



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: RICKELS - 51 CHAMBERS BRIDGE RD. BRICKTOWN, N.J.
2. Owner Name: RICKELS HOME CENTER Tel. (201) 920-0800
Address: 51 CHAMBERS BRIDGE RD. BRICKTOWN, N.J.
3. Principal Contractor: GRINNELL FIRE PROT. Tel. (201) 381-7722
Address: 2323 RANDOLPH AVE. AVENEL, N.J. 07001
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. () _____
Address: _____
5. Responsible Person in Charge of Work: Mr. CHARLES BRIGGS Tel. (201) 381-7722

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: _____

B. CATEGORIES OF WORK

Permits/Category	Estimated
1. ☐ Building/Structural	\$ <u>3090.00</u>
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☒ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ <u>3,090.00</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/Pieces 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: NO SPRINKLERED AREAS.

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 10310953

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 KEITH C. MILLER TEL. (201) 381-7722

ADDRESS 2323 RANDOLPH AVE.

AVENEL, N.J. 07001

SIGNATURE Keith C. Miller

131-90

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE

EDITION OF CODE

 Flood Hazard

- | | | |
|---|---------------------------------------|---|
| ☐ One and Two Family Dwellings | ☐ Mechanical | ☐ As Built Elevation Certification |
| ☐ Building | ☐ Energy | |
| ☐ Electrical | ☐ Barrier Free | ☐ Other |
| ☐ Plumbing | ☐ Other | |

Ortho

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			2-13-90	JE	
☐	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			2-25-90 JE
_____	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

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	\$ 70.00
OTHER <i>Move Spiller</i>	\$ _____
SUBTOTAL	\$ 71.00
- LESS: 20% of subtotal (when plan review performed by state agency).	
	(5.00)
D.C.A. TRAINING FEE .0006 x _____	\$ _____
CERTIFICATE OF OCCUPANCY	\$ 20.00
OTHER _____	\$ _____
OTHER _____	\$ _____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 95.00
DATE <i>2/14/90</i> Collected By <i>Palo</i>	

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	\$ _____



CONSTRUCTION PERMIT

Date Issued 2-14-90
Control #
Permit # 131-90

IDENTIFICATION Block 672 Lot 8
Work Site Location 51 Chambers Bridge Rd. Contractor Grinnell Fire Prot. Sys. Co.
Owner in Fee Pickels Address _____
Address same Tele. () _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date 8000288
Tele. () _____ Federal Emp. No. 13188
or Social Security No. _____ BLOCK 672 # 0-00

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

fire sprinklers

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 3090.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE 2 CANARY - TAX ASSESSOR 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)		672 #
Building	LOI	0.00
Plumbing	B #	
Electrical	FIRE	70.00
Fire Protection	FLAN ROW	5.00
Other	C / O	20.00
Other	TOTAL	95.00
DCA Training Fee	CHECK	95.00
Cert. of Occ.	CHANGE	0.00
Other	02/14/90 NO. 5 0030A005	14.11
Total		
Check No.		
Cash		
Collected By:		



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 131-90
DATE ISSUED 2-14-90
REVISION DATE _____
Block 672 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner RICKES
Address 51 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J.
Tel. (201) 920-0800
Work Site Address 51 CHAMBERS BRIDGE
RD. BRICKTOWN, N.J.

Contractor GRINNELL FIRE PROT. SYST. CO.
Address 2323 RANDOLPH AVE.
AVENEL, N.J. 07001
Tel. (201) 381-7722
Lic. No. _____
Federal Emp _____

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.

Keith C. Miller
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☒ Full ☐ Partial (specify in comments)
No. of Heads: 18 No. of Spare Heads: 12
☒ Valves Supervised - Method: EXISTING
Water Supply - Source: CITY Size: _____
FD Connection Location: EXISTING
Estimated Cost of Work: \$ 4,998.00

\$ 30

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: N/A

Estimated Cost of Work: \$ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

for Test \$ 40
N/A \$ _____
\$ _____

Subtotal \$ _____

Minimum Fire Protection Fee (If Applicable) \$ _____

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 70

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

Call for info when complete

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 131-90
DATE ISSUED 2-14-90
REVISION DATE _____
Block 672 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner Rickels
Address 51 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J.
Tel. (201) 920-0800
Work Site Address 51 CHAMBERS BRIDGE
RD. BRICKTOWN, N.J.

