

Borough of Carteret

Zoning Board of Adjustment Planning Board 61 COOKE AVENUE CARTERET, NEW JERSEY 07008 Tel: 732-541-3936

Fax: 732-969-2429

APPLICATION FOR MUNICIPAL CERTIFICATE OF OCCUPANCY

Date:		Certificate No.:		
Owner's Name:				
			•	
		•		
Location of Property:			16.	
Block: Lot:		Footage:		
Purchaser/Lessee Name:				
Present Address:				
Telephone Number:				
Applicant's Signature				
Three Family or Larger - Mixed Commerical and/or Residential Temporary for Commerical	\$300.00 \$300.00 \$150.00	LI, HIA & HIB 0-25,000 Sq. Ft. 25,000 – 50,000 sq.ft. 50,000 Sq.ft. or more Temporary Industrial	\$750.00 \$1000.00 \$1500.00 \$500.00	
Specific Use:				e de la companya de l
THIS APPLICATION VOID AFTER	NINETY DAYS FR	ROM THE DATE OF ISSUANCE		
OFFICIAL USE ONLY				
Inspection Appointment Date and Tim	ie:			
Check No: Cash	h:	Checked Files:		
Inspector's Signature				

EMERGENCY CONTACT LIST

RE:	DATE:		
BLOCK:LOT:	•		
BUSINESS NAME:			
ADDRESS:			
BUSINESS PHONE NO.			
HOURS:			
OWNER/OPERATOR			
ALARM COMPANY		Grand Control of the	
ALARM COMPANY PHONE		to a contract to the second	
TYPE OF ALARM BURGLAR			
EMERGENCY CONTACT INFORMATION			
NAME:	PHONE _		
HAZARDOUS MATERIALS STORED ON PREMISES		NO	
TYPE OF MATERIALS			
COMMENTS			

THIS FORM MUST BE TURNED IN TO THE CONSTRUCTION OFFICE PRIOR TO ANY CERTIFICATE OF OCCUPANCY IS ISSUED.

POLICE

FIRE

New Jersey Department of Community Affairs DIVISION OF FIRE SAFETY P.O. BOX 809

Division of FIRE SAFETY State of New Jersey

Trenton, NJ 08625-0809 Telephone (609) 633-6144 FAX: (609) 633 6330

	FIRE SAFETY REGISTRAT	TION FORM	
Owners of possible Life H	azard Use business must complete and f	file this form in accordance with the U	niform Fire
Safety Act (N.J.S.A	4. 52:27D-192 et seq.). Failure to do so) may result in a penalty of up to \$500.	<i>90.</i>
	'		
		2	
		·	
<u> </u>	Part A – Registration In	nformation	
Business Ownership (mar	k the correct hox):		
(0) Corporation	(1) Private/ Individu	nal (2) Partners	hip
-			
(3) Condominium	(4) Cooperative	. (5) Government Ag	gency
(6) LLC Corporation	l	•	
Business Owner Mailing A	Address:		
If Private / Individual:	Name		
ii i i i i i i i i i i i i i i i i i i	Last	First	Middle Initial
If Other:			
Give FULL L	egal Name of Ownership, Including Co	orporation, Incorporated, Partnership, T	/A etc.
Address:			
P.O. Box Nur	nber or Street Number and Name		
	State	Zip Code:	<u> </u>
City:			
City:			
-	 Number	Social Security Number (For	Private / Individual on
Federal Employer (Tax ID)		Social Security Number (For	
-		In accordance with N.J.S.A. 52:27D 5:3-1.2 voluntary provision of your	-201 and N.J.A.C, social security number
Federal Employer (Tax ID)		In accordance with N.J.S.A. 52:27D	-201 and N.J.A.C, social security number
Federal Employer (Tax ID)		In accordance with N.J.S.A. 52:27D 5:3-1.2,voluntary provision of your will ensure the efficiency of the pro	2-201 and N.J.A.C, social security number
Federal Employer (Tax ID)		In accordance with N.J.S.A. 52:27E 5:3-1.2,voluntary provision of your will ensure the efficiency of the proexerse Side	-201 and N.J.A.C. social security number
Federal Employer (Tax ID)	Continued on Re	In accordance with N.J.S.A. 52:27E 5:3-1.2,voluntary provision of your will ensure the efficiency of the proexerse Side	2-201 and N.J.A.C, social security number
Federal Employer (Tax ID) Telephone: ()	Continued on Re	In accordance with N.J.S.A. 52:27E 5:3-1.2,voluntary provision of your will ensure the efficiency of the proexerse Side	-201 and N.J.A.C, social security number
Federal Employer (Tax ID) Telephone: () USE CODE(S)	Continued on Re	In accordance with N.J.S.A. 52:27E 5:3-1.2,voluntary provision of your will ensure the efficiency of the pro	-201 and N.J.A.C, social security number

