OWNSHIP OF BRICK

# CONSTRUCTION PERMIT APPLICATION

## I. IDENTIFICATION

A. Proposed Work at: STEVENS MARINA 801 RT 70 BRICK NJ 08730

B. Owner Name: MAST HEAD Tel. (201) 477-7800

Address 801 RT 70 BRICK NJ 08730

C. Principal Contractor: OWNER Tel. (201) 477 7800

Address SAME

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

D. Architect or Engineer: _____ Tel. (___) _____

Address _____

E. Responsible Person in Charge of Work Stanton Schmidt Tel. (201) 477 0404

## 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:

### B. CATEGORIES OF WORK

| Permit/Category | | Estimated |
|---|---|---|
| 1. ☒ | Building/ Structural | $ 140,000 |
| 2. ☒ | Plumbing | 7,000 |
| 3. ☒ | Electrical | 35,000 |
| 4. ☒ | Fire Protection | 25,000 |
| 5. ☒ | Other HVAC | 50,000 |
| 6. ☐ | Other | |
| | TOTAL COST | $ 257,000 |

### 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)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

### B. NON-RESIDENTIAL

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

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 2
15. Height of Structure 28 Ft.
16. Area–Largest Floor 10,000 Sq. Ft.
17. Bldg. Area–All Fls. 21,000 Sq. Ft.
18. Volume of Structure 423,000 Cu. Ft.
19. Total Land Area Disturbed N/A Sq. Ft.

LDS BR 10511737

C. Form F-100 (8/83)

VOLUME OF ADDITION 8,800 CU FT.

613

16

# 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 4/6/82

## 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. 615 LOT NO. 19 SUBDIVISION _____ PERMIT NO. 104 17



# PRIOR APPROVALS CHECKLIST

| APPROVALS | LOCAL | | | | COUNTY | | | | REGIONAL | | | | STATE | | | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | Prelim. Approval | | Final Approval | | |
| | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | Init. | Date | |
| ☑ Planning Board | | | | | | | | | | | | | | | | | 3/87 EXEMPTION |
| ☐ Zoning Board | | | | | | | | | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | | | | | | | | | |
| ☐ Fire Department | | | | | | | | | | | | | | | | | |
| ☐ Police Department | | | | | | | | | | | | | | | | | |
| ☐ Health Department | | | | | | | | | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Community Affairs | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Transportation | | | | | | | | | | | | | | | | | |
| ☐ N.J. Dept. of Environmental Protection | | | | | | | | | | | | | | | | | |
| ☐ Other: _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |
| ☐ _____ | | | | | | | | | | | | | | | | | |

## SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

| | EDITION OF CODE | | EDITION OF CODE | | |
|---|---|---|---|---|---|
| ☐ One and Two Family Dwellings | _____ | ☐ Mechanical | _____ | ☐ Flood Hazard | _____ |
| ☐ Building | _____ | ☐ Energy | _____ | ☐ As Built Elevation Certification | _____ |
| ☐ Electrical | _____ | ☐ Barrier Free | _____ | ☐ Other | _____ |
| ☐ Plumbing | _____ | ☐ Other | _____ | | _____ |
| ☐ Fire Protection | | | | | _____ |

# 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 Date | Plans Received By Receiver | Approval Date | Reviewer | Comments |
|---|---|---|---|---|---|---|
| ☐ | BUILDING | | | 4/5/87 | EV | |
| | Footings/Foundations | | | | | |
| | Framing | | | | | |
| | Architectural | | | | | |
| | Other | | | | | |
| ☑ | PLUMBING | | | 4/8/87 | OK-1 | |
| ☐ | ELECTRICAL | | | | | |
| ☑ | FIRE PROTECTION | | | 4/5/87 | CA | Sprinkler plans to be submitted |
| ☐ | OTHER | | | | | |

