

RECEIVED  
MAY 7 1990  
BUILDING

BLOCK

852

LOT

3

ADDRESS (SITE)

1751 R+88

PERMIT NO.

761-90



# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 1751 R+88
2. Name of Owner in Fee: ELDON HARDWARE Tel. (201) 840-4717  
Address 1751 R+88 BRICK N.J 08723  
street municipality zip code
3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_
4. Principal Contractor: \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_
- License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ Social Security No. \_\_\_\_\_
5. Architect or Engineer \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_  
Address \_\_\_\_\_
6. Responsible Person  
In Charge of Work \_\_\_\_\_ Tel. (\_\_\_\_) \_\_\_\_\_

## II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☐ Demolition

Est. Cost

TOTAL COSTS

\$800.00

## OPTIONAL (for office use only)

| Plans Rec'd By     | Date Rec'd | Rejection Date | Approval Date | Re-viewer          | Resubmission Dates Approval | Rejection | Re-viewer |
|--------------------|------------|----------------|---------------|--------------------|-----------------------------|-----------|-----------|
| <i>[Signature]</i> |            |                | 5/9/90        | <i>[Signature]</i> |                             |           |           |
|                    |            |                |               |                    |                             |           |           |
|                    |            |                |               |                    |                             |           |           |
|                    |            |                |               |                    |                             |           |           |
|                    |            |                |               |                    |                             |           |           |
|                    |            |                |               |                    |                             |           |           |
|                    |            |                |               |                    |                             |           |           |
|                    |            |                |               |                    |                             |           |           |
|                    |            |                |               |                    |                             |           |           |

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/  
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

## V. FEE SUMMARY (for office use only)

|                                   |              | Update    | Update   |
|-----------------------------------|--------------|-----------|----------|
| 1. Building                       | \$           |           |          |
| 2. Electrical                     |              |           |          |
| 3. Plumbing                       |              |           |          |
| 4. Fire Protection                |              |           |          |
| 5. Other <u>Sign</u>              | <u>36.00</u> |           |          |
| 6. Subtotal                       | \$           | <u>36</u> |          |
| 7. Less 20% for State Plan Review |              | <u>5</u>  |          |
| 8. Subtotal                       | \$           |           |          |
| 9. DCA Training Fee               |              |           |          |
| 10. Subtotal                      | \$           |           |          |
| 11. Cert. of Occupancy            |              | <u>20</u> |          |
| 12. Other                         |              |           |          |
| 13. TOTAL                         | \$           | <u>61</u> | <u>8</u> |

## VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories \_\_\_\_\_
2. Height of Structure \_\_\_\_\_ ft.
3. Area—Largest Floor \_\_\_\_\_ sq. ft.
4. Building Area—All Floors \_\_\_\_\_ sq. ft.
5. Volume of Structure \_\_\_\_\_ cu. ft.
6. Construction Classification \_\_\_\_\_
7. Total Land Area Disturbed \_\_\_\_\_ sq. ft.
8. Flood Hazard Zone \_\_\_\_\_
9. Base Flood Elevation \_\_\_\_\_ ft.
10. Wetlands yes \_\_\_\_\_ sq. ft.  
no \_\_\_\_\_
11. Fire Grading \_\_\_\_\_
12. Max. Live Load \_\_\_\_\_
13. Max. Occupancy Load \_\_\_\_\_

(office use only)

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:

Before Construction \_\_\_\_\_

After Construction \_\_\_\_\_

Net gain or loss \_\_\_\_\_

### B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group: B Hardware

3. Change in Use Group, Indicate Former:

## CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ( ) I further certify that I will perform or supervise the following work:

C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:

C.3. ( ) Electrical C.4. ( ) Plumbing

- 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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature

Date

5/7/90

## II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 \_\_\_\_\_

Address \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_

OFFICE DATE RECEIVED: \_\_\_\_\_

| VIII. PRIOR APPROVALS CHECKLIST<br>(office use only)            | LOCAL APPROVAL    |               | COUNTY APPROVAL   |            | REGIONAL APPROVAL |            | STATE APPROVAL    |            | COMMENTS |
|-----------------------------------------------------------------|-------------------|---------------|-------------------|------------|-------------------|------------|-------------------|------------|----------|
|                                                                 | Prelimin. Initial | Final Date    | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date |          |
| <input type="checkbox"/> Planning Board                         |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Zoning Board                           |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Sewer Authority                        |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Water Authority                        |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Fire Department                        |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Police Department                      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Health Department                      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Soil Conservation                      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Community Affairs        |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Department of Transportation      |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> N.J. Dept. of Environmental Protection |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/> Utility Dig No.                        |                   |               |                   |            |                   |            |                   |            |          |
| <input checked="" type="checkbox"/> Other <i>Zoning</i>         | <i>SE</i>         | <i>5/8/90</i> | <i>sign</i>       |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |               |                   |            |                   |            |                   |            |          |
| <input type="checkbox"/>                                        |                   |               |                   |            |                   |            |                   |            |          |

