

BLOCK

672

LOT

8

ADDRESS (SITE)

51 CHAMBERSBURGE RD

PERMIT NO.

266-96



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

- Proposed Work-site at: 51 CHAMBERSBURGE RD
- Name of Owner in Fee: PLANNING INC Tel. ()
Address 301 BLAIR ROAD WOODBRIDGE NJ 07095
street municipality zip code
- Ownership in Fee: Public _____ Private _____
- Principal Contractor: Phila Sign Co Tel. (609) 829-1460
Address 707 W SPRING GARDEN ST RUMYON NJ 08065
- License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 23-0973470 Social Security No. _____
- Architect or Engineer _____ Tel. ()
Address _____
- Responsible Person in Charge of Work: Mr AL YOUNG VP Tel. (609) 829-1460

II. PROPOSED WORK

- ☐ Minor work (single trade)
- ☐ Small Job (\$5,000 and no prior approvals)
- ☐ New Building
- ☐ Addition
- ☒ Alteration 511-5
- ☐ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abatement
- ☐ Demolition

Est. Cost

8000.-

8000.-

TOTAL COSTS

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			3/11/96	AL			

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

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

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 363		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ 363		
7. Less 20% for State Plan Review	36		
8. Subtotal	\$ 6		
9. DCA Training Fee			
10. Subtotal	\$ 20		
11. Cert. of Occupancy			
12. Other <u>2PA</u>	15		
13. TOTAL	\$ 440		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area—Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____ sq. ft.
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No of dwelling units:

Before Construction _____

After Construction _____

Net gain or loss _____

B. NON-RESIDENTIAL

- State Specific Use:

- Use Group:

- Change in Use Group, Indicate Former:

LDS BR 10207566

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 Phila Sign Co

Address 707 W SPRING GARDEN ST
PALMYRA NJ 08065

Telephone (609) 829-1460

Signature Richard J. Jones Date 12-19-96

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			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Fire Department			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Dept. of Community Affairs			X	X	X	X	X	X	
☐ N.J. Department of Transportation			X	X	X	X	X	X	
☐ N.J. Dept. of Environmental Protection			X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐			X	X	X	X	X	X	
☐			X	X	X	X	X	X	

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. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

3/5/96

266-96

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner in Fee

Address

Tele. ()

Lic. No. or Bids. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

6/2 7

is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☐ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

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-170C

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE

2 CANARY - TAX ASSESSOR

3 PINK - JACKET

4 GOLD - APPLICANT

PAYMENTS (Office Use Only) \$

Building 1000 BIRTH DATE 63.91Plumbing 1000 PLAN ROOM 36.00Electrical 1000 D.C.A. 6.03Fire Protection 1000 C / D 20.00Other 1000 TONNAGE 15.00Other 1000 TOTAL 100.00DCA Training Fee 1000 CHECK 40.03Cert. of Occ. 1000 PLANCE 0.03Other 1000 15.00Total 1000 NO 5 - 0025A005 11.57Check No. 1000 3051

Cash

Collected By: 1000



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

IDENTIFICATION Block 672 Lot 8Work Site Location 51 CHAMBERLAIN BRIDGE RD.Owner in Fee PLAINBRIDGE INCAddress 301 BLAIR ROADWOODBRIDGE NJ 07095

Tele. ()

Contractor Phila Sign CoAddress 707 W SPRING GARDEN STPALMYRA NJ 08065Tele. (609) 829-1460

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. 22-0973470

or Social Security No.

is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ OTHER
☐ ELECTRICAL ☐ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

ELECT ① WALL SIGN 97 1/4" X 35 11/16" = 64" " " " 49" X 18"4 = 2

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 \$ 8000

PAYMENTS (Office Use Only)

Building

Electrical

Plumbing

Fire Protection

Elevator Devices

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

CONSTRUCTION OFFICIAL

(see reverse side)



Date Received 3/5/96
Date Issued
Control # 266-96
Permit #

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 51 CHAMBERS STREET CO
Owner in Fee PLUMBING INC
Address 301 ALBANY AVE
WINDMILLER N T 07095
Tele. () Philo Sec Co
Contractor 707 41 SPANNE DRIVE ST
Address PLUMBING N T 07065
Tele. () 779-1460
Lic. No. or Bids. Reg. No. 23-0973470 or Social Security No. _____
Federal Emp. No. _____

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 Richard J. J. J.

