

BLOCK 671 LOT 8 ADDRESS (SITE) BANK PLAZA PERMIT NO. 1921-95



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. IDENTIFICATION

1. Proposed Work-site at: BUICK PLAZA PLAZA Grill
ASHLEY'S

2. Name of Owner in Fee: PARK BRICK ASSOC Tel. () 920-1800

Address BRICK PLAZA
street municipality zip code

3. Ownership in Fee: Public 1 Private 0

4. Principal Contractor: MILCO Construction Tel. () 920-1800

Address 270 DRUMPOINT RD

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

Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer Clive Smith's Tel. () 920-1800

Address 2 Research Way Princeton NJ

6. Responsible Person in Charge of Work _____ Tel. () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing		25-	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee		0	
10. Subtotal	\$		
11. Cert. of Occupancy		20-	
12. Other			
13. TOTAL	\$	45-	

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 _____ sq. ft.
 no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

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. ☐ Elevator Devices
 10. ☐ Asbestos Abatement
 11. ☐ Demolition
- TOTAL COSTS**

Est. Cost

Included
in 448
cost of
job

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates Approval	Rejection	Re- viewer
<i>val</i>	<i>7/27/25</i>						
			<i>7-27-95</i>	<i>JRH</i>	<i>8/3/95</i>	<i>5</i>	<i>JRH</i>

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

LDS BR 10208689

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 Ed Trescheck

Address 270 DRUM POINT RD
BRICK

Telephone (920) 920-1800

Signature [Signature] Date 7/27/95

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									
☐ 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.									
☐									
☐									

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

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

Ashley's
Plaza Grill



CONSTRUCTION PERMIT

Date Issued 7-27-95
Control #
Permit # 1921-95

IDENTIFICATION Block 671 Lot 8
Work Site Location Brick Plaza Contractor Miles Constr.
Address _____
Owner in Fee Jack Brick House
Address James Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ Exp. Date 10/21/95
Federal Emp. No. _____ or Social Security No. 671 #

is hereby granted permission to perform the following work:

[] BUILDING ☒ PLUMBING [] OTHER _____
[] ELECTRICAL [] FIRE PROTECTION
[] ELEVATOR DEVICES

DESCRIPTION OF WORK:

relocate gas piping

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 \$ 600.-

A. J. Cien
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		8 #
Building		25.00
Plumbing	<u>25.-</u>	20.00
Electrical	C / U	45.00
Fire Protection	TOTAL	45.00
Other	CHECK	0.00
Other	CHANGE	0.00
DCA Training Fee	NO. 5 0013A005	15.00
Cert. of Occ.	<u>20.-</u>	
Other		
Total	<u>45.-</u>	
Check No.	<u>2974</u>	
Cash		
Collected By:		

Collier / Plaza Mall



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received 7-27-95
Date Issued
Control #
Permit # 1921-95

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

Block 671 Lot 8
Work Site Location BRICK BEICK PLAZA
Owner in Fee PAEK BEICK ASSO C
Address BEICK PLAZA
Tele. () 906-1800
Contractor JESEY COAST MCH INC
Address 1301 ST LAURENCE BLVD
BRICK NJ 08223
Tele. () 908 472-6007
Lic. No. 8798
Federal Emp. No. 222 969 044 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Slab	_____
☐ Bldg. ☐ Elec. ☐ Fire	Rough	_____
☐ Plumb. Plans Approved	Water	_____
Date: <u>7-27-95</u>	Sewer	_____
Approved by: <u>[Signature]</u>	Fixtures, Gas Equipment	<u>8-3-95</u> <u>[Signature]</u>
SUBCODE APPROVAL:	Gas Final	_____
☐ CO ☐ CCO ☐ CA	Solar	_____
Approved by: _____	TCO	_____
Date: _____		_____

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 and perform the work listed on this application.

[Signature]
Signature-Contractor Seal

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)
Relocation of Existing Gas Lines

NO.	FIGURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	_____
	Urinal/Bidet	_____
	Bath Tub	_____
	Lavatory	_____
	Shower	_____
	Floor Drain	_____
	Sink	_____
	Dishwasher	_____
	Drinking Fountain	_____
	Washing Machine	_____
	Hose Bibb	_____
<u>X</u>	Gas Piping	<u>15</u>
	Fuel Oil Piping	_____
	Water Heater	_____
	Steam Boiler	_____
	Hot Water Boiler	_____
	Sewer Pump	_____
	Interceptor/Separator	_____
	Backflow Preventer	_____
	Greasetrapp	_____
	Water Cooled A/C or Refrigeration Unit	_____
	Sewer Connection	_____
	Water Service Connection	_____
	Gas Service Connection	_____
	Active Solar System	_____
	Other	<u>10</u>

Administrative Surcharge	\$ _____
Paid ☐ Check # _____ Minimum Fee	\$ _____
Collected by: _____ TOTAL	\$ <u>25</u>

Collier's / Plaza Hill



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received **7-27-95**
Date Issued
Control #
Permit # **1921-95**

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

Block 671 Lot 8
Work Site Location ADD BEICK PLAZA

Owner in Fee TRAK BEICK ASSOC
Address BEICK PLAZA

Tele. () 906-1800
Contractor TRACY CHAST MACH INC
Address 1301 STANTON BLVD
BEICK AUT 8822

Tele. () 472-6407
Lic. No. 8798
Federal Emp. No. 222 969 044 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
	Type:	Failure Failure Approval Initial
☐ No Plans Required	Slab	
☐ Joint Plan Review Required:	Rough	
☐ Bldg. ☐ Elec. ☐ Fire	Water	
☐ Plumb. Plans Approved	Sewer	
Date: <u>7-27-95</u>	Fixtures	
Approved by: <u>[Signature]</u>	Gas Equipment	
	Gas Final	
SUBCODE APPROVAL:	Solar	
☐ CO ☐ CCO ☐ CA	TCO	
Approved by: _____		
Date: _____		

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 and perform the work listed on this application.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures)

Relocation of Existing Gas Lines

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	<u>16</u>
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	<u>10</u>

Administrative Surcharge	\$ _____
Paid ☐ Check # _____ Minimum Fee	\$ _____
Collected by: _____ TOTAL	\$ <u>26</u>