

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- 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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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 Robert Miller

Address 14 Main St. Helmetta, N.J. 08828

Telephone (732) 853-3261

Signature Robert Miller

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.



North Brunswick Township
710 Hermann Road
North Brunswick, NJ 08902

Date Issued 2/2/2017
Control Number 43088
Permit Number 20162085
Permit Issue Date 11/30/2016
Certificate Number 20162085

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Township, NJ 08902 Block: 4.46 Lot: 1.04 Qual: _____
Owner in Fee: COMMERCE CENTER NB I LLC
Owner Address: 546 FIFTH AVENUE NEW YORK NY 10036
Telephone: (732) 640-2272
Contractor: MILLER SIGNS LLC
Address: 14 MAIN STREET HELMETTA NJ 08828
Telephone: (732) 853-3261 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: 352566637

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SIGN - CICIS PIZZA

Certificate Comments:

☐ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:

Conditions to be met:

Thomas Paun

Thomas Paun, Construction Official

Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 446 Lot 1.04 Qualification Code _____

Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Township, NJ 08902

Owner in Fee: COMMERCE CENTER NB, LLC

Address 546 FIFTH AVENUE NEW YORK NY 10036

Email _____

Tel. (732) 640-2272

Contractor: NILSEN ELECTRIC

Address 20 CARDIGAN ROAD HAMILTON SQUARE NJ 08690

Email _____

Tel. (609) 610-9969

Fax _____

Lic No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason(s) (if applicable): _____

Federal Employee No. 462055001

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5 _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan _____ Date _____ Initial _____

☐ Required Partial Under-slab Utilities Approved _____

Date: _____ by: _____

Electric Plans Approved _____

Date: _____ by: _____

Joint Plan Review Required _____

☐ Building ☐ Plumbing _____

☐ Fire ☐ Elevator _____

☐ Electrical Plans Approved _____

SUBCODE APPROVAL for PERMIT _____

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE _____

Date: _____ by: _____

Approved by: _____

INSPECTIONS

Type: _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Certification _____

Date Received 10/31/2016
Date Issued 11/30/2016
Control # 43088
Permit # 20162085

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name _____

☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
SIGN - CICS PIZZA

QTY. SIZE ITEMS FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/F. A. C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptical

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Recepticle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$10

Minimum Fee _____

State Permit Surcharge Fee \$12

TOTAL FEE \$61



BUILDING SUBCODE TECHNICAL SECTION



Date Received 10/31/2016
Control # 43088
Date Issued 11/30/2016
Permit # 20162085

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 446 Lot 1.04 Qualification Code _____
Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Township, NJ 08902

Owner in Fee: COMMERCE CENTER NB LLC
Address 546 FIFTH AVENUE, NEW YORK NY 10036
Tel. (732) 640-2272 Email _____
Contractor: MILLER SIGNS LLC
Address 14 MAIN STREET HELMETTA NJ 08828
Tel. (732) 853-3261 Fax _____
Contractor License No. or, if new home, Bids Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason(s) applicable): _____
Federal Emp. ID No. 352566637

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		
☐ Joint Plan Review Required		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator		
SUBCODE APPROVAL for PERMIT		
Date: _____		
Approved by: _____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date: _____		
Approved by: _____		

INSPECTIONS		Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial	
Footing					
Footing Bonding					
Foundation					
Slab					
Frame					
Truss Sys./Bracing					
Barrier-Free					
Insulation					
Finishes-Base Layer					
Finishes-Final					
Energy					
Mechanical					
TCO					
Other					
Final					
Barrier-Free					

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5 _____ If Industrial Building: _____
Constr. Class Present _____ Proposed _____ State Approved _____
Number of Stories _____ HUD _____
Height of Structure _____ Ft. _____
Area - Largest Floor _____ Sq. Ft. _____
New Bldg. Area / All Floors _____ Sq. Ft. _____
Volume of New Structure _____ Cu. Ft. _____
Total Land Area Disturbed _____ Sq. Ft. _____

Est. Cost of Bldg. Work: _____
1. New Bldg. _____
2. Rehabilitation _____
3. Total (1+2) \$7,100

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SIGN, - CIGIS PIZZA

TYPE OF WORK

- ☐ New Building
☐ Addition
☐ Rehabilitation
☐ Roofing
☐ Siding
☐ Fence _____ Height (exceeds 6')
☒ Sign 101 _____ Sq. Ft. \$302
☐ Pool
☐ Retaining Wall _____ Sq. Ft.
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz Abatement NJAC 5.17
☐ Radon Remediation
☐ Other _____
☐ Demolition

