Brick

Permit Without a Jacket

Permit Number 7019

LDS BR 10314875

Construction Permit # 7019

May 9, 19 86

Owner Henry Leuthner

Location 1700 Rt. 88

Block 1170 Lot 9

Contractor same

Fee $. 52.50 Use commercial alteration

BUILDING SUB-CODE INSPECTIONS

Footing Trench .....
Foundation .....
Slab .....
Sheathing .....
Framing .....
Insulation .....
Sheet Rock .....
Plumbing .....
Fire Inspection .....
Final ..... 7/14/86 Ray
C.O. Issued .....

PLUMBING SUB-CODE INSPECTIONS

Slab .....
Rough .....
Septic/Sewer .....
Water .....
Final .....

Electrical Final .....

VIOLATIONS

Use reverse side for additional remarks

CONSTRUCTION PERMIT APPLICATION

BRICK TOWNSHIP, NEW JERSEY

MAY 9 '86

BUILDING

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and street	Section	Lot	Block
1700 BT 88		9	1170

(N) S E W side of BT 88 ..... feet N S E W from intersection of .....

(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT

1 ☐ New buildings
2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
3 ☒ Alteration (See 2 above)
4 ☐ Repair, replacement
5 ☐ Demolition
6 ☐ Moving (relocation)
7 ☐ Garage
☐ Swim Pool ☐ in ☐ out
☐ Fence

B. OWNERSHIP

8 ☒ Private (individual, corporation, nonprofit institution, etc.)
9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential

12 ☐ One family
13 ☐ Two or more family — Enter number of units .....
14 ☐ Transient hotel, motel, or dormitory — Enter number of units .....
15 ☐ Garage
16 ☐ Carport
17 ☐ Other — Specify .....

Nonresidential

18 ☐ Amusement, recreational
19 ☐ Church, other religious
20 ☐ Industrial
21 ☐ Parking garage
22 ☐ Service station, repair garage
23 ☐ Hospital, institutional
24 ☐ Office, bank, professional
25 ☐ Public utility
26 ☐ School, library, other educational
27 ☐ Stores, mercantile
28 ☐ Tanks, towers
29 ☐ Other - Specify .....

C. COST

	(Omit cents)
10. Cost of improvement	$ 1000 cc
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME

☒ Masonry (wall bearing)
☐ Wood frame
☐ Structural steel
☐ Reinforced concrete
☐ Other - Specify .....

F. TYPE OF HEATING SYSTEM

Specify HOT AIR

Air Cond. Yes ☐ No ☐

G. TYPE OF SEWERAGE DISPOSAL

☒ Public
☐ Individual

H. DIMENSIONS

Number of stories .....

Total square feet of floor area, all floors, based on exterior dimensions .....

Total land area, sq. ft. .....

I. RESIDENTIAL BUILDING ONLY

Number of bedrooms .....

Number of bathrooms { Full ..... Partial .....

FEE COMPUTATIONS

VOLUME OF BUILDING	
BUILDING SUB CODE	7.50
ELECTRICAL CODE	
PLUMBING CODE	
PLAN REVIEW	
CERTIFICATE OF OCCUPANCY	10.00
STATE TRAINING FUND	
CONSTRUCTION fire	25.00
PERMIT FEE	52.50

SEE REVERSE

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1.				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME

ADDRESS

IV. IDENTIFICATION — To be completed by all applicants

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent				
2. Contractor				
3. Architects				

