

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 1693 Route PP Brick
2. Owner Name: MIA MILLA INC (ANDREAS) Tel. ()
- ✓ Address: 1693 Route PP BRICK N.J.
3. Principal Contractor: X Tel. ()
- Address: EDWARD SIMMONS
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ()
- Address _____
5. Responsible Person in Charge of Work: EDWARD SIMMONS Tel. ()

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 Fire
7. ☐ Demolition
8. ☐ Other: Fire Repair

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST \$ <u>300</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/Pieces 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, 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: _____

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

LDS BR 10208854

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 _____ TEL. () _____

ADDRESS _____

SIGNATURE Edward J. Jannone

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		Approval Date	Reviewer	Comments
		Date	Receiver			
☒	BUILDING			7-27-86	ED	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions		Final Inspection	Comments
	ALL CONSTRUCTION				
	BUILDING			6-1-86	Edward J. [Signature]
	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 Ticker

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 7.50
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	
OTHER	
SUBTOTAL	\$ 7.50
- LESS: 20% of subtotal (when plan review performed by state agency).	
D.C.A. TRAINING FEE .0006 x _____	20.00
CERTIFICATE OF OCCUPANCY	
OTHER	
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 27.50
DATE 9-10-86 Collected By [Signature]	

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	\$

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO.	85-61
DATE ISSUED	9-10-86
REVISION DATE	
Block	892.1
Lot	22-23-24
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	MIA MILIA INC	Contractor	
Address	1693 RT 88 BRICK TOWN	Address	
Tel. ()		Tel. ()	
Work Site Address		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.	TYPE OF WORK:	Fee Basis	Fee
4X8 SHEET ROCK	☐ New Building		
	☐ Addition		
	☐ Alteration/Renovation		
	☐ Roofing		
	☐ Siding		
	☐ Other		
	☐ 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		Total Building Area-All Floors
Height of Structure		Volume of Structure
Area-Largest Floor		Total Land Area Disturbed
Estimated Cost of Building Work: \$		

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS

Maximum Occupancy Load:

[illegible]