

BLOCK 852 LOT #1 ADDRESS (SITE) 1743 Route #88 West PERMIT NO. 1938-92

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SEP 8 1992



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1743 Route #88 West
Enclosure Glass Work

2. Name of Owner in Fee: Partnership Own Tel. (908) 780-8888
Address 63 W. Main Street Box 7008 Freehold NJ 07728
street municipality zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Freehold Glass Co. Tel. (908) 462-6220
Address 38 South Street Freehold NJ 07728

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 222-035267 Social Security No. _____

5. Architect or Engineer DANIEL L. BACH Tel. (908) 462-0215
Address 42 E. Main Street Freehold NJ 07728

6. Responsible Person E. C. Roth Tel. (908) 713-2701
In Charge of Work

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>113</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$ <u>113</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>138</u>		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

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

TOTAL COSTS

Est. Cost

15,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>X</u>	<u>4/10/93</u>		<u>9/15/92</u>	<u>RE</u>	<u>6/14/93</u>	<u>RE</u>	

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 | 3. ☐ Pressure Vessels | 5. ☐ Hazardous Uses/Places of Assembly |
| 2. ☐ High Pressure Boilers | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| | 5. ☐ Cross-Connections/Backflow Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| | | 9. ☐ Underground Storage Tanks |

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:

retail mall

2. Use Group:

3. Change in Use Group, Indicate Former:

LDS BR 10410186

ZOK

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 _____

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 Edward C. Roth

Address 22 Rivingside Dr
Rumson, N.J. 07760

Telephone (908) 842-4787

Signature [Signature] Date 9/8/92

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other <i>zoning</i>	<i>SK</i>	<i>9/9/92</i>	<i>att.</i>						
☐									
☐									

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)

☐ Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
☐ Temporary Certificate of Occupancy	No. _____	
☐ Continued Certificate of Occupancy	No. _____	
☐ Certificate of Occupancy	No. _____	
☐ Certificate of Approval	No. _____	

Name



Date Received
Date Issued
Control #
Permit #

9/16/92
1938-92

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

Work Site Location 812 Lot #1
1743 Route 88 Beicktown Rd.
Owner in Fee Fontenot's Drive
Address 65 West Main Street Box 1508
FEENEHOLD, N.J. 07728
Tele. (908) 760-8888
Contractor Franklin Glass Co
Address 58 South St.
FEENEHOLD N.J. 07728
Tele. (908) 964-6200
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No. 222-035267 or Social Security No. _____

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 [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Alteration

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☒ No Plans Req.			☒ Footing		
☐ All	<u>9/14/92</u>	<u>RL</u>	☐ Foundation		
☐ Footing			☐ Slab		
☐ Foundation			☐ Frame		
☐ Frame			☐ Insulation		
☐ Other			☐ Finishes:		
Joint Plan Review Required:			☐ Energy		
☐ Elec. ☐ Plumb. ☐ Fire			☐ Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date: <u>6/14/92</u>			Final		
Approved By: <u>[Signature]</u>					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. 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. \$ 14,000
2. Alteration \$ 15,000
3. Total (1+2) \$ 29,000

(Office Use Only)

FEE

\$ _____

- TYPE OF WORK:
- ☐ New Building
 - ☐ Addition
 - ☐ Alteration
 - ☐ Roofing
 - ☐ Sliding
 - ☐ Other _____
 - ☐ Demolition
 - ☐ Miscellaneous
 - ☐ Fence _____ Height _____
 - ☐ Sign _____ Sq. Ft. _____
 - ☐ Pool _____
 - ☐ Elevator _____
 - ☐ Asbestos Abatement _____
 - ☐ Other _____

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



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

9/6/92
1938-92

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

Block 812 Lot #1
Work Site Location 1743 Co. St. Air to the N.E.
Owner in Fee Lincoln's L.L.B. Co.
Address 65 West Main Street Box 1508
Jefferson, N.J. 07728
Tele. (908) 750-8888
Contractor Franklin & Sons Co.
Address 38 South St.
Jefferson, N.J. 07728
Tele. (908) 944-6200
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. 222-035267 or Social Security No. _____

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 _____

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

[Handwritten signature]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☒ No Plans Req.			☒ Footing		
☒ All	<u>9/19/92</u>	<u>AL</u>	☐ Foundation		
☐ Footing			☐ Slab		
☐ Foundation			☐ Frame		
☐ Other			☐ Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class			1. New Bldg. \$ _____
No. of Stories			2. Alteration \$ <u>14,000</u>
Height of Structure			3. Total (1+2) \$ <u>14,000</u>
Area—Largest Floor			
Sq. Ft.			
Total Bldg. Area/All Floors			
Sq. Ft.			
Volume of Structure			
Cu. Ft.			
Total Land Area Disturbed			
Sq. Ft.			

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