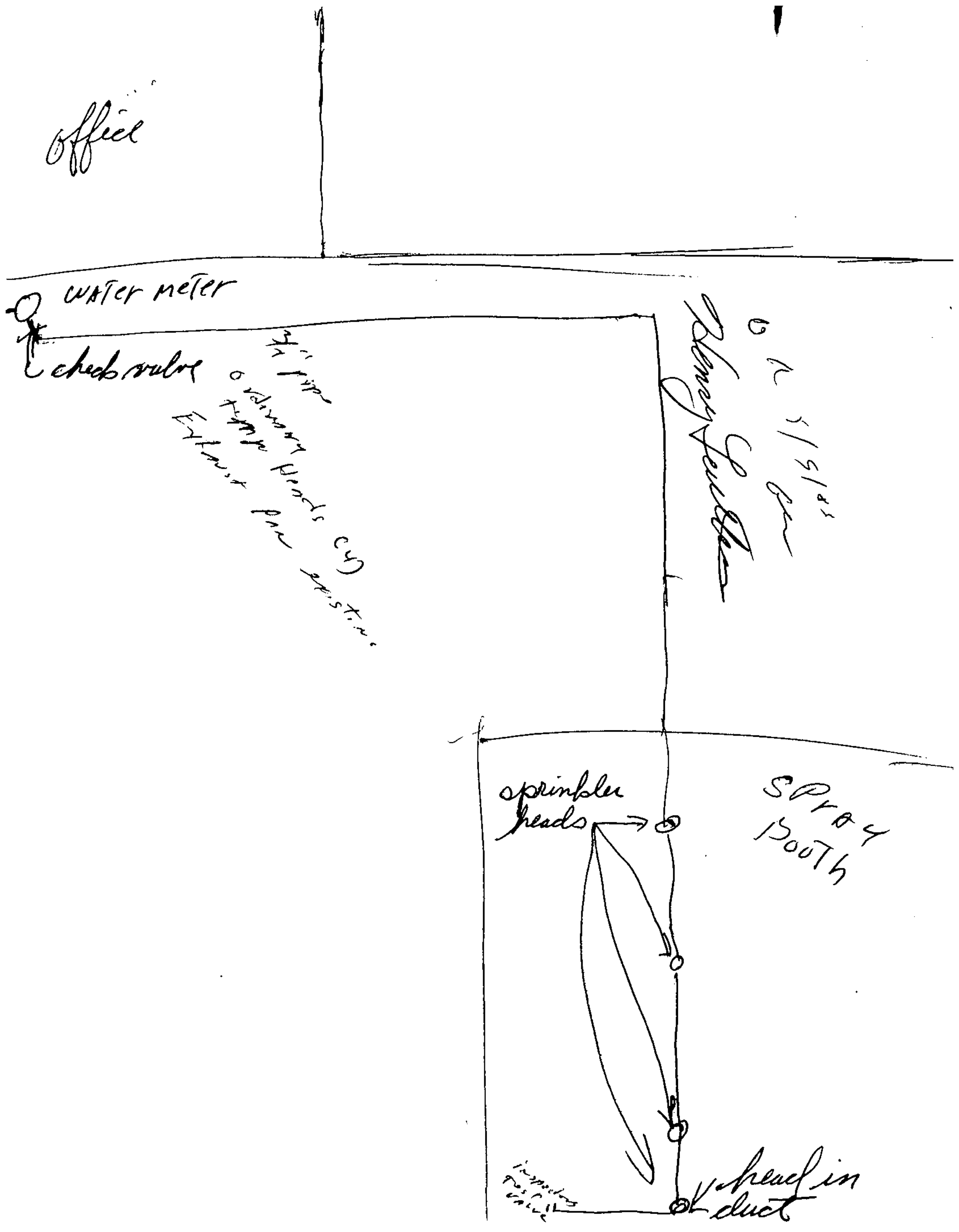
The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant	Address	Application date
Henry Feuttner	310 Spend Dr. Brick	

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY 4770041

Approved by	Date permit issued	Permit Number
R mckelvy		

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.


Office
WATER METER
check valve
sprinkler heads
SPRAY BOOTH
head in duct

Rt. 88 Auto

1700 Rt. 88
Bricktown, N.J.

458-1220

DATE REQUESTED

A		ADDRESS	
C		ADDRESS	
YEAR & MAKE		MODEL	SERIAL
MILEAGE	COLOR	TYPE	LICENSE NO.

DAMAGES DUE TO THIS ACCIDENT		ESTIMATED COST OF REPAIRS	PARTS	LABOR	PAINT
REPLACE	REPAIR				

TOTAL PARTS				
TOTAL LABOR				
TOTAL PAINT				
TAX				
TOTAL ESTIMATE				

I hereby authorize the repair work to be done along with the necessary material and hereby grant you and/or your employees permission to operate the vehicle herein described on streets, highways or elsewhere for the purpose of testing and/or inspection. An express mechanic's lien is hereby acknowledged on above vehicle to secure the amount of repairs thereto. Dealer not responsible for unavailability of parts or delay in parts shipments beyond dealers control.

X _____

I hereby waive my right to receive a written estimate of the price to complete the requested repairs.

X _____

...MUST BE PAID FOR IN CASH OR CERTIFIED CHECK

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 1
DATE ISSUED 2-21-89
REVISION DATE 1
Block 1170 Lot 9
Subdivision

A. IDENTIFICATION

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

Owner HENRY LEUTHNER
Address 310 SPRUCE DR
Tel. ( ) 4770041
Work Site Address 1700 RT 88 BRICK

Contractor C.I.M.X
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.

PARTITION
1
DOOR

☐ See Plans

TYPE OF WORK:

	Fee Basis	Fee
☐ New Building		$
☐ Addition		
☒ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other		
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: R-3 Present _____ Proposed

No. of Stories 1 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

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	5-9-96	RM
☐ All		
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

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. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

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

Owner _____
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
$ _____

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
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $ _____

FEE
$ _____

B4. STAND PIPES

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

$ _____

B5. OTHER

_____
_____
_____

$ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

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

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☑ Plan Review Approved

Date: 5-9-86

Approved By: [signature]

INSPECTIONS FINAL

☑ CO ☐ CCO ☑ CA

Date: 7-11-86

Inspected By: [signature]

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☑ Other Lim. Area Spr. System				7-11-86
☐ Other				
☐ Other				
☐ Other				