BLOCK 869.01 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1905 ROUTE 88 PERMIT NO. 14-3739

CONSTRUCTION PERMIT APPLICATION

CH-004131

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

I. IDENTIFICATION

1. Proposed Work Site at: 1905 ROUTE 88 UNIT #3
2. Name of Owner in Fee: CAMP REALTY
   Tel. 732-459-6249 e-mail _____
   Address 400 ASHTON AVE. LINDEN NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: TIM KENNEDY Tel. 732-330-5249
   Address 593 LOXLEY DR. e-mail TKELLY2485 3@AOL.COM
   TOMS RIVER, NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer BARLO & ASSOC. Contact TIM TIERNEY
   Address 92 MANTOLOKING RD e-mail _____
   Tel. 732-477-7751 FAX: 732-477-6788
6. Responsible Person in Charge once Work has Begun TIM KENNEDY
   Tel. 732-330-5249 FAX: _____ (Plans)

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 800		
2. Electrical	75		
3. Plumbing	75		
4. Fire Protection	85		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	38		
10. Subtotal	$ 100		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 1,173		

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 _____ ft.
12. Wetlands yes _____ no _____

COMMERCIAL
Cash My Check, LLC

IIa. PROPOSED WORK

- [x] 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)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
[ ] Building		W			10/22/14	W			
[ ] Electrical				10-2-14		TO	10/30/14	10 8 14	TO
[ ] Plumbing					10-2-14				
[ ] Fire Protection									
[ ] Elevator		Eng Exempt			9/27/14	CC			
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Present: Select Group

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/Standpipes
8. [ ] Smoke Control Systems in Open Wells
9. [ ] Underground Storage Tanks
10. [ ] Swimming Pools, Spas and Hot Tubs
11. [ ] LPGas Tanks
12. [ ] Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/24/2016
Control Number C-14-004131
Permit Number 14-3739
Permit Issue Date 11/17/2014
Certificate Number 14-3739

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1905 ROUTE 88 Unit 3 Brick Township, NJ Block: 869.01 Lot: 4 Qual:

Owner in Fee: COUSINS MALL, INC.

Owner Address: 400 ASHTON ST. LINDEN NJ 07036

Telephone: (732) 489-6249

Contractor TIM KENNEDY

Address 593 LOXLEY DRIVE TOMS RIVER NJ 08753

Telephone: (732) 330-5249 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 12

Description of Work/Use: TENANT FIT UP - CASH MY CHECK, L.L.C.

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: $100.00
Check Number: 1080
Collected By: Lauren Helmstetter

Date Printed: 06/24/2016

U.C.C. F260 (rev. 08/05)

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 TIM KENNEDY

Address 593 LOXLEY DR.
TOMS RIVER, NJ 08755

Telephone 732-330-5249

Signature _____

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

APPLICATION FOR CERTIFICATE

Date Received	09/17/2014
Date Permit Issued	11/17/2014
Control #	C-14-004131
Permit #	14-3739
Date Issued	06/24/2016

IDENTIFICATION

Block 869.01 Lot 4 Qualifier

Work Site Location 1905 ROUTE 88 Unit 3 Brick Township, NJ

Owner in Fee COUSINS MALL, INC.
400 ASHTON ST. LINDEN NJ 07036

Telephone (732) 489-6249

Contractor TIM KENNEDY

Address 593 LOXLEY DRIVE TOMS RIVER NJ 08753

Telephone (732) 330-5249

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous B Current

FINAL COST OF CONSTRUCTION: $ 22357
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - CASH MY CHECK, L.L.C.

