <tr> <td>2. <input type="checkbox"/> Plumbing</td> <td>_____</td> </tr> <tr> <td>3. <input type="checkbox"/> Electrical</td> <td>_____</td> </tr> <tr> <td>4. <input type="checkbox"/> Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. <input type="checkbox"/> Other _____</td> <td>_____</td> </tr> <tr> <td>6. <input type="checkbox"/> Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST \$ <u>500</u></td> </tr> </tbody> </table> | Permit/Category                                             | Estimated | 1. <input type="checkbox"/> Building/Structural | \$ _____ | 2. <input type="checkbox"/> Plumbing | _____ | 3. <input type="checkbox"/> Electrical | _____ | 4. <input type="checkbox"/> Fire Protection | _____ | 5. <input type="checkbox"/> Other _____ | _____ | 6. <input type="checkbox"/> Other _____ | _____ | TOTAL COST \$ <u>500</u> |  | 1. <input type="checkbox"/> Elevators/Dumbwaiters<br>2. <input type="checkbox"/> High-Pressure Boilers<br>3. <input type="checkbox"/> Refrigeration Systems<br>4. <input type="checkbox"/> Pressure Vessels<br>5. <input type="checkbox"/> Hazardous Uses/Pieces of Assembly<br>6. <input type="checkbox"/> Cross-connections/Backflow Preventors<br>7. <input type="checkbox"/> Sprinklers<br>8. <input type="checkbox"/> Smoke Control Systems in Open Wells |
| Permit/Category                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | Estimated                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 1. <input type="checkbox"/> Building/Structural                                                                                                                                                                                                                                                                                                                                                                                                                                       | \$ _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 2. <input type="checkbox"/> Plumbing                                                                                                                                                                                                                                                                                                                                                                                                                                                  | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 3. <input type="checkbox"/> Electrical                                                                                                                                                                                                                                                                                                                                                                                                                                                | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 4. <input type="checkbox"/> Fire Protection                                                                                                                                                                                                                                                                                                                                                                                                                                           | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 5. <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| 6. <input type="checkbox"/> Other _____                                                                                                                                                                                                                                                                                                                                                                                                                                               | _____                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| TOTAL COST \$ <u>500</u>                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
| C. DO YOU WANT:<br>1. <input type="checkbox"/> Partial Releases      2. <input type="checkbox"/> Prototype Processing                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                                             |           |                                                 |          |                                      |       |                                        |       |                                             |       |                                         |       |                                         |       |                          |  |                                                                                                                                                                                                                                                                                                                                                                                                                                                                |

## III. DESCRIPTION OF BUILDING USE (USE GROUPS)

| A. RESIDENTIAL                                                                                                                                                                                                        | B. NON-RESIDENTIAL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Hotels (R-1)<br>2. <input type="checkbox"/> Multi-Family (R-2)<br>HMD Reg. No.: _____<br>3. <input type="checkbox"/> Two Family (R-3b)<br>4. <input type="checkbox"/> One-Family (R-3a)   | 5. <input type="checkbox"/> Theatres with Stage (A-1-A)<br>6. <input type="checkbox"/> Movie Theatres (A-1-B)<br>7. <input type="checkbox"/> Night Clubs (A-2)<br>8. <input type="checkbox"/> Restaurants, Libraries, Museums (A-3)<br>9. <input type="checkbox"/> Religious Assembly (A-4)<br>10. <input type="checkbox"/> Outdoor Assembly (A-5)<br>11. <input checked="" type="checkbox"/> Business (B)<br>12. <input type="checkbox"/> Educational (E)<br>13. <input type="checkbox"/> Moderate-Hazard Factory (F-1)<br>14. <input type="checkbox"/> Low-Hazard Factory (F-2)<br>15. <input type="checkbox"/> High-Hazard (H) |
| If new construction, enter no. of dwelling units: _____<br>If other than new construction, enter no. of dwelling units: _____<br>Before Construction: _____<br>After Construction: _____<br>Net Gain (or loss): _____ | 16. <input type="checkbox"/> Institutional Detention Center (I-1)<br>17. <input type="checkbox"/> Hospitals, Infirmeries (I-2)<br>18. <input type="checkbox"/> Group Homes (I-3)<br>19. <input type="checkbox"/> Mercantile (M)<br>20. <input type="checkbox"/> Moderate-Hazard Warehouse (S-1)<br>21. <input type="checkbox"/> Low-Hazard Warehouse (S-2)<br>22. <input type="checkbox"/> Temporary, Misc. (U)<br>23. <input type="checkbox"/> Other _____                                                                                                                                                                       |
| State Specific Use: _____<br>If Change in Use Group, Indicate Former: _____                                                                                                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |

## IV. BUILDING CHARACTERISTICS

| A. OWNERSHIP                                                                                                                                         | B. HEATING FUEL                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               | C. TYPE OF SEWAGE DISPOSAL | D. TYPE OF WATER SUPPLY | E. BUILDING CHARACTERISTICS |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
|------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------|-------------------------|-----------------------------|-----------------------------|--------------------------|-----|-----------------------------|--------------------------|-----|-----------------------------|--------------------------|----------|-----------------------------|--------------------------|--------------------------|-----------------------------|--------------------------|---------|-----------------------------|--------------------------|-------|-----------------------------|--------------------------|-------------|--------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| 1. <input type="checkbox"/> Private (Individual, Corp., Non-profit Inst., Etc.)<br>2. <input type="checkbox"/> Public (State, County or Local Govt.) | <table border="1"> <thead> <tr> <th>Principal</th> <th>Secondary</th> <th>Type</th> </tr> </thead> <tbody> <tr> <td>3. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Gas</td> </tr> <tr> <td>4. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Oil</td> </tr> <tr> <td>5. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Electric</td> </tr> <tr> <td>6. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Solid (Wood, Coal, Etc.)</td> </tr> <tr> <td>7. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Propane</td> </tr> <tr> <td>8. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Solar</td> </tr> <tr> <td>9. <input type="checkbox"/></td> <td><input type="checkbox"/></td> <td>Other _____</td> </tr> </tbody> </table> | Principal                  | Secondary               | Type                        | 3. <input type="checkbox"/> | <input type="checkbox"/> | Gas | 4. <input type="checkbox"/> | <input type="checkbox"/> | Oil | 5. <input type="checkbox"/> | <input type="checkbox"/> | Electric | 6. <input type="checkbox"/> | <input type="checkbox"/> | Solid (Wood, Coal, Etc.) | 7. <input type="checkbox"/> | <input type="checkbox"/> | Propane | 8. <input type="checkbox"/> | <input type="checkbox"/> | Solar | 9. <input type="checkbox"/> | <input type="checkbox"/> | Other _____ | 10. <input type="checkbox"/> Public or Private Company<br>11. <input type="checkbox"/> Private (Septic Tank, Etc.) | 12. <input type="checkbox"/> Public or Private Company<br>13. <input type="checkbox"/> Private (Well, Etc.) | 14. No. of Stories _____<br>15. Height of Structure _____ Ft.<br>16. Area—Largest Floor _____ Sq. Ft.<br>17. Bldg. Area—All Fls. _____ Sq. Ft.<br>18. Volume of Structure _____ Cu. Ft.<br>19. Total Land Area Disturbed _____ Sq. Ft. |
| Principal                                                                                                                                            | Secondary                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     | Type                       |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
| 3. <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Gas                        |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
| 4. <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Oil                        |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
| 5. <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Electric                   |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
| 6. <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Solid (Wood, Coal, Etc.)   |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
| 7. <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Propane                    |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
| 8. <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Solar                      |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |
| 9. <input type="checkbox"/>                                                                                                                          | <input type="checkbox"/>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Other _____                |                         |                             |                             |                          |     |                             |                          |     |                             |                          |          |                             |                          |                          |                             |                          |         |                             |                          |       |                             |                          |             |                                                                                                                    |                                                                                                             |                                                                                                                                                                                                                                        |