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

| Name of Code & Edition | Name of Code & Edition         | Other |
|------------------------|--------------------------------|-------|
| Building _____         | Energy _____                   |       |
| Electrical _____       | Barrier Free _____             |       |
| Plumbing _____         | Flood Hazard _____             |       |
| Fire Protection _____  | As Built Elevation Cert. _____ |       |
| Mechanical _____       | Other _____                    |       |

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

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



# CONSTRUCTION PERMIT

Date Issued 5-10-90  
Control #  
Permit # 761-90

IDENTIFICATION Block 852 Lot 3  
Work Site Location 1751 Rt. 88 Contractor Same  
Address \_\_\_\_\_  
Owner in Fee Eldon Hardware  
Address \_\_\_\_\_  
Tele. (\_\_\_\_) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Federal Emp. No. \*\*\*0002\*\*  
or Social Security No. 761\*\*

is hereby granted permission to perform the following work:

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

## DESCRIPTION OF WORK:

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.

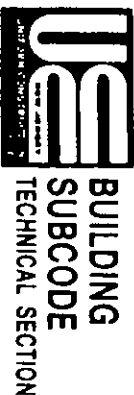
Estimated Cost of Work \$ 200.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

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

| BLOCK                      |                        |       |
|----------------------------|------------------------|-------|
| PAYMENTS (Office Use Only) | 852 #                  | 0.00  |
| Building                   | LOT                    | 0.00  |
| Plumbing                   | 3 #                    |       |
| Electrical                 | SIGNS                  | 36.00 |
| Fire Protection            | PLAN REV               | 5.00  |
| Other                      | C / O                  | 20.00 |
| Other                      | TOTAL                  | 61.00 |
| DCA Training Fee           | CHECK                  | 61.00 |
| Cert. of Occ.              | CHANGE                 | 0.00  |
| Other                      | 5/10/90 NO. 5 00224005 | 15:57 |
| Total                      |                        |       |
| Check No.                  |                        |       |
| Cash                       |                        |       |
| Collected By:              |                        |       |



Date Received  
Date Issued 5-10-90  
Control #  
Permit # 761-90

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

Block 852 Lot 3  
Work Site Location 1751 Rt 88

Owner in Fee ELODA HARDWARE  
Address 1751 Rt 88  
BRUC N.J. 08723

Tele. (201) 840-4717

Contractor \_\_\_\_\_  
Address \_\_\_\_\_

Tele. ( ) \_\_\_\_\_  
Lic. No. or Bids. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date | Initial | INSPECTIONS | Dates (Month/Day) | Initial  |
|----------------------------------------------------------------------------------------------|------|---------|-------------|-------------------|----------|
| <input type="checkbox"/> No Plans Req.                                                       |      |         | Type:       | Failure           | Approval |
| <input type="checkbox"/> All                                                                 |      |         | Footings    |                   |          |
| <input type="checkbox"/> Footings                                                            |      |         | Foundation  |                   |          |
| <input type="checkbox"/> Foundation                                                          |      |         | Slab        |                   |          |
| <input type="checkbox"/> Frame                                                               |      |         | Frame       |                   |          |
| <input type="checkbox"/> Other                                                               |      |         | Insulation  |                   |          |
| Joint Plan Review Required:                                                                  |      |         | Finishes:   |                   |          |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |      |         | Energy      |                   |          |
| SUBCODE APPROVAL                                                                             |      |         | Mechanical  |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |      |         | TCO         |                   |          |
| Date:                                                                                        |      |         | Other       |                   |          |
| Approved By:                                                                                 |      |         | Final       |                   |          |

**B. BUILDING CHARACTERISTICS**

Use Group Present B Proposed \_\_\_\_\_  
Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft.  
Area—Largest Floor \_\_\_\_\_ Sq. Ft.  
Total Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft.  
Volume of Structure \_\_\_\_\_ Cu. Ft.  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft.