## II. PERMIT/INSPECTION STATUS

*Updated at time of permit and after final approvals.*

| Issue Date | Category | Revisions | | | Final Inspection | Comments |
|---|---|---|---|---|---|---|
| | ALL CONSTRUCTION | | | | | |
| | BUILDING | | | | | |
| | Footings/Foundations | | | | | |
| | Framing | | | | | |
| | Architectural | | | | | |
| | Other | | | | | |
| | PLUMBING | | | | | |
| | ELECTRICAL | | | | | |
| | FIRE PROTECTION | | | | | |
| | OTHER | | | | | |

## III. CERTIFICATES ISSUED

| CERTIFICATES TO BE ISSUED: | Date Issued |
|---|---|
| ☐ Temporary Certificate of Occupancy Date Expired | |
| ☐ Temporary Certificate of Occupancy Date Expired | |
| ☐ Certificate of Occupancy No. | |
| ☐ Certificate of Continued Occupancy No. | |
| ☐ Certificate of Approval No. | |
| ☐ None | |

## IV. ON-GOING INSPECTIONS

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

| | AMOUNT |
|---|---|
| BUILDING | alter $ 253.80 |
| PLUMBING | 220.00 |
| ELECTRICAL | |
| FIRE PROTECTION | 30.00 |
| OTHER | |
| SUBTOTAL | $ 503.80 |
| – LESS: 20% of subtotal (when plan review performed by state agency) | ( 5. ) |
| D.C.A. TRAINING FEE .0006 x 18800 = | 5.00 |
| CERTIFICATE OF OCCUPANCY | |
| OTHER Demo – | 10.00 |
| OTHER | |
| TOTAL COLLECTED WHEN PERMIT ISSUED | $ 518.80 |

DATE 4/16/87 Collected By JE CM

### B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

| | Date | Collected By | AMOUNT |
|---|---|---|---|
| CERTIFICATE OF OCCUPANCY | | | |
| OTHER | | | |
| OTHER | | | |
| – LESS: Refunds | | | ( ) |
| TOTAL COLLECTED AFTER PERMIT ISSUED | | | $ |

### C. TOTAL CONSTRUCTION FEES COLLECTED

| | AMOUNT |
|---|---|
| COLLECTED WITH PERMIT (VA) | $ |
| COLLECTED AFTER PERMIT (VB) | |
| TOTAL | $ |

# ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 671 Lot 1
Work Site Location OLD JAMESBURG STORE / NEW A&P BRICK PLAZA CHAMBERS BRIDGE RD & RT. 70
Owner in Fee A&P COMPANY
Address 2 PARAGON DRIVE MONTVALE, N.J.
Tele. (201) 930-4453
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

**B. ELECTRICAL CHARACTERISTICS**

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as SUPERMARKET Utility Co. JCP&L
Est. Cost of Elec. Work $ 422,500

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS: Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temporary | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Line Dept.

**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 and perform the work listed on this application.

Signature-Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 1023 | | Fixtures (1) | |
| 204 | | Receptacles (2) | |
| 103 | | Switches (3) | |
| 1340 | | Total 1 + 2 + 3 | |
| - | | Range | |
| - | | Oven(s) | |
| - | | Surface Unit | |
| - | | Dishwasher | |
| - | | Garbage Disposal | |
| - | | Dryer | |
| 3 | | A/C Unit | |
| 1 | | Burglar Alarms | |
| 1 | | Intercoms Panels | |
| 2 | | Smoke Detectors | |
| - | | Whirlpool/spa | |
| - | | Pool Bonding | |
| - | | Pool Filter Motor | |
| - | | Pool Lights | |
| 2 | .5KW | Water Heater(s) | |
| - | | Central heat: oil, gas or elec. | |
| - | | Baseboard Heat Units | |
| 3 | | Thermostats | |
| - | | Heat Pump | |
| 101 | ½HP | Pump(s) | |
| 20 | | Motor Control Center/Sub Panels | |
| 4 | | Signs | |
| - | | Light Standards | |
| 24 | | Motors—Fractional H.P. | |
| 20 | | Motors—All Others | |
| 6 | | Transformers | |
| 1 | 30KW | Generators | |
| 1 | 1600 | Service Entrance | |
| 1 | 10HP | Other COMPACTOR | |

