

12
BLOCK 672 LOT ~~672~~ ADDRESS (SITE) PERMIT NO. 1151-94
RECEIVED

MAY 24 1994



CONSTRUCTION PERMIT APPLICATION

Applicable Code Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: WALL ST. RESTAURANT - Rt 70
2. Name of Owner in Fee: WALL ST. Tel. ()
Address _____ street _____ municipality _____ zip code _____
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: KANE ROOFING CO Tel. (908) 388-0080
Address 848 ASTORIA DR. TOMS RIVER N.J.
License No. OR, if new home. Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. ()
Address _____
6. Responsible Person in Kane Tel. (908) 0080
In Charge of Work _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 30.		
2. Electrical			
3. Plumbing			
4. Fire Protection	33-		
5. Other			
6. Subtotal	\$ 63.		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	3.		
10. Subtotal	\$		
11. Cert. of Occupancy	20.		
12. Other			
13. TOTAL	\$ 86.		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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	

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

TOTAL COSTS

Est. Cost

4000.00

hot Tar Roof

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WR	5/24/94		5/20/94	AK			
			5/24/94	PC			

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

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:

LDS BR 10110701

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 David J. Kane for Mr. Kane

Address 848 - Astoria Dr. Toms River N.J.

Telephone (708) 288-0080

Signature David J. Kane for Mr. Kane Date _____

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	
☐ 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 Protection									
☐ 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

Control #

Permit #

5/24/94
1151-94

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner in Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

or Social Security No.

BLOCK

0.00

Is hereby granted permission to perform the following work:

☒ BUILDING [] PLUMBING [] OTHER
[] ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

hat star roof

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 \$

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 672

Building 30- LOT 0.00

Plumbing 12 #

Electrical BUILDING 0.00

Fire Protection 33 FIRE 0.00

Other D.C.A. 3.00

Other C / N 0.00

DCA Training Fee 7, TOTAL 0.00

Cert. of Occ. 70, CHECK 0.00

Other CHANGE 0.00

Total 5/24/94 NO. 5 0009A005 0:06

Check No.

Cash

Collected By:



Date Received: 5/24/94
Date Issued: 5/24/94
Control # 1151-94
Permit #

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

Block 622 Lot 1A
Work Site Location RT 70 & Chambers Rd.
Bricktown H.F.

Owner in Fee _____
Address _____

Tele. () KANE ROOFING CO.
Contractor 248 Astoria Dr.
Address Tom's River N.J.
Tele. (908) 288-0080
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type	Failure	Approval
☒ No Plans Req.	5/24/94	12	Footings		
☐ All			Foundation		
☐ Footings			Slab		
☐ Foundation			Frame		
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date:			Final		
Approved By:					

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) \$
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.
My Name for Name
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Re Roof over Hot Tar.
Re May only.

TYPE OF WORK:	(Office Use Only)
☐ 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 \$



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

5/24/94
1151-94

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

Block 672 Lot 12
Work Site Location RT 70 & 4th St. N. 1/2
Indian Town 1/5

Owner in Fee _____
Address _____

Tele. (____) KANE ROOFING CO
Contractor SHY HABERMAN INC
Address TAMM'S RIVER N. 1
Tele. (905) 218-0080
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			Type:	Failure	Failure
☒ All	<u>5/24/94</u>	<u>1/2</u>	<u>Footings</u>		
☐ Footing			<u>Foundation</u>		
☐ Foundation			<u>Slab</u>		
☐ Frame			<u>Frame</u>		
☐ Other			<u>Insulation</u>		
Joint Plan Review Required:			<u>Finishes:</u>		
☐ Elec. ☐ Plumb. ☐ Fire			<u>Energy</u>		
SUBCODE APPROVAL			<u>Mechanical</u>		
☐ CO ☐ CCO ☐ CA			<u>TCO</u>		
Date:			<u>Other</u>		
Approved By:			<u>Final</u>		

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) \$ _____
Area--Largest Floor			
Total Bldg. Area/All Floors			
Volume of Structure			
Total Land Area Disturbed			

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.
Shy Haberman
Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

Re Roof over. 11st Trce.
Re May only.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☒ Roofing
- ☐ Siding
- ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
- ☐ Fence _____ Height _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Elevator
- ☐ Asbestos Abatement
- ☐ Other _____

(Office Use Only)
FEE

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

5/24/94
1151-44

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

Block 677 Lot 12
Work Site Location 1600 N. 1st St.
Owner in Fee W. H. S. S.
Address Chen Moore East.

Tele. ()
Contractor Acme Heating & Air Conditioning Inc.
Address 1600 N. 1st St. Chicago, Ill.
Tele. ()
Lic. No. 3456-0000
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Const. Class. Present Proposed
Heating Systems ☐ New ☐ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other

Location:
Total Est. Cost of Fire Prot. Work \$ ☐ Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)	Initial
☐ No Plans Required	Type: <u> </u>	Failure	Failure
Joint Plan Review Required:	Suppression Test		
☐ Bldg. ☐ Plumb.	Fire Alarm Test		
☐ Elec. ☐ Elevator	Smoke Test		
☒ Fire Plans Approved	Mechanical		
Date: <u>5/24/94</u>	TCO		
Approved by: <u>[Signature]</u>	Other		
SUBCODE APPROVAL:	Other		
☐ CO ☐ CCO ☐ CA	Other		
Date: <u> </u>	Other		
Approved by: <u> </u>			

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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks

Combustible Liquid Storage Tanks

L.P.G. Storage Tanks

L.N.G. Storage Tanks

Wet Sprinkler Heads

Dry Sprinkler Heads

TOTAL

Smoke Detectors

Heat Detectors

TOTAL

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

OTHER

[Signature]
Gas or Oil Fired Appliance
OTHER

Paid ☐ Check #

Collected by:

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

FEE (Office Use Only)