Brick

Permit Without a Jacket

Permit Number B1882

LDS BR 10310881

Construction Permit # B-1882

Nov. 22, , 19 82

Owner ... Peter Trananas

Location ... 2791 Hooper Ave.

... Brick Mall

Block .673 ... Lot .8

Contractor .. Same

Fee $ .43.23 ck. ... Use . Comm. Addition

BUILDING SUB-CODE INSPECTIONS **VIOLATIONS**

Footing Trench ....
Foundation ....
Slab ....
Sheathing ....
Framing ....
Insulation ....
Sheet Rock ....
Plumbing ....
Fire Inspection ....
Final ....
C.O. Issued ....

PLUMBING SUB-CODE INSPECTIONS

Slab ....
Rough ....
Septic/Sewer ....
Water ....
Final ....

Electrical Final ....

Use reverse side for additional remarks

Approved plans must be on job or assessed penalty under 5:23:2.5 (c5)
Finals for Certificates of Occupancy must be called for or assessed penalty under 5:23-27.

RECEIVED
NOV 19 1982
BUILDING

CONSTRUCTION PERMIT APPLICATION
BRICK TOWNSHIP, NEW JERSEY

B-3

IMPORTANT — Complete ALL items. Mark boxes where applicable

I. LOCATION OF BUILDING

Number and street	Section	Lot	Block
2791 HOOPER AVE	BRICK MALLS S/S	8	673

N ☒ E W side of HOOPER AVE feet N S E ☒ W from intersection of BRICK BLVD

(Other local geographic, political, or legal subdivision identification)

II. TYPE AND COST OF BUILDING — All applicants complete Parts A - D

A. TYPE OF IMPROVEMENT
- 1 ☐ New buildings
- 2 ☐ Addition (If residential, enter number of new housing units added, if any, in Part D, 13)
- 3 ☒ Alteration (See 2 above)
- 4 ☐ Repair, replacement
- 5 ☐ Demolition
- 6 ☐ Moving (relocation)
- 7 ☐ Garage
- ☐ Swim Pool ☐ in ☐ out
- ☐ Fence

B. OWNERSHIP
- 8 ☐ Private (Individual, corporation, nonprofit institution, etc.)
- 9 ☐ Public (Federal, State, or local government)

D. PROPOSED USE — For "Wrecking" most recent use

Residential
- 12 ☐ One family
- 13 ☐ Two or more family — Enter number of units
- 14 ☐ Transient hotel, motel, or dormitory — Enter number of units
- 15 ☐ Garage
- 16 ☐ Carport
- 17 ☐ Other — Specify ENCLOSING COMPRESSOR WITH MASONRY WALL AND ROOF. 1 DOOR TO BE INSTALLED.

Nonresidential
- 18 ☐ Amusement, recreational
- 19 ☐ Church, other religious
- 20 ☐ Industrial
- 21 ☐ Parking garage
- 22 ☐ Service station, repair garage
- 23 ☐ Hospital, institutional
- 24 ☐ Office, bank, professional
- 25 ☐ Public utility
- 26 ☐ School, library, other educational
- 27 ☐ Stores, mercantile
- 28 ☐ Tanks, towers
- 29 ☒ Other - Specify EQUIPT. ENCLOSURE

C. COST

	(Omit cents)
10. Cost of Improvement	$ 900--
To be installed but not included in the above cost	
a. Electrical (# Fixtures, Outlets)	
b. Plumbing (# of Fixtures)	
c. Heating, air conditioning	
d. Other (elevator, etc.)	
11. TOTAL COST OF IMPROVEMENT	$ 900--

Nonresidential — Describe in detail proposed use of buildings, e.g., food processing plant, machine shop, laundry building at hospital, elementary school, secondary school, college, parochial school, parking garage for department store, rental office building, office building at industrial plant. If use of existing building is being changed, enter proposed use.

Comm addn.