FEE (Office Use Only)

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$13
TOTAL FEE \$315



CONSTRUCTION PERMIT

Date Issued 11/30/2016
Control # 43088
Permit # 20162085

IDENTIFICATION Block: 4.46 Lot: 1.04 Qualifier _____
Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Contractor MILLER SIGNS LLC
Township, NJ 08902 Address 14 MAIN STREET HELMETTA NJ 08828
Owner in Fee COMMERCE CENTER NB I LLC
546 FIFTH AVENUE NEW YORK NY 10036 Telephone: (732) 853-3261 / (732) 266-6069
Telephone: (732) 640-2272 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 352566637

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

SIGN - CIGIS PIZZA

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$13,600

Construction Official

11/30/2016
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	<u>\$302</u>
Electrical	<u>\$39</u>
Plumbing	<u>\$0</u>
Fire Protection	<u>\$0</u>
Elevator Devices	<u>\$0</u>
Other	<u>\$0.00</u>
DCA Training Fee	<u>\$25</u>
CO Fee	_____
Other	<u>\$10</u>
Total	<u>\$376</u>
Check No.	_____
Cash	<u>\$376</u>
Credit	<u>\$0</u>
Collected By	<u>Donna Ball</u>

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



BUILDING SUBCODE TECHNICAL SECTION



Date Received 10/31/2016
Control # 43088
Date Issued 11/30/2016
Permit # 20162085

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000
Block 446 Lot 1.04 Qualification Code _____
Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Township, NJ 08902

Owner in Fee: COMMERCE CENTER NB LLC
Address 546 FIFTH AVENUE NEW YORK NY 10036
Tel. (732) 640-2272 Email _____
Contractor: MILLER SIGNS LLC
Address 14 MAIN STREET HELMETTA NJ 08828
Tel. (732) 853-3261 Fax _____
Contractor License No. or, if new home, Bids Reg. No. _____ Exp. _____
Home Improvement Contractor Registration No. or Exemption Reason(s) applicable: _____
Federal Emp. ID No. 352566637

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required	_____	_____
☐ All	_____	_____
☐ Footing/Foundation	_____	_____
☐ Struct/Framework	_____	_____
☐ Exterior	_____	_____
☐ Interior	_____	_____
☐ Joint Plan Review Required	_____	_____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator	_____	_____
SUBCODE APPROVAL for PERMIT		
Date: _____		
Approved by: _____		
SUBCODE APPROVAL for CERTIFICATE		
☐ CO ☐ CCO ☐ CA		
Date: _____		
Approved by: _____		

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Footing	_____	_____	_____	_____
Footing Bonding	_____	_____	_____	_____
Foundation	_____	_____	_____	_____
Slab	_____	_____	_____	_____
Frame	_____	_____	_____	_____
Truss Sys./Bracing	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____
Insulation	_____	_____	_____	_____
Finishes-Base Layer	_____	_____	_____	_____
Finishes-Final	_____	_____	_____	_____
Mechanical	_____	_____	_____	_____
TCO	_____	_____	_____	_____
Other	_____	_____	_____	_____
Final	_____	_____	_____	_____
Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed R-5 _____ If Industrial Building: _____
Constr. Class Present _____ Proposed _____ State Approved _____

Number of Stories _____ HUD _____
Height of Structure _____ Ft. _____
Area - Largest Floor _____ Sq. Ft. _____
New Bldg. Area / All Floors _____ Sq. Ft. _____
Volume of New Structure _____ Cu. Ft. _____
Total Land Area Disturbed _____ Sq. Ft. _____

Est. Cost of Bldg. Work: _____
1. New Bldg. _____
2. Rehabilitation _____
3. Total (1+2) \$7,100

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the record and am authorized to make this application.