Est. Cost of Bldg. Work:  
1. New Bldg. \$ \_\_\_\_\_  
2. Alteration \$ \_\_\_\_\_  
3. Total (1+2) \$ \_\_\_\_\_

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of/representing and authorized to make this application.

Signature Robert Spang

**D. TECHNICAL SITE DATA**  
DESCRIPTION OF WORK

Seper

**TYPE OF WORK:**

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other \_\_\_\_\_
- ☒ Demolition
- ☒ Miscellaneous
- ☒ Fence \_\_\_\_\_ Height \_\_\_\_\_ Sq. Ft.
- ☒ Sign \_\_\_\_\_
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other \_\_\_\_\_

**(Office Use Only)**

FEE

|                                             |                                   |
|---------------------------------------------|-----------------------------------|
| Paid <input type="checkbox"/> Check # _____ | Administrative Surcharge \$ _____ |
| Collected by: _____                         | Minimum Fee \$ _____              |
|                                             | TOTAL FEE \$ _____                |



**BUILDING  
SUBCODE  
TECHNICAL SECTION**



Date Received 7/6/90  
Date Issued 5-10-90  
Control # 761-90  
Permit # 761-90

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

Block 852 Lot 3  
Work Site Location 1751 Rt 88

Owner in Fee ELODA HARDWARE  
Address 1751 Rt 88  
BRIC 08723

Tele. ( 201 ) 840-4717

Contractor \_\_\_\_\_

Address \_\_\_\_\_

Tele. ( \_\_\_\_\_ ) \_\_\_\_\_  
Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Emp. No. \_\_\_\_\_ or Social Security No. \_\_\_\_\_

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                  | Date | Initial | INSPECTIONS | Dates (Month/Day) | Initial  |
|----------------------------------------------------------------------------------------------|------|---------|-------------|-------------------|----------|
| <input type="checkbox"/> No Plans Req.                                                       |      |         | Type:       | Failure           | Approval |
| <input type="checkbox"/> All                                                                 |      |         | Footings    |                   |          |
| <input type="checkbox"/> Footing                                                             |      |         | Foundation  |                   |          |
| <input type="checkbox"/> Foundation                                                          |      |         | Slab        |                   |          |
| <input type="checkbox"/> Frame                                                               |      |         | Frame       |                   |          |
| <input type="checkbox"/> Other                                                               |      |         | Insulation  |                   |          |
| Joint Plan Review Required:                                                                  |      |         | Finishes:   |                   |          |
| <input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire |      |         | Energy      |                   |          |
| SUBCODE APPROVAL                                                                             |      |         | Mechanical  |                   |          |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA         |      |         | TCO         |                   |          |
| Date: _____                                                                                  |      |         | Other       |                   |          |
| Approved By: _____                                                                           |      |         | Final       |                   |          |

**B. BUILDING CHARACTERISTICS**

Use Group Present B Proposed \_\_\_\_\_  
Const. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_ Ft. \_\_\_\_\_  
Height of Structure \_\_\_\_\_ Ft. \_\_\_\_\_  
Area—Largest Floor \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Total Bldg. Area/All Floors \_\_\_\_\_ Sq. Ft. \_\_\_\_\_  
Volume of Structure \_\_\_\_\_ Cu. Ft. \_\_\_\_\_  
Total Land Area Disturbed \_\_\_\_\_ Sq. Ft. \_\_\_\_\_