III. SELECTED CHARACTERISTICS OF BUILDING —

For new buildings and additions, complete Parts E - I; for wrecking, complete only Part H, for all others skip to IV.

E. PRINCIPAL TYPE OF FRAME
- ☒ Masonry (wall bearing)
- ☐ Wood frame
- ☐ Structural steel
- ☐ Reinforced concrete
- ☐ Other - Specify

F. TYPE OF HEATING SYSTEM

Specify NONE

Air Cond. Yes ☐ No ☒

G. TYPE OF SEWERAGE DISPOSAL
- ☐ Public
- ☐ Individual NONE

H. DIMENSIONS

Number of stories 1

Total square feet of floor area, all floors, based on exterior dimensions 1 WALL

Total land area, sq. ft. 224

I. RESIDENTIAL BUILDING ONLY

Number of bedrooms

Number of bathrooms { Full / Partial

FEE COMPUTATIONS

VOLUME OF BUILDING	2798.40
BUILDING SUB CODE	19.59 ✓
ELECTRICAL CODE	—
PLUMBING CODE	—
PLAN REVIEW	1.96 ✓
CERTIFICATE OF OCCUPANCY	20.00 ✓
STATE TRAINING FUND	1.68 ✓
CONSTRUCTION	
PERMIT FEE	43.23

1.4

SEE REVERSE

B 1882 Check

SUB CONTRACTORS

NAME	TRADE	ADDRESS	ZIP CODE	PHONE #
1. OWNER				
2.				
3.				
4.				
5.				
6.				
7.				
8.				

PERSON TO BE IN CHARGE OF CONSTRUCTION

NAME PETER TRAHANAS (OWNER)

ADDRESS

IV. IDENTIFICATION — To be completed by all applicants

Call Harry Bergh 899-7676

	Name	Mailing address — Number, street, city, and State	ZIP code	Tel. No.
1. Owner Agent	PETER TRAHANAS	11 OLD ORCHARD RD PORT CHESTER N.Y.	10843	914-937-4070
2. Contractor				
3. Architects				

The owner of this building and the undersigned agree to conform to all applicable laws of Township of Brick and that all required state, county and local prior approvals have been given.

Signature of applicant	Address	Application date
Peter Trahanas	11 Old Orchard Rd Port Chester NY 10573	

DO NOT WRITE IN THIS SPACE — FOR OFFICE USE ONLY

Approved by	Date permit issued	Permit Number
Edward Dago	11/22/82	B1892

I agree to construct said building in conformity with the plans and specifications filed with the Construction Official and in compliance with the provisions of the Building Code whether shown on plans or not.

PETER TRAHANAS
11 Old Orchard Road
Port Chester, N. Y. 10573

November 8, 1982

Mr. Edward Izzo
Building Inspector
Township of Brick
Municipal Building
Chambers Bridge Road
Brick Town, N. J. 08723

Dear Mr. Izzo,

I would like to have a building permit to enclose a compressor unit that is located in the rear of the A. & M. Meat Market and Martin Paint stores in the Brick Mall at Hooper Avenue and Brick Boulevard in Brick Town. The compressor is exposed and in its present state collects papers and various unsightly trash. Also the area is subject to vandalism.

It is contemplated that the compressor will be enclosed by masonry block walls and have a flat roof.

Your favorable response to this request, at your earliest convenience, will be appreciated.

