

CONSTRUCTION PERMIT
APPLICATIONRECEIVED
Page 1

MAY 1 1989

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: 1743 Route 8-8 Brick, N.J.
2. Owner Name: Uppio Associates Tel. (201) 458-6220
Address: 1659 Rt 88 Brick N.J.
3. Principal Contractor: MAROUSIS Ent. Inc. Tel. (201) 458-5808
Address: 1659 Rt 88 Brick, N.J. 08724
- Lic. No. or Builder Reg. No. 02126 Federal Emp. No. 22-1898944
4. Architect or Engineer: _____ Tel. (____) _____
Address: _____
5. Responsible Person in Charge of Work: Peter Marousis Tel. (201) 458-5808

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: partition walls

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST <u>\$ 4,800</u>	

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)
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, Infirmeries (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: Insurance Office

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 1
15. Height of Structure _____ Ft.
16. Area—Largest Floor 3,167 Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10312930

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 UPFRD Associates, Inc. TEL. 201 458-6220

ADDRESS 1659 Rt 88

Brickfield N.J.

SIGNATURE [Signature]

9854

LOT NO. 7

SUBDIVISION

Deane & Ten Plaza

PERMIT NO.

4237

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

☐ **Electrical**

 **Barrier Free**

☐ Plumbing

☐ Other

 As Built

**Eleventh
Certification**

☐ Other

U.C.C. Form F-100* (8/83)

Ready



PERMIT UPDATE

Date Update Issued 931115
Control #
Permit # 914541
Date Permit Issued 931103

~~Robert Brink~~

IDENTIFICATION Block 852 Lot 1
Work Site Location 1743 RT. 94
Owner in Fee Partnership
Address 63 W. MAIN ST.
Freshfield
Tele. () 786-8886

Contractor ALD ELECTRIC
Address 46 Oak Terrace
Hewell N.J.
Tele. (708) 840-8171
Lic. No. or Bldrs. Reg. No. 8133
Federal Emp. No. _____
or Social Security No. 36-46-8497

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☒ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Adding (4) Display window outlets
and one power pole (with)

Estimated Cost of Work \$ 300

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	_____
Electrical	_____
Plumbing	_____
Fire Protection	_____
Elevator Devices	_____
Other	_____
DCA Training Fee	_____
Cert. of Occ.	_____
Other	_____
Total	<u>n/f</u>
Check No.	_____
Cash	_____
Collected By:	_____



PLUMBING SUBCODE TECHNICAL SECTION



Block 100 Lot 1
Subdivision _____

A. IDENTIFICATION

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

Owner UPERO ASSOC. Contractor WAT WALENZA
Address 1657 RTE 88 Address 909 RESIDENCY C1
BLACK, N.I. TOMBS RIVER N.J.
Tel. () 458-6220 Tel. () 270-5374
Work Site Address _____ Lic. No./Bus. Permit 5951
1743 ROUTE 88 Federal Emp. No. 150-340422

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.

1/1/84
AGENT SIGNATURE

B. TECHNICAL SHEET DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal			Garbage Disposal	
	Bathub			Air Conditioner Unit	
1	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure	
	Domestic Boiler/Furnace		1	Backflow Device	
	Steam Boiler			Vent Stack	
	Water Util. Connection			Solar System	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	

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COLUMN 1099

COLUMN 1100

COLUMN 1101

COLUMN 1102

COLUMN 1103

COLUMN 1104

COLUMN 1105

COLUMN 1106

COLUMN 1107

COLUMN 11

PLAN REVIEW AND INSPECTION - PLUMBING

DATE

5-17-89

JOB CONDITION/COMMENTS

DOOR LOCKED 1:30 P.M.

