

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

JAN

ECL-11.3

I. IDENTIFICATION

1. Proposed Work at: BRICK HOSP 14-88 BRICK

2. Owner Name: Medical Center of Ocean City Tel. ()

Address: O.S. BORN AVE + RIVER FRONT Point Pleasant, NJ 08742

3. Principal Contractor: Garden State Sign Co Tel. () 363 7645

Address: PO Box 953 LAKEWOOD NJ 08701

Lic. No. or Builder Reg. No. Federal Emp. No. 22-2199471

4. Architect or Engineer: Tel. ()

Address:

5. Responsible Person in Charge of Work: Wm ECUIN Tel. () 363 7645

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)	Permit/Category Estimated	1. ☐ Elevators/Dumbwaiters
2. ☒ Small Job (\$5,000 and no Prior Approvals) Complete only II.B., III and IV.A. and Page 2	1. ☐ Building/Structural \$	2. ☐ High-Pressure Boilers
3. ☐ New Building	2. ☐ Plumbing	3. ☐ Refrigeration Systems
4. ☐ Addition	3. ☐ Electrical	4. ☐ Pressure Vessels
5. ☐ Alteration	4. ☐ Fire Protection	5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Repair, Replacement	5. ☒ Other <u>Sign</u> <u>2000</u>	6. ☐ Cross-connections/Backflow Preventors
7. ☐ Demolition	6. ☐ Other	7. ☐ Sprinklers
8. ☒ Other: <u>Sign</u>	TOTAL COST \$ <u>2000</u>	8. ☐ Smoke Control Systems in Open Wells
	C. DO YOU WANT:	
	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): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)

16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmeries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

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.

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 _____

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 Garden State Sign Co TEL. () _____

ADDRESS PO Box 953

Lakewood NJ 08701

SIGNATURE Harry J. Haley

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 <u>2</u>		<u>1-20-88</u>	<u>11A</u>	
☐	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		<u>2-20-88</u>	<u>14</u>
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION			
	OTHER			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE 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

Date Issued _____

IV. ON-GOING INSPECTIONS

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

Date Posted to
 Log and Tickler

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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 <u>SIGN</u>	\$ <u>32.00</u>
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	\$ <u>32.00</u>
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	\$ _____

TOWNSHIP OF BRICK



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO.	101
DATE ISSUED	1-20-88
REVISION DATE	
Block	1110 Lot 18
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only		When changing contractors, notify this office	
Owner	Melvin L. & Jeanette	Contractor	Robert H. H. H. H.
Address	Robert H. H. H. H.	Address	1585 953
Tel. ()	363 7641	Tel. ()	363 7641
Work Site Address	Bellevue	Lic. No.	
		Federal Emp. No.	22-219471

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.

Robert H. H. H.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

X Remove & Scrap existing
sign. Install new
sign on rear wall
at 1813
(1813 Entrance sign)

TYPE OF WORK:

- | | |
|--|--|
| ☐ New Building | ☐ Demolition |
| ☐ Addition | ☐ Other |
| ☐ Alteration/Renovation | ☐ Miscellaneous |
| ☐ Roofing | ☐ Sign |
| ☐ Siding | ☐ Pool |
| ☐ Other | ☐ Elevator |
| ☐ Other | ☐ Other |

☐ See Plans

Fee Basis

Fee

SUBTOTAL

Minimum Building
Fee (if applicable)
Total Building Fee
(Greater of Minimum
or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP:	Present	Proposed
No. of Stories		Total Building Area—All Floors
Height of Structure	Ft.	Volume of Structure
Area—Largest Floor	Sq. Ft.	Total Land Area Disturbed
Estimated Cost of Building Work: \$		

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

Maximum Occupancy Load:

INSPECTIONS

Approval Date

☐ Footing/Foundation							
☐ Slab							
☐ Frame							
☐ Architectural							
☐ Insulation							
☐							

Date: 2-20-88

Inspected By: 16x

