

RECEIVED 1



CONSTRUCTION PERMIT APPLICATION

JUL 12 1988
DIV. OF INSPECTION

TOWNSHIP OF BRICK

I. IDENTIFICATION

- Proposed Work at: Tim's Auto Body; 1700 Rt 88 Brick
- Owner Name: Timothy P Tanwin Tel. (201) 458-6300
- Address: _____
- Principal Contractor: Self Tel. () _____
- Address: _____
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
- Architect or Engineer: _____ Tel. () _____
- Address: _____
- Responsible Person in Charge of Work _____ Tel. () _____

II. PROPOSED WORK

A. TYPE OF WORK

- ☐ Minor Work (Single Trade)
- ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Repair, Replacement
- ☐ Demolition
- ☒ Other: True
Spurlock

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST <u>\$5500</u>	

C. DO YOU WANT:

- ☐ Partial Releases
- ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Dumbwaiters
- ☐ High-Pressure Boilers
- ☐ Refrigeration Systems
- ☐ Pressure Vessels
- ☐ Hazardous Uses/Places of Assembly
- ☐ Cross-connections/Backflow Preventors
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
HMD Reg. No.: _____
- ☐ Two Family (R-3b)
- ☐ 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

- ☐ Theatres with Stage (A-1-A)
- ☐ Movie Theatres (A-1-B)
- ☐ Night Clubs (A-2)
- ☐ Restaurants, Libraries, Museums (A-3)
- ☐ Religious Assembly (A-4)
- ☐ Outdoor Assembly (A-5)
- ☐ Business (B)
- ☐ Educational (E)
- ☐ Moderate-Hazard Factory (F-1)
- ☐ Low-Hazard Factory (F-2)
- ☐ High-Hazard (H)
- ☐ Institutional Detention Center (I-1)
- ☐ Hospitals, Infirmeries (I-2)
- ☐ Group Homes (I-3)
- ☐ Mercantile (M)
- ☐ Moderate-Hazard Warehouse (S-1)
- ☐ Low-Hazard Warehouse (S-2)
- ☐ Temporary, Misc. (U)
- ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

- ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
- ☐ 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

- ☐ Public or Private Company
- ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

- ☐ Public or Private Company
- ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

- No. of Stories _____
- Height of Structure _____ Ft.
- Area—Largest Floor _____ Sq. Ft.
- Bldg. Area—All Fls. _____ Sq. Ft.
- Volume of Structure _____ Cu. Ft.
- Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10314848

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

7/12/88

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 _____

TOWNSHIP OF BRICK



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO.	3370
DATE ISSUED	12-15-88
REVISION DATE	
Block	1170
Lot	9
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner	Timothy P. Tepis	Contractor	Self
Address	57 Island dr	Address	
	Becktown NJ		
Tel. (201)	898-2019	Tel. ()	
Work Site Address	1700 Rt 88	Lic. No.	
	Beck NJ	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: 4 4 No. of Spare Heads: 4	
☐ Valves Supervised Method: BAVA	
Water Supply - Source: BAVA	
Size: _____	
F.D. Connection Location: _____	
Estimated Cost of Work: \$ <u>Spary Booth</u>	\$ <u>25</u>

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO2	
☐ 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: \$ _____	\$ _____

B4. STAND PIPES

Pipe Size: _____	Pump Size: _____
Water Source: _____	Size: _____
F.D. Connection Location: _____	
Hose Station: ☐ Yes ☐ No	
Estimated Cost of Work: \$ _____	\$ _____

B5. OTHER

_____	\$ _____
_____	\$ <u>15</u>
_____	\$ _____

Subtotal

\$ _____

Minimum Fire Protection Fee (If Applicable) \$ _____

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 45

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

☐ Partial Releases	☐ Prototype Processing
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PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

1-17-89 caused Stop with violation on Spray Booth not to be used. Tell it is brought up to Code & Sup. Lt

2-14-89 Shop found some welding on Spray Booth and painting going on the

6/1/89 Spray Booth & Exit Emergency exits complete with Code

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: 7/1/88

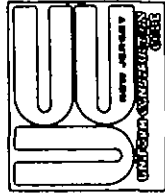
Approved By: [Signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
 Date: 6/1/89
 Inspected By: [Signature]

INSPECTIONS

Type	Failure Date	Approval Date
☐ Fire Suppression Test		
☐ Fire Alarm Test		
☐ Smoke Test		
☐ TCO		
☒ Other Spray Booth		6/1/89
☐ Other		
☐ Other		
☐ Other		



FIRE
SUBCODE
TECHNICAL SECTION

TOWNSHIP OF BRICK



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 1170 Lot 9
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Timothy P. Tervis
Address 57 Island dr
Brick town N.J.
Tel. (609) 874-2619
Work Site Address 1700 Rt 86
Brick N.J.

