

Old L & H

TRANSFER OF OWNERSHIP 6-11-84

Page 1
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APR 4 1989

DIV. OF INSPECTION



CONSTRUCTION PERMIT APPLICATION

TOWNSHIP OF BRICK

I. IDENTIFICATION

1. Proposed Work at: 1722 ROUTE 88 W

2. Owner Name: Laurelton Circle Associates Tel. (201) 890-5800

Address 150 Clove Rd, P.O. Box 450, Little Falls, NJ 07424

3. Principal Contractor: Owner Tel. ()

Address _____

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: _____ Tel. ()

Address _____

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

II. PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade)	<table border="1"><thead><tr><th>Permit/Category</th><th>Estimated</th></tr></thead><tbody><tr><td>1. ☐ Building/Structural</td><td>\$ _____</td></tr><tr><td>2. ☐ Plumbing</td><td>_____</td></tr><tr><td>3. ☐ Electrical</td><td>_____</td></tr><tr><td>4. ☐ Fire Protection</td><td>_____</td></tr><tr><td>5. ☐ Other _____</td><td>_____</td></tr><tr><td>6. ☐ Other _____</td><td>_____</td></tr><tr><td colspan="2">TOTAL COST \$ <u>5000</u></td></tr></tbody></table>	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other _____	_____	6. ☐ Other _____	_____	TOTAL COST \$ <u>5000</u>		1. ☐ Elevators/Dumbwaiters
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other _____	_____																	
6. ☐ Other _____	_____																	
TOTAL COST \$ <u>5000</u>																		
2. ☐ Small Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i>		2. ☐ High-Pressure Boilers																
3. ☐ New Building		3. ☐ Refrigeration Systems																
4. ☐ Addition		4. ☐ Pressure Vessels																
5. ☐ Alteration		5. ☐ Hazardous Uses/Places of Assembly																
6. ☐ Repair, Replacement		6. ☐ Cross-connections/Backflow Preventors																
7. ☒ Demolition		7. ☐ Sprinklers																
8. ☐ Other: <u>Cornell Bldg. Demol.</u>	C. DO YOU WANT:	8. ☐ Smoke Control Systems in Open Wells																
	1. ☐ Partial Releases																	
	2. ☐ Prototype Processing																	

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____

3. ☐ Two Family (R-3b)

4. ☐ 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): _____

3. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)	16. ☐ Institutional Detention Center (I-1)
6. ☐ Movie Theatres (A-1-B)	17. ☐ Hospitals, Infirmeries (I-2)
7. ☐ Night Clubs (A-2)	18. ☐ Group Homes (I-3)
8. ☐ Restaurants, Libraries, Museums (A-3)	19. ☐ Mercantile (M)
9. ☐ Religious Assembly (A-4)	20. ☐ Moderate-Hazard Warehouse (S-1)
10. ☐ Outdoor Assembly (A-5)	21. ☐ Low-Hazard Warehouse (S-2)
11. ☒ Business (B)	22. ☐ Temporary, Misc. (U)
12. ☐ Educational (E)	23. ☐ Other _____
13. ☐ Moderate-Hazard Factory (F-1)	
14. ☐ Low-Hazard Factory (F-2)	
15. ☐ High-Hazard (H)	

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

2. ☐ 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

10. ☐ Public or Private Company

11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company

13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____

15. Height of Structure _____ Ft.

16. Area—Largest Floor _____ Sq. Ft.

17. Bldg. Area—All Fls. _____ Sq. Ft.

18. Volume of Structure _____ Cu. Ft.

19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10213975

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

Robert C. Lorrado
 LAURELTON CIRCLE ASSOCIATES

DATE

3/31/89

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 _____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES

☐ PROTOTYPE PLAN — FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING					
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING			
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING			
_____	ELECTRICAL			
_____	FIRE PROTECTION			
_____	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

Date Issued

- ☐ Temporary Certificate of Occupancy _____
Date Expired _____
- ☐ Temporary Certificate of Occupancy _____
Date Expired _____
- ☐ Certificate of Occupancy _____
No. _____
- ☐ Certificate of Continued Occupancy _____
No. _____
- ☐ Certificate of Approval _____
No. _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required
(See Page 1, II.D.)

Date Posted to
Log and Ticker

<u>Handkeeping (1170+2)</u>	<u>7/31/89</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ _____
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER _____	_____
SUBTOTAL	\$ _____
— LESS: 20% of subtotal (when plan review performed by state agency).	
	(_____)
D.C.A. TRAINING FEE .0006 x _____	= _____
CERTIFICATE OF OCCUPANCY	_____
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ _____
DATE _____ Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____	_____
OTHER	_____	_____	_____
OTHER	_____	_____	_____
— LESS: Refunds			(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED			\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____

Fiorello, Corrado, Corcoran, Cifelli & Damiano

A PROFESSIONAL CORPORATION

Attorneys at Law

Overlook at Great Notch

150 Clove Road, Suite 8 D

P.O. Box 450

Little Falls, New Jersey 07424

(201) 890-5800

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TERENCE P. CORCORAN
ALFONSE J. CIFELLI
TONI BELFORD DAMIANO*

*MEMBER N.J., PA. & D.C. BAR

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MAR 4 1989

DIV. OF INSPECTION

SOUTH JERSEY OFFICE:

P.O. BOX 904

MATAWAN, NEW JERSEY 07747

(201) 290-8408

FAX: (201) 890-9279

March 31, 1989

Township of Brick
401 Chambers Bridge Road
Brick, New Jersey 08723

ATTN: Arthur J. Cierzo
Construction Official

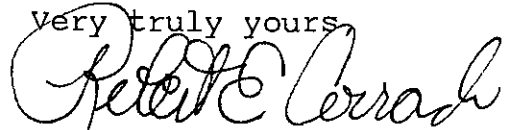
Re: Laurelton Circle Associates

Dear Mr. Cierzo:

With reference to the above captioned matter, and pursuant to your letter dated March 16, 1989, enclosed herewith please find Construction Permit Application for transfer of ownership, which has been duly completed and signed by myself, as Managing Partner of Laurelton Circle Associates.

I trust same is satisfactory to you and I remain,

Very truly yours,



ROBERT E. CORRADO
For the Firm

REC:m
enc.
ltrj192b.3