



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 970 RT 70 C-10-004281

2. Name of Owner in Fee: JACO MANAGEMENT INC
 Tel. (850) 784 3900 e-mail _____
 Address 2816 A WEST 11th ST PANAMA CITY 32410
street municipality zip code

3. Ownership in Fee: Public _____ Private ☒

4. Principal Contractor: BISMARCK CONSTRUCTION Tel. (973) 412 9223
 Address 207-209 BERKELEY AVE NEWARK NJ 07107 e-mail _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-3658512 FAX: (973) 412-9224

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. (_____) _____ FAX: (_____) _____

6. Responsible Person in Charge once Work has Begun JAMES SEERAM
 Tel. (973) 634 4672 FAX: (973) 412 9224

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>300</u>	
2. Electrical	<u>40</u>	
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee		
10. Subtotal	\$ <u>20</u>	
11. Cert. of Occupancy		
12. Other		
13. TOTAL	\$ <u>360</u>	

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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. Max. Live Load	_____
7. Max. Occupancy Load	_____
8. If Industrialized Building: State Approved _____ HUD _____	
9. Total Land Area Disturbed	_____ sq. ft.
10. Flood Hazard Zone	_____
11. Base Flood Elevation	_____ ft.
12. Wetlands yes _____ no _____	

IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction
☐ Asbestos Abat. - Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

☒ Building
☒ Electrical
☐ Plumbing
☐ Fire Protection
☐ Elevator

Est. Cost	Plans Rec'd by	Date Rec'd	FOR OFFICE USE ONLY (Optional)				Resubmission Dates	Re-viewer
			Rejection Date	Approval Date	Re-viewer	Approval		
<u>10000</u>	<u>008</u>	<u>11-17-10</u>		<u>12/1/10</u>	<u>JA</u>			
<u>2000</u>				<u>11-23-10</u>	<u>DD</u>			
TOTAL COST								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use: B

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

4. No. of dwelling units: Total Units Income-restricted

Gained, Sale	_____
Gained, Rental	_____
Lost, Sale	_____
Lost, Rental	_____

B. NON-RESIDENTIAL (primary use)

1. State Specific Use: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:

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	8. ☐ Smoke Control Systems in Open Wells
2. ☐ High Pressure Boilers	5. ☐ Cross-Connections/Backflow Preventers	9. ☐ Underground Storage Tanks
3. ☐ Pressure Vessels	6. ☐ Hazardous Uses/Places of Assembly	10. ☐ Swimming Pools, Spas and Hot Tubs
	7. ☐ Sprinklers	11. ☐ LPGas Tanks

COMMERCIAL



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 03/04/2011
Control Number C-10-004281
Permit Number 10-3347
Permit Issue Date 12/06/2010
Certificate Number 10-3347

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 970 ROUTE 70 Brick Township, NJ Block: 1170 Lot: 16 Qual: _____
Owner in Fee: MEDICAL CENTER OF OCEAN COUNTY
Owner Address: %JACO 2816 WEST 11TH ST. PANAMA CITY FL 32401
Telephone: _____
Contractor BISMARCK CONST CORP
Address 207 BERKEEY AVENUE NEWARK NJ 07107
Telephone: (973) 900-0328 Fax: (973) 412-9204
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3658512

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: I-2 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL partition walls

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____

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.ix:

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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 JAMES SEERAM | BISMARCK CONSTRUCTION

Address 207-209 BERKELEY AVE
NEWARK NJ 07107

Telephone (973) 412 9223

Signature James A. Seeram

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



BUILDING SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 16 Qualification Code 10-3347

Work Site Location Back NEW JERSEY

Owner in Fee: JACO MANAGEMENT INC

Tel. (850) 784-3900 e-mail _____

Address 2816 A WEST 11TH ST PAUANA CITY 32410

Contractor: Bismark Construction Tel. (973) 412 9228

Address 207-209 BERKELEY AVE e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-3658512 FAX: (973) 923 4411

