

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: General Stores, 451 Brick Blvd, Bricktown, NJ, 08223
2. Owner Name: Alex Amadio Tel. (201) 370-2553
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: Philip Lanzelotti Tel. (201) 370-2553

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: Tent Tent

B. CATEGORIES OF WORK

- | Permit/Category | Estimated |
|---|----------------|
| 1. ☐ Building/Structural | \$ _____ |
| 2. ☐ Plumbing | _____ |
| 3. ☐ Electrical | _____ |
| 4. ☐ Fire Protection | _____ |
| 5. ☐ Other _____ | _____ |
| 6. ☐ Other _____ | _____ |
| TOTAL COST | \$ 800= |

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b) If other than new construction, enter no. of dwelling units: _____
4. ☐ One-Family (R-3a) Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

- | | |
|---|---|
| 5. ☐ Theatres with Stage (A-1-A) | 16. ☐ Institutional Detention Center (I-1) |
| 6. ☐ Movie Theatres (A-1-B) | 17. ☐ Hospitals, Infirmeries (I-2) |
| 7. ☐ Night Clubs (A-2) | 18. ☐ Group Homes (I-3) |
| 8. ☐ Restaurants, Libraries, Museums (A-3) | 19. ☐ Mercantile (M) |
| 9. ☐ Religious Assembly (A-4) | 20. ☐ Moderate-Hazard Warehouse (S-1) |
| 10. ☐ Outdoor Assembly (A-5) | 21. ☐ Low-Hazard Warehouse (S-2) |
| 11. ☐ Business (B) | 22. ☒ Temporary, Misc. (U) |
| 12. ☐ Educational (E) | 23. ☐ Other _____ |
| 13. ☐ Moderate-Hazard Factory (F-1) | |
| 14. ☐ Low-Hazard Factory (F-2) | |
| 15. ☐ High-Hazard (H) | |

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

- | | Principal | Secondary | Type |
|-----------------------------|--------------------------|--------------------------|--------------------------|
| 3. ☐ | ☐ | ☐ | Gas |
| 4. ☐ | ☐ | ☐ | Oil |
| 5. ☐ | ☐ | ☐ | Electric |
| 6. ☐ | ☐ | ☐ | Solid (Wood, Coal, Etc.) |
| 7. ☐ | ☐ | ☐ | Propane |
| 8. ☐ | ☐ | ☐ | Solar |
| 9. ☐ | ☐ | ☐ | Other _____ |

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10409533

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

Philip Longfellow

DATE

9/20/89

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

TEL. ()

ADDRESS

SIGNATURE

BLOCK NO. 271 LOT NO. 621 SUBDIVISION _____ PERMIT NO. 5419

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE

EDITION OF CODE

☐ Flood Hazard

☐ One and Two Family Dwellings

Mechanical

—

 Building

Energy

☐ **As Built
Elevation
Certification**

 Electrical

Barrier Free

☐ Other

☐ Plumbing

☐ Other



CONSTRUCTION PERMIT

Date Issued 9.26.89
Control #
Permit # 5479

IDENTIFICATION Block 547 Lot 67

Work Site Location 451 Brick Blvd. Contractor Omar Tent Rental

Owner in Fee Alley Cirostia Address _____

Address _____ Tele. (____) _____

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

Tele. (____) _____ Federal Emp. No. _____

or Social Security No. **0002**

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Temp. Tent

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 \$ 800.-

A. J. Cery
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS (Office Use Only)		
Building	<u>547 #</u>	0.00
Plumbing	<u>66.7 #</u>	
Electrical	<u>BUILDING</u>	7.50
Fire Protection	<u>FIRE</u>	20.00
Other	<u>PLAN RWV</u>	5.00
Other	<u>C / D</u>	20.00
DCA Training Fee	<u>TOTAL</u>	52.50
Cert. of Occ.	<u>CHECK</u>	52.50
Other	<u>CHANGE</u>	0.00
Total	<u>9/26/89 NO. 5 3032A005</u>	14.02
Check No.		
Cash		
Collected By:		