LDS BR 10409530

# 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 \_\_\_\_\_ DATE \_\_\_\_\_

## 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

Manager General Stores TEL. 201-477-7171

ADDRESS

Michael A. Maccanico

SIGNATURE \_\_\_\_\_

198

## Page 3

## SUBCODES AND SPECIAL REGULATIONS APPLICABLE

# EDITION OF CODE

**Flood Hazard**

- |                                                       |                                       |                                                           |
|-------------------------------------------------------|---------------------------------------|-----------------------------------------------------------|
| <input type="checkbox"/> One and Two Family Dwellings | <input type="checkbox"/> Mechanical   | <input type="checkbox"/> As Built Elevation Certification |
| <input type="checkbox"/> Building                     | <input type="checkbox"/> Energy       | <input type="checkbox"/> Other                            |
| <input type="checkbox"/> Electrical                   | <input type="checkbox"/> Barrier Free |                                                           |
| <input type="checkbox"/> Plumbing                     | <input type="checkbox"/> Other        |                                                           |

# 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<br>Date | Receiver    | Approval Date | Reviewer    | Comments |
|-------------------------------------|----------------------|---------------------------|-------------|---------------|-------------|----------|
| <input checked="" type="checkbox"/> | BUILDING             | 7/7-88                    | [Signature] | 7/14/88       | [Signature] |          |
|                                     | Footings/Foundations |                           |             |               |             |          |
|                                     | Framing              |                           |             |               |             |          |
|                                     | Architectural        |                           |             |               |             |          |
|                                     | Other Temp. Stun     |                           |             | 7/14/88       | [Signature] |          |
| <input type="checkbox"/>            | PLUMBING             |                           |             |               |             |          |
| <input type="checkbox"/>            | ELECTRICAL           |                           |             |               |             |          |
| <input checked="" type="checkbox"/> | FIRE PROTECTION      |                           |             | 7/14/88       | [Signature] |          |
| <input type="checkbox"/>            | OTHER                |                           |             |               |             |          |

## II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

| Issue Date | Category             | Revisions | Final Inspection | Comments    |
|------------|----------------------|-----------|------------------|-------------|
|            | ALL CONSTRUCTION     |           |                  |             |
|            | BUILDING             |           | 7-14-88          | [Signature] |
|            | Footings/Foundations |           |                  |             |
|            | Framing              |           |                  |             |
|            | Architectural        |           |                  |             |
|            | Other                |           |                  |             |
|            | PLUMBING             |           |                  |             |
|            | ELECTRICAL           |           |                  |             |
|            | FIRE PROTECTION      |           | 7-22-88          | [Signature] |
|            | OTHER                |           |                  |             |

## III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

|                                                             |                    |
|-------------------------------------------------------------|--------------------|
| <input type="checkbox"/> Temporary Certificate of Occupancy | Date Issued _____  |
| <input type="checkbox"/> Temporary Certificate of Occupancy | Date Expired _____ |
| <input type="checkbox"/> Certificate of Occupancy           | No. _____          |
| <input type="checkbox"/> Certificate of Continued Occupancy | No. _____          |
| <input type="checkbox"/> Certificate of Approval            | No. _____          |
| <input type="checkbox"/> None                               |                    |

## IV. ON-GOING INSPECTIONS

| On-going Inspections Required<br>(See Page 1, II.D.) | Date Posted to<br>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

|                                                                           |                    |
|---------------------------------------------------------------------------|--------------------|
| BUILDING                                                                  | AMOUNT \$ 50.00    |
| PLUMBING                                                                  |                    |
| ELECTRICAL                                                                |                    |
| FIRE PROTECTION                                                           | 15.00              |
| OTHER                                                                     |                    |
| <b>SUBTOTAL</b>                                                           | <b>\$ 65.00</b>    |
| - LESS: 20% of subtotal (when plan review performed by state agency). ( ) |                    |
| D.C.A. TRAINING FEE .0006 x                                               |                    |
| CERTIFICATE OF OCCUPANCY app.                                             | 20.00              |
| OTHER                                                                     |                    |
| OTHER                                                                     |                    |
| <b>TOTAL COLLECTED WHEN PERMIT ISSUED</b>                                 | <b>\$ 85.00</b>    |
| DATE _____                                                                | Collected By _____ |