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK (USING EXISTING ELEV)

ELECT @ WALL SIDE 974" X 35" H & 5" S/F = INTERIUM
FRONT ELEV 290 SQ FT
ELECT @ WALL SIDE 49" X 18" S/F = INTERIUM
SIDE ELEV 735 SQ FT

JOB SUMMARY (Office Use Only)	
PLAN REVIEW	DATE
☐ No Plans Req.	Initial
☐ All	Type: _____
☐ Footing	Foundation
☐ Foundation	Slab
☐ Frame	Frame
☐ Other	Insulation
Joint Plan Review Required:	Finishes: _____
☐ Elec. ☐ Plumb. ☐ Fire	Energy: _____
SUBCODE APPROVAL	Mechanical: _____
☐ CO ☐ CCO ☐ CA	TCO: _____
Date: _____	Other: _____
Approved By: _____	Final

TYPE OF WORK:	HEIGHT (6' or over)	Sq. Ft.	(Office Use Only)
☐ New Building			
☐ Addition			
☐ Alteration			
☐ Roofing			
☐ Siding			
☐ Fence			
☐ Signs			
☐ Pool			
☐ Asbestos Abatement			
☐ Other			
☐ Other			
☐ Demolition			

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class		
No. of Stories		
Height of Structure		
Area—Largest Floor		
New Bldg. Area/All Floors		
Volume of New Structure		
Total Land Area Disturbed		

Est. Cost of Bldg. Work:

1. New Bldg.	\$	8800.-
2. Alteration	\$	
3. Total (1 + 2)	\$	8800.-

Paid ☐ Check #	Administrative Surcharge
Collected by: _____ <td>Minimum Fee</td>	Minimum Fee
	DCA TRAINING-FEE
	TOTAL FEE

U.C.C. Form F-110B

1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: December 26, 1995

1995 Z 1721

Block 672 Lot 8 Zone B-3

Property Address: 51 Chambers Bridge Road

Owner: Plain Bridge, Inc. (Phone): _____

Applicant: Philadelphia Sign Company (Phone): (609) 829-1460

Use: Rickel Store.

Proposed Construction (if any): Replace two wall signs; 290 square feet and
73 square feet.

240
73
313

Conditions: _____

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

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.

Sean Kinney

Sean Kinney

Land Use Officer

To:

MUNICIPAL BLDG
401 CHAMBERS AVE
BRICK, NJ 08723

PHILADELPHIA SIGN CO.

707 W. SPRING GARDEN STREET
PALMYRA, N. J. 08065-1798
AREA CODE 609 • 829-1460
FAX NUMBER 609 • 829-8549

SUBJECT

ATTN: BLDG DEPT

DATE

2-28-96

Reply Message

Re: Sincerely

MESSAGE

SEATED WITH SIGN DATES PER YOUR REQUEST
FOR TICKET WITH SIGN RETURN - APPLICATIONS
IN YOUR POSSESSION

THANKS

DICK JANEZIC

REPLY

DATE OF REPLY

SIGNED

REPLY TO

FOLD -

SIGNED

SEND WHITE AND PINK COPIES WITH CARBONS INTACT. PINK COPY IS RETURNED WITH REPLY.

To:

PHILADELPHIA SIGN CO.

707 W. SPRING GARDEN STREET
PALMYRA, N. J. 08065-1798
AREA CODE 609 • 829-1460
FAX NUMBER 609 • 829-8549

SUBJECT

DATE

Reply Message

FOLD -

MESSAGE

Please mail ticket Star Penn 115

Thanks

REPLY

DATE OF REPLY

SIGNED

REPLY TO

Dick Thorne

FOLD -

*Location
51 Chambersburg to
Lickers*

SIGNED

SEND WHITE AND PINK COPIES WITH CARBONS INTACT. PINK COPY IS RETURNED WITH REPLY.