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☐ No Plans Required _____ Type: _____

☐ All _____ Footing _____

☐ Footings/Foundations _____ Foundation _____

☐ Structural/Framework _____ Slab _____

☐ Exterior _____ Frame _____

☐ Interior _____ Truss Sys./Bracing _____

Joint Plan Review Required: _____ Insulation _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____

SUBCODE APPROVAL for PERMIT _____

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE _____

Date: 3/11/11 CA _____

Approved by: [Signature] _____

B. BUILDING CHARACTERISTICS

Use Group Present 1 Proposed _____

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present 1 Proposed _____

If Industrialized Building: _____

State Approved _____ HUD _____

Est. Cost of Bldg. Work: 2

1. New Bldg. \$ 10,000

2. Rehabilitation \$ 10,000

3. Total (1+2) \$ 10,000

U.C.C. F110

* Push Button Door locks

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

CONSTRUCTION OF TWO PARTITION WALL

NEW 2x4 CEILING

INSTALL PARTITION WALL IN RM: 316

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Sliding

☐ Fence _____ Height (exceeds 6') _____

☐ Sign _____ Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☒ Other PARTITION WALL

☐ Demolition

FEE (Office Use Only)

\$ _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = Office Copy

4 Gold = Applicant Copy

VIOLATION

Date Received

12-6-10

Control #

10-3347

Date Issued

Permit #



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1170 Lot 16 Qualification Code CH19

Work Site Location BRICK, NEW JERSEY

Owner in Fee JACO MANAGEMENT INC

Address 2816 A WEST 11TH PAVANA CITY
FLORIDA 32410

Tel (850) 784-3900

Contractor EDWARD SULLIVAN ELECTRICAL CONTRACTING INC

Address 232 WEST ST
CLUSTER N.J. 07624

Tel (201) 767-3593 FAX (201) 767-7664

Contractor License No. EL-4403

Federal Emp. No. 22-3794-504

B. ELECTRICAL CHARACTERISTICS

Use Group Present COMMERCIAL

☐ Pole/Pad # CLINIC ☐ Temporary ☐ Other

Building Occupied as UTILITY CO.

Est. Cost of Elec. Work \$ 2000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Required			Type: <u>Rough</u>	Failure <u>12/11/10</u> Initial <u>DB</u>
Joint Plan Review Required:			☐ Building ☐ Plumbing	
☐ Fire ☐ Elevator			☐ Trench	
☐ Elec. Plans Approved			☐ Temp. Serv.	
Date: <u>11-23-10</u>			☐ Const. Serv.	
Approved by: <u>[Signature]</u>			☐ TCO	
			☐ Other	
			☐ Service	
			☐ Final	
			☐ Barrier-Free	
SUBCODE APPROVAL			☐ CO ☐ CCO ☐ CA	
Date: <u>2-24-11</u>			Temp. Cut-in-Card Date Issued	
Approved by: <u>JS</u>			Annual Pool Inspection	
			Date of Grounding and Bonding Certification	

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature [Signature]

Licensed Elec. Contractor ☐ Certified Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

Administrative Surcharge \$	
Minimum Fee \$	
State Permit Surcharge Fee \$	
TOTAL FEE \$	

12/16/10 w- From Reg

1) No Elect. App -

2) No Plans -

1/6/11 w- From Reg -

1) Walls closed up w/o Appeals -

2) Open Cell not finished -

3) Recommend Penalty

⑥ Tech



CONSTRUCTION PERMIT

Date Issued
Control #
Permit #

10-3347
C-10-004281
12.6.10

IDENTIFICATION Block: 1170 Lot: 16 Qualifier
Work Site Location: 970 ROUTE 70 Brick Township, NJ Contractor BISMARCK CONST CORP
Owner in Fee MEDICAL CENTER OF OCEAN COUNTY Address 207 BERKEEY AVENUE NEWARK NJ 07107
%JACO 2816 WEST 11TH ST. PANAMA CITY FL Telephone: (973) 900-0328
32401 Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee No. 22-3658512