### B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

|                                            | Date      | Collected By | AMOUNT |
|--------------------------------------------|-----------|--------------|--------|
| CERTIFICATE OF OCCUPANCY                   |           |              |        |
| OTHER                                      |           |              |        |
| OTHER                                      |           |              |        |
| - LESS: Refunds                            |           |              | ( )    |
| <b>TOTAL COLLECTED AFTER PERMIT ISSUED</b> | <b>\$</b> |              |        |

### C. TOTAL CONSTRUCTION FEES COLLECTED

|                             | AMOUNT    |
|-----------------------------|-----------|
| COLLECTED WITH PERMIT (VA)  | \$        |
| COLLECTED AFTER PERMIT (VB) |           |
| <b>TOTAL</b>                | <b>\$</b> |

TOWNSHIP OF BRICK



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



PERMIT NO. 1950  
 DATE ISSUED 7-14-88  
 REVISION DATE \_\_\_\_\_  
 Block 549 Lot 6x7  
 Subdivision \_\_\_\_\_

**A. IDENTIFICATION**

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

Owner General Stone Contractor OMAR TENT RECTOR  
 Address 451 BRICK BVD Address \_\_\_\_\_  
BRICKTOWN NJ  
 Tel. ( 601 ) 477-7171 Tel. ( \_\_\_\_\_ ) \_\_\_\_\_  
 Work Site Address SAME 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.*

*Temp Tent  
Steel.*

- TYPE OF WORK:
- ☐ New Building
  - ☐ Addition
  - ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other \_\_\_\_\_
  - ☐ Demolition
  - ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other \_\_\_\_\_

☐ See Plans

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)  
 Total Building Fee  
 (Greater of Minimum or Subtotal)

**D. COMMENTS**

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: \$ \_\_\_\_\_

☐ Partial Releases ☐ Prototype Processing

# PLAN REVIEW AND INSPECTION - BUILDING

DATE \_\_\_\_\_

**JOB CONDITION/COMMENTS**[illegible]

**Fire Grading:**

**Maximum Live Load:**

Maximum Occupancy Load:

## JOB SUMMARY

## PLAN REVIEW

|                                                       | Date    | Initials |
|-------------------------------------------------------|---------|----------|
| <input checked="" type="checkbox"/> No Plans Required | 7-14-98 | 10A      |
| <input type="checkbox"/> All                          |         |          |
| <input type="checkbox"/> Footing/Foundation           |         |          |
| <input type="checkbox"/> Frame                        |         |          |
| <input type="checkbox"/> Architectural                |         |          |
| <input type="checkbox"/> Other                        |         |          |

## INSPECTIONS FINAL

☐ CO    ☐ CCO    ☐ CA  
 Date: 7-14-88  
 Inspected By: WJ

## INSPECTIONS

| Type                                        | Failure Dates |  |  | Approved Date |
|---------------------------------------------|---------------|--|--|---------------|
| <input type="checkbox"/> Footing/Foundation |               |  |  |               |
| <input type="checkbox"/> Slab               |               |  |  |               |
| <input type="checkbox"/> Frame              |               |  |  |               |
| <input type="checkbox"/> Architectural      |               |  |  |               |
| <input type="checkbox"/> Insulation         |               |  |  |               |
| <input type="checkbox"/> Finishes           |               |  |  |               |
| <input type="checkbox"/> Energy             |               |  |  |               |
| <input type="checkbox"/> Mechanical         |               |  |  |               |
| <input type="checkbox"/> TCO                |               |  |  |               |
| <input type="checkbox"/> Other              |               |  |  |               |



