

Brick Mall

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

Page 1

TOWNSHIP OF BRICK

"Celluphonics, Inc"



CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 2796 Hooper Ave. Brick NJ
2. Owner Name: Celluphonics, Inc. Tel. ()
- Address 2796 Hooper Ave Brick NJ. 477-7545
3. Principal Contractor: Tel. ()
- Address
- Lic. No. or Builder Reg. No. Federal Emp. No.
4. Architect or Engineer: Tel. ()
- Address
5. Responsible Person in Charge of Work Phil Checkoff 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:

Commercial
e/o

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☒ Other <u>Dividers Walls</u>	
6. ☐ Other	
TOTAL COST \$ <u>100 -</u>	

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, Infirmeries (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 10310850

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.
- V 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

[Signature]

DATE

3/28/88

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 _____ TEL. () _____

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	3/18/88	JP	3-30-88	WHA	
	Footings/Foundations					
	Framing					
	Architectural					
	Other <u>None</u>					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		3-30-88	WHA
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			
	ELECTRICAL			
	☒ FIRE PROTECTION		6-22-88	JE
	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 Ticker
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	\$ 7.50
PLUMBING	_____
ELECTRICAL	_____
FIRE PROTECTION	_____
OTHER	_____
SUBTOTAL	\$ 7.50
- LESS: 20% of subtotal (when plan review performed by state agency).	(1.50)
D.C.A. TRAINING FEE .0006 x _____	= 20.00
CERTIFICATE OF OCCUPANCY	_____
OTHER	_____
OTHER	_____
TOTAL COLLECTED WHEN PERMIT ISSUED	\$ 32.50
DATE _____ Collected By _____	

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY	_____	_____
OTHER	_____	_____
OTHER	_____	_____
- LESS: Refunds	_____	(0.00)
TOTAL COLLECTED AFTER PERMIT ISSUED		\$ 0.00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	\$ 7.50
COLLECTED AFTER PERMIT (VB)	0.00
TOTAL	\$ 7.50

Brick
MA11



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 534
DATE ISSUED 4/1/86
REVISION DATE _____
Block 673 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Celluphorics Inc

Contractor _____

Address 2796 Hopex Ave

Address _____

Buckton ME

Tel. (____) _____

Tel. (____) _____

Work Site Address _____

Lic. No. _____

Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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AGENT SIGNATURE _____

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____

FEE

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

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

☐ Valves Supervised - Method: _____

Water Supply - Source: _____ Size: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

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: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

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

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

5/24/88 needs Exit Signs - No Storage Allowed
in sin house Room, unless Sprinkler are installed

6/1/88 Emergency letter sent party

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 6/22/88

Inspected By: JG

INSPECTIONS

Type

- ☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☒ Other Local
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date

5/24/88 6/1/88

6/22/88

TOWNSHIP OF BRICK
BRICK
MAY 11



TECHNICAL SECTION



PERMIT NO. 584
DATE ISSUED 4/1/85
REVISION DATE _____
Block 673 Lot 8
Subdivision _____

A. IDENTIFICATION

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

Owner Celluphones Inc Contractor _____
Address 2796 Hooper Ave Address _____
Backtown NJ
Tel. (____) _____ Tel. (____) _____
Work Site Address Same 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.

Putting up divided walls
in store for display room.
And office.

TYPE OF WORK:
☐ New Building
☐ Addition
☒ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other divided walls
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis	Fee
Minimum Building Fee (if applicable)	\$ _____
Total Building Fee (Greater of Minimum or Subtotal)	\$ _____
SUBTOTAL	\$ _____

☒ See Plans

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: \$ 100

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BRICK
MAILBUILDING
SUBCODE
TECHNICAL SECTION

PERMIT NO.	584
DATE ISSUED	4/1/88
REVISION DATE	
Block	615 Lot 8
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office.
Owner <u>Cellular Phones Inc</u>	Contractor _____
Address <u>2796 HUPPER AVE</u>	Address _____
<u>BLICKTOWN NJ</u>	
Tel. (____) _____	Tel. (____) _____
Work Site Address <u>SAME</u>	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.	TYPE OF WORK:	Fee Basis	Fee
Putting up divider walls in store for display room. And office.	☐ New Building		
	☐ Addition		
	☒ Alteration/Renovation		
	☐ Roofing		
	☐ Siding		
	☐ Other <u>divider walls</u>		
	☐ Demolition		
	☐ Miscellaneous		
	☐ Fence		
	☐ Sign		
☐ Pool			
☐ Elevator			
☐ Other _____			
	SUBTOTAL	\$	
	Minimum Building Fee (if applicable)	\$	
	Total Building Fee (Greater of Minimum or Subtotal)	\$	

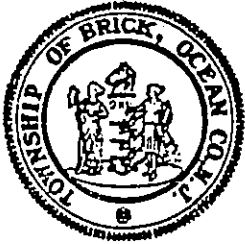
☒ See Plans

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



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

April 22, 1988

Celluphonics, Inc.
2796 Hooper Avenue
Brick, New Jersey 08723

Re: Building Permit # 584

Dear Sir,

Your check #1085 issued on April 14th in the amount of \$32.50 in payment for the above referenced building permit, has been returned by your Bank for insufficient funds and cannot be re-deposited.