Signature _____

Print Name Here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
SIGN - CIGIS PIZZA

TYPE OF WORK

☐ New Building	_____	FEE (Office Use Only)
☐ Addition	_____	
☐ Rehabilitation	_____	
☐ Roofing	_____	
☐ Siding	_____	
☐ Fence _____ Height (exceeds 6')	_____	
☒ Sign 101 _____ Sq. Ft.	\$302	
☐ Pool	_____	
☐ Retaining Wall _____ Sq. Ft.	_____	
☐ Asbestos Abatement Subchapter 8	_____	
☐ Lead Haz Abatement NJAC 5:17	_____	
☐ Radon Remediation	_____	
☐ Other _____	_____	
☐ Demolition	_____	

Administrative Surcharge _____
Minimum Fee _____
State Permit Surcharge Fee \$13
TOTAL FEE \$315



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 446 Lot 1.04 Qualification Code _____

Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Township, NJ 08902

Owner in Fee: COMMERCE CENTER NB, LLC

Address 546 FIFTH AVENUE, NEW YORK, NY 10036

Email _____

Tel. (732) 640-2272

Contractor: NILSEN ELECTRIC

Address 20 CARDIGAN ROAD HAMILTON SQUARE NJ 08690

Email _____

Tel. (609) 610-9969

Fax _____

Lic No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason(s) (if applicable): _____

Federal Employee No. 462055001

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____ R-5 _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$6,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan _____ Date _____ Initial _____

☐ Required Partial Underslab Utilities Approved _____

Date: _____ by: _____

Electric Plans Approved _____

Date: _____ by: _____

Joint Plan Review Required _____

☐ Building ☐ Plumbing _____

☐ Fire ☐ Elevator _____

☐ Electrical Plans Approved _____

SUBCODE APPROVAL for PERMIT _____

Date: _____ by: _____

SUBCODE APPROVAL for CERTIFICATE _____

☐ CO ☐ CCO ☐ CA _____

Date: _____

INSPECTIONS

Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

Rough _____

Barrier-Free _____

Trench _____

Temp. Serv. _____

Constr. Serv. _____

TCO _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Date Received 10/31/2016
Date Issued 11/30/2016
Control # 43088
Permit # 20162085

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature and Printed Name _____

☐ Licensed Elec Contr ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
SIGN - CIGIS PIZZA

QTY. SIZE ITEMS FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors - Fract. HP

Emergency & Exit Lights

Communication Points

Alarm Devices/F. A. C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptical

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Recepticle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$10

Minimum Fee _____

State Permit Surcharge Fee \$12

TOTAL FEE \$61

FIRE SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

FIRE PROTECTION CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 CONST. CLASS: Present _____ Proposed _____
 Heating System: [] New [] Existing [] HVAC: Location _____
 Type: [] Gas [] Oil [] Electric [] Solar [] Other _____
 Fire Alarm System: [] New [] Existing: Panel Location _____
 Fire Suppression/Standpipe System: [] New [] Existing
 Main Control Valve Location _____
 Method of Supervision _____
 Water Supply Source _____

TECHNICAL SITE DATA:

DESCRIPTION OF WORK:

STORAGE TANKS

	CAPACITY	FUEL
[] Flammable Liquid	_____	_____
[] Combustible Liquid	_____	_____
[] LPG	_____	_____
[] LNG	_____	_____

QTY.

ALARM SYSTEMS: [] 110 v Interconnected [] System
 Alarm Devices (i.e. smoke, heat, pulls, water/flow)
 Supervisory Devices (i.e. tampers, low/high air)
 Signaling Devices (i.e. horns/strobes, bells)
 Other Devices _____
 TOTAL _____

SUPPRESSION SYSTEMS: [] Fire Pump [] GPM Type
 Dry Pipe/Alarm Valves
 Pre-Action Valves
 Sprinkler Heads (dry and wet)
 Standpipes _____

PRE-ENGINEERED SYSTEMS:

Wet Chemical
 Dry Chemical
 CO2 Suppression
 Foam Suppression
 Halon Suppression
 Other _____
 Kitchen Hood Exhaust System
 Smoke Control System
 [] Gas or [] Oil Fired Appliances
 Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ _____

SIGNATURE _____ [] Agent [] Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[] No Plans Required [] Plans Approved

SIGNATURE _____ DATE _____

ELECTRICAL SUBCODE

Contractor Nilsen Electric
 Address 20 cardigan Rd
 City Hamilton Square State NY Zip Code 08690
 Phone 609-610-9469
 License # 16115 Expires 3/31/18
 Federal Employment # 46-2055001

ELECTRICAL CHARACTERISTICS:

USE GROUP: Present ☒ Proposed _____
 [] Pole Pad # _____ [] Temporary [] Other _____
 Building Occupied as Commercial Utility Co. PSEG