# FIRE SUBCODE TECHNICAL SECTION



FORM NO. 100-100  
DATE ISSUED 10-1-83  
REVISION DATE  
Block 5447 Lot 6x7  
Subdivision

## A. IDENTIFICATION

|                                          |                                               |
|------------------------------------------|-----------------------------------------------|
| APPLICANT - Complete unshaded areas only | When changing contractors, notify this office |
| Owner <u>GRACEA STORES</u>               | Contractor <u>OMAR TEST-KERAWY</u>            |
| Address <u>451 BRICK BLVD</u>            | Address _____                                 |
| <u>BRICK NJ</u>                          |                                               |
| Tel. (____) _____                        | Tel. (____) _____                             |
| Work Site Address <u>Same</u>            | 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

### B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other \_\_\_\_\_  
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)  
No. of Heads: \_\_\_\_\_ No. of Spare Heads: \_\_\_\_\_  
☐ Valves Supervised - Method: \_\_\_\_\_ Size: \_\_\_\_\_  
Water Supply - Source: \_\_\_\_\_  
FD Connection Location: \_\_\_\_\_  
Estimated Cost of Work: \$ \_\_\_\_\_

### B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO<sub>2</sub>  
☐ Halon ☐ Foam  
☐ Other \_\_\_\_\_  
Manual Pull: ☐ Yes ☐ No  
Locations: \_\_\_\_\_  
Estimated Cost of Work: \$ \_\_\_\_\_

### B3. ALARM

TYPE: ☐ Manual ☐ Automatic  
Supervision Type: ☐ Local ☐ Central  
☐ Proprietary ☐ Remote Location  
Estimated Cost of Work: \$ \_\_\_\_\_

### B4. STAND PIPES

Pipe Size: \_\_\_\_\_ Pump Size: \_\_\_\_\_  
Water Source: \_\_\_\_\_ Size: \_\_\_\_\_  
FD Connection Location: \_\_\_\_\_  
Hose Station: ☐ Yes ☐ No  
Estimated Cost of Work: \$ \_\_\_\_\_

### B5. OTHER

Subtotal  
Minimum Fire Protection Fee (If Applicable)  
Total Fire Protection Fee (Greater of Minimum or Subtotal)

## C. FIRE PROTECTION CHARACTERISTICS

USE GROUP \_\_\_\_\_ Present \_\_\_\_\_ Proposed \_\_\_\_\_  
Heating Systems - Location: \_\_\_\_\_  
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other \_\_\_\_\_  
Fuel Storage Tank - Location: \_\_\_\_\_ Fuel Type: \_\_\_\_\_ Capacity: \_\_\_\_\_  
Total Estimated Cost of Fire Protection Work: \$ \_\_\_\_\_

## D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

# PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

## JOB SUMMARY

- ☐ No Plans Required  
☐ Plan Review Approved

Date: 7/14/88

Approved By: [Signature]

### INSPECTIONS FINAL

☒ CO  
☐ CCO  
☐ CA

Date: 7/22/88

Inspected By: [Signature]