**Est. Cost of Bldg. Work:**

1. New Bldg. \$ \_\_\_\_\_
2. Alteration \$ \_\_\_\_\_
3. Total (1+2) \$ \_\_\_\_\_

**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.

Signature Robert J. Spang

**D. TECHNICAL SITE DATA  
DESCRIPTION OF WORK**

Spang

**TYPE OF WORK:**

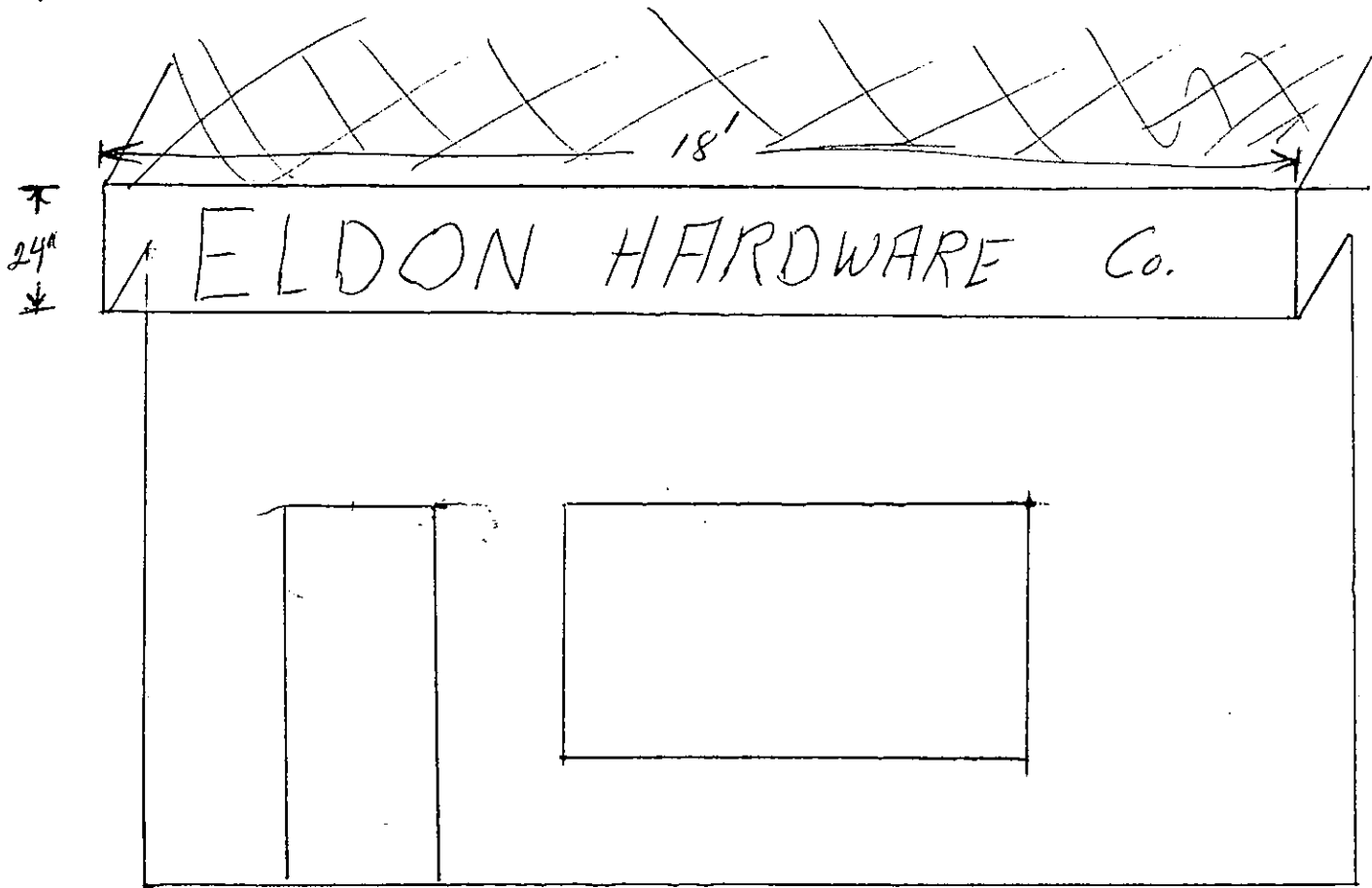
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Roofing
- ☐ Siding
- ☐ Other \_\_\_\_\_
- ☒ Demolition
- ☒ Miscellaneous
- ☒ Fence \_\_\_\_\_ Height \_\_\_\_\_
- ☒ Sign \_\_\_\_\_ Sq. Ft. \_\_\_\_\_
- ☐ Pool
- ☐ Elevator \_\_\_\_\_
- ☐ Asbestos Abatement
- ☐ Other \_\_\_\_\_

**(Office Use Only)**

FEE \_\_\_\_\_

Paid ☐ Check # \_\_\_\_\_ Administrative Surcharge \$ \_\_\_\_\_  
Collected by: \_\_\_\_\_ Minimum Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

ELDON HARDWARE 1751 RT 88 BRICK.



SIGN IS PAINTED ON 14 GA METAL  
AND WILL BE SCREW TO FACIA.