

RECEIVED

671

LOT

8

ADDRESS (SITE)

1084 Cedar Bridge &
Rte 70 - Brick Plaza

PERMIT NO.

2250-90

OCT 19 1990

DIV. OF INSPECTION



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Brick Plaza 1084 Cedar Bridge Rte 70
2. Name of Owner in Fee: Park Brick Enter. Tel. (201) 477-6000
Address same as above
street municipality zip code
3. Ownership in Fee: Public _____ Private ☒
4. Principal Contractor: Reliable Fire Protection Tel. 609 395-6800
Address 110 Mellich Rd., Cranbury, N.J. 08512
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 222 625 686/000 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____
6. Responsible Person Curtis J. Kramer Tel. 609 395-6800
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

Est. Cost

\$700.00

TOTAL COSTS \$700.00

repair

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	10-19-90		10-19-90	JE	12-10-90	JE	

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
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			
12. Other			
13. TOTAL	\$	105	

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

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: A-3

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 _____ 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 CURTIS J. KRAMER

Address 110 Melvich Rd

Cranbury, N.J. 08512

Telephone 609 395-6800

Signature Curtis J. Kramer Date 10/16/90

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	
☐ 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	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____
☐ Temporary Certificate of Occupancy	No. _____
☐ Continued Certificate of Occupancy	No. _____
☐ Certificate of Occupancy	No. _____
☐ Certificate of Approval	No. _____
☐ None	



CONSTRUCTION PERMIT

Date Issued

12/7/90

Control #

Permit #

2250-90

IDENTIFICATION Block

671

Lot

8

Work Site Location

108 H Cedar Bv - dy x R7-70

Contractor

Reliable Fire Protection

Owner in Fee

Plaza/Brill/Park District

Address

Same

Tele. ()

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☐ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Repair / Fire Suppression

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 \$

700-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:



Date Received	Date Issued	Control #	Parent #
12/17/90			
		77470-20	

Block	Lot
671	8

Owner in Fee Paul Smith Est.

Tele. (201) 477-6000

Address 110 Mount St.
Cambridge, Mass. 08512

Federal Emp. No. 222625654000 or Social Security No. 150844

IN NO. _____
Herald Trust in the
Company, make
order for grant

[] Other _____

Location: _____

JOB SUMMARY (Office Use Only)

Type:	Failure	Approval	Initial

☒ Fire Plans Approved	_____
Date: <u>5-19-18</u>	_____
Fire Alarm Test	_____
Smoke Test	_____

Other _____

I hereby certify that I am the (agent of) owner of record and am authorized to make this application


SIGNATURE

D. TECHNICAL SITE DATA
Description of Work *Repair to Suspensions system*

Water Supply Source _____

Local Alarm Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks	() Capacity _____	Fuel _____
1. _____	_____	_____
2. _____	_____	_____
3. _____	_____	_____
4. _____	_____	_____
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96. _____	_____	_____
97. _____	_____	_____
98. _____	_____	_____
99. _____	_____	_____
100. _____	_____	_____

L.P.G. Storage Tanks () Capacity _____ Fuel _____

L.N.G. Storage Tanks () Capacity _____ Fuel _____

Number	FEE (Office Use Only)
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100	

Dry Sprinkler Heads

100

Heat Detectors _____

NET COLLECTIONS	
TOTAL	

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

CO₂ Suppression _____

Halon Suppression _____

Flame Retardancy	_____	_____
Smoke Suppression	_____	_____
Foam Suppression	_____	_____

Wet Chemical 1 Repair #5

Gas or Oil Fired Appliance

OTHER Flame & 2047 115

Administrative Surcharge \$ _____

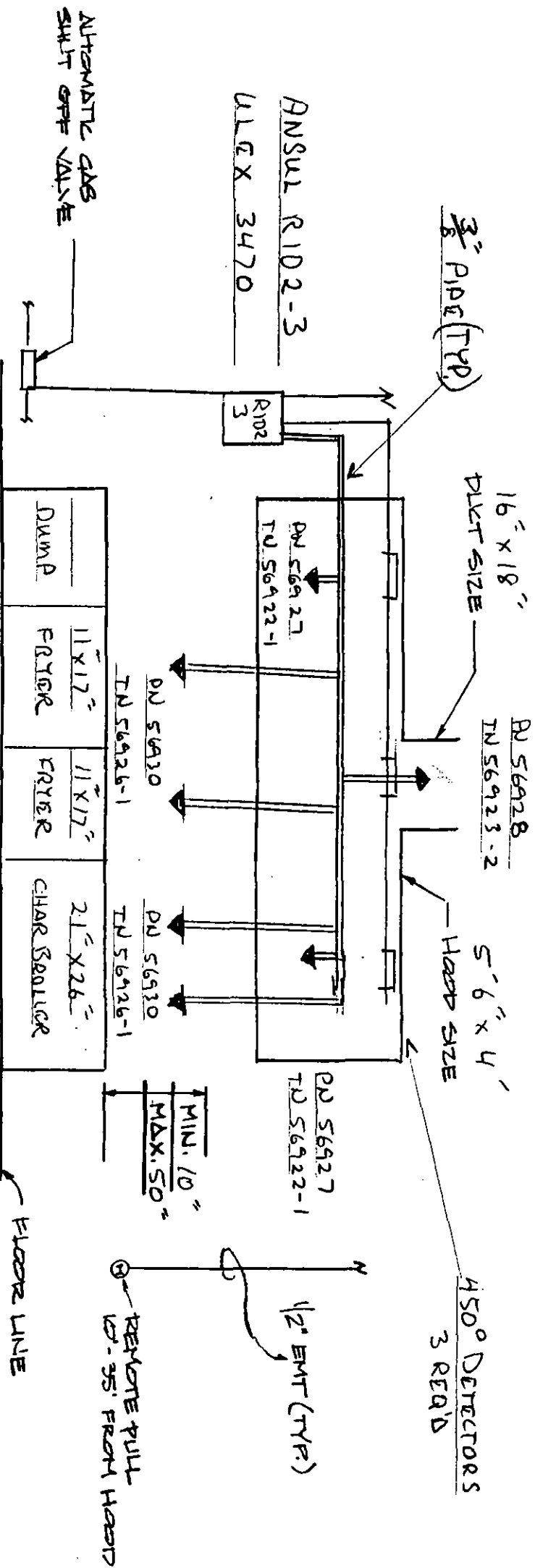
Paid [] Check # _____ Minimum Fee \$ 25
Collected by _____ TOTAL FEE \$ 25



ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURERS SPECS.

ALL PIPE WILL BE SCHEDULE 40 BLACK PIPE

File 10-19-90 JF



~ SYSTEM NOT TO SCALE

FIRE SYSTEM

PLAZA GRILL	RT 70 + CHAMBER BEIDAC
BRICKTOWN NJ	
RELIABLE FIRE PROTECTION	
110 MELNICH RD	
CHAMBER NJ 08512	
DLC	SCALE 10-16-90

Automatic Gas
Shut Off Valve

ANSUL RID2-3
ULGX 3470

3/8" Pipe (Typ)

16" x 18"
PICK SIZE

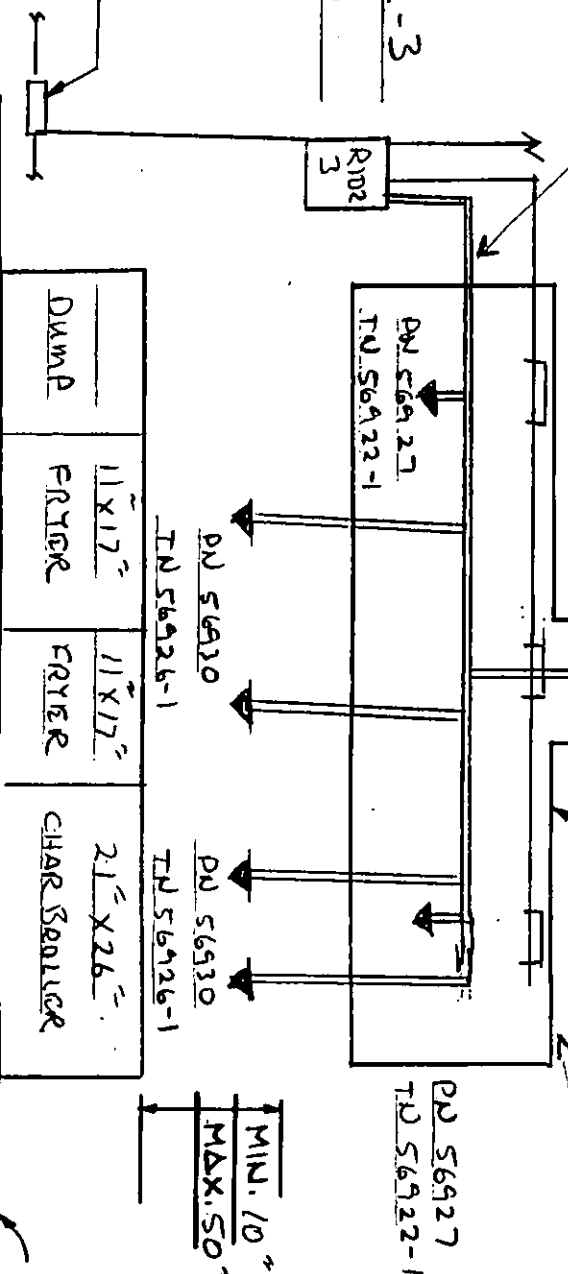
DU 56928
TN 56923-2

5'6" x 4'
HEAD SIZE

450° DETECTORS
3 REQ'D

1/2" EMT (Typ)

RECYCLE PULL
10'-95" FROM HEAD



~ SYSTEM NOT TO SCALE

ALL PIPE FITTINGS INSTALLED AS PER MANUFACTURERS SPECS.

ALL PIPE WILL BE SCHEDULE 40 BLACK PIPE

File 10-19-80 JS

FIRE SYSTEM

PLAZA GRILL RT 70 + CHAMBER BEIDGE BRICKTOWN NJ.		
RELIABLE FIRE PROTECTION 110 MECHAN RD CHAMBER NJ 08512		
DLC	SCALE	10-16-90