Contractor Self
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: 200 No. of Spare Heads: 4
☐ Valves Supervised Method: BMVA
Water Supply - Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: \$ 25

FEE

FEE

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

Emergency Release
Fire Extinguishers
Fire Extinguishers
\$ _____
\$ 15
\$ _____

Subtotal

Estimated Cost of Work: \$ _____

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____

Heating Systems - Location: _____

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____

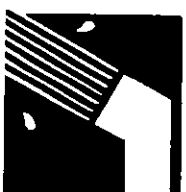
Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 3370
DATE ISSUED 12/15/88
REVISION DATE _____
Block 1170 Lot 9
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Timothy P. Tennin

Contractor S&B WJS UNCL

Address 1700 Rt 1700

Address 38 Garden Ave

Brick town NJ

Brick town NJ 08125

Tel. (201) 458-6300

Tel. (201) 458-7854

Work Site Address 1700 Rt 1700

Lic. No./Bus. Permit 6488

Brick town NJ

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.

Wendell Winkler
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1 \$ <u>30</u>
	Bathub			Air Conditioner Unit		COLUMN 2 \$ <u>25</u>
	Lavatory/Sink			Indirect Connection		SUBTOTAL \$ <u>55</u>
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (if applicable) \$ _____
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ _____
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
	Water Heater	<u>5</u>		Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace	<u>15</u>		Vent Stack	<u>10</u>	
	Steam Boiler			Solar System		
	Water Util. Connection			Other	<u>gve</u>	
	Sewer Util. Connection			Other	<u>15</u>	
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1 \$ <u>30</u>			COLUMN 2 \$ <u>25</u>		

C. PLUMBING CHARACTERISTICS

USE GROUP:

Present

Proposed

Drainage -

Material

Size

Building Sewer -

Material

Size

Water Service -

Material

Size

Venting -

Material

Size

Estimated Cost of Plumbing Work: \$ 2,000.00

D. COMMENTS



Partial Releases

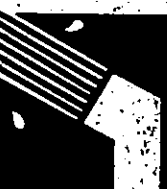


Prototype Processing



PLUMBING SUBCODE

TECHNICAL SECTION



PERMIT NO.	2372
DATE ISSUED	12-15-14
REVISION DATE	
Block	11
Subdivision	Lot

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify the office
Owner <u>Timothy P. Connors</u>	Contractor <u>3804 Eden Ave</u>
Address <u>1700 R1 Road</u>	Address <u>Bricktown NJ 08105</u>
Tel. <u>201 411-6300</u>	Tel. <u>201 458 1854</u>
Work Site Address <u>1700 R1 Road</u>	Lic. No./Bus. Permit <u>6488</u>
<u>Bricktown NJ</u>	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.

James J. W. W.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closer/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1
	Bath tub			Air Conditioner Unit		COLUMN 2
	Lavatory/Sink			Indirect Connection		SUBTOTAL
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee
	Washing Machine			Grease Trap		(if applicable)
	Dishwasher			Interceptor		Total Plumbing Fee
	Commercial Dishwasher			Backflow Device		(Greater of Minimum
	Water Heater			Reduced Pressure		or Subtotal)
	Domestic Boiler/Furnace			Backflow Device		
	Steam Boiler			Vent Stack		
	Water Util. Connection			Solar System		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1	\$ 30		COLUMN 2	\$ 25	

COLUMN 1 \$ 30
COLUMN 2 \$ 25
SUBTOTAL \$ 55

Minimum Plumbing Fee
(if applicable)
Total Plumbing Fee
(Greater of Minimum
or Subtotal) \$

C. PLUMBING CHARACTERISTICS

USE GROUP:	Present	Proposed
Drainage -	Material	Size
Building Sewer -	Material	Size
Water Service -	Material	Size
Venting -	Material	Size
Estimated Cost of Plumbing Work:	\$	10.00

D. COMMENTS

☐ Partial Releases

☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Approval Date

☒ No Plans Required *Page 6-12*

☒ Plan Review Approved *dt 85*

Date: 8/9/88

Approved By: [Signature]

INSPECTIONS FINAL

CO ☐ CC0 ☐ CA ☐

Date: _____

Inspected By: _____

INSPECTIONS				
Type	Failure Dates		Approval Date	
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				