## INSPECTIONS

Type

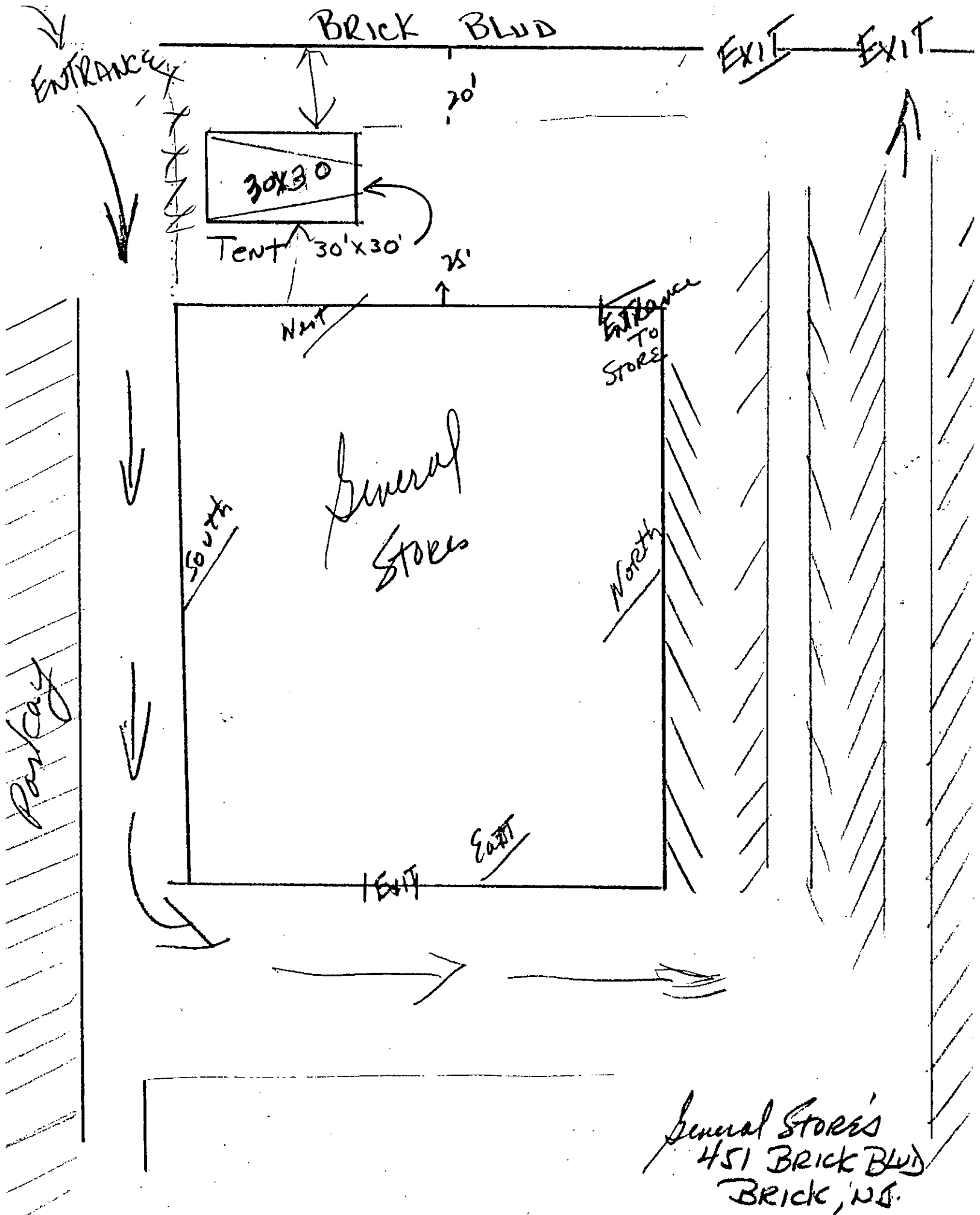
Failure Date

Approval Date

- ☐ Fire Suppression Test  
☐ Fire Alarm Test  
☐ Smoke Test  
☐ TCO  
☐ Other [Signature]  
☐ Other  
☐ Other  
☐ Other

7/23/88





General Store's  
451 BRICK BLVD  
BRICK, NJ.

# 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 nonflammable) 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 MTL-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:

TENT DEPARTMENT—ANCHOR INDUSTRIES, INC.

LOUIS R. BROWN



June 28, 1988

*Outside Sale.*

John P. Kinnevy, Jr.  
401 Chamberbridge Road  
Brick, New Jersey 08723

Attention: John P. Kinnevy  
Zoning Officer

Dear Mr. Kinnevy:

We request permission to hold a tent sale from July 15th  
thru July 19, 1988.

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  
Fashion Plus, Inc.  
T/A General Stores Unlimited

AA:lg

enc.