

BLOCK

701

LOT

7

QUALIFICATION CODE

ADDRESS (SITE)

744 Route 70

PERMIT NO.

10-0942



CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII

744 Route 70

I. IDENTIFICATION

1. Proposed Work Site at: ~~100 Ch. 200's Bridge Rd. 700 Kt 70~~

2. Name of Owner in Fee: ~~Shay Life~~ Vornado Realty
Tel. () e-mail
Address: 210 Route 4 East Paramus NJ
street municipality zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: Bill O'Rourke Construction Tel. (201) 317 8634
Address: 225 Reservoir Ave
Rondelph NJ 07869
e-mail

License No. OR, if new home, Builder Reg. No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHO 339020 0

Federal Emp. ID No. 20-226 - 8094 FAX: ()

5. Architect or Engineer N/A Contact N/A
Address e-mail
Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Bill Saks
Tel. (973) 202 9282 FAX: (973)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	10-	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Max. Live Load		
7. Max. Occupancy Load		
8. If Industrialized Building: State Approved	HUD	
9. Total Land Area Disturbed	sq. ft.	
10. Flood Hazard Zone		
11. Base Flood Elevation		
12. Wetlands	yes no	

IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☒ Demolition
- ☐ Repair ☐ Alteration ☒ Renovation ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

- ☒ Building
- ☒ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
3000	170	4/21/10	4/27/10					
1000				4/29/10	S			
1000				4-29-10	WCM			

TOTAL COST 5000

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units Income-restricted
- Gained, Sale
- Gained, Rental
- Lost, Sale
- Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group, Proposed:
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s):

- D. Construct. Classification: Present Proposed

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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(e)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 Bill O'Rourke Construction, Inc.

Address 225 Reservoir Ave.
Randolph, NJ

Telephone (201) 317-8634

Signature Bill O'Rourke

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/17/2010
Control Number C-10-001182
Permit Number 10-0942
Permit Issue Date 04/30/2010
Certificate Number 10-0942

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 744 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual: _____
Owner in Fee: BRICKTOWN VF LLC %VORNADO REALTY
Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone: _____
Contractor: BILL O'ROURKE CONSTRUCTION INC
Address: 225 RESERVOIR AVENUE RANDOLPH NJ 07869
Telephone: (201) 317-8634 Fax: _____
License Number or Builders Registration Number: 13VH03390200 Federal Emp. Number: 20-226-8094

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: INTERIOR DEMOLITION interior demolition of medi center in shoprite.

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 NJAC5:17 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:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



CONSTRUCTION PERMIT

Date Issued 04/30/2010
Control # C-10-001182
Permit # 10-0942

IDENTIFICATION Block: 701 Lot: 7 Qualifier _____
Work Site Location: 744 ROUTE 70 Brick Township, NJ Contractor BILL O'ROURKE CONSTRUCTION INC
Address 225 RESERVOIR AVENUE RANDOLPH NJ 07869
Owner in Fee BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652 Telephone: (201) 317-8634
Telephone: _____ Lic. No. or Bldrs. Reg. No. 13VH03390200
Federal Employee. No. 20-226-8094

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:

ALTERATION - COMMERCIAL, ELECTRICAL ALTERATIONS, INTERIOR DEMOLITION,
PLUMBING ALTERATIONS interior demolition of medi center in shoprite.

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 \$1

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	999
Cash	<u>40</u> \$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- 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.



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Fire Protection	\$0
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Other	\$0.00
DCA Training Fee	\$0
CO Fee	
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Cash	\$0
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- | | | |
|--|--|--|
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(Subchapter 8 only) | ☐ OTHER |

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Plumbing	\$0
Fire Protection	\$0
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Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	<u>999</u>
Cash	<u>\$0</u>
Credit	\$0
Collected By	<u>Mary Jane Rinaldi</u>

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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.



CONSTRUCTION PERMIT

Date Issued 04/30/2010
Control # C-10-001182
Permit # 10-0942

IDENTIFICATION Block: 701 Lot: 7 Qualifier _____
Work Site Location: 744 ROUTE 70 Brick Township, NJ Contractor BILL O'ROURKE CONSTRUCTION INC
Address 225 RESERVOIR AVENUE RANDOLPH NJ 07869
Owner in Fee BRICKTOWN VF LLC %VORNADO REALTY
210 ROUTE 4 EAST PARAMUS NJ 07652 Telephone: (201) 317-8634
Lic. No. or Bldrs. Reg. No. 13VH03390200
Telephone: _____ Federal Employee. No. 20-226-8094

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:

INTERIOR DEMOLITION interior demolition of medi center in shoprite.

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 \$1

Construction Official _____

Date _____

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No.	999
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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.



