

BLOCK 530 LOT 7 ADDRESS (SITE) L/O4 8th HOOVER AVE. PERMIT NO. _____

3/6/96 called 3/13/96 TP



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 2709 OLD HOOPER AVE, BRICK, NJ
2. Name of Owner in Fee: LOUIS ROSSILLI
- Address #1 CAPTAINS DR. BRICK,
street municipality
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: DR. KOZIOL Tel. 908 477-6767
- Address 2709 OLD HOOPER AVE, BRICK, NJ
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
- Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
- Address _____
6. Responsible Person in Charge of Work DR. KOZIOL / LOUIS ROSSILLI Tel. 908 477-6767

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 59 -		
2. Electrical			
3. Plumbing			
4. Fire Protection	N/A -		
5. Elevator Devices			
6. Subtotal	\$ 59 -		
7. Less 20% for			
Plan Review	6		
tal	\$		
Training Fee	2		
tal	\$		
11. Cost of Occupancy	20 -		
12. Other 2 PA	11.00		
13. TOTAL	\$ 102 -		

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 _____

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. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est. Cont.

2000-01

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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow
Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
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: *Dr. Office*
2. Use Group:

3. Change in Use Group,
Indicate Former:

LDS BR 10409152

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 _____

Address _____

Telephone (____) _____

Signature _____ Date _____

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									IMPORTANT A.H.B.T. - EXEMPT
☐ 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 Protection									
☐ Utility Dig No.									
☐									
☐									

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)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	_____	_____	_____	_____
☐ Certificate of Compliance	_____	_____	_____	_____
☐ Certificate of Occupancy	_____	_____	_____	_____
☐ Certificate of Approval	_____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

3/10/96

349-96

IDENTIFICATION Block 550 Lot 2Work Site Location 229 Hoo. Ave.Contractor On KoziorOwner in Fee J. K. BessilleAddress 229 Hoo. Ave.

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☒ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

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

M. J. H. A.
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	<u>(229) 59</u>	
Plumbing		0.00
Electrical		0.00
Fire Protection		0.00
Other	<u>PL</u>	0.00
Other		59.00
DCA Training Fee		6.00
Cert. of Occ.		2.00
Other	<u>2PA</u>	20.00
Total		15.00
Check No.	<u>12</u>	02.00
Cash		02.00
Collected By:	<u>AK</u>	02.00

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 11, 1996 1996 Z 0149

Block 550 Lot 2 Zone B-2, G.B.

Property Address: 2709 Hooper Avenue

Owner: Louis Rossilli (Phone): 920-8775

Applicant: Same (Phone): Same

Use: Chiropractic office (Dr. Koziol).

Proposed Construction (if any): Replace existing sign with new 5' by 10' sign,

50 square feet and 2' by 4½' time and temperature

sign, 9 square feet, both on existing pole.

Conditions: Sign must be set back at least ten (10) feet from property lines.

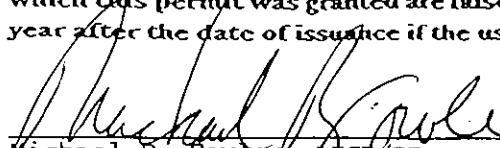
There must be a minimum distance of eight (8) feet from the ground

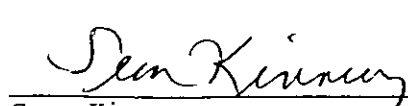
to the bottom of the time/temperature sign.

The height of the sign may not exceed twenty-five (25) feet.

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Administrative Officer


Sean Kinnevy
Zoning Officer

10'-0"

5'-0"

BACK & NECK CHIROPRACTIC

DR. THEODORE KOZIOL



**FREE OFFICE VISIT FOR
FIRST TIME PATIENTS**

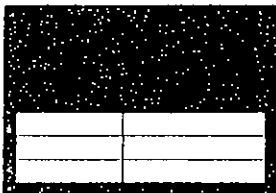
2'-0"



*(TIME / TEMP
Community SERVICE)*

8'

EXISTING
POLE

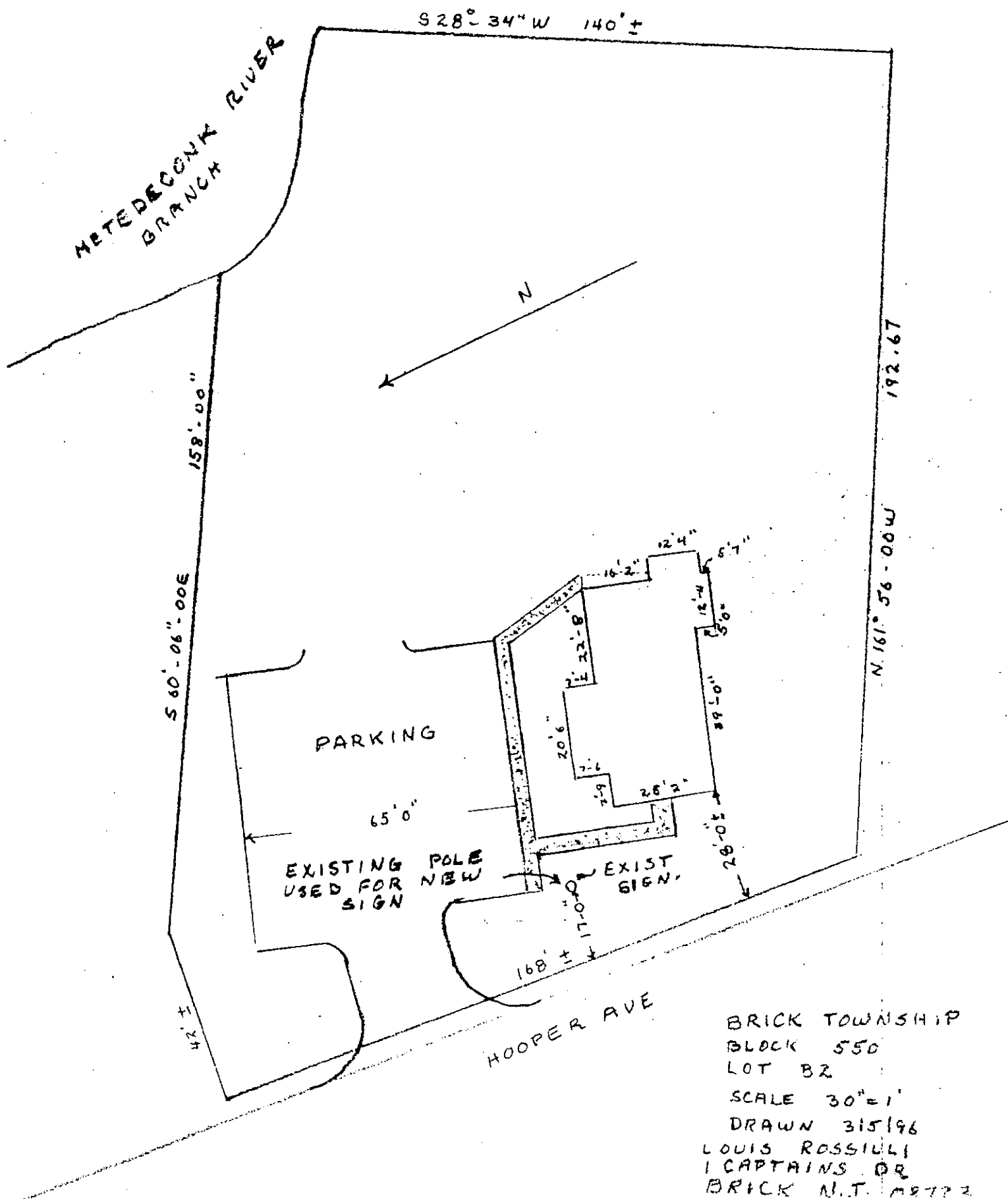


Sign For Approval

**AMERICAN
GENERAL DESIGN**

REGIONAL OFFICE 215-767-4363 CUSTOMER SERVICE 1-800-800-2183

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BRICK TOWNSHIP
 BLOCK 550
 LOT B2
 SCALE 30" = 1'
 DRAWN 3/5/98
 LOUIS ROSSILLI
 1 CAPTAINS DR
 BRICK N.J. 08772