

BLOCK 671 LOT 8 ADDRESS (SITE) 50 Chambers Br. 1/2 Rd PERMIT NO. 257-94

FEB 24 1994



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

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

I. IDENTIFICATION

1. Proposed Work-site at: 50 Chambers Bridge Rd

2. Name of Owner in Fee: Midlantic National Bank Tel. (609) 486-8600

Address 1070 Thomas Busch Highway, Pennsauken, NJ.
street municipality zip code 08110

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Christopher Bras Tel. (908) 229-2736

Address 66 Victor Ave W. Long Branch NJ.

License No. OR, if new home, Builder Reg. No. 3890 Exp. Date 6-95

Federal Emp. No. 22-1728843 Social Security No. _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____

6. Responsible Person Greg Christopher Tel. (908) 229-2736
In Charge of Work

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

[illegible]

4000

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?

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing	35-		
4. Fire Protection			
5. Other			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal	\$		
11. Cert. of Occupancy	20.		
12. Other			
13. TOTAL	\$	55-	

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 _____

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 10208679

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 Christopher Boos

Address 66 Victoria Ave

W. Long Branch, NJ 07764

Telephone (908) 229-2736

Signature [Signature] Date 2-24-94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. 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 Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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)

☐ Temporary Certificate of Occupancy	No. _____	DATE EXPIRED _____
☐ Temporary Certificate of Occupancy	No. _____	
☐ Continued Certificate of Occupancy	No. _____	
☐ Certificate of Occupancy	No. _____	
☐ Certificate of Approval	No. _____	



CONSTRUCTION PERMIT

Date Issued 3-1-94

Control #

Permit # 251-94IDENTIFICATION Block 671 Lot 8Work Site Location 50 Chambersbridge Rd Contractor Christopher Bros.

Address _____

Owner in Fee Millwater Hall ParkAddress 1070 Thomas Beach Hwy.Tele. (____) Pennsauken, NJ

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

Federal Emp. No. _____

or Social Security No. _____

0002

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

plumbing / back flow
preventer

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 \$ 400.-

A. King

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

1 WHITE - OFFICE 2 CANARY - TAX ASSESSOR 3 PINK - JACKET 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building 671 # 0.00Plumbing 35.- LOT 0.00Electrical 0 #Fire Protection PLUMBING 5.00Other 0 / 0 0.00Other TOTAL 5.00DCA Training Fee CHECK 5.00Cert. of Occ. 20.- CHANGE 0.00Other 20 / 21 NO. 5 00034005 0.34Total 55.34Check No. 20830

Cash _____

Collected By: _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 3-1-94
Control #
Permit # 251-94

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

Block 671
Work Site Location 500 Chambers Bridge Rd

Owner in Fee Midstate Mortgage Bank
Address 1070 Thomas Busch Highway
Pennington, NJ 08110
Tel. (609) 486-8508
Contractor Chris Lopez
Address 66 Lincoln Ave
Camden, NJ 07204
Tel. (908) 289-2736
Lic. No. 38990
Federal Emp. No. 08-1728843 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 400.00

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
		Type:	Failure	Failure	Approval
☐ No Plans Required					
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire		Slab			
☐ Plumb. Plans Approved		Rough			
Date: <u>2-28-94</u>		Water			
Approved by: <u>[Signature]</u>		Sewer			
		Fixtures			
		Gas Equipment			
		Gas Final			
		Solar			
		TCO			
SUBCODE APPROVAL					
☐ CO ☐ CCO ☐ CA					
Approved by: <u>[Signature]</u>					
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]
Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

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



Date Received
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Control #
Permit # 251-94

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Block 6071 Lot 8
Work Site Location 500 Chambers St. N.Y.

Owner in Fee M.A. & L. 1475 A. 1475 15 Ave.
Address 1070 Thomas Busch Highway

Contractor Donna K. H. 1500
Address 660 1st St. N.Y.

Tele. (908) 229-2231 15 Ave. 1475 07764

Lic. No. 3091

Federal Emp. No. 22-172-8843 or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____

Water Service Size _____

Estimated Cost of Plumbing Work \$ 400.00

JOB SUMMARY (Office Use Only)
PLAN REVIEW: _____
Type: _____
Failure Failure Approval Initial
[] No Plans Required _____
Joint Plan Review Required: _____
[] Bldg. [] Elec. [] Fire _____
[] Plumb. Plans Approved _____
Date: 2-28-94 _____
Approved by: [Signature] _____

SUBCODE APPROVAL: _____
[] CO [] CCO [] CA _____
Approved by: _____
Date: _____

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[Signature] Licensed Plumbing Contractor [] Exempt Applicant

Signature-Contractor Seal

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	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrapp <u>6 inch Spon. 1/2 lbs</u>	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge \$ _____
Paid [] Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 35-