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

U.C.C. Form F-120A

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

TOWNSHIP OF BRICK

# BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 673 Lot 19
Subdivision _____

## A. IDENTIFICATION

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

Owner ABBOT HEAD Steve
Address 801 RT 70
BRICK NJ
Tel. (201) 477 7[illegible]

Contractor [illegible]
Address SAME
Tel. (201) 477 [illegible]

Work Site Address STEVENS MACINA
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.*

1. Moving Non-Bearing Partitions
2. Plumbing
3. Second Floor Addition
4. HVAC

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☒ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☒ Siding
  - ☐ Other _____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other _____

| Fee Basis | Fee |
|---|---|
| | $ |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| SUBTOTAL | $ |
| Minimum Building Fee (if applicable) | $ |
| Total Building Fee *(Greater of Minimum or Subtotal)* | $ |

## C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories 1 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: $ 0

## D. COMMENTS

☐ Partial Releases ☒ Prototype Processing

# PLAN REVIEW AND INSPECTION — BUILDING

| DATE | JOB CONDITION/COMMENTS |
|---|---|
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

# JOB SUMMARY

## PLAN REVIEW

| | Date | Initials |
|---|---|---|
| ☐ No Plans Required | | |
| ☒ All | 4-15-87 | GO |
| ☐ Footing/Foundation | | |
| ☐ Frame | | |
| ☐ Architectural | | |
| ☐ Other | | |

## INSPECTIONS FINAL

☐ CO ☐ CCO ☑ CA

Date: 1/11/95

Inspected By: RK

## INSPECTIONS

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☐ Footing/Foundation | | | | |
| ☐ Slab | | | | |
| ☒ Frame | | | | 10/23/87 GC. |
| ☐ Architectural | | | | |
| ☑ Insulation | | | | 4-29-87 KM |
| ☐ Finishes | | | | |
| ☐ Energy | | | | |
| ☐ Mechanical | | | | |
| ☐ TCO | | | | |
| ☐ Other | | | | |

U.C.C. Form F-110 (8/83)

TOWNSHIP OF BRICK

# PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 10474
DATE ISSUED 4-16-87
REVISION DATE
Block 673 Lot 19
Subdivision

## A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner MAST HEAD STEV.
Address 801 RT. 70
BRICK N.J.
Tel. (201) 477-7800
Work Site Address RT. 70
STEVENS MARINA LAKEWOOD NJ.

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. ( ) 201 477-0854
Lic.No./Bus. Permit 1722
Federal Emp. No. ~~22-1853417~~

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.

William R. Dwyer
AGENT SIGNATURE

## B. TECHNICAL SITE DATA

*List all fixtures*

TYPE OF WORK: Alteration

| No. | Fixture | Fee | No. | Fixture | Fee |
|---|---|---|---|---|---|
| 7 | Water Closet(5)/~~Bidet~~/Urinal(2) | $ 35 | | Garbage Disposal | $ |
| | Bathtub | | | Air Conditioner Unit | |
| 4 | Lavatory/~~Sink~~ | 20 | | Indirect Connection | |
| 3 | ~~Shower~~/Floor Drain | 15 | | Sewer Ejector | |
| | Washing Machine | | | Grease Trap | |
| | Dishwasher | | | Interceptor | |
| | Commercial Dishwasher | | | Backflow Device | |
| 1 | Water Heater | 5 | | Reduced Pressure Backflow Device | |
| 7 | Domestic Boiler/ Furnace | 105 | 1 | Vent Stack | 10 |
| | Steam Boiler | | | Solar System | |
| | Water Util. Connection | | 1 | Other Water Cooler | 5 |
| Existing | Sewer Util. Connection | | 1 | Other Mop Sink | 5 |
| 1 | Hose Bibb | | | Other Gas | 15 |
| | Water Cooler | | | Other | |
| | COLUMN 1 | $ 175 | | COLUMN 2 | $ 35 |

| Fee | |
|---|---|
| COLUMN 1 | $ 175 |
| COLUMN 2 | $ 35 |
| SUBTOTAL | $ 220 |
| Minimum Plumbing Fee (If applicable) | $ |
| Total Plumbing Fee *(Greater of Minimum or Subtotal)* | $ |