Address:Number	Street Nam	ne	
		Zip Code:	
Telephone Number: (
Briefly describe the building types	s and/or uses or businesses you own:		
·			
	PART B – BUSINESS LO (Physical Location :	CATION INFORMATIONand name of business)	
Name of Building and Business:	The second secon		
Building Location:			
Suite or Room Number:	Municipality	County	
Block	Lot	Municipal Tax Account Number	
Height of Building (in feet)	Number of stones	Square Footage	Occupant Load
	(IMPORTANT – ALL LEVEL	.S)	
	PART B – CERTIFICATI	ON	
	IAKI D-CEKIII ICAII		
certify that all statements made bne are willfully false, I am subject	ry me on this registration application t to punishment.	are true. I am aware that if any of the foreg	oing statements mad
Signature of Owner or A	gent Completing This Form	Date	
Printed Name of Owner	or Agent Completing This Form	Date	
Street Address of Owner	r or Agent Completing This Form		



Borough of Carteret

CONSTRUCTION OFFICE

61 COOKE AVENUE CARTERET, NEW JERSEY 07:008 Tel: 732-541-3810 Fax: 732-969-2429

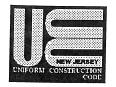
Application #
Date Rec'd.
Fee
Cash
Check No.

ZONING PERMIT

JOB SITE LOCATION	·		BlockI	Lot
Contractor		(Licens	se #)	
ADDRESS		(Phor	ne #)	
ZONE CLASSIFICATION:				
NAME OF PROPERTY OWNER:				
Address:		Phone		
New Const .Specs: Length			No. of Stories	
SETBACK FROM PROPERTY LI	INES: FrontFT. Rear_	FT. Side	FT. Side	FT.
Is Property Subject to Deed Restriction	ons?If Yes, Suppl	y:		
Is Property Subject to any Easements	?If Yes, Supp	ly:		
Number of parking spaces:	Number of Employee's:	Hours of Op	eration:	
WORK TO BE PERFORMED;				
I understand I must secure a Certificate statements contained herein and in all	te of Occupancy/Compliance before	using or occupying this s	structure. I hereb	y certify that all
Applicant's Signature	Print Name		D	ate:
JOB	SPECIFICATIONS MUST MEET 2 (OFFICE USE ONLY) – ZONING	ZONING REQUIREMEN	ITS	
			·	
Date Approved:		Date Denied:		
CONDITIONS / COMMENTS:				
		PROACTORMINE WINDOWN REACTOR STORY CONTRACTOR STORY CONTRACTOR CON		
	_			

ZONING OFFICER

No changes from the approved plan may be made during construction without PRIOR APPROVAL of the Zoning Officer. As a condition of this permit, construction hours are limited to 7:00 AM to 10:00PM Monday thru Friday 9:00AM to 8:00PM on Saturdays and Sundays. This permit shall expire and have no effect unless substantial construction has commenced within 180 days of the date the permit was granted. Unless an extension is granted before the permit expires, the applicant must restart the application process.



Fire Sprinkler Hydraulic Data Plate

Project:			Date:		
	•*		>\/c #·		
Contractor.			Zone.		
Address:			Area:		
Hazard: LIGHT	OR-1(8')	OR-2(12')_	EX-1	EX-2 _	
NFPA Standard:			System Type:		
Bonony/ nea.			anm/st over	ca f	0400
Trow opinition.			$_{-}$ st/sp. used $_{-}$	sq. ft.	allowed
wiig			Model:		
Sprinkler Data:		oritice	k-factor	deargo	
Spkr's Flowing: TOTAL SPRINKLERS ON	SYSTEM:	spкr.	Hose:	gpm allowar	nce
SUMMARY OF FLOW					
End Sprinkler Flow:	TINKIERS: OF RISER:				
With Hose:	gpm —————	With	Rack:	gpm	
SUPPLY DATA					
Location:					
Test By:			Toot Date:		
City: Static	nsi: Residu	al	nest Date:		
Fire Pump Rating:	gpm @) psi;	psi, Flow Elec	Diesel	_ gpm
PIPE DATA			•		
C-Factor: Aboveground =			lindoraround		
C-Factor: Aboveground = Pipe Type: Sched/40	Lt. Wall_	XL	CPVC	= Copper	
STORAGE					
SIONAGE	•	. N. A			
Commodity Class		IVIAXIMUM	Minimun	n Clear	
Commodity Class: Fig. No (231-C):		_ neignt	π. Aisle V	Vidth	ft.
Fig. No (231-C): Rack Demand: Backflow Preventer: Mfg	anm	_ Gurve:	Spkr/Level	to Flow:	
Backflow Preventer: Mfg.	gpiii		psi @ ret	. μτ	
If Provided)			iviouel_		