Very truly yours,

Peter Trahanas

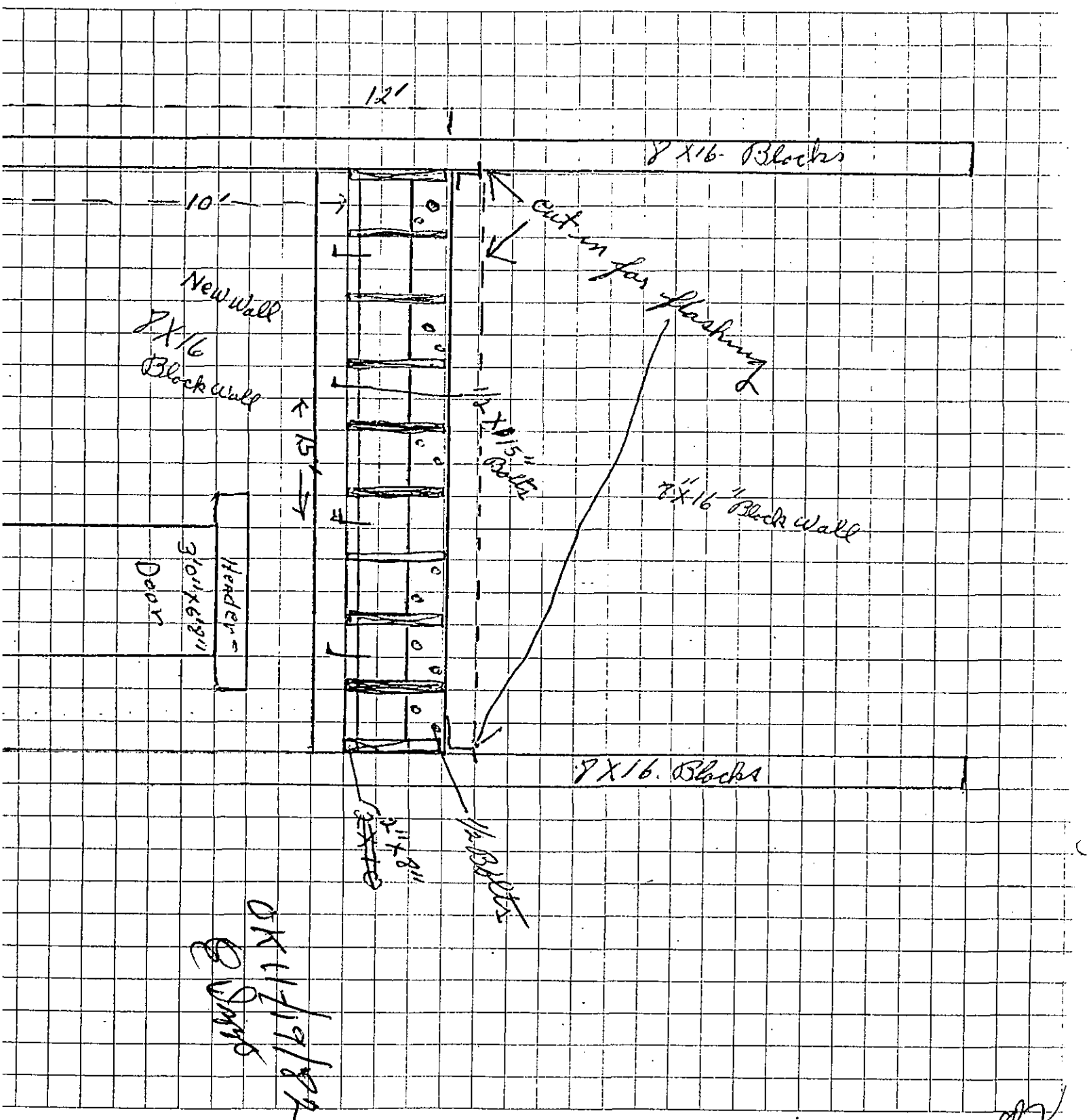
Peter Trahanas

PT/jb

B1882

HARRY W. BERGH

Trus Joist Corporation
NEW YORK SALES OFFICE
P.O. BOX 1177 BROOKDALE STATION • BLOOMFIELD, N.J. 07003
A/C 201/743-6762
MIKE DELLI SANTI



