

DEC 03 1997



CONSTRUCTION PERMIT APPLICATION

20K

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 50		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other <i>2PA</i>	\$ <i>115</i>		
13. TOTAL	\$ <i>15</i>		REQUIRED

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office ~~use~~ only)

WORK REQUIRED

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. B
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates		Re- viewer
					Approval	Rejection	
YR21	12/2/97		12-16-97	FM	2/26/98	0/1	
EWG	12/9/97		12/9/97				

81. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

☒ ~~B. NON-RESIDENTIAL~~

- 1. State Specific Use:**

restaurant

2. Use Group:

- 3. Change in Use Group, Indicate Former:**

APPROVED BY: KT DATE: 12-12-97

COMMERCIAL

LDS BR 10408829

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CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- 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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 Robert Franklin

Address _____

Telephone (732) 262-0937

Signature [Signature]

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued 1-8-98
Control #
Permit # 98-0056

IDENTIFICATION Block 672 Lot 12

Work Site Location 705 Rt. 70 Contractor Same

Owner in Fee Therby Int. Address 2 Woodland Dr

Address Dallas, Pa. Tele. () 8000244

Tele. () Dallas, Pa. Lic. No. or Bldrs. Reg. No. 09009444

Federal Emp. No. 672 Exp. Date 0.00

or Social Security No. 101 0.00

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER

☐ ELECTRICAL ☐ FIRE PROTECTION

☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

2 Temp. Constr. Trailers

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 \$ 300. J. Canessa

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

1. WHITE - OFFICE

2. CANARY - TAX ASSESSOR

3. PINK - JACKET

4. GOLD - APPLICANT

PAYMENTS (Office Use Only)	
Building	50.00
Plumbing	15.00
Electrical	55.00
Fire Protection	55.00
Other	0.00
Other	11.41
DCA Training Fee	
Cert. of Occ.	
Other	3 on 15.
Total	65.00
Check No.	1002
Cash	
Collected By:	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

USE BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

1-8-98
98-0056

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 672 Lot 70
 Work Site Location Chamber Bridge Rd + Rte 70
 Owner in Fee Metz Enterprises
 Address Two Woodland Drive Dallas PA.
 Tele. (222) 262-0537
 Contractor Metz Enterprises
 Address Two Woodland Drive Dallas PA.
 Tele. (222) 262-0537
 Lic. No. or Bids. Reg. No. _____
 Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.	12-16-97	FM	Type:	Failure	Approval
☐ All			Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ SCO ☐ SCA ☐ S			TCO		
Date: <u>2-28-98</u>			Other		
Approved By: <u>FM</u>			Final		

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed Commercial Trailer Est. Cost of Bldg. Work: _____
 Constr. Class Present _____ Proposed _____
 No. of Stories _____
 Height of Structure _____ Ft.
 Area—Largest Floor _____ Sq. Ft.
 New Bldg. Area/All Floors _____ Sq. Ft.
 Volume of New Structure _____ Cu. Ft.
 Total Land Area Disturbed _____ Sq. Ft.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Commercial Trailer & Storage Trailer

(Office Use Only)
FEE

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Demolition

Height (6' or over)
Sq. Ft.

Administrative Surcharge \$ _____

Minimum Fee \$ _____

DCA TRAINING FEE \$ _____

TOTAL FEE \$ _____

Paid ☐ Check # _____
 Collected by: _____

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: December 5, 1997 1997 - 2832

Block 672 Lot 12 Zone B-3, H.D.

Property Address: 705 Route 70

Owner: Metz Enterprises (Phone): (732) 262-0937

Applicant: Bob Franklin (Phone): Same

Existing Use: Vacant restaurant - Wall Street.

Proposed Use: T.G.I. Friday's restaurant.

Proposed Construction (if any): Two temporary construction trailers:

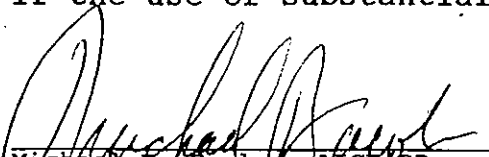
(1) 8' by 20', 8' high,

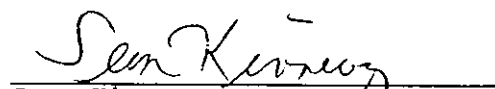
(2) 8' by 40', 8' high.

Conditions: As permitted under Chapter 83 of the Township Code.

Trailers must be removed after construction work is completed.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

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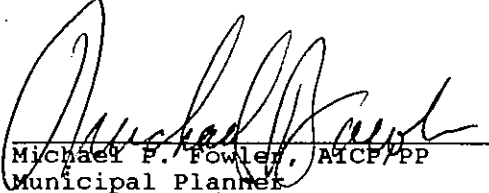
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Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____

(Planning Board/BOA)

DATE: 12-11-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 672 LOT 12 SITE ADDRESS 705 R.I. 70

TYPE OF SITE Commercial TYPE OF BUSINESS TG & S. Indus
(Residential/Commercial)

APPLICANT MTA Enterprises CITY & STATE Dallas, Pa

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 672 LOT 12 SITE ADDRESS 705 Rte. 70
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Temp Truck
APPLICANT Mate Enterprises PHONE NUMBER 732-262-0757
APPLICANT ADDRESS 2 Washington Drive CITY & STATE Dallas TX
PERMIT # _____ NAME OF BUSINESS TEA Enterprises

INCLUSIONARY DEVELOPMENT

☐ Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
☐ Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

☐ Residential is .005 %
☒ Commercial is .01 %

Estimated Assessment \$ 10 Date 12-11-77
Estimated Required Fee \$ 10
Required Deposit on Estimate \$ _____ Date _____
Check # _____ Receipt # _____
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full \$ _____

Fees Imposed To Date 169,500.00
Fees Reached \$15,000 10-31-77 Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

NO FEE REQUIRED

APPROVED BY KF DATE 12-12-77

Carol A. Wolfe
Affordable Housing Administrator

$$\frac{1}{\frac{1}{x} + \frac{1}{y}} = \frac{xy}{x+y}$$
