

2263-96

AUG 13 1996



CONSTRUCTION PERMIT APPLICATION *ZNA*

ZNA

458-3933

DIV. OF INSPECTION **Applicant Completes: Sections I, II, III (optional), IV, VI and VII**

IDENTIFICATION

Address _____

Responsible Person _____ Tel. (____) _____
in Charge of Work _____

V. FEE SUMMARY (for office use only)

1. Building	\$	55	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		72	
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	127	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New 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. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

Est. Cost

1,300⁰⁰

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. ☐ Elevator Devices
10. ☐ Asbestos Abatement
11. ☐ Demolition

TOTAL COSTS

✓ 1,300.00

OPTIONAL (for office use only)[illegible]

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	4. ☐ Refrigeration Systems	7. ☐ Sprinklers
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	8. ☐ Smoke Control Systems in Open Wells
3. ☐ Pressure Vessels	6. ☐ Hazardous Waste/Places of Assembly	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:

2. Use Group: *Auto LEAD*

3. Change in Use Group.
Indicate Former:

LDS BR 10514063

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 TEE Jay's MUFFLER & ROSSINATOR SHOP

Address 1658 Rt. 88 W. BRICK NJ. 08723

Telephone (908) 458-3933

Signature Thomas E. Dowd Date F-13-96

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	
☐ Zoning Officer									
☐ 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.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

DATE ISSUED

DATE EXPIRED

DATE REISSUED

DATE EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

8/30/96.

2263-96

IDENTIFICATION Block 1170-01 Lot 1

Work Site Location 1158 RT. 88 W. Contractor Sims

Owner in Fee THOMAS E. NOWB. Address _____

Address 108 JAYNUS AVE. DOBAY 34 Tele. (____) _____

Tele. (408) 458-3433 Island HTS. NJ. 08732 Lic. No. or Bids. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____ or Social Security No. 145-Hd-1000

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER _____

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Rear Door.

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 \$ 2000

Roy Korkowski

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building 60 -

Plumbing _____

Electrical _____

Fire Protection _____

Other _____

Other _____

DCA Training Fee 2 -

Cert. of Occ. _____

Other 62 -

Total 62 -

Check No. 124 -

Cash _____

Collected By: [Signature]

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

Block 1170.01 Lot 1
Work Site Location PALETTES AT 15723
Owner in Fee THOMAS E. BARNARD
Address 108 JAVAS 401 AS BOX 325
151403 HOBART HWY. 01732
Tele. ()
Contractor SELF
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
☐ No Plans Req.			Type:	Failure	Approval
☒ All	8/17/96	[initials]	Footings		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			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 _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 12 Ft.
Area—Largest Floor 15,000 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New 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 Thomas E. Barnard

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

A DOOR TO PROVIDE REAR EXIT OF BUILDING.

TYPE OF WORK:	(Office Use Only)
☐ New Building	\$ _____
☐ Addition	\$ _____
☐ Alteration	\$ _____
☐ Roofing	\$ _____
☐ Siding	\$ _____
☐ Fence	Height (6' or over) \$ _____
☐ Sign	Sq. Ft. \$ _____
☐ Pool	\$ _____
☐ Asbestos Abatement	\$ _____
☐ Other	\$ _____
☐ Other	\$ _____
☐ Demolition	\$ _____

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

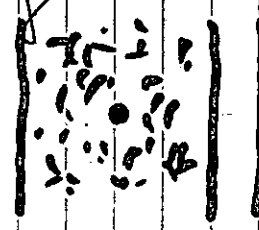
2-8"x4"x96" concrete lintels

84"

96"

30/96

1. CUT opening in existing masonry wall + SET lintels as shown
2. Fill block cores solid with #4 Dowel every 2 courses ↓
3. Drill + SET Lead Shields in Interior + Fasten w/ masonry 2x4 using LAG Bolts



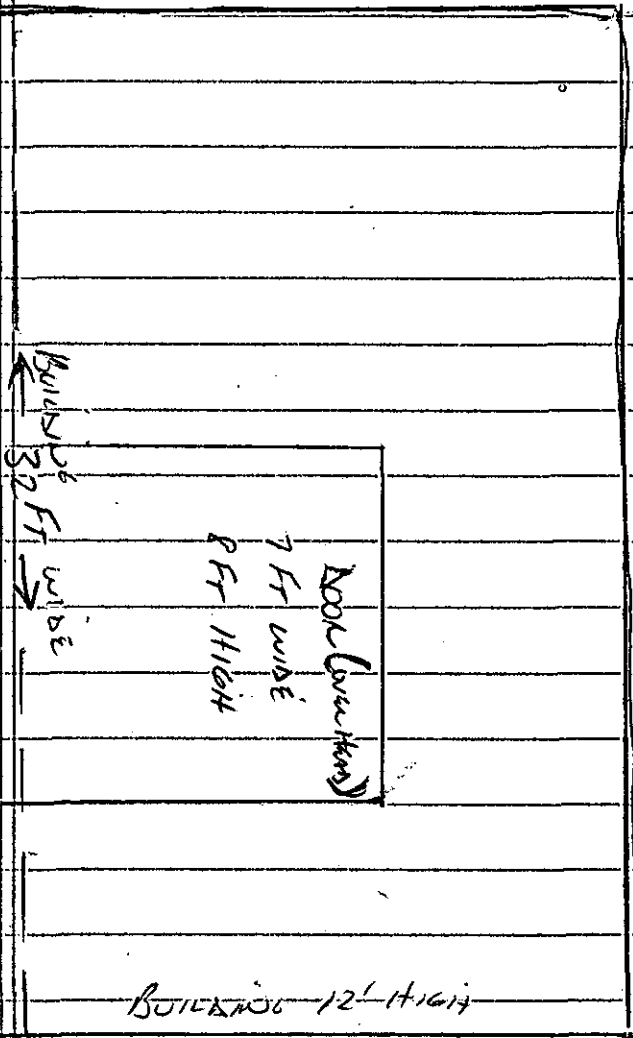
Too Jay's Muffler
& Radiator Shop
1658 Rte. 88 West
Brick, N.J. 08723

C/o Tom Sowls

458-3933

Joe Jay's Butler
& Refrigerator Shop
1656 Rte. 68 West
Bick, N.J. 08723

Plan of Building



BOCA® PLAN REVIEW RECORD

Valuation: _____

Plan Review # _____

Fee: _____

Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION _____

(City, County, Township, etc.)

BUILDING LOCATION 1658 RT 88

(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1987 BOCA National Building Code.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	<i>INCOMPLETE PLAN -</i>	
	<i>"HEADER"</i>	
	<i>called 8/27/96 asf</i>	

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