JOB NAME: _____ JOB # B1882

LOCATION: _____ SHEET ____ OF _____

SALESMAN: _____ BY: _____ DATE: _____

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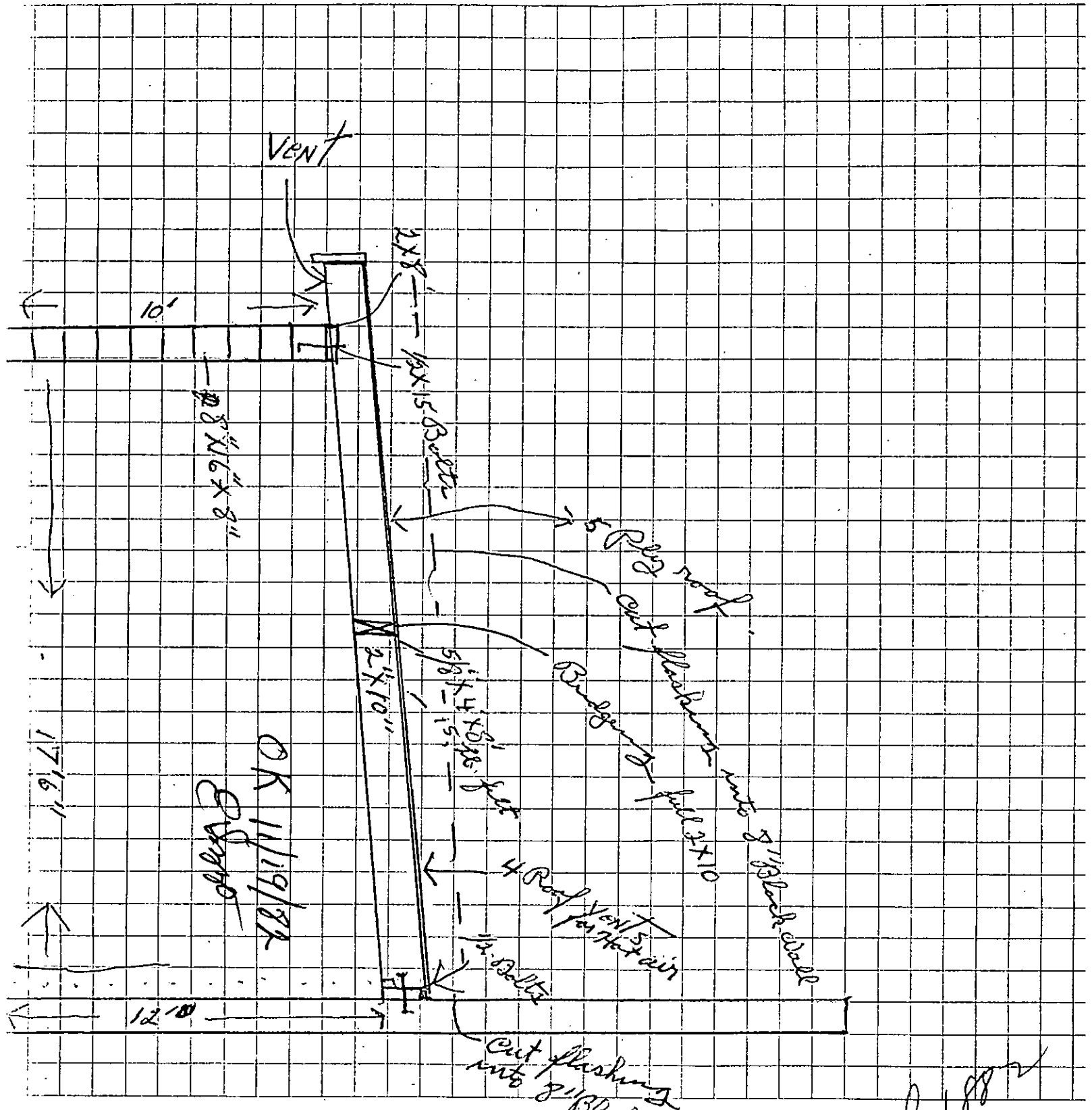

JOB NAME: _____ JOB # _____

LOCATION: _____ SHEET ____ OF _____

SALESMAN: _____ BY: _____ DATE: _____