

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: HOOPER Ave (VICTORIAS)

2. Owner Name: _____ Tel. (____) _____
Address _____

3. Principal Contractor: _____ 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

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: Plumbing Only

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ <u>3000</u>

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

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.

LDS BR 10106232

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. *Plmng*

AGENT NAME _____ TEL. () _____

ADDRESS _____

X
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			4-11-88		
☐	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			4-12-88
_____	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 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	\$ 75.00
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	\$ 20.00
OTHER _____	\$ _____
OTHER _____	\$ _____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 95.00
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	\$ _____



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 703
DATE ISSUED 4-11-88
REVISION DATE _____
Block 610 Lot N.O.1
Subdivision _____

A. IDENTIFICATION

APPLICANT Complete unshaded areas only When changing contractors, notify this office,
Owner JOE SHLOPHER Contractor MANASSI ROBERT
Address 2100 HOOPER AVE Address 940 RICHMOND AVE
BRICK TOWN NJ. 41. BRACK NJ.
Tel. () _____ Tel. 201 295-8007
Work Site Address Same Lic. No./Bus. Permit #7550
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

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1 \$ <u>25-</u>
	Bathtub			Air Conditioner Unit		COLUMN 2 \$ <u>50-</u>
<u>3X</u>	Lavatory/Sink	<u>15-</u>	<u>1X</u>	Indirect Connection	<u>-0-</u>	SUBTOTAL \$ _____
	Shower/Floor Drain		<u>1X</u>	Sewer Ejector	<u>25-</u>	Minimum Plumbing Fee (if applicable) \$ _____
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ <u>75-</u>
<u>1X</u>	Dishwasher	<u>5-</u>		Interceptor		
<u>1X</u>	Commercial Dishwasher	<u>5-</u>		Backflow Device		
	Water Heater	<u>5-</u>		Reduced Pressure Backflow Device		
<u>1X</u>	Domestic Boiler/Furnace		<u>1X</u>	Vent Stack <u>1 1/2"</u>	<u>10-</u>	
	Steam Boiler			Solar System		
	Water Util. Connection			Other <u>GAS PIPING</u>	<u>15-</u>	
	Sewer Util. Connection			Other _____		
	Hose Bibb			Other _____		
	Water Cooler			Other _____		
	COLUMN 1 \$ <u>25-</u>			COLUMN 2 \$ <u>50-</u>		

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
Drainage - Material ABS Size 2" 1 1/2"
Building Sewer - Material _____ Size _____
Water Service - Material _____ Size _____
Venting - Material ABS Size 2" 1 1/2"
Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases

☐ Prototype Processing

JOBBES CREDIT ENZOOMMERS

[illegible]☒ NAB: Starts frequently

☐ **Prüfungsteilnehmer**

Date: 4-11-88

Approved By: ADW

INSPECTIONS FINAL

☒ CDO ☐ CDO ☐ C&A

Date: 7/12/20

Investigated by:

INSPECTIONS

Siabab

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☐ Water

SeServer

Erfahrung

Mathematical

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JO Oatner

Түрлері

Frühjahr 2008

A Appendix D Data

4/12/88