RECEIVED
JUL 29

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

BUILDING

Page 1

I. IDENTIFICATION

1. Proposed Work at: 1680 Route 88 West
2. Owner Name: American Press Tel. (201) 922 4400
   Address #3109 Route 33 Neptune N.J. 07753
3. Principal Contractor: _____ Tel. (___) _____
   Address _____
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: Frederick Fisher Tel. (201) 721-3446
   Address 13 Frederick PLACE, PARLIN, N.J. 08859
5. Responsible Person in Charge of Work Don IANNARONE Tel. (201) 458 8000

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: _____

B. CATEGORIES OF WORK

Permit Category		Estimated
1. ☒	Building/ Structural	$ 20,000 00
2. ☐	Plumbing	
3. ☒	Electrical	2000.00
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 22,000 00

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)
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, Infirmaries (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: OFFICES

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 12 Ft.
16. Area–Largest Floor 1800 Sq. Ft.
17. Bldg. Area–All Fls. 16,200 Sq. Ft.
18. Volume of Structure 21,800 Cu. Ft.
19. Total Land Area Disturbed 1800 Sq. Ft.

1170-2-1

LDS BR 10515740

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

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 Daniel Lamanna DATE 7/29/86

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 _____

BLOCK NO. 1170.2 LOT NO. #1 SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

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 Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	7.29.86	[illegible]	8.1086	EL	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			9/09/86	JK	
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			8/13/86	CR	Granted
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
✓	ALL CONSTRUCTION		8/20/86	EL
	BUILDING			
	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 Tickler

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 165.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	55.-
OTHER _____	.
SUBTOTAL	$ 220.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 245.00

DATE 9-2-86 Collected By Pato

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5400
DATE ISSUED 9-2-86
REVISION DATE
Block 1170.2 Lot 1
Subdivision

A. IDENTIFICATION

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

Owner X American Press
Address 3701 RT 33
Neptune NJ.
Tel. ( ) 922 4400
Work Site Address 1680 RT 88 W.

Contractor X SAME
Address
Tel. ( )
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.

X 1. INSTALL FOUR WINDOWS
2. INSTALL FAKE Roof 2 SIDES
3. ALUM SIDING BUILDING
4. FINISH BASEMENT.
5. INSTALL OUTSIDE DOOR TO BASEMENT.
6. Change STAIRS TO BASEMENT

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
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 _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 8400
DATE ISSUED 9-2 86
REVISION DATE
Block 11702 Lot 2
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner X American Press
Address 3701 RT 33
Manalapan NJ
Tel. ( ) 922 4400
Work Site Address 1680 RT 88 W.

Contractor X SAME
Address
Tel. ( )
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.

X 1. INSTALL FOUR WINDOWS
2. INSTALL FAKE ROOF 2 SIDES
3. ALUM SIDING BUILDING
4. FINISH BASEMENT
5. INSTALL OUTSIDE DOOR TO BASEMENT.
6. CHANGE STAIRS TO BASEMENT

☑ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$ X

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

X

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 7-20-86

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 84-00
DATE ISSUED 9-2-86
REVISION DATE
Block 1170.2 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner American Press
Address
Tel. ( )
Work Site Address

Contractor
Address
Tel. ( )
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

B1. SPRINKLERS

TYPE: ☑ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☑ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $25 -

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

FEE $

B3. ALARM

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

FEE $15

B4. STAND PIPES

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

FEE $

B5. OTHER

FEE $ $ $

Subtotal $40
Minimum Fire Protection Fee (If Applicable) $15
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $55

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

Furnace Room
Workshop Area

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 4107
DATE ISSUED 9-12-86
REVISION DATE

Block 1170.2 Lot 1
Subdivision

A. IDENTIFICATION

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

Owner American Press

Address

Tel. ( )

Work Site Address

Contractor

Address

Tel. ( )

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

B1. SPRINKLERS

TYPE: ☑ Wet ☐ Dry ☐ Other _____ FEE

Area Sprinkled: ☐ Full ☑ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised – Method: _____

Water Supply – Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: $ _____ $25 -

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: $ _____ $ _____

B3. ALARM

TYPE: ☐ Manual ☑ Automatic FEE

Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location

Estimated Cost of Work: $ _____ $15

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: $ _____ $

B5. OTHER

13

$

$

$

Subtotal $40

Minimum Fire Protection Fee (If Applicable) $15

Total Fire Protection Fee *(Greater of Minimum or Subtotal)* $55

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

Furnace Room
Welding Area

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
Rev:	(1) Sprinkler - Furnace room - Workshop Area
	(2) Fire stops Architectural trim every 20'
11-3-86	Install check valves in L.A. Spr. system

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved
Date: 9-13-86
Approved By: C Rudd

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☑ Other L.A. Spr. Sys	11-3-86			
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

8-8-86
Planner knows

Office of
Division of Inspections

CHECK LIST

8/6/86

Re: Block 1170.2 Lot 1

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative _____
Zoning _____
Engineering _____
Building _____
Plumbing _____
Electric _____
Fire Use of Basement and Utility Room.

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

8-13-82

W. will submit sprinkler plans