

8-24-88
OK.

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AUG 19 1988

DIV. OF INSPECTION



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: H&P Chamber Bridge Rd.
2. Owner Name: H&P Chamber Bridge Rd. Tel. ()
- Address _____
3. Principal Contractor: KAMP FILE EQUIP Tel. (201) 345-3510
- Address 432 MAIN ST PATTERSON NEW JERSEY 07509.
- Lic. No. or Builder Reg. No. 22-2423435 Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ()
- Address _____
5. Responsible Person in Charge of Work _____ Tel. ()

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: Fence

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____

TOTAL COST \$ 1700.

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☒ Hazardous Uses/Pieces of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b)
4. ☐ One-Family (R-3a) If other than new construction, enter no. of dwelling units: _____
- Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmarys (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: _____

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10207040

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
- B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 KAMP FIRE EQUIP TEL. (201) 345-3510

ADDRESS 432-MAIN ST PATERSON
NEW JERSEY

SIGNATURE Roy Keppeler

2443

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SUBCODES AND SPECIAL REGULATIONS APPLICABLE

EDITION OF CODE

- | | | |
|---|---------------------------------------|---|
| ☐ One and Two Family Dwellings | ☐ Mechanical | ☐ As Built Elevation Certification |
| ☐ Building | ☐ Energy | ☐ Other |
| ☐ Electrical | ☐ Barrier Free | |
| ☐ Plumbing | ☐ Other | |
| ☐ Fire Protection | | |



FIRE SUBCODE TECHNICAL SECTION



RECEIVED NO. 100
DATE ISSUED 9-1-83
REVISION DATE 9-1-83
Block 671 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner APP

Address CHABREL BLDG 22

BUCKTOWN SHIP YS

Tel. () _____

Work Site Address SAN C.

Contractor KNOX FIRE EQUIP

Address 432 MAIN ST

PATERSON NJ 07053

Tel. (201) 345-3510

Lic. No. 22-242345

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

K. J. Hughes
AGENTS SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised - Method: _____ Size: _____

Water Supply - Source: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Richard Van X Duesch
Barry

Subtotal

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum or Subtotal)

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____

Heating Systems - Location: _____

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS

DATE _____

JOB CONDITION/COMMENTS

JOB SUMMARY

 No Plans Required

☒ Plan Review Approved

Date:

Approved By: _____

INSPECTIONS FINAL

Date:

Inspected By:

Type

☐ Fire Suppression Test

☐ Fire Alarm Test

Smoke Test

TCO

☒ Other☐ Other☐ Other☐ Other

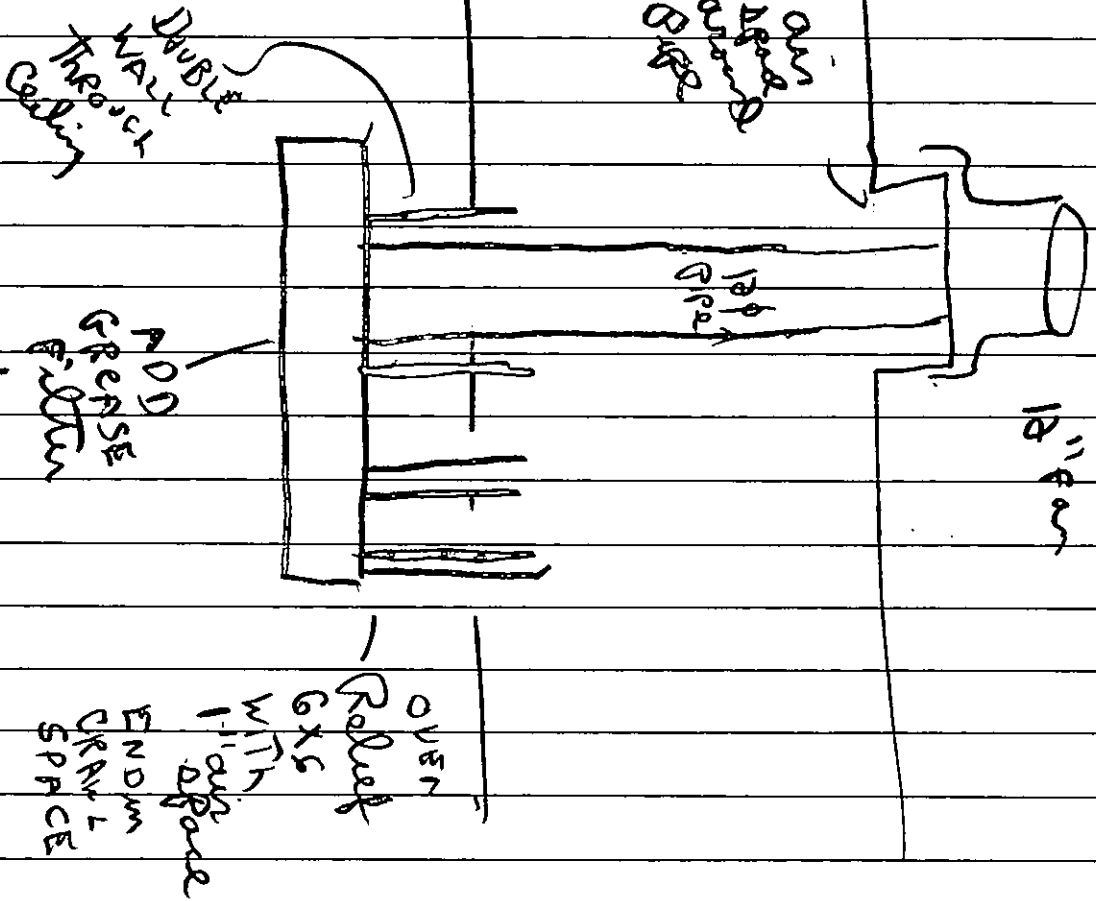
Failure Date

Approval Date

10/5/81

U.C.C. Form F-140 (8/83)

A+P



Roof

CEILING SHOCKING FILES

EXISTING HOOT

EXISTING DOOR

SIDE VIEW

PATSON SHEET
CHCTAL
(201)345-4482