- ☒ No Plans Required
☐ Plan Review Approved

Date: 5-15-89

Approved By: *[Signature]*

INSPECTIONS/FINAL

☐ CO ☐ CCO ☒ CA

Date: 8-23-90

Inspected By: *[Signature]*

INSPECTIONS

- Type
- ☐ Slab
 - ☒ Rough
 - ☐ Water
 - ☐ Sewer
 - ☐ Energy
 - ☐ Mechanical
 - ☐ TCO
 - ☐ Other

Failure Dates

Approval Date

5-17-89

5-17-89



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO.	4583/59
DATE ISSUED	5-23-59
REVISION DATE	
Block	852
Subdivision	101
Subdivision	101

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner UPFID Association Contractor MAROUSIS Ent. Inc.
Address 1659 Rt 88 Address 1659 Rt 88
BRICK, N.J. BRICK, N.J.
Tel. 201, 458-6000 Tel. 201, 458-9124
Work Site Address 1705 Route 88 Lic. No. 02126
BRICK, N.J. Federal Emp. No. 22-1898946

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 H. H. H.
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: \$ _____

B3. ALARM

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____

B4. STAND PIPES

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

B5. OTHER

Estimated Cost of Work: \$ _____

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

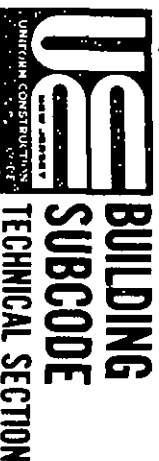
☐ Partial Releases

☐ Prototype Processing

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

Subtotal

TOWNSHIP OF BRICK



PERMIT NO. 4237
 DATE ISSUED 5-5-89
 REVISION DATE _____
 Block 859 Lot 1
 Subdivision Millerton Plaza

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office
 Owner UDFC Woodcreek Contractor MAHOOSES Eng. Inc.
 Address 1659 Rt 88 Address 1659 Rt 88
Brick, N.J. Brick, N.J.
 Tel. (201) 458-6220 Tel. (201) 458-9124
 Work Site Address 1748 ROUTE 88 Lic. No. 02126
BRICKMAN, N.J. Federal Emp. No. 22-1898944

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.
[Signature]
 AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.
no per plans
Partitions walls

☒ See Plans

TYPE OF WORK:	Fee Basic	Fee
☐ New Building		
☐ Addition		
☒ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☒ Other <u>no per plans</u>		
☐ 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 1 Total Building Area—All Floors _____ Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
 Area—Largest Floor 21167 Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ 4,800

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

UNIFORM CONSTRUCTION SUBCODE TECHNICAL SECTION



PERMIT NO.	44329
DATE ISSUED	5-5-89
REVISION DATE	
Block	852 Lot 1
Subdivision	Millers Hill Park

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When: changing contractors, notify this office	
Owner	UDFIO 60000220	Contractor	MAH00515 bnf. 800
Address	1659 K+88	Address	1659 P488
	Brick N. B.		Brick N. B.
Tel.	458-6220	Tel.	458-9124
Work Site Address	1748 R00488	L.C. No.	02126
	Br. U. M. D. L. N. B.	Federal Emp. No.	22-18989-14

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.

no plans

Partitions walls

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

no plans

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

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee (Greater of Minimum or Subtotal)

☒ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP:	Present	Proposed
No. of Stories	1	Total Building Area-All Floors
Height of Structure		Sq. Ft.
Area-Largest Floor	2,167	Volume of Structure
	Sq. Ft.	Cu. Ft.
Estimated Cost of Building Work:	\$ 4,800	Total Land Area Disturbed
		Sq. Ft.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - BUILDING

DATE

JOB CONDITION/COMMENTS

5-25-84

in the Present

5-31-89

Basement not sprinklered as per plan

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐ No Plans Required

☒ All

☐ Footing/Foundation

☐ Frame

☐ Architectural

☐ Other

Date

5-4-89

Initials

164

INSPECTIONS FINAL

☐ CO

☐ CCO

☐ CA

Date:

Inspected By:

INSPECTIONS

Type

☐ Footing/Foundation

☐ Slab

☒ Frame

☐ Architectural

☐ Insulation

☒ Finishes

☐ Energy

☐ Mechanical

☐ TCO

☐ Other

Failure Dates

Approval Date

5-25-89 5-31-89

5/9/89

32
Electrical

///
\$3,775

Basement is
not to be
used unless
Sprinkled as
Office & Storage
Fire

any Storage Area
24 Sq ft or more
must be Sprinkled
Fire