## C. PLUMBING CHARACTERISTICS

USE GROUP: Commercial Present _____ Proposed

| | | | | | |
|---|---|---|---|---|---|
| Drainage – | Material | Sch 40 PVC | Size | 1½ – 4 |
| Building Sewer– | Material | SDR 35 | Size | 4 |
| Water Service– | Material | | Size | 2" |
| Venting – | Material | Sch 40 PVC | Size | 1½ – 4 |

Estimated Cost of Plumbing Work: $

## D. COMMENTS

2" Water Service To Be Tied into 6" Sprinkler Main

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

# PLAN REVIEW AND INSPECTION – PLUMBING

| DATE | JOB CONDITION/COMMENTS |
|---|---|
| 11/24/87 | Mal gal 90° Ell on Steel pipe |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| | |

## JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 4-14-95
Approved By: [signature]

### INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: 1/11/95
Inspected By: [signature]

### INSPECTIONS

[signature]

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☑ Slab | | | | [signature] 4/26 SF |
| ☐ Rough | | | | |
| ☐ Water | | | | |
| ☐ Sewer | | | | |
| ☐ Energy | | | | |
| ☐ Mechanical | | | | |
| ☐ TCO | | | | |
| ☐ Other _____ | | | | |

U.C.C. Form F-130 (8/83)

# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

UNIFORM CONSTRUCTION CODE
Chapter 23, Title 5

Approval of Part
5.23-2.5 (7)

OWNER/AGENT MAST HEAD

ADDRESS 861 RT 70

TOWN BRICK NJ ZIP

BLOCK 673 LOT 19

☐ FOOTING

☐ FOUNDATION

☒ OTHER plging, framing, elec.

OWNER/AGENT PROCEED AT OWN RISK ☒

OWNER/AGENT S L Schmidt

BUILDING SUB-CODE OFFICIAL

CONSTRUCTION OFFICIAL J Lewis

# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

DATE 4/7/87

SUBJRCT: LOT(S) 19

BLOCK 673

AFFIDAVIT

I Steven Schmidt hereby request a temporary building perm to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

Steven Schmidt 4/7/87
Applicant Date

Robert Chamberlain
Twp. Engineer or Ass't. Engineer Date
Engineering Department

Zoning Officer Date
Zoning Department

Building Inspector Date
Building Department

## SIZING FOR WATER AND SEWER SERVICES

Property Owner STEVEN'S Date 4/14/87

Property Address 801 - PT 70 Block C78 Lot 19

Zoning _____ Use Group _____

Contractor (PINELAND) — License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

| Plumbing Fixtures | Number | (sfu) Water Units | (dfu) Drainage Units |
|---|---|---|---|
| 1. Water Closet | 5 | ( ) 50 | ( ) 50 |
| 2. Lavatory | 4 | ( 2 ) 8 | ( ) 8 |
| 3. Bath Tub | | ( ) | ( ) |
| 4. Shower Stall | X | ( ) | ( ) |
| 5. Kitchen Sink | | ( ) | ( ) |
| 6. Service Sink | | ( ) | ( ) |
| 7. Laundry Tray | | ( ) | ( ) |
| 8. Dishwasher | | ( ) | ( ) |
| 9. Washing Machine | | ( ) | ( ) |
| 10. Urinal | 5 | ( ) 10 | ( ) 10 |
| 11. Floor Drain | 3 | ( ) 9 | ( ) 9 |
| 12. Drinking Fountain | | ( ) | ( ) |
| 13. Air Conditioner (water cooled) | | ( ) | ( ) |
| 14. Dental Unit | | ( ) | ( ) |
| 15. Lawn Sprinkler No. of Heads | | ( ) | ( ) |
| 16. Fire Sprinkler No. of Heads | | ( ) | ( ) |
| 17. _____ | | ( ) | ( ) |
| 18. _____ | | ( ) | ( ) |
| Total | | 77 | 79 |