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

ALTERATION - -COMMERCIAL partition walls

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 \$12,000

Construction Official

Date 12-1-10

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$300
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$20
CO Fee	
Other	\$0
Total	\$360
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☒ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK

Debris Form

Work Site Address: 970 RT 70 Brick NJ

Block: 1170 Lot: 16

Contractor: BISMARCK CONSTRUCTION

Contractor's Address: 207-209 BERKELEY AVE

Type of Construction (minor new home): MINOR - PARTITION WALL

Type of Debris (shingles, siding, wood, etc.): GENERAL BLDG

Party responsible for removal: WASTE MANAGEMENT

Dumpster size: 10 YARD

Destination of debris: LOCAL LAND FILL

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

Print Name

Date

10/5/2010

STATE OF NEW JERSEY
BUSINESS REGISTRATION CERTIFICATE

DEPARTMENT OF TREASURY/
DIVISION OF REVENUE
PO BOX 232
TRENTON, N.J. 08646-0232

TAXPAYER NAME:

BISMARK CONSTRUCTION CORP.

TRADE NAME:

ADDRESS:

207-211 BERKELEY AVE
NEWARK NJ 07107

EFFECTIVE DATE:

04/14/99

SEQUENCE NUMBER:

0103198

ISSUANCE DATE:

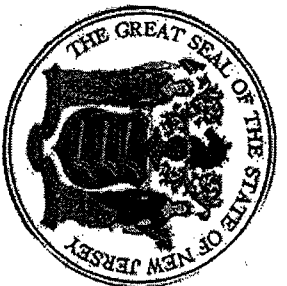
03/09/06

FORM-BRC(08-01)

This Certificate is NOT assignable or transferable. It must be conspicuously displayed at above address.

Director

John S. Tully



State of New Jersey

Department of Labor and Workforce Development Division of Wage and Hour Compliance

Public Works Contractor Registration Act

Pursuant to N.J.S.A. 34:11-56.48, et seq. of the Public Works Contractor Registration Act, this certificate of registration is issued for purposes of bidding on any contract for public work or for engaging in the performance of any public work to:

Bismark Construction Corp.

Responsible Representative(s):

James Seeram, President

A handwritten signature in black ink, appearing to read "David J. Socolow".

David J. Socolow, Commissioner
Department of Labor and Workforce Development

NON TRANSFERABLE

This certificate may not be transferred or assigned
and may be revoked for cause by the Commissioner
of Labor and Workforce Development.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 1170 LOT: 16 QUALIFIER: _____ SITE ADDRESS: 970 RT 70 BRICK H.T.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: THCO MANAGEMENT INC
COMPLETE ADDRESS: 2816 W WEST 11ST PANAMA CITY
FL 32410
PHONE # 850-784-3900 EMAIL: _____

2. NAME OF APPLICANT: Bismark Construction
APPLICANT ADDRESS: 207-209 Berkeley Ave
HEWITTAK N.Y 107107
PHONE # 973-412-9223 EMAIL: Bcorp4676@aol.com

3. RESPONSIBLE PERSON FOR WORK: THOMAS SERRAN
PHONE # 973-634-4672 FAX # 973-412-9224

4. SIGNATURE OF APPLICANT: [Signature]

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER: _____

DESCRIPTION: Construction of two addition walls - 11' & 8' W.

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

(SEE BACK PAGE)

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ _____
OTHER: \$ _____
TOTAL: \$ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: VA Clinic
PROPOSED USE: VA Clinic

BOARD APPROVAL: _____ PB _____ ZB _____
RESOLUTION#: _____
APPROVAL DATE: _____

OFFICE USE ONLY

A.H.B.T.

[illegible]