

JAN 28 REC'D

BUILDING

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

TOWNSHIP OF BRICK

I. IDENTIFICATION

1. Proposed Work at: Stein BACH

2. Owner Name: Stein BACH Tel. (201) 477-4000
Address: BRICK PLAZA BRICK NJ 08723

3. Principal Contractor: JAY EFF const Tel. (201) 295-2401
Address: 1023 OCEAN RD PT PLEASANT NJ 08742

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: _____ Tel. () _____
Address _____

5. Responsible Person in Charge of Work: JACK ZOLLER Tel. (201) 295-2401

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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: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/Structural	\$ _____
2. ☒ Plumbing	_____
3. ☒ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ 8,000

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/Places 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)
 2. ☐ Multi-Family (R-2)
HMD Reg. No.: _____
 3. ☐ Two Family (R-3b)
 4. ☐ One-Family (R-3a)
- If new construction, enter no. of dwelling units: _____
- 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, Infirmaries (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 10207058

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.

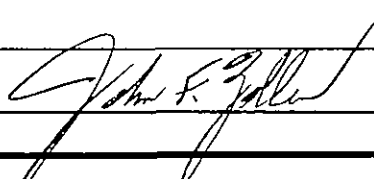
I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☒ Check if contractor.

AGENT NAME JAYELL CORST TEL. (201) 295-2401

ADDRESS _____

SIGNATURE 

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

- ☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN - FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date Receiver	Approval Date	Reviewer	Comments
☒	BUILDING Footings/Foundations Framing Architectural 2 Other _____	1/6/88 WR	2-4-88	ED	
☐	PLUMBING				
☐	ELECTRICAL		1/20/88 JK		
☒	FIRE PROTECTION		2-3-88 JK		no plans
☐	OTHER _____				

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		2-4-88	ED
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
	ELECTRICAL			
	FIRE PROTECTION		11-17-88 JK	
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	_____

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

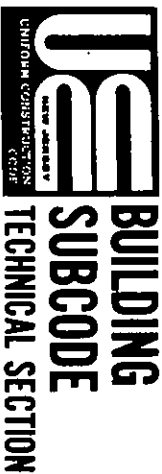
	AMOUNT
BUILDING	\$ 60.00
PLUMBING	_____
ELECTRICAL	_____
X FIRE PROTECTION	40.00
OTHER _____	_____
SUBTOTAL	\$ 100.00
- LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____	_____
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	_____
OTHER _____	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 125.00
DATE 2-5-88 Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____
OTHER	_____	_____
OTHER	_____	_____
- LESS: Refunds	_____	(_____)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ _____

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ _____
COLLECTED AFTER PERMIT (VB)	_____
TOTAL	\$ _____



PERMIT NO. 186
 DATE ISSUED _____
 REVISION DATE _____
 Block 671 Lot 8
 Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Steve AdelContractor TAJO R. COSTAddress Belie KanaAddress 1023 Ocean RdTel. 201, 477 4000Tel. 201, 295 2401

Work Site Address _____

Lic. No. _____

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.

AGENT SIGNATURE _____

B. TECHNICAL SITE DATA**DESCRIPTION OF WORK**Give detail description including materials used,
dimensions, etc.

Annex

TYPE OF WORK:

- ☐ New Building
☒ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other Enclosure
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

Fee

SUBTOTAL \$ _____

Minimum Building
Fee (if applicable)

\$ _____

Total Building Fee
(Greater of Minimum
or Subtotal)

\$ _____

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

PLAN REVIEW		INSPECTIONS	
Date	Initials	Type	Failure Dates
☐ No Plans Required ☒ All	2-4-88	☒ Footing/Foundation ☐ Slab ☐ Frame ☐ Architectural ☐ Insulation ☐ Finishes ☐ Energy ☐ Mechanical ☐ TCO ☐ Other	Approval Date 2-11-88
Date: 2-4-88 Inspector: [Signature]		Date: _____ Inspector: _____	



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 186
DATE ISSUED
REVISION DATE
Block 671 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner Stemback Contractor JAYBEE Const
Address Beile Pltzt Address 1023 occat Rd
Beile nt At Pleasant st
Tel. 201 477 4000 Tel. 201 295-2401
Work Site Address SAUE Lic. No.
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.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☒ Wet ☐ Dry ☐ Other FEE
Areas 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: \$ 25

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO2
☐ Halon ☐ Foam
☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:

Estimated Cost of Work: \$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: \$ 15

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: \$

B5. OTHER

Spunkble 2.5

 15
Subtotal
Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (Greater of Minimum or Subtotal) 40

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

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

2-3-88 Sprinklers. must serve Fire Department + Concord.

11-17-88 Installed bleed over corner bolt & under stair & on Loosby Dock, Jr

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 2-3-88

Approved By: *[Signature]*

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 11-17-88

Inspected By: *[Signature]*

INSPECTIONS

Type

- ☒ Fire Suppression Test
☒ Fire Alarm Test
☐ Smoke Test
☐ TCO
☒ Other *Find*
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date

11-17-88

11-17-88