TECHNICAL SITE DATA:

QTY. SIZE ITEMS

Lighting Fixtures
 Receptacles
 Switches
 Detectors
 Light Poles
 Motors - Fractional HP
 Emergency & Exit Lights
 Communications Points
 Alarm Devices/F.A.C. Panel
 TOTAL QUANTITY

Pool / with UW Lights
 Storable Pool/Spa/Hot Tub
 KW Elec. Range/Receptacle
 KW Oven/Surface Unit
 KW Electric Water heater
 KW Electric Dryer/Receptacle
 KW Dishwasher
 HP Garbage Disposal
 KW Central Air Conditioning Unit
 HP/KW Space Heater/Air Handler
 KW Baseboard Heat
 HP Motors 1/+ HP
 KW Transformer/Generator
 AMP Service
 AMP Subpanels
 AMP Motor Control Center
☒ 0.8 KW Electric Sign/Outline Light
 Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ 6500

SIGNATURE [Signature]

[] Licensed Electrician (Affix Seal) [] Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW :

[☒] No Plans Required [] Plans Approved

SIGNATURE [Signature] DATE 11/16/16

CONSTRUCTION PERMIT APPLICATION - COUNTER FORM

Township of North Brunswick, Construction Office, 710 Hermann Road, North Brunswick, NJ 08902 / (732) 247-0922, ext. 450

FILL OUT COMPLETELY and TYPE OR PRINT IN INK

CHECK IF: ☐ UPDATE, ☐ PROTOTYPE, or ☐ CHANGE OF CONTRACTOR and enter ORIGINAL PERMIT # _____

SITE / OWNER DATA:

BLOCK 4-46 LOT 1204 WORKSITE ADDRESS 2431 US Route 1 South
 Owner in Fee _____ City North Brunswick State NJ Zip Code 08902
 Address 2431 Route 1
 Phone 732-640-2272
 N.B.: Signature(s) below and/or on reverse certify the accuracy of all data and the authority to submit this application.

OFFICE USE ONLY:

Received _____
 Control # _____
 Issued _____
 Permit # _____

BUILDING SUBCODE

Contractor Miller Signs LLC
 Address 14 Main Street
 City Holmdel State NJ Zip Code 08828
 Phone 732-853-3261
 License # _____ Expires _____
 Federal Employment # 95-2566637

BUILDING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 CONST. CLASS: Present _____ Proposed _____
 New Bldg.: # of Stories _____ Height _____ Ft.
 Area: Largest Floor _____ Sq. Ft. / All Floors _____ Sq. Ft.
 Volume _____ Cu. Ft. / Total Land Disturbed _____ Sq. Ft.

TECHNICAL SITE DATA:

Description:

Sign Cici's

TYPE OF WORK:

- ☐ New Building ☐ Addition
☐ Alteration:
☐ Roofing ☐ Pool
☐ Siding ☐ Asbestos Abatement
☐ Fence, Height _____ ☐ Lead Hazard Abatement
☒ Sign, Sq. Ft. 100'103/4 ☐ Other _____
☐ Demolition

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ 7100

SIGNATURE [Signature] ☒ Agent ☐ Owner

OFFICE USE ONLY:

SUBCODE PLAN REVIEW: ☐ No Plans Required

☐ All ☐ Footing ☐ Foundation ☐ Frame ☒ Other SIGN

SIGNATURE [Signature] DATE 11/2/16

PLUMBING SUBCODE

Contractor _____
 Address _____
 City _____ State _____ Zip Code _____
 Phone _____
 License # _____ Expires _____
 Federal Employment # _____

PLUMBING CHARACTERISTICS:

USE GROUP: Present _____ Proposed _____
 Building Sewer Size _____ ☐ Public Sewer ☒ Private Septic
 Water Service Size _____ ☐ Public Water ☒ Private Well

TECHNICAL SITE DATA:

QTY. FIXTURE/EQUIPMENT QTY. FIXTURE/EQUIPMENT

☐ Water Closet	☐ Gas Piping
☐ Urinal/Bidet	☐ Steam Boiler
☐ Bath Tub	☐ Hot Water Boiler
☐ Lavatory	☐ Sewer Pump
☐ Shower	☐ Interceptor/Separator
☐ Floor Drain	☐ Backflow Preventer
☐ Sink	☐ Greasetrap
☐ Dishwasher	☐ Sewer Connection
☐ Drinking Fountain	☐ Water Service Connection
☐ Washing Machine	☐ Stacks
☐ Hose Bibb	☐ Other _____
☐ Water Heater	☐ Other _____
☐ Fuel Oil Piping	☐ Other _____

