



Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

***This File Contains Personal Identifiable
Information of Private Citizen(s).***

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over a horizontal line.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 820 LOT 60 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 18-2941



CONSTRUCTION PERMIT APPLICATION

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

18-003499

I. IDENTIFICATION

1. Proposed Work Site at: TAYLOR SAM'S REST 1563 RT 88 BRICK

2. Name of Owner in Fee: M. PATEL
Tel. (732) 232-4824 e-mail _____
Address 1563 RT 88 BRICK TOWN
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: CUSTOM TRIM CONT LLC Tel. (703) 835-3139
Address 1 NICHOLS AVE e-mail _____
ORTLEY BEACH N.J. 08753

License No. OR, if new home, Builder Reg. No. 13U406974100 Exp. Date 03/31/2019

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal-Emp. ID No. _____ FAX: (_____) _____

5. Architect or Engineer YEZZI ASS Contact _____
Address 18 WASHINGTON ST P.O. Box 1635 e-mail _____
Tel. (732) 240-3433 FAX: (732) 240-3463

6. Responsible Person in Charge once Work has Begun TONY
Tel. (703) 835-3139 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>150</u> ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee	\$ <u>2</u>		
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other	\$ <u>152</u>		
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____

2. Height of Structure _____ ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ sq. ft.

5. Volume of New Structure _____ cu. ft.

6. Max. Live Load _____

7. Max. Occupancy Load _____

8. If Industrialized Building: State Approved _____ HUD _____

9. Total Land Area Disturbed _____ sq. ft.

10. Flood Hazard Zone _____

11. Base Flood Elevation _____ ft.

12. Wetlands yes _____ no _____

(office use only)

COMMERCIAL

IIa. PROPOSED WORK

- | | | | |
|---|--|--|---|
| ☐ Minor Work | ☐ New Building | ☐ Addition | ☐ Demolition |
| ☒ Repair | ☐ Alteration | ☐ Renovation | ☐ Reconstruction |
| ☐ Asbestos Abat. -Subch. 8 | ☐ Lead Hazard Abatement | ☐ Radon Remediation | ☐ Annual Permit |

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)									
Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer	
	<u>[Signature]</u>	<u>01/14/18</u>		<u>10/01/18</u>	<u>WEX</u>				

TOTAL COST

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- | | |
|----------------|-------|
| Gained, Sale | _____ |
| Gained, Rental | _____ |
| Lost, Sale | _____ |
| Lost, Rental | _____ |

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

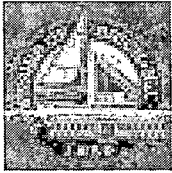
- D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

- DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

- | | | | |
|---|---|---|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 8. ☐ Smoke Control Systems in Open Wells | 12. ☐ Fire Alarm |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow Preventers | 9. ☐ Underground Storage Tanks | |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 10. ☐ Swimming Pools, Spas and Hot Tubs | |
| | 7. ☐ Sprinklers/Standpipes | 11. ☐ LPGas Tanks | |



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/24/2021
Control Number C-18-003499
Permit Number 18-2941
Permit Issue Date 10/19/2018
Certificate Number 18-2941

Certificate
Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1563 ROUTE 88 Brick Township, NJ Block: 820 Lot: 60 Qual: _____
Owner in Fee: MAHA PUJA 1 LLC
Owner Address: 54 TODD CIRCLE NORTH BRUNSWICK NJ 08902
Telephone: (732) 232-4824
Contractor CUSTOM TRIM CONTRACTORS
Address 1 NICHOLS AVE ORTLEY BEACH NJ 08753
Telephone: (703) 835-3139 Fax: _____ Federal Emp. Number: _____
License Number or Builders Registration Number: _____

Home Warranty Number: _____ Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPAIR - - TAYLOR SAMS ...REPLACE COLUMN DUE TO VEHICLE DAMAGE

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

Conditions to be met:

Daniel Newman Jr.

Construction Official

Date Printed: 03/24/2021

U.C.C. F260 (rev. 08/05)

Fee: \$0.00

Check Number: _____

Collected By: _____

Page 1



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



CONSTRUCTION PERMIT

Date Issued 10/19/18
Control # C-18-003499
Permit # 18-2941

IDENTIFICATION Block: 820 Lot: 60 Qualifier _____
Work Site Location: 1563 ROUTE 88 Brick Township, NJ Contractor CUSTOM TRIM CONTRACTORS
Address 1 NICHOLS AVE ORTLEY BEACH NJ 08753
Owner in Fee MAHA PUJA 1 LLC Telephone: (703) 835-3139
54 TODD CIRCLE NORTH BRUNSWICK NJ Lic. No. or Bldrs. Reg. No. _____
08902 Federal Employee No. _____
Telephone: (732) 232-4824

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

REPAIR - TAYLOR SAMS ...REPLACE COLUMN DUE TO VEHICLE DAMAGE

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

[Signature]
Construction Official

10/2/18
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

01/19/18 11:11 AM 0013071130
601 SERV INT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☒ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.