

demo

addition



CONSTRUCTION PERMIT APPLICATION

BLOCK 408 LOT 1.61 QUALIFICATION CODE _____ ADDRESS (SITE) 1036 Cedar Brook Road PERMIT NO. 12-1034

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

I. IDENTIFICATION

1. Proposed Work Site at: 1036 Cedar Brook Road

2. Name of Owner in Fee: Lube IT up LLC e-mail gross@lubeitup.com
 Tel. (201) 818 4609

Address 7 Pearl Court Alienore NJ 07401

3. Ownership in Fee: Public Private Municipality ZIP code

4. Principal Contractor: National Contracting Corp. (614) 436-6001
 Address 690 Lakewood Plaza Blvd e-mail bruce@nccgroup.com
Washington OH 43085

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: () _____

5. Architect or Engineer: Thomas Coffey Contact Dave Portia
 Address 1441 Kings Ave Bedford OH e-mail _____
 Tel. (614) 486 3500 FAX: () _____

6. Responsible Person in Charge once Work has Begun Gordon Gony
 Tel. (201) 788-4485 FAX: (201) 818 0807

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
- ☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
- ☐ Asbestos Abat.-Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

Est. Cost	Plans Recd by	Date Recd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>20,000</u>							
☒ Building							
☐ Electrical							
☐ Plumbing							
☐ Fire Protection							
☐ Elevator							
TOTAL COST <u>20,000</u>							

III. PLAN REVIEW (optional)

- DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ 4. ☐ Refrigeration Systems
2. ☐ Dumbwaiters/Moving Walks 5. ☐ Cross-Connections/Backflow Preventers
3. ☐ High Pressure Boilers 6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Pressure Vessels 11. ☐ LP Gas Tanks
8. ☐ Smoke Control Systems in Open Wells 12. ☐ Fire Alarm

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ <u>75</u>	
2. Electrical		
3. Plumbing		
4. Fire Protection		
5. Elevator Devices		
6. Subtotal		
7. Less 20% for State Plan Review	\$ _____	
8. Subtotal	\$ _____	
9. State Permit Surcharge Fee	\$ _____	
10. Subtotal	\$ _____	
11. Cert. of Occupancy	\$ _____	
12. Other	\$ _____	
13. TOTAL	\$ _____	

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	<u>1</u>	(office use only)
2. Height of Structure	<u>29' 4"</u>	ft.
3. Area - Largest Floor		sq. ft.
4. New Building Area		sq. ft.
5. Volume of New Structure		cu. ft.
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved		HUD
9. Total Land Area Disturbed		sq. ft.
10. Flood Hazard Zone		
1. Base Flood Elevation		ft.
2. Wetlands	yes _____ no _____	

VII. DESCRIPTION OF BUILDING USE

- A. RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale _____
- Gained, Rental _____
- Lost, Sale _____
- Lost, Rental _____
- B. NON-RESIDENTIAL (primary use)
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
- C. MIXED USE -List secondary use(s): _____
- D. Construct. Classification: Present _____ Proposed _____

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(f)1.ix:

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. 5:23-2.15(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 Gordon Gross

Address 7 Pearl Court Allendale NJ 07401

Telephone (201) 788-4485 Cell

Signature Gordon Gross

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. _____	_____	_____	_____

OFFICE USE ONLY

[illegible]



CONSTRUCTION PERMIT

Date Issued 04/25/2012
Control # C-12-001405
Permit # 12-1034

IDENTIFICATION Block: 671 Lot: 1.01 Qualifier _____
Work Site Location: 1036 Cedar Bridge ave Brick Township, NJ Contractor National Contracting Group
Address 690 Lakeview Plaza Blvd. Worthington OH 43085
Owner in Fee FEDERAL REALTY INVESTMENT TRUST Telephone: (614) 436-6001
1626 EAST JEFFERSON ST ROCKVILLE MD Lic. No. or Bldrs. Reg. No. _____
20852 Federal Employee No. 20-4453383
Telephone: _____

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

INTERIOR DEMOLITION quaker steak and lube

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 \$20,000

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$75
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$75
Check No.	
Cash	\$75
Credit	\$0
Collected By	Brunson Powner

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 the work installed conforms with 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 granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:
1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
 4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 468 Lot 1.01 Qualification Code _____
Work Site Location 1036 CEDAR BLVD SE 2000