ESTIMATED COST:

New/Addition _____ + Alteration _____ = Total \$ _____

SIGNATURE

☐ Licensed Plumber (Affix Seal) ☐ Exempt Applicant

OFFICE USE ONLY:

SUBCODE PLAN REVIEW:

☐ No Plans Required ☐ Plans Approved

SIGNATURE _____ DATE _____



CONSTRUCTION PERMIT

Date Issued _____
Control # 43088
Permit # _____

IDENTIFICATION Block: 4.46 Lot: 1.04 Qualifier _____
Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Contractor MILLER SIGNS LLC
Township, NJ 08902 Address 14 MAIN STREET HELMETTA NJ 08828
Owner in Fee COMMERCE CENTER NB I LLC
546 FIFTH AVENUE NEW YORK NY 10036 Telephone: (732) 853-3261 / (732) 266-6089
Telephone: (732) 640-2272 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 352566637

Is hereby granted permission to perform the following work:

- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:

SIGN - CIGIS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$13,600

Romas Pelem
Construction Official

11/17/16
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$302
Electrical	\$39
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$25
CO Fee	
Other	\$10
Total	\$376
Check No.	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

4'-6" (1)

4'-2"

1'-6"

11 1/2"

BEYOND PIZZA

TM

Crisp

BEYOND PIZZA

A
FACE-IT LETTERS & LOGO - PILL TAGLINE
Scale: 3/8" = 1'-0"

ILLUMINATED

SPARK:
FACE: WHITE W/ TRANSLUCENT DIGITAL PRINT
RETURNS: BLACK
TRIMCAP: BLACK
ILLUMINATION: WHITE LED
MOUNT FLUSH TO WALL

CICS: WHITE WITH RED TRANSLUCENT DIGITAL PRINT
 RETURNS: BLACK
 TRIMCAP: BLACK
 ILLUMINATION: WHITE LED
 THE FLAT CUT OUT WHITE ACRYLIC W/ 1ST SURFACE RED DIGITAL PRINT
 MOUNT FLUSH TO WALL

BEYOND PUZZLE CABINET:
 FACES: WHITE PLASTIC W/ BLACK OPAQUE FILM - COPY WHITE
 RETURNS: BLACK
 TRIMCAP: BLACK
 ILLUMINATION: WHITE LED
 MOUNT FLUSH TO WALL

Client: CICI'S PIZZA

Address: 2431 Route 1 Ste 4

Location: North Brunswick, NJ 08902-1140

SIDE VIEW
Scale: $3/8" = 1'-0"$

This sign is intended to be installed in accordance with the requirements of Article 600 of the National Electrical Code and/or other applicable local codes. This includes proper grounding and bonding of the sign.

Signs will be manufactured with 120 Volts A/C.
All Primary electrical service to the sign, and final connection thereof, is the responsibility of the buyer. All work is to be done in accordance with the purchase agreement attached hereto. In case of variance between the specifications of the purchase agreement and this drawing, the drawing shall prevail.

**NORTH BRUNSWICK TOWNSHIP
CONSTRUCTION DIVISION
PLAN REVIEW**

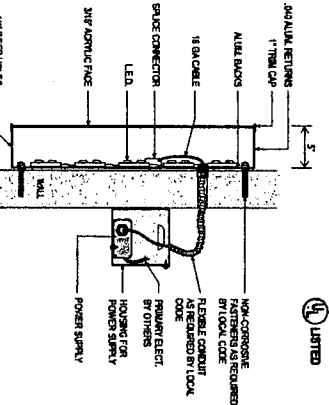
BUILDING SUB-CODE 11/7/15

PLUMBING SUB-CODE _____

ELECTRICAL SUB-CODE 11/611 SD

FIRE SUB-CODE

CONSTRUCTION OFFICIAL *[Signature]* 11/7/16



SECTION - EXTERIOR CHANNEL LETTER - L.E.D. - FLUSH MOUNT N.T.S.