Gallons per minute 31

Size of Service 1 1/4 (2")

Date: _____ Approved: _____

Brick Township Plumbing Inspecto

# Clipper Associates

*THE MARINA PEOPLE*

799 Rt 70
Brick New Jersey 08723

## LETTER OF TRANSMITTAL

DATE 4/9/87 JOB NO.

ATTENTION BILL SUTTON

RE: STEVENS MARINA

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

| COPIES | DATE | NO. | DESCRIPTION |
|---|---|---|---|
| 2 | 2-23-87 | | NEW SECOND FLOOR OFFICES |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☐ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: Steven Schmidt

*If enclosures are not as noted, kindly notify us at once.*

# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

DATE 4/7/87

SUBJRCT: LOT(S) 19

BLOCK 673

AFFIDAVIT

I Steven Schmidt hereby request a temporary building perm to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

Steven Schmidt 4/7/87
Applicant Date

Robert Chamberlain
Twp. Engineer or Ass't. Engineer Date
Engineering Department

Zoning Officer Date
Zoning Department

4/7/87

Edward Izzo
Building Inspector Date
Building Department

# Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

## U N I F O R M  C O N S T R U C T I O N  C O D E

Chapter 23, Title 5

Approval of Part
5.23-2.5 (7)

OWNER/AGENT MAST HEAD

ADDRESS 801 RT 70

TOWN BRICK NJ ZIP

BLOCK 673 LOT 19

☐ FOOTING

☐ FOUNDATION

☒ OTHER plging, framing, elec

OWNER/AGENT PROCEED AT OWN RISK ☒

OWNER/AGENT S L Schmidt

BUILDING SUB-CODE OFFICIAL Edward Sypo

CONSTRUCTION OFFICIAL

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 601, Lot 8

DATE: 1/11/11

☑ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ N/A.

**Preliminary** F.A.M. 1/11/11
**Frederick R. Millman, CTA**

1-11-11
**Date**

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

**Final** _____
**Frederick R. Millman, CTA**

_____
**Date**

# TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK; N.J. 08723



Office of Affordbie Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 673 , Lot 11

DATE: 2/19/

☑ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $ 215,000.

**Preliminary** F.A. 1/6x41
**Frederick R. Millman, CTA**

2-27-95
**Date**

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

**Final** _____
**Frederick R. Millman, CTA**

_____
**Date**

☒ EXEMPT 3-22-91

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

# CERTIFICATE OF COMPLIANCE

NAME: _____ DATE: 3/22/91

ADDRESS: _____

_____

PROPERTY LOCATION: _____

ACCOUNT NO: _____ BLOCK 173.01 LOT 17

Impact = $ 25,000

## INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

## MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Fee : None Date: 3/22/91

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

☑ EXEMPT _____

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

# CERTIFICATE OF COMPLIANCE

NAME: _____ DATE: _____

ADDRESS: _____

_____

PROPERTY LOCATION: _____

ACCOUNT NO: _____ BLOCK _____ LOT _____

## INCLUSIONARY DEVELOPMENT

☐ Affordable — Fee Required $500.00 Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required _____ Date _____

## MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Fee : _____ Date: _____

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

John Woolley -
Block 673 - 19 -

Steven Marina ✓

① permit 10474 -
non bearing - plumbing - 2nd floor.
Bldg
Exam. 10/23/87 JC approx ✓
4/29-87 KH
Plg -
Stat 4/-87 JH "

Sam Allen Plan -

Rush 4/7/87 plg - Sam Allen - Ecl - 4/17/

Permit 10340 4/7/87
1st ⊗ Move, non bearing - part - -
No inspection to date

Any time Comm in
Refer.

Appl in) should compare) Arch