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO.	5479
DATE ISSUED	9-26-89
REVISION DATE	
Block	547
Subdivision	Lot 637

A. IDENTIFICATION

APPLICANT: Complete unshaded areas only	When changing contractors, notify this office
Owner: Alex Almadia	Contractor: Omar Tent Rental
Address: 735 Airport Rd, Lakewood, NO, 08901	Address: _____
Tel: 201, 370-3553	Tel: (____) _____
Work Site Address: 451 Brick Blw, Bricktown, NJ, 08725	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.
<i>John J. [Signature]</i> AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

Temp Tent Sale
Oct 7, 8, 9, 1989

☐ See Plans

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____

☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☒ Elevator
☒ Other _____

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

C. BUILDING CHARACTERISTICS

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 _____
Estimated Cost of Building Work: \$ _____		Sq. Ft. _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Maximum Occupancy Load:

PLAN REVIEW

Date	Initials
☐ No Plans Required	_____
☐ All	_____
☒ Footing/Foundation	_____
☐ Frame	_____
☐ Architectural	_____
☐ Other _____	_____

☐ CO	☐ CCO	☒ CA
-----------------------------	------------------------------	--

Inspected By:

Type

☐	Footings/Foundation
☐	Slab
☐	Frame
☐	Architectural
☐	Insulation
☐	Finishes
☐	Energy
☐	Mechanical
☐	TCO
☐	Other

Approved Date:

[illegible]

PLAN REVIEW AND INSPECTION – FIRE

DATE _____

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date:

Approved By: _____

~~INSPECTIONS/FINAL~~

1

Date:

Inspected B: $\downarrow$

U.C.C. Form F-140 (8/83)

INSPECTIONS

Type

- | | |
|--------------------------|-----------------------|
| ☐ | Fire Suppression Test |
| ☐ | Fire Alarm Test |
| ☐ | Smoke Test |
| ☐ | TCO |
| ☐ | Other |
| ☐ | Other |
| ☐ | Other |
| ☐ | Other |

Failure Data

Approval Date

[illegible][illegible]

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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



Daniel F. Newman, Mayor

Members of Township Council:
Warren H. Wolf, Council President
Charles E. Anderson
Patrick L. Bottazzi
Mary Anne L. Butler
Andrew R. Ciesla
Joseph C. Scarpelli
David W. Wolfe

Office of Municipal Clerk
(201) 477-3000

Francis E. Smith, RMC
Municipal Clerk

Joyce A. Shafer, RMC
Assistant Municipal Clerk

September 25, 1989

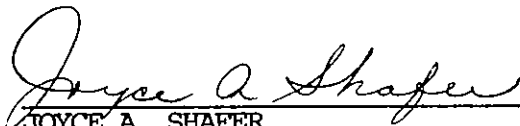
RE: ORDINANCE NO. 189-74 (204A) TRAILER & TENT SALES

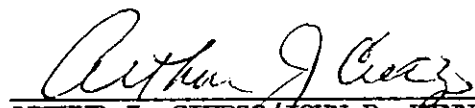
PERMIT NO.: 18-89

TO WHOM IT MAY CONCERN:

Permission is hereby granted to General Stores, 451 Brick Boulevard, Brick, New Jersey, to hold a Trailer/Tent Sale from October 7 through October 9, 1989.

\$25.00 Permit fee received 9-25-89.


JOYCE A. SHAFER
ASSISTANT MUNICIPAL CLERK


ARTHUR J. CIERZO/JOHN P. KINNEVY
CONSTRUCTION CODE OFFICIAL/ZONING OFFICER



GENERAL STORES UNLIMITED

September 19, 1989

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
Oct 7 thru Oct 9, 1989

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 and trailer will
be placed.

Thank you for your consideration in this matter.