Any returned checks are assessed a \$10.00 service charge fee. Please come into the Building Department to clear this matter. Only cash will be accepted. Amount due \$42.50.

If this is not taken care of by Tuesday, April 26th a Violation and Stop Order will be presented.

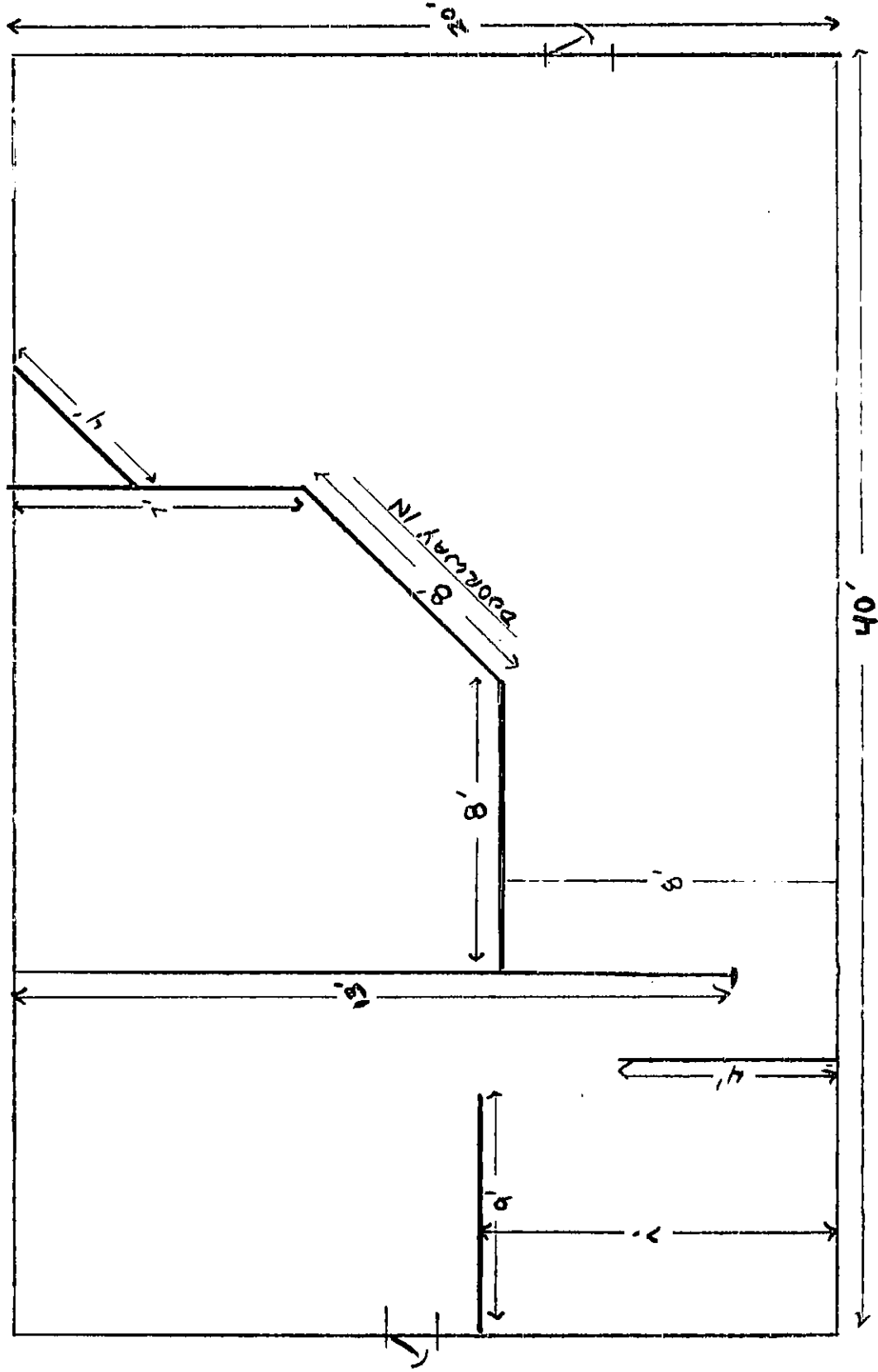
Very truly yours,

Arthur J. Cierzo
Construction Official

AJC/tl

*Paid 4/29/88
42.50
JA*

All divider walls to be 8' high



CELLUPHONICS, INC 2796 HOOPER AVE BRICK MALL.

WALLS ALREADY IN STORE