Contractor GRINNELL FIRE PROT. Syst. Co.
Address 2323 RANDOLPH AVE.
AVENEL, N.J. 07001
Tel. (201) 381-7722
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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Karl C. Miller
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☒ Full ☐ Partial (specify in comments)
No. of Heads: 18 No. of Spare Heads: 12
☒ Valves Supervised — Method: EXISTING
Water Supply — Source: CITY Size: _____
FD Connection Location: EXISTING
Estimated Cost of Work: \$ 4,998.00

FEE

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☒ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: N/A

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
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: N/A
Hose Station: ☐ Yes ☒ No
Estimated Cost of Work: \$ _____

B5. OTHER

for Test \$ 40
N/A \$ _____
\$ _____

Subtotal \$ _____

Minimum Fire Protection Fee (If Applicable) \$ 89-8

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 70

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

Call for design when complete

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

2-28-90 . *Compliments with Cooke*

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date: *2-28-90*

Approved By: *[Signature]*

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: *2-28-90*

Inspected By: *[Signature]*

INSPECTIONS

Type

- ☒ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☐ Other
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date

2-28-90



DRAWING TRANSMITTAL LETTER
GRINNELL FIRE PROTECTION SYSTEMS COMPANY

2323 Randolph Avenue, (2nd Floor), Avenel, NJ 07001
Telephone (201) 381-7722

TO TOWNSHIP OF BRICK
401 CHAMBERS BRDG. RD.
BRICKTOWN, N.J.
ATTENTION MR. EVARISTO DATE 2/12/90

CONTRACT RICKELS
50 CHAMBERS BRIDGE RD.
BRICKTOWN, N.J.

MAILED ☒
BY HAND ☐

ENCLOSURES ARE FOR ACTION AS INDICATED BY (X)

CONTRACT NUMBER

18-147896-A9

DRAWING NUMBER	NO. OF COPIES	REV. NO.	DESCRIPTION OR DRAWING TITLE	APPROVAL	PRELIMINARY APPROVAL	INFORMATION	CONSTRUCTION	RECORDS
	1		CONST. PERMIT FOLDER					
	1		CHECK					

REMARKS MR. EVARISTO:
PER OUR TELEPHONE CONVERSATION, ENCLOSED PLEASE
FIND THE MANILLA FOLDER & A CHECK FOR
\$ 95.00.

THANK YOU,

NOTE:- RETURN () COPIES OF DRAWINGS
MARKED WITH YOUR STAMP OF ACCEPTANCE
AND OR YOUR COMMENTS.

Keith C. Miller



DRAWING TRANSMITTAL LETTER
GRINNELL FIRE PROTECTION SYSTEMS COMPANY

2323 Randolph Avenue, (2nd Floor), Avenel, NJ 07001
Telephone (201) 381-7722

TO TOWNSHIP OF BRICK

401 CHAMBERS BRIDGE ROAD

BRICKTOWN, N.J. 08723

ATTENTION MR. EVARISTO DATE 1/25/90
FIRE INSPECTOR

CONTRACT RICKELS

51 CHAMBERS BRIDGE RD.

BRICKTOWN, N.J.

MAILED



BY HAND



ENCLOSURES ARE FOR ACTION AS INDICATED BY (X)

CONTRACT NUMBER

18-147896-A9

DRAWING NUMBER	NO. OF COPIES	REV. NO.	DESCRIPTION OR DRAWING TITLE	APPROVAL	PRELIMINARY APPROVAL	INFORMATION	CONSTRUCTION	RECORDS
1 OF 1	4		NEW SPRINKLERED AREAS	X				

REMARKS ALSO ENCLOSED, PLEASE FIND A BUILDING PERMIT

APPLICATION.

UPON REVIEW, PLEASE CONTACT ME WITH FEE.

THANK YOU,

Keith A. Miller

NOTE:- RETURN (2) COPIES OF DRAWINGS
MARKED WITH YOUR STAMP OF ACCEPTANCE
AND OR YOUR COMMENTS.