Sincerely,

Alexander Amodio
Fashion Plus, Inc.
T/A General Stores Unlimited

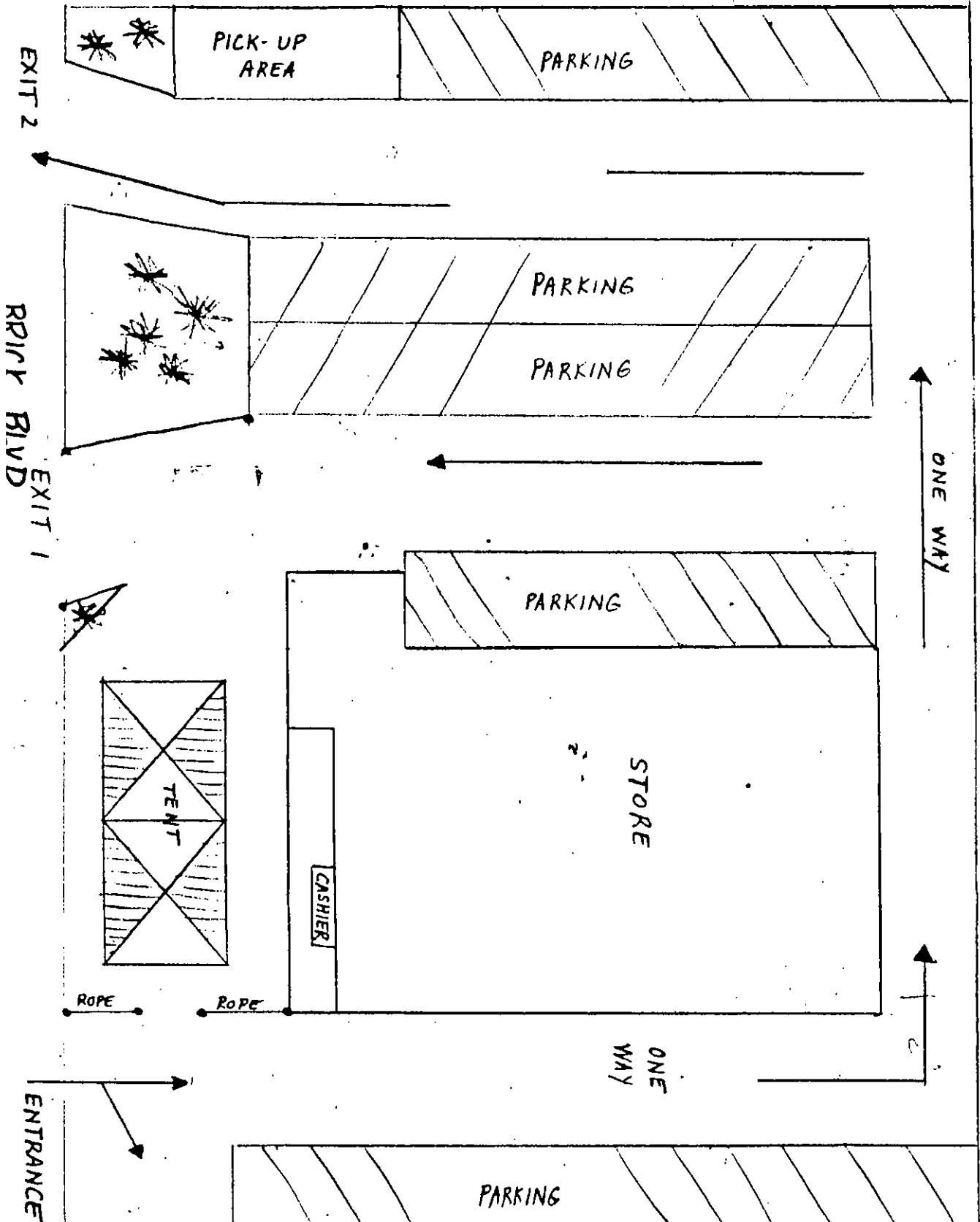
AA:lg

enc.

EMPLOYEE
PARKING

PARKING

Block 547 for 6,7



ONE WAY

ONE
WAY

PARKING

EXIT 2

EXIT 1
RIGHT BLVD

ENTRANCE

PICK-UP
AREA

PARKING

PARKING

PARKING

PARKING

STORE

CASHIER

TENT

ROPE

ROPE

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' Flesta Tent

Flame Retardant Process Used Will Not Be Removed By Washing

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

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