

AUG 18 1995



CONSTRUCTION PERMIT APPLICATION 211A

ZNA

DIV. OF INSPECTION

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

1. IDENTIFICATION

1. Proposed Work-site at: INTERIOR Demo 1/1/07

2. Name of Owner in Fee: Apple Food Service Tel. (201) 818 4707

Address 7 Pearl St Albany NY 12201

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Apple Food Service / Goram Group Tel. (201) 818 4707

Address 7 Park CT Allendale NJ 07401

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

Federal Emp. No. 22-3376793 Social Security No. _____

5. Architect or Engineer CKHoff or Hon Koski + Pulk Tel. (604) 231 7538

Address 201 WEST 14TH ST Suite 700 Lexington Ky

6. Responsible Person in Charge of Work GORDON GROSS Tel. (201) 818 470 ¹¹⁰⁵⁰⁷

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 85 -		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$ 85 -		
7. Less 20% for State Plan Review	9 -		
8. Subtotal	\$ 4 -		
9. DCA Training Fee			
10. Subtotal	\$ 20 -		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 118 -		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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 _____	

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

Int. Demo

OPTIONAL (for office use only)[illegible]

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

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? *NO*

- | | | |
|---|--|---|
| 1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks | 4. ☐ Refrigeration Systems | 7. ☐ Sprinklers |
| 2. ☐ High Pressure Boilers | 5. ☐ Cross-Connections/Backflow
Preventers | 8. ☐ Smoke Control Systems in Open Wells |
| 3. ☐ Pressure Vessels | 6. ☐ Hazardous Uses/Places of Assembly | 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:

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 *Robert A. Khan* Date 8/28/95

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 _____

Address _____

Telephone (_____) _____

Signature _____ 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	
☐ 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 Protect.									
☐ Utility Dig No.									
☐									
☐									

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

Name of Code & Edition _____

Name of Code & Edition _____

Building _____

Energy _____

Other _____

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. _____ | _____ | _____ | _____ |

COMMONWEALTH

BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

8/30/95
2199-95

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 60 Chamber Bldg No Beck Plaza
Owner in Fee Apartment Joint of Park
Address 7 Park at Alameda St 07001
Tele. (201) 818 4707
Contractor Same as Above / Gorman Bros Agent
Address _____
Tele. (_____) _____
Lic. No. or Bldg. Reg. No. _____
Federal Emp. No. 22-3376723 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
			Type:		Failure	Approval
☒ All	<u>8/30/95</u>	<u>AK</u>	Footing			
☐ Footing			Foundation			
☐ Foundation			Slab			
☐ Frame			Frame			
☐ Other			Insulation			
Joint Plan Review Required:			Finishes:			
☐ Elec. ☐ Plumb. ☐ Fire			Energy			
SUBCODE APPROVAL			Mechanical			
☐ CO ☐ CCO ☐ PA			TCO			
Date: <u>8/23/95</u>			Other			
Approved By: <u>AK</u>			Final			

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ _____
2. Alteration \$ _____
3. Total (1 + 2) \$ _____

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 John A. Gorman

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior Demolition
Suspension ceiling
2 interior walls
SLAB ceiling + removal

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration

☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Other
☒ Demolition

Height (6' or over)
Sq. Ft.

(Office Use Only)
FEE

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____