BUILDING 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 701 Lot 7 Qualification Code BEIC N5 08723

Work Site Location 44 Chambers Blvd, 701
Stop before Vornado Realty

Owner in Fee: Stop before Vornado Realty

Tel: () 210 Route 4 East Paterson, NJ e-mail

Address 725 Reservoir Ave Municipality Paterson, NJ Zip code 07634

Contractor License No. or Builder Registration No. 13V403390200 Exp. Date 12/31/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 20-726-8094 Federal Emp. ID No. 20-726-8094 FAX: ()

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Type		Failure		Failure		Approval		Initial	
☐	No Plans Required																		
☐	All																		
☐	Footings/Foundations																		
☐	Structural/Framework																		
☐	Exterior																		
☐	Interior																		
Joint Plan Review Required:																			
☐	Elec.	☐	Plumb.	☐	Fire	☐	Elevator												
SUBCODE APPROVAL FOR PERMIT																			
Date: <u>10/24/10</u>																			
Approved by: <u>[Signature]</u>																			
SUBCODE APPROVAL FOR CERTIFICATE																			
☐	CO	☐	CCO																
Date: <u>10/24/10</u>																			
Approved by: <u>[Signature]</u>																			

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. \$ 3600.00

2. Rehabilitation \$ 3000.00

3. Total (1+2) \$ 6600.00

Date Received 10-0942

Control # 4-30-10

Date Issued

Permit #

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 [Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- Demo Interlocking walls

- Demo Day Caly

- [Signature]

- [Signature]

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Retaining Wall

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other

☒ Demolition

FEE (Office Use Only)

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1 White = Inspector Copy

2 Canary = Office Copy

3 Pink = Office Copy

4 Gold = Applicant Copy

U.C.C. F110
(rev. 12/07)



BUILDING 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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____ street _____ municipality _____ zip code _____

Contractor: _____ Tel. (____) _____ e-mail _____

Address _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (____) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW _____ Date _____ Initial _____

☐ No Plans Required _____ Type: _____ Failure _____ Failure _____ Approval _____ Initial _____

☐ All _____ Footing _____ Footing _____ Bonding _____

☐ Footings/Foundations _____ Foundation _____

☐ Structural/Framework _____ Slab _____

☐ Exterior _____ Frame _____

☐ Interior _____ Truss Sys./Bracing _____

Joint Plan Review Required: _____ Barrier-Free _____

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator _____ Insulation _____

SUBCODE APPROVAL for PERMIT _____ Finishes -Base Layer _____

Date: _____ Finishes -Final _____

Approved by: _____ Energy _____

SUBCODE APPROVAL for CERTIFICATE _____ Mechanical _____

☐ CO ☐ CCO ☐ CA _____ TCO _____

Date: _____ Other _____

Approved by: _____ Final _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories _____ If Industrialized Building: _____

Height of Structure _____ ft. _____

Area — Largest Floor _____ sq. ft. _____

New Bldg. Area/All Floors _____ sq. ft. _____

Volume of New Structure _____ cu. ft. _____

Max. Live Load _____

Max. Occupancy Load _____

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

TYPE OF WORK:

☐ New Building

☐ Addition

☒ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence _____ Height (exceeds 6') _____

☐ Sign _____ Sq. Ft. _____

☐ Pool

☐ Retaining Wall _____ Sq. Ft. _____

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Radon Remediation

☐ Other _____

☒ Demolition

FEE (Office Use Only)

\$ _____

\$ _____

\$ _____

\$ _____

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\$ _____

\$ _____

\$ _____

\$ _____

\$ _____

Date Received _____

Control # _____

Date Issued _____

Permit # _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

U.C.C. F110
(rev. 12/07)



Date Received
Control #
Date Issued
Permit #

2 Canary = Office Copy
4 Gold = Applicant Copy



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 210 ROUTE 4 EAST PARAMUS, NJ 07652 CC:

RE: Building Subcode
Block: 701-Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-10-001182
Last Submit Date: Thursday, April 22, 2010

Date: Tuesday, April 27, 2010

Dear BRICKTOWN VF LLC %VORNADO REALTY,
Your request is hereby denied based upon the following infractions.

2 sets of sealed plans, to scale required for review. Cannot use previous tenants plans for review. Only reference.

not enough information provided:

- 1) building type
- 2) const class.
- 3) neighboring tenants
- 4) indicate rated assemblies
- 5) sprinklered?
- 6) plan view/ before & after
- 7) egress lighting
- 8) label all dimensions, sizes, rooms, and clearances

Complete re-review required

Sincerely,

Michael Vecchio, Subcode Official

04.29.10
called 973-
202-9282

Bill SAKS

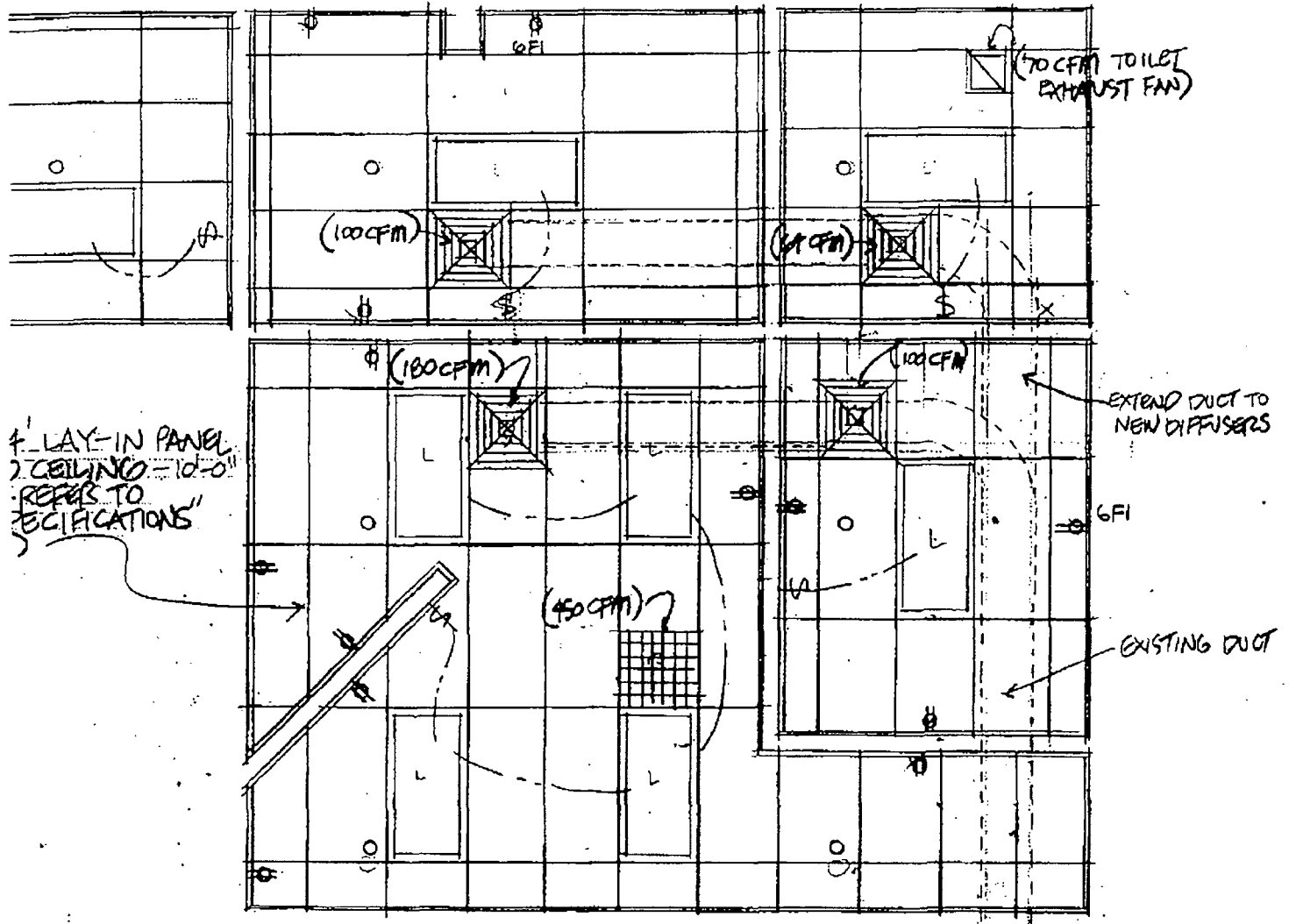
-disconnected
-tried again

LG# 973-
786-5394

04.27.10
called 973-
202-9282

Bill SAKS
left message
on machine

\$ - SWITCH



PROPOSED REFLECTED CEILING PLAN

SCALE: 1/4" = 1'-0"

Exam - 100 sqft x 1 cfm sqft = 100 cfm

Exam - 100 sqft x 1 cfm sqft = 100 cfm

Waiting - 120 sqft x 1.5 cfm sqft = 180 cfm

Toilet - 64 sqft x 1 cfm sqft = 64 cfm

Toilet exhaust - 70 cfm = negative pressure

Total cfm 444 = 1.5 tons cooling - 45,000 btu heating

Applicable to Ordinance 720-92

This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 100 Chambers Bridge Rd, Hoo Rt 28

Block: 701 Lot: 7

Contractor: Bill O'Rourke Construction, Inc.

Contractor's Address: 225 Reservoir Ave, Randolph, NJ

Type of Construction (minor, new home): Minor / Demo

Type of Debris (shingles, siding, wood, etc.): Shut rock, metal studs

Party responsible for removal: Same

Dumpster size: own trailer

Destination of debris: Sussex County WVA

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

William O'Rourke
Signature

4/24/0
Date

William O'Rourke
Print Name

NOT AN
ELECTRICIAN'S
OR PLUMBER'S
LICENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

Bill O'Rourke Construction, Inc.
William O'Rourke
225 Reservoir Ave
Randolph NJ 07869

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

11/04/2009 TO 12/31/2010
VALID

13VH03390200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
Bill O'Rourke Construction, Inc.
Home Improvement Contractor

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE
11/04/2009 TO 12/31/2010
VALID

13VH03390200

License/Registration/Certificate #

SIGNATURE

DIRECTOR

PLEASE DETACH HERE
IF YOUR LICENSE/REGISTRATION/
CERTIFICATE ID CARD IS LOST
PLEASE NOTIFY:

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PLEASE DETACH HERE