Miller Signs & Installations

Neon/LED • Banners • Magnets • Custom Shirts
Let us take care of all your advertising needs
732-853-3261



TOWNSHIP OF NORTH BRUNSWICK ZONING PERMIT APPLICATION

Per Section 205-138 of the North Brunswick Land Use Ordinance revised September 15, 2008, a Zoning Permit must be obtained prior to the erection, restoration, addition to, or alteration of **any** structure within the Township of North Brunswick; **prior to the issuance of a building permit.**

A survey/plot plan and/or construction plans, as described below, **must** be submitted with the application.

1. Date of Application: 10/31/16 Block 4.46 Lot: 1.04
 Applicant Name: Mehul Shah
 Property Address: 2431 Route 1 South Cicis
 Property Owner Name: Tanvi Mehta
 Owner Phone #: 212-944-0444 Fax #:
2. Contact Name: Tanvi Mehta Contact Phone #: 212-944-0444
 Contact Address: Cicis Pizza
Commerce Center, North Brunswick NJ
2431 Route 1 South, North Brunswick NJ

Payment of application fees are required with submission of application as follows:

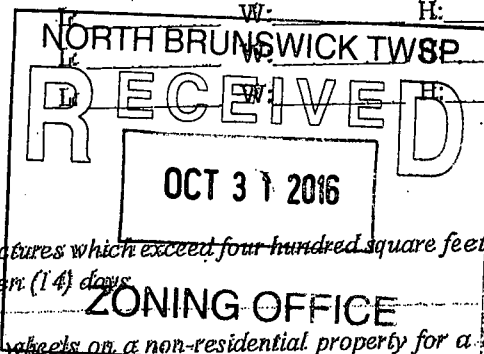
3. Description of proposed work:	Fee:	
☐ (a) New Building	\$100.00	Commercial ☐ Res1F ☐ 2F ☐ Multi F
☐ (b) Building Addition	\$ 50.00	Non Residential ☐ Residential ☐
☐ (c) Building Alteration First 50,000.00 sf	\$ 50.00	Non Residential ☐ Residential ☐
☐ (d) Building Alteration Second 50,000 sf	\$100.00	Non Residential ☐ Residential ☐
☐ (e) Building Alteration Over 100,000 sf	\$150.00	Non Residential ☐ Residential ☐
☐ (f) Deck/Patio/Porch/Gazebo/Fireplace	\$ 30.00	L: ☐ W: ☐
☐ (g) Fence	\$ 30.00	LF: ☐ W: ☐ H: ☐ Type: ☐
☐ (h) Finished Basement	\$ 30.00	L: ☐ W: ☐ H: ☐
☐ (i) Garage detached	\$ 30.00	Dimension: ☐
☐ (j) Pool Above Ground	\$ 30.00	Dimension: ☐
☐ (k) Pool In Ground	\$ 30.00	L: <u>25'4 3/4"</u> W: <u>5"</u> H: <u>4'-6"</u>
☒ (l) Sign <u>30 x 4 = \$120/-</u>	\$ 30.00	L: ☐ W: ☐ H: ☐
☐ (m) Temporary Sign	\$ 30.00	L: ☐ W: ☐ H: ☐
☐ (n) Temporary Structures *	\$ 30.00	L: ☐ W: ☐ H: ☐
☐ (o) Accessory Building or Structure (Shed)	\$ 30.00	L: ☐ W: ☐ H: ☐
☐ (p) Temporary Storage Containers **	\$ 30.00	L: ☐ W: ☐ H: ☐
☐ (q) Portable Storage Units	\$ 30.00	
☐ (r) Retaining Walls ***	\$ 30.00	
☐ (s) Telecommunications Tower	\$ 50.00	
☐ (t) Emergency Generator	\$ 30.00	

* Temporary Structures are defined as any membrane or fabric structures which exceed four hundred square feet (400 sf) and which will be in place for a period of time greater than fourteen (14) days.

** Temporary storage containers are defined as containers without wheels on a non-residential property for a one-time non-renewable period of one (1) year.

*** Retaining Walls are defined as not connected to the principal building and exceeding thirty inches (30") in height.

PLEASE CONTINUE ON OTHER SIDE/NEXT PAGE



4. Has a variance been granted for the proposed work? Yes _____ No _____ File no. _____

5. Did you attach a copy of your Survey / Plot Plan as required? Yes ☒ No _____

A copy of the original survey to scale of the entire property must be provided and must show all existing structures and all proposed structures, including setback distances drawn to scale, and all property lines and easements.

6. Do you have a Homeowners Association or other organization? Yes _____ No ☒

If yes, please attach written permission or a Declaration of No Jurisdiction from the Association.

7. Did you attach Construction Plans or Company Brochure? Yes ☒ No _____

Construction plans (or company brochure) must be provided and must show:

- Details and dimensions of all proposed structures, indicating the square footage, height and materials (if applicable, i.e. fences)
- Existing and intended use of each building and structure.

8. Do any Easements exist on your property? Yes _____ No _____. If yes, what type _____

An Easement Agreement must be executed if the proposed fence is to be installed within a township easement.

Print Applicant Name: Mehul Shah Signature: M. Shah Date: 10/31/16

Print Owner Name: Mehul Shah Signature: M. Shah Date: 10/31/16

Office use only:

Paid Amount:

\$120

Check:

11/3/16

Date

Cash:

1A-10-16-503

Control No.

MAP
Approved

Denied

Comments:

Zoning permit ✓

ENGINEERING APPROVAL REQUIRED _____

Engineering Approval Not Required X



North Brunswick Township
710 Hermann Road
North Brunswick, NJ 08902
(732) 247-0922

Date Issued: _____
Application Number: ZA-10-16-503
Application Date: 10/31/2016
Project Number: _____
Permit Number: ZA-10-16-503
Fee: \$120.00

Zoning Permit

Worksite: **2421-2451 ROUTE 1**
Location: **North Brunswick Township, NJ**

Block: **4.46**
Lot: **1.04**
Qualifier: _____
Zone: _____

Owner: **COMMERCE CENTER NB I LLC**
Address: **546 FIFTH AVENUE**
NEW YORK, NY 10036

Applicant: **CICI'S**
Address: **2431 ROUTE 1**
NORTH BRUNSWICK, NJ 08902

Application Approved Date: 11/3/2016

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: (None)
Nonconforming Use is: _____

Work Description:
Signs - 4

Upon review it was determined that the Zoning Permit:

- ☒ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Valid Nonconforming Use is established by
☐ Zoning Board of Adjustment
☐ Zoning Officer

Additional Comments:

Zoning permit app., UCC permit appds. and documents
Sign plans for CiCi's new facade mounted internally illuminated sign

Zoning permit app., UCC permit appds. and documents
Sign plans for CiCi's new facade mounted internally illuminated sign

Michael Proietti, Zoning Officer

11/3/2016

Date



CONSTRUCTION PERMIT

Date Issued _____
Control # 43088
Permit # _____

IDENTIFICATION Block: 4.46 Lot: 1.04 Qualifier _____
Work Site Location: 2431 ROUTE 1 SUITE 4 North Brunswick Contractor MILLER SIGNS LLC
Township, NJ 08902 Address 14 MAIN STREET HELMETTA NJ 08828
Owner in Fee COMMERCE CENTER NB I LLC
546 FIFTH AVENUE NEW YORK NY 10036 Telephone: (732) 853-3261 / (732) 266-6069
Telephone: (732) 640-2272 Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. 352566637

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

SIGN - CICIS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$7,100

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$13
CO Fee	
Other	\$0
Total	\$13
Check No.	
Cash	\$0
Credit	\$0
Collected By	

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

REQUIRED INSPECTIONS

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☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Mechanical _____

Energy _____

Barrier Free _____

Flood Hazard _____

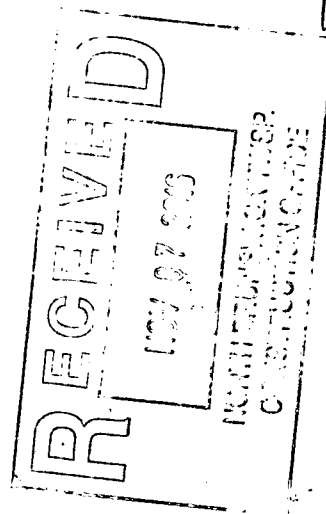
As Built Elevation Cert. _____

Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy				
☐ Temporary Certificate of Compliance				
☐ Continued Certificate of Occupancy				
☐ Certificate of Compliance				
☐ Certificate of Occupancy				
☐ Certificate of Approval				
☐ Lead Abatement Clearance Certificate				

11/28/16 spoke w man @ 732 640-2272
Surprised by fee - will be in
tomorrow



W10