

Brick

Permit Without a Jacket

Permit Number 1717-94



Date Received
Date Issued
Control #
Permit #

7-6-94
1712-94

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1210-14 Lot 1
Work Site Location 2 MATTHEWSON WAY
Owner in Fee WILLIAM A. and ELEANOR A. BROWN
Address 2 MATTHEWSON WAY
BRICKTON N.J. 08124
Tele. () ██████████
Contractor AROLD APPLECATE
Address P.O. Box 49
Bay Head N.J. 08142
Tele. () ██████████
L.C. No. or Bids. Reg. No. 244-7739
Federal Emp. No. ██████████ or Social Security No. ██████████

C. CERTIFICATION IN LIEU OF OATH
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

Enclosed parcel

12x20

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Date	Initial	Type:	Failure	Approval
☒ No Plans Req.	<i>C-77-94</i>		Footings		
☒ All	<i>PMC</i>		Foundation		
☐ Footing			Slab		
☐ Foundation			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec.	☐ Plumb.	☐ Fire	Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO	☐ CCO	☐ CA	TCO		
Date:			Other		
Approved By:			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			Sq. Ft.
Total Bldg. Area/All Floors			Sq. Ft.
Volume of Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

TYPE OF WORK:		(Office Use Only)
		FEE
☐ New Building		\$
☐ Addition		
☐ Alteration		
☐ Roofing		
☐ Siding		
☐ Other		
☐ Demolition		
☐ Miscellaneous		
☐ Fence	Height	
☐ Sign	Sq. Ft.	
☐ Pool		
☐ Elevator		
☐ Asbestos Abatement		
☐ Other		

Paid ☐ Check #	Administrative Surcharge	\$
Collected by:	Minimum Fee	\$
	TOTAL FEE	\$