Owner in Fee: Lube 11 LP LLC
Tel. (201) 818-4610 e-mail ggross@lube11.com
Address 7 Pearl Street 07071 zip code
Contractor: NATIONAL CONTRACTORS Tel. (609) 438-1001
Address 680 Lakewood PLAZA e-mail bruce@ncc.com
1001 Lakewood Dr 43085

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (609) 438-1001

JOB SUMMARY (Office Use Only)

PLAN REVIEW		Initial		INSPECTIONS		Dates (Month/Day)	
		Date	Initial	Type:	Failure	Approval	Initial
☐	No Plans Required						
☐	All			Footings			
☐	Footings/Foundations			Footings Bonding			
☐	Structural/Framework			Foundation			
☐	Exterior			Slab			
☐	Interior			Frame			
☐	Truss Sys./Bracing						
☐	Barrier-Free						
☐	Insulation						
☐	Finishes -Base Layer						
☐	Finishes -Final						
☐	Energy						
☐	Mechanical						
☐	TCO						
☐	Other						
☐	Final						
☐	Barrier-Free						

Joint Plan Review Required:
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator
 SUBCODE APPROVAL for PERMIT
 Date: _____
 Approved by: _____
 SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☐ CA
 Date: _____
 Approved by: _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ Constr. Class Present _____ Proposed _____
 No. of Stories _____ If Industrialized Building: State Approved _____ HUD _____
 Height of Structure _____ ft.
 Area — Largest Floor _____ sq. ft. Est. Cost of Bldg. Work: \$ _____
 New Bldg. Area/All Floors _____ sq. ft. 1. New Bldg. \$ _____
 Volume of New Structure _____ cu. ft. 2. Rehabilitation \$ _____
 Max. Live Load _____ 3. Total (1+2) \$ _____
 Max. Occupancy Load _____ U.C.C. F110 (rev. 11/09)

Date Received
Control #

Date Issued
Permit #

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.
 Sign here: Gregory A. Lube

Print name here: Gregory A. Lube

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

CONVERT 1036 CEDAR BLVD SE 2000 FROM EXISTING 1036 CEDAR BLVD SE 2000 TO 1036 CEDAR BLVD SE 2000

TYPE OF WORK:

- ☐ New Building
 - ☐ Addition
 - ☒ Rehabilitation
 - ☐ Roofing
 - ☐ Siding
 - ☐ Fence
 - ☐ Sign
 - ☐ Pool
 - ☐ Retaining Wall
 - ☐ Asbestos Abatement Subchapter 8
 - ☐ Lead Haz. Abatement NJAC 5:17
 - ☐ Radon Remediation
 - ☐ Other
 - ☐ Demolition
- Height (exceeds 6') _____ Sq. Ft. _____

Administrative Surcharge \$ _____
 Minimum Fee \$ _____
 State Permit Surcharge Fee \$ _____
 TOTAL FEE \$ _____

1 White = Inspector Copy
 2 Canary = Office Copy
 3 Pink = Applicant Copy
 4 Gold = Office Copy



BUILDING SUBCODE TECHNICAL SECTION



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

Block 401 Lot 101 Qualification Code _____
Work Site Location 1006 10th St

Owner in Fee: 1006 10th St LLC
Tel. (201) 328-1111 e-mail info@100610th.com
Address 1006 10th St zip code 07030
Contractor: 1006 10th St LLC Tel. (201) 328-1111
Address 1006 10th St e-mail info@100610th.com

Contractor License No. or Builder Registration No. _____ Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
☐ No Plans Required			Type:	Footings			
☐ All				Footings Bonding			
☐ Footings/Foundations				Foundation			
☐ Structural/Framework				Slab			
☐ Exterior				Frame			
☐ Interior				Truss Sys./Bracing			
Joint Plan Review Required:				Barrier-Free			
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator				Insulation			
SUBCODE APPROVAL for PERMIT				Finishes -Base Layer			
Date:				Finishes -Final			
Approved by:				Energy			
SUBCODE APPROVAL for CERTIFICATE				Mechanical			
☐ CO ☐ CCO ☐ CA				TCO			
Date:				Other			
Approved by:				Final			
				Barrier-Free			

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories		If Industrialized Building:	
Height of Structure	ft.	State Approved	HUD
Area — Largest Floor	sq. ft.	Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors	sq. ft.	1. New Bldg.	\$
Volume of New Structure	cu. ft.	2. Rehabilitation	\$
Max. Live Load		3. Total (1+2)	\$
Max. Occupancy Load			

U.C.C. F110
(rev. 11/09)

Date Received
Control #

Date Issued
Permit #

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.

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FEE (Office Use Only)

\$

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☐ Demolition

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy