BLOCK 670 LOT 4 QUALIFICATION CODE C12-40 ADDRESS (SITE) 2770 Hooper Ave Brick NJ PERMIT NO. 02-2092

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Suite #3

vacant space certificate of occupancy

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

called 6/7

I. IDENTIFICATION

1. Propsed Work Site at: Kennedy Mall - [redacted]s
2. Name of Owner in Fee: Kennedy Mall Assoc. Tel. (973) 966 2800
   Address 641 Shunpike Rd Chatham NJ 07928 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Kennedy Mall Assoc. Tel. (973) 966 2800
   Address 641 Shunpike Rd. Chatham, NJ 07928
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 22-3023500 FAX: (973) 966 6161
5. Architect or Engineer Ed Maceiko Tel. (973) 966 2800
   Address 641 Shunpike Rd Chatham NJ 07928
6. Responsible Person in Charge of Work BOBBY Cifrodello
   Tel. (732) 255 1133 FAX (732) 255 1133
   cell 973-732-8585

tenant fit up

interior alteration

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	35		
2.	Electrical	54		
3.	Plumbing	125	25	
4.	Fire Protection	65		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	10	4	
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 324	29	

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.	Construction Classification	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes / no	
11.	Max. Live Load	
12.	Max. Occupancy Load	

COMMERCIAL

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work		ENP	4/11/02		5-17-02	FH	10-8-02		
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☑ Fire Protection	2000				5/17/02	KLR			
6.	☑ Plumbing	3200				6/6/02	RD			
7.	☑ Electrical	5000				5-24-02	MM			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	10,200								

OPTIONAL (for office use only)

A.H.B.T.

IMPORTANT - MANDATORY FEE - COMPLIANCE

III. DO YOU WANT: (optional)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10304411

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.vii:

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. 5:32-2.15(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 _____

Address _____

_____

Telephone ( ) _____

Signature _____

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

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		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	*As Built Elevation Cert.*	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/30/2002
Control #
Permit # 02-2092

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS
Owner in Fee/Occupant KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800
Contractor KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3023500

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATIONS FOR VACANT SPACE

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

Daniel [illegible]

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 10
Paid [X] Check No. 2879
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/13/2002
Control 0
Permit # 02-2092.2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS

Owner in Fee/Occupant KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800

Contractor KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3023500

Home Warranty No. N/A
Type of Warranty Plan: [ ] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR ALTERATIONS FOR VACANT SPACE

Suite #3 Carpental

[X] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

Daniel F. Meier Jr.
CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 2879
Collected by: TL

U.C.C. F260 (rev. 3/96)

6/12/02 9:21AM 0000002454
3304 SERV.004

02092 BUILDING $35.00
ELECTRIC $99.00
PLUMBING $125.00
FIRE $65.00
ENGA $10.00
MISCELLANEOUS $-324.00
CHECK $324.00
CHANGE $0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/12/2002
Control #
Permit # 02-2092

NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800

Contractor KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3023500

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
INTERIOR ALTERATIONS FOR VACANT SPACE

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 $ 11,200

Construction Official

06/12/2002
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	80
Plumbing	125
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	10
Cert. of Occupancy	0
Other	
Total	324
Check No.	2879
Cash	
Collected By	TL

U.C.C. P170 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/08/2002
Control 0
Permit # 02-2092+A
Permit Issued 06/12/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE
GAS PIPING
Owner in Fee KENNEDY HALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800

Contractor NIELSON PLUMBING
Address 241 CHERRY QUAY RD
BRICK, NJ 08723-
Telephone (732)920-1695
Lic. No. or Bldrs. Reg. No. 8566
Federal Emp. No. 15-8544466

Is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[ ] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
CHANGE OF CONTRACTOR AND GAS PIPING

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	25
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	4
Cert. of Occupancy	0
Other	
Total	29
Check No.	
Cash	X
Collected By	JB

Estimated Cost of Work $ 5,000

DF Newman Jr 10/08/2002
Construction Official Date

JB

U.C.C. F190 (rev. 3/96)

10/08/02 9:53AM 000000N5395
:X06 SERV.006

#022092	
PLUMBING	$25.00
DCA	$4.00
XXTOTAL	$29.00
CASH	$29.00
CHANGE	$0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2002
Date Issued 6/12/02
Control # C12-40
Permit # 02-2092

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3023500

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req		
[X] All	5/7/02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 6-8-02
Approved By: FM

INSPECTIONS	Dates (Month/Day) Failure	Fail	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			10/7/02	
BarrierFree				

COMMERCIAL

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2) $ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

INTERIOR ALTERATIONS FOR VACANT SPACE

NO Other Work.

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	35
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2002
Date Issued 6/12/02
Control # C12-40
Permit # 02-2092

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3023500

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

INTERIOR ALTERATIONS FOR VACANT SPACE

NO Other Work.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-17-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,000
3. Total (1+2)$ 1,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	35
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

O.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2002
Date Issued / /
Control # C12-40
Permit #

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

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE

INTERIOR ALTERATIONS

Owner in Fee KENNEDY MALL ASSOC

Address 641 SHUNPIKE RD

CHATHAM, NJ 07928-

Tele.(732)270-3800 Fax (732)270-0128

Contractor GILLIGAN AND NARDINI ELECTRIC

Address 888 DERRY DRIVE

TOMS RIVER, NJ 08753-

Tele.(732)270-3800

Lic. No. or Bldrs. Reg. No. 4759

Federal Emp. No. 22-2381158

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS

Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

COMMERCIAL

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
20		Lighting Fixtures	
5		Receptacles	
2		Switches	
0		Detectors	
0		Light Poles	
1		Motors-Fract HP	
4		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
32		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
1	7	KW Central A/C Unit	9
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	100	AMP Service	40
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 89
	DCA Training Fee	$ 4

U.C.C. F120 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit # 6/12/92
92-2392

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

Block 610 Lot 4

Work Site Location "Carr's Rent-A-Car" Kennedy Mall

Owner in Fee/Occupant Kennedy Mall Assoc.

Address 641 Shunpike Rd

Cranbury, NJ 08512

Tele. (775) 426 2200

Contractor Gilligan & Nardini Electric Inc.

Address 888 Derry Drive
Toms River, NJ. 08753

Tele. (732)270-3800 Fax (732) 270-0128

Lic. No. 4759

Federal Emp. No. 22-2381158

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5 29 92

Approved by: JM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
~~3~~ 5		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
4		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
32		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	
1	2 1/2	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

Administrative Surcharge $ _____

Minimum Fee $ _____

DCA Training Fee $ _____

TOTAL FEE $ _____

U.C.C. F120 (rev 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 6/12/02
Date Issued
Control #
Permit # 02-2092

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

Block 610 Lot 4

Work Site Location "Carr's Rent-A-Car" Kennedy Mall

Owner in Fee/Occupant Kennedy Mall Assoc.

Address 641 Shumpike Rd
Chatham, NJ 07928

Tele. (973) 966 2800

Contractor Gilligan & Nardini Electric Inc.

Address 888 Derry Drive
Toms River, NJ. 08753

Tele. (____) (732)270-3800 Fax (732) 270-0128

Lic. No. 4759

Federal Emp. No. 22-2381158

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed COMMERCIAL

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 5 29 02

Approved by: MM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10 8 02

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			8 20	TC
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			8 20	TC
Final			10/7 for 8	10/8 TC

Temp. Cut-in-Card Date Issued 8 20 02

Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
5		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
1		Motors—Fract. HP	
4		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
32		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	
1	2 1/2	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	100	AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

100 AMP

3°

Administrative Surcharge	$ ____
Minimum Fee	$ ____
DCA Training Fee	$ ____
TOTAL FEE	$ ____

U.C.C. F120 (rev. 3/96)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2002
Date Issued 6/12/02
Control # C12-40
Permit # 02-2092

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(732)929-8174 Fax ( )
Contractor MONMOUTH CONTROLS
Address 17 ANEGADA AVE
TOMS RIVER, NJ 08753-
Tele.(732)929-8174
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2543749

RETAIL CAL

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 5-17-02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-8-02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final	10-7-02	10-8-02	10-8-02	
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected		
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	10	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Call prior to start of work

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 07/31/2002
Date Issued ~~01/01/1954~~
Control # 10-8-02
Permit # 02-2092+A

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

Block 670 Lot 4 Qual
Work Site Location 2770 HOOPER AVE
GAS PIPING
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(732)920-1695 Fax ( )
Contractor NIELSON PLUMBING
Address 241 CHERRY QUAY RD
BRICK, NJ 08723-
Tele.(732)920-1695
Lic. No. or Bldrs. Reg. No. 8568
Federal Emp. No. 15-8544466

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] ~~Plumb.~~ Plans Approved
Date: 8/2/02
Approved By: MD

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ]
Approved By:
Date: 10-8-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			8/13/02	MD
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater 10' Chart	0
0	Fuel Oil Piping 1" 100,000	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 25
DCA Training Fee $ 4

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2002
Date Issued 6/24/02
Control # C12-40
Permit # 02-2092

COMMERCIAL

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

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS

Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(732)270-4043 Fax ( )
Contractor JOHN T CAMPBELL
Address 3240 WINDSOR AVE
TOMS RIVER, NJ 08753-
Tele.(732)270-4043
Lic. No. or Bldrs. Reg. No. 10298
Federal Emp. No. 15-3667852

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 6/6/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO
Approved By:
Date: 6-7-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8/13/02	
Water				
Sewer				
Fixtures	10-1-02			
Gas Equip.				
Gas Piping			8/13/02	
Solar				
TCO			10/7/02	

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping - 1 Gas.	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	125
DCA Training Fee	$	3

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

10-1-02

No Entry

10/7/02

1. Need up date for Gas
2. Main Support 3/4 Master Valve
3. Status of Contract -

CONFIDENTIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2002
Date Issued 06/12/2002
Control #
Permit # 02-2092

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

Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE
INTERIOR ALTERATIONS

Owