

BLOCK 672 LOT 8 ADDRESS (SITE) 45 Chambers Bridge PERMIT NO. 145-94



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: GOODYEAR SERVICE CENTERS
2. Name of Owner in Fee: GOOD YEAR SERV. CNTR Tel. ()
Address 45 Chambers Bridge Rd Brick Township NJ
street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: INTEGRATED TECHNICAL SERV. Tel. (201) 335-4000
Address P.O. Box 5816 94 Fanny Road
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-3187953 Social Security No. _____
5. Architect or Engineer FIRST ENVIRONMENT Tel. (201) 616-9700
Address 90 Riverdale Road, Riverdale N.J.
6. Responsible Person In Charge of Work JIM MALANOS Tel. (201) 616-9700

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
2. ☐ Small Job (\$5,000 and no prior approvals)
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Fire Protection
7. ☐ Plumbing
8. ☐ Electrical
9. ☐ Asbestos Abatement
10. ☒ Demolition

Est. Cost

TOTAL COSTS

1,000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			<u>2/1/94</u>	<u>AK</u>	<u>2/17/94</u>		<u>AK</u>

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ 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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>25</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1.</u>		
10. Subtotal	\$		
11. Cert. of Occupancy	<u>20.</u>		
12. Other			
13. TOTAL	\$ <u>46</u>		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of 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 _____ sq. ft.
no _____
11. Fire Grading _____
12. Max. Live Load _____
13. Max. Occupancy Load _____

(office use only)

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:
2. Use Group:
3. Change in Use Group, Indicate Former:

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 New Jersey 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 INTEGRATED TECHNICAL SERVICES

Address PO. 5816 94 FANNY ROAD PASSIPPANY N.J. 07054

Telephone (201) 335-4000

Signature Jim Helman Date 2-2-94

OFFICE DATE RECEIVED: _____

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

DATE EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None		



CONSTRUCTION PERMIT

Date Issued

2/2/94

Control #

Permit #

145-94

IDENTIFICATION Block

672

Lot

8

Work Site Location

2805 Chambersbridge Rd.

Contractor

Address

Owner in Fee

Honduran Service (Inc.)

Address

2805 Chambersbridge Rd.

Tele. ()

Tele. ()

Brick, NJ

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

BLUR

072 H

0.00

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Tank removal

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 \$

1,000.

A. J. C. [Signature]

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	25.	B #	0.00
Plumbing		RITI DING	15.00
Electrical		D.C.A.	1.00
Fire Protection		C / O	10.00
Other		TOTAL	16.00
Other		CHECK	16.00
DCA Training Fee	1.00	CHARGE	0.00
Cert. of Occ.	1.00	1905 - 00234005	9:32
Other			
Total	46.		
Check No.			
Cash			
Collected By:			

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT



Date Received
Date Issued
Control #
Permit #

2/2/94
145-94

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

Block 672 Lot #8
Work Site Location GOOD YEAR SERVICE CENTER
2805 CHABBERS BRIDGE RD, BRICK TOWNSHIP NJ
Owner in Fee SAHC
Address _____
Tele. () _____
Contractor Integrated Technical Services
Address P.O. 5816 94 FANNY RD
PASSAIC, PA NY NEW JERSEY 07054
Tele. 201 335-4000
E.C. No. of Bids. Reg. No. _____
Federal Emp. No. 22-3187953 or Social Security No. _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☒ No Plans Req.	<u>8/1/94</u>	<u>AT</u>	Footing		
☐ All			Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Other			Insulation		
Joint Plan Review Required:		Finishes: _____			
☐ Elec. ☐ Plumb. ☐ Fire		Energy _____			
SUBCODE APPROVAL		Mechanical _____			
☐ CO ☐ CCO ☐ CA		TCO _____			
Date: _____		Other _____			
Approved By: _____		Final _____			

THAT AS TO
SCRP 2/17/94

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories	_____	_____	2. Alteration \$ _____
Height of Structure	_____	_____	3. Total (1+2) \$ <u>100000</u>
Area-Largest Floor	_____	Sq. Ft.	
Total Bldg. Area/All Floors	_____	Sq. Ft.	
Volume of 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 Jim Malara

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
REMOVAL OF ONE 550 GALLON WASTE OIL TANK.

TYPE OF WORK:		(Office Use Only)	
			FEE
☐ New Building			\$ _____
☐ Addition			\$ _____
☐ Alteration			\$ _____
☐ Roofing			\$ _____
☐ Siding			\$ _____
☐ Other			\$ _____
☒ Demolition			\$ _____
☐ Miscellaneous			\$ _____
☐ Fence	Height _____		\$ _____
☐ Sign	Sq. Ft. _____		\$ _____
☐ Pool			\$ _____
☐ Elevator			\$ _____
☐ Asbestos Abatement			\$ _____
☐ Other			\$ _____

Paid ☐ Check # _____	Administrative Surcharge \$ _____
Collected by: _____	Minimum Fee \$ _____
	TOTAL FEE \$ _____