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [x] OWNER
- [ ] AGENT

UCC F270 equiv.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals if Applicable

Affordable Housing Approval	comment	☐	☑
Approval of BTMUA	**comment**	☑	☐
emailed MUA on 6/8/16 MFF Ok as per Peg 6/15/16 MFF			
Engineering Approval	comment	☐	☑
Ocean County Soils Conservation District Approval	comment	☐	☑

UCC Requirements

CO application	comment	☐	☐
Final Building inspection -including original permit and all updates	comment	☑	☐
Final Plumbing inspection - including original permit and all updates	comment	☑	☐
Final Fire inspection - including original permit and all updates	comment	☑	☐
Final Electrical inspection - including original permit and all updates	comment	☑	☐
If applicable Final Elevator inspection - including original permit and all updates	comment	☐	☑

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/17/14

Date Issued / Permit # 14-3739

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

Block 869.01 Lot 4 Qualification Code

Work Site Location 1905 ROUTE 88 UNIT #3 BRICK, NJ 08723

Owner in Fee: CAMP REALTY

Tel. (732) 489-6249 e-mail

Address 400 ASHTON AVE. LINDEN, NJ 07036
street municipality zip code

Contractor: TIM KENNEDY Tel. (732) 330-5249

Address 593 LOXLEY DR e-mail TKENN24253 @AOL.COM
TOMS RIVER, NJ 08753

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		
[X] All	10/22/14	JW
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 10/23/14
Approved by: JOM

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 10/16/15
Approved by: JOM

INSPECTIONS Type:	Failure	Failure	Approval (Dates Month/Day)	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			12/01/14	JOK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10/14/15	JOK
Barrier-Free				

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.~~ $
2. Rehabilitation $ 20,000.00
3. Total (1+ 2) $

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.

Sign here:

Print name here: TIM KENNEDY

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- TENANT FIT-OUT
- INSTALL COUNTER W/ ELEC. OUTLETS
- INSTALL ROOM DIVIDER

Conditional Release
Architect to provide wall bracing detail by frame insp.

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)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

update & change of Contr.

Control # 11/17/14
Date Issued
Permit # 14-3739

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

Block 869.01 Lot 4 Qualification Code

Work Site Location 1905 RT 88 BRICK

Owner in Fee: CAMP REALTY

Tel. 732 489-6249 e-mail

Address 400 ASHTON AVE. (street) LINDEN (municipality) NJ 07036 (zip code)

Contractor: A. SURF ELECTRIC Tel.

Address 574 MANTOLOKING RD e-mail
BRICK

Contractor License No. 9516 Exp. Date

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

Federal Emp. ID No. 222769907 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,355.00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: BERGSTROM

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
10		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C 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	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: 12/30/14 Approved by: EC

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12/30/14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6/2/16

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			11/26/14	PE
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6/16	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/17/14

Date Issued / Permit # 14-3739

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

Block 869.01 Lot 4 Qualification Code

Work Site Location 1905 ROUTE 88 UNIT #3 BRICK, NJ 08723

Owner in Fee: CAMP REALTY

Tel. (732) 489-6249 e-mail

Address 400 WAHTOW AVE. LINDEN, NJ 07036
(street / municipality / zip code)

Contractor: TIM KENNEDY Tel. ( )

Address 593 OAKLEY DR. TOMS RIVER, NJ 08753 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-2-14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-1-14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11-26-14	

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: TIM KENNEDY

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENNANT FIT UP
CHANGE OF USE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

Cash My Check LLC
"B" use 1200 sq ft
12 occupants

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 11/17/14

Date Issued Permit # 14-3739

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

Block 869.01 Lot 4 Qualification Code _____

Work Site Location 1905 ROUTE 88
BRICK, NJ 08723

Owner in Fee: CAMP REALTY

Tel. (732) 489-6249 e-mail _____

Address 400 ASHTON AVE. LINDEN, NJ 08736
street municipality zip code

Contractor: TIM KENNEDY Tel. (732) 330-5249

Address 593 OAKLEY DR e-mail _____
TOMS RIVER, NJ 08753

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

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

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

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ 1.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: _____

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: _____

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.

Applicant/Contractor sign here: _____

Print name here: TIM KENNEDY

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Water Supply Source TENANT FIT UP
Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Fire Protection Plans Approved
Date: 10/24/14 Approved by: CW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-27-14
Approved by: FEO

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/26/14
Approved by: FEO

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Not ready see Attached

U.C.C. F140 (rev. 02/14) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 1905 Rt 88 - Cash My Check LLC

PERMIT NUMBER 14-3739 BLOCK _____ LOT _____

OWNER _____

Upon inspection, violations of the ____ Building ___ Plumbing ___ Electric ✓ Fire Code were in evidence and the following orders are hereby issued for their correction:

(1) (2) 2A10BC fire extinguishers - rear & mid

(2) Close ceilings

(3) Label rear door - exterior

(4) Label Electrical panel

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 10/14/15 INSPECTOR _____

Matthew Fagen

From: Peg Mullen <pmullen@brickmua.com>
Sent: Wednesday, June 15, 2016 10:57 AM
To: Matthew Fagen
Subject: RE: 1905 Route 88 Block: 869.01 Lot: 4

Hi Matt,
We did get out to this account and it's good to CO-Bev's out today-she most likely already e-mailed you. Thanks

Respectfully,

Peg Mullen
Customer Accounts

732-701-4224
pmullen@brickmua.com

From: Matthew Fagen [mailto:mfagen@twp.brick.nj.us]
Sent: Wednesday, June 08, 2016 8:28 AM
To: Carol Gundel; Peg Mullen; Bev O'Neill
Subject: 1905 Route 88 Block: 869.01 Lot: 4

Good morning. We are getting ready to close out the Tenant Fit Up for Cash My Check, LLC located at 1905 Route 88 Block: 869.01 Lot: 4. It was previously the Cluck-U-Chicken. The contact person's name for this is Tim Kennedy and his phone number is (732)330-5249.

Thanks,
Matt

Matthew F. Fagen
Department of Land Use & Community Development
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1030
Fax: 732-262-2941
MFagen@twp.brick.nj.us

1905 Route 88 Cash My Check, LLC

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 12
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP B

ELECTRICAL SUBCODE
TECHNICAL SECTION

updates & change of contr.

Control # 11/1/14
Date Issued
Permit # 14-3739

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

Block 869.01 Lot 4 Qualification Code

Work Site Location 1905 RT 88 BRICK

Owner in Fee: CAMP REALTY

Tel. 732 489-6249 e-mail

Address 400 ASHTON AVE. (street) LINDEN (municipality) NJ 07036 (zip code)

Contractor: A. SURF ELECTRIC Tel.

Address 574 MANTOLOKING RD BRICK e-mail

Contractor License No. 9516 Exp. Date

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

Federal Emp. ID No. 222769907 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,355.00

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 and perform the work ~~listed on this application~~.

Applicant sign/Contractor sign and seal here:

Print name here: BERGSTROM

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
10		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
3		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C 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	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: 10/30/14 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 10/30/14

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS	Dates (Month/Day)			
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 Certification

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

11/10/14 spoke to Tim (DIP)

CONSTRUCTION PERMIT

Date Issued 11/17/14
Control # C-14-004131
Permit # 14-3739

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier
Work Site Location: 1905 ROUTE 88 Unit 3 Brick Township, NJ

Owner in Fee: COUSINS MALL, INC.
400 ASHTON ST. LINDEN NJ 07036
Telephone: (732) 489-6249

Contractor: TIM KENNEDY
Address: 593 LOXLEY DRIVE TOMS RIVER NJ 08753
Telephone: (732) 330-5249
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
TENANT FIT UP - CASH MY CHECK, L.L.C.

Note: If constuction 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 $22,357

David J. Newman Jr. 10/20/14
Construction Official Date

PAYMENTS (Office Use Only)

Building	$800
Electrical	$75
Plumbing	$75
Fire Protection	$85
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$38
CO Fee	$100.00
Other	$0
Total	$1,173
Check No.	1080
Cash	$0
Credit	$0
Collected By	

150
1,173

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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:

11/17/14 12:30PM 00155BH7106
SX07 SERV 007
#3739
BUILDING $800.00
ELECTRIC $75.00
PLUMB $75.00
FIRE $85.00
DCA $38.00
C/O $100.00
ZPA $50.00

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.

RECEIVING CLERK LF
DATE REC'D 9/17/14

ZONING PERMIT APPLICATION

PERMIT # ZP-14-
DATE ISSUED 11/17/14

BLOCK: 869.01 LOT: 4 QUALIFIER: — SITE ADDRESS: 1905 ROUTE 88 UNIT #3

IDENTIFICATION:

1. NAME OF OWNER IN FEE: CAMP REALTY
   COMPLETE ADDRESS: 400 ASHTON AVE
   LINDEN NJ 07036
   PHONE # 732-489-6249 EMAIL:

2. NAME OF APPLICANT: TIM KENNEDY
   APPLICANT ADDRESS: 593 LOXLEY DR.
   TOMS RIVER NJ 08753
   PHONE # 732-330-5249 EMAIL:

3. RESPONSIBLE PERSON FOR WORK: TIM KENNEDY
   PHONE# 732-330-5249 FAX#

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Chicken Rest
PROPOSED USE: Check Cashing

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: ___ *ADDITION ___ *ALTERATION ✓ *PORCH ___ *DECK ___

POOL: ABOVE GROUND ___ IN GROUND ___ FENCE: HEIGHT ___ TYPE ___ MATERIAL ___

HEIGHT: ___ (*IF APPLICABLE)

OTHER ___

DESCRIPTION: Tenant fit up

ZONING REVIEW:
DATE REVIEWED: 9-22-14 DATE DENIED: ___ DATE APPROVED: 9-22-14 INTLS: CM

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 9/22/14 DATE DENIED: — DATE APPROVED: 9/22/14 INTLS: SFZ

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 11/17/14
Application Number: ZA-14-01169
Application Date: 09/22/2014
Project Number:
Permit Number: ZP-14-01273
Fee: $50

Zoning Permit

Worksite Location: **1905 ROUTE 88**
Unit #3
Brick Township, NJ

Block: **869.01**
Lot: **4**
Qualifier:
Zone: **B-2**

Owner: **Camp Realty**
Address: **400 ASHTON ST.**
LINDEN, NJ 07036

Applicant: **Tim Kennedy**
Address: **593 Loxley Dr.**
Toms River, NJ 08753

Application Approved Date: 09/22/2014

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

Use is: Professional Offices Chicken Restaurant/Check Cashing
Nonconforming Use is:

Work Description:
Tenant fit up - Check cashing store. Permitted use in the B-2 Zone.

Additional Zoning permit is required for additional work or signage.

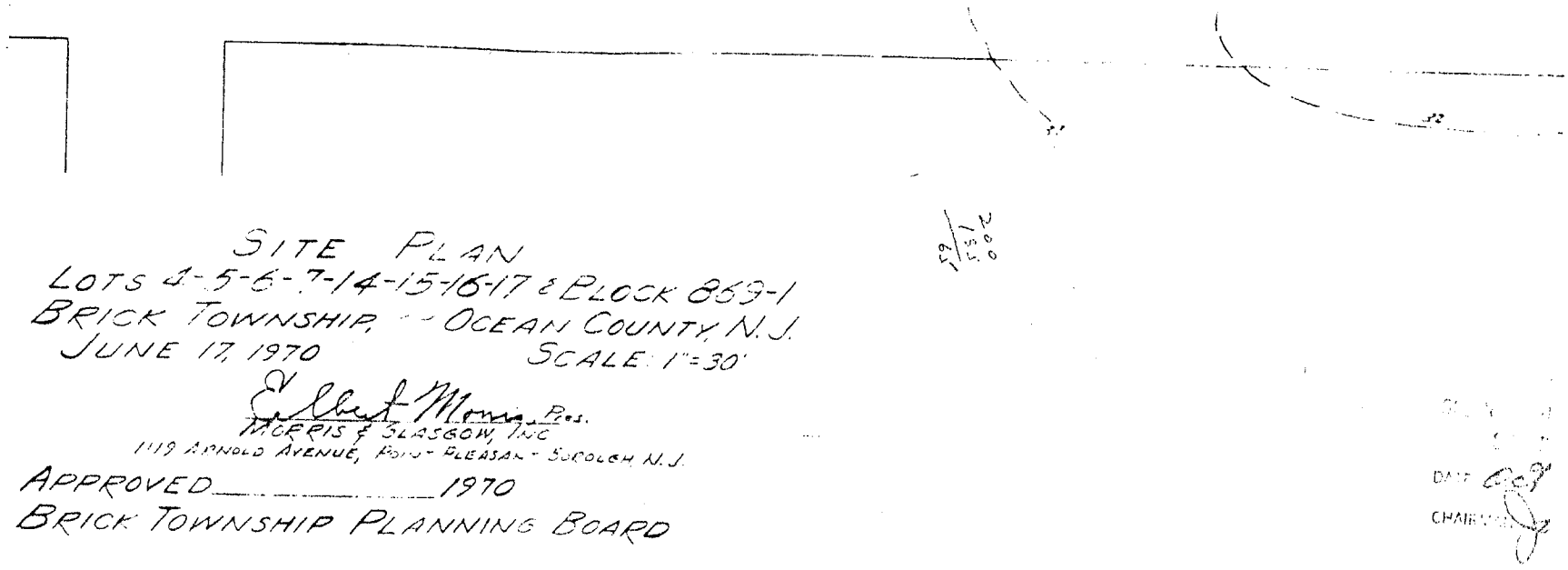
Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Office Of Zoning — 09/22/2014 Date

Michael P. Fowler, Township Planner — 5/25/14 **Date**

Zoning Review
Approval
By: OK Tenant Fit up
Date: 9-22-94 only



SITE PLAN
LOTS 4-5-6-7-14-15-16-17 & BLOCK 869-1
BRICK TOWNSHIP -- OCEAN COUNTY, N.J.
JUNE 17, 1970 SCALE: 1"=30'

Robert Morris, P.E.S.
MORRIS & GLASGOW, INC
1119 ARNOLD AVENUE, POINT PLEASANT - BOROUGH N.J.

APPROVED _____ 1970
BRICK TOWNSHIP PLANNING BOARD

_____ Chairman

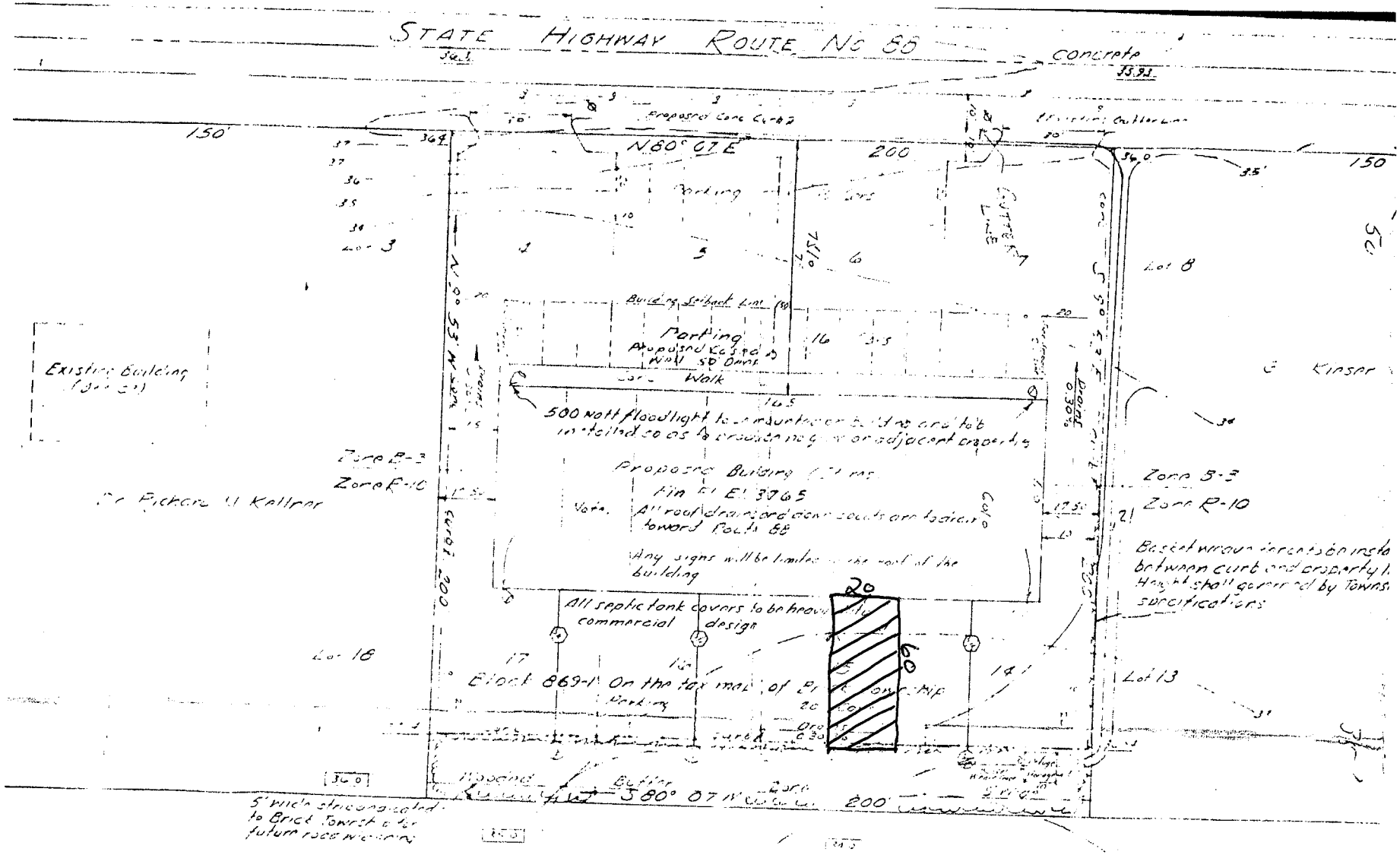
_____ Secretary

_____ Township Engineer

DATE
CHAIRMAN

LEGEND
— —o— Utility Pole & Wires
—g——g— Gas Main
000 Finished Grade On Premises
Present Contours
000 New Proposed Contours
000 Surface Elev's Off Premises

Owner - Comp
Sheet 47-A Brick
Lots 4-5-6-7
Lots 14-15-16-17


STATE HIGHWAY ROUTE No 58
Concrete
Proposed Conc Curb
N 80° 07 E
200
150'
Parking
Building Setback Line
Parking
Asphalt Surface
Existing Building
Walk
500 watt floodlight to be mounted on building are to be installed so as to prevent glare from adjacent properties
Proposed Building
Min El El 376.5
All roof drains and down spouts are to direct toward Route 58
Any signs will be limited to the roof of the building
All septic tank covers to be brown commercial design
Zone R-3
Zone R-10
Zone B-3
Zone R-10
Lot 8
Lot 13
Lot 18
Block 869-1
On the tax map of
Basket weave fence to be installed between curb and property line. Height shall govern as by Township specifications
5' wide strip reserved to Brick Township for future road widening
S 80° 07 W
200'
Existing Building
Kinsar

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 869.01 LOT: 4 ADDRESS: 1905 ROUTE 88 UNIT #3

IDENTIFICATION:

1. WORK SITE ADDRESS: 1905 ROUTE 88 UNIT #3
2. NAME OF OWNER IN FEE: CAMP REALTY
   ADDRESS: 400 ASHTON AVE PHONE #: (732) 489-6249
   LINDEN, NJ 07036 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: TIM KENNEDY
   ADDRESS: 593 LOXLEY DR. PHONE #: (732) 330-5249
   TOMS RIVER, NJ 08753 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: BARLO + ASSOC.
   ADDRESS: 92 MANTOLOKING RD PHONE: # (732) 477-7751
5. RESPONSIBLE PERSON FOR WORK: TIM KENNEDY
   ADDRESS: 593 LOXLEY DR. TOMS RIVER, NJ 08753

PHONE #: (732) 330-5249 FAX #: (__) _____ E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: $ _____
REVIEW FEE: $ _____
INSPECTION FEE: $ _____
OTHER _____: $ _____
BOND(S): $ _____
TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Joe update & change of Contr. tech.

Date Received
Control #
Date Issued
Permit #

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

Block 869.01 Lot 4 Qualification Code

Work Site Location 190 S ROUTE 88 UNIT #3 BRICK, NJ 08723

Owner in Fee: CAMP REALTY

Tel. (732) 489-6249 e-mail

Address 400 ASHTON AVE. LINDEN NJ 07036
street municipality zip code

Contractor: TIM KENNEDY Tel. (732) 330-5249

Address 593 OXLEY DR. TOMS RIVER, NJ 08753 e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 400,00

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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: TIM KENNEDY

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant Fit up.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
2		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C 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	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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 Certification

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, October 02, 2014

To: COUSINS MALL, INC.
400 ASHTON ST.
LINDEN, NJ 07036

RE: Electrical Subcode
Block: 869.01 Lot: 4 Qual:
1905 ROUTE 88
Permit Number: Control Number: C-14-004131
Last Submit Date: Monday, September 29, 2014

Dear COUSINS MALL, INC.,

Your request is hereby denied based upon the following infractions.

1) Need licensed electrical contractor
2) Need full count of devices receptacles, switches lighting fixtures , emergency and exit lights, and alarm devices

Sincerely,

Thomas Olson, Subcode Official

CC:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

faxed 10/23/14 MF

Subcode Official Review

Date: Wednesday, October 08, 2014

To: COUSINS MALL, INC.
400 ASHTON ST.
LINDEN, NJ 07036

RE: Electrical Subcode
Block: 869.01 Lot: 4 Qual:
1905 ROUTE 88
Permit Number: Control Number: C-14-004131
Last Submit Date: Wednesday, October 08, 2014

Dear COUSINS MALL, INC.,

Your request is hereby denied based upon the following infractions.

Permit tech shows only 10 receptacles.
Plan shows new fixtures , exit and emergency lights
and switches to be installed

Sincerely,

Thomas Olson, Subcode Official

CC:

Result mail 10/23/14

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751
Fax: 732-477-6788
E-mail: barloassoc@aol.com

October 27, 2014

Mr. Thomas Olson
Electrical Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

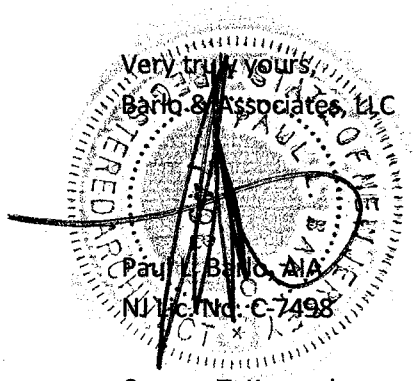
Re: Proposed Tenant Fit-out
Cash My Check, LLC
1905 Route 88
Brick, NJ 08723
Block 869.01, Lot 4
Permit Control No. C-14-004131

Dear Mr. Olson,

This letter is for your records and to notify you that the tenant/applicant has decided to eliminate the additional new lighting and switches on the above referenced project.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates, LLC



Paul T. Barlo, AIA
NJ Lic. No. C-7498

Cc: T. Kennedy
Arch File 2146314

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, October 08, 2014

To: COUSINS MALL, INC.
400 ASHTON ST.
LINDEN, NJ 07036

RE: Electrical Subcode
Block: 869.01 Lot: 4 Qual:
1905 ROUTE 88
Permit Number: Control Number: C-14-004131
Last Submit Date: Wednesday, October 08, 2014

Dear COUSINS MALL, INC.,

Your request is hereby denied based upon the following infractions.

Permit tech shows only 10 receptacles.
Plan shows new fixtures , exit and emergency lights
and switches to be installed

Sincerely,

Thomas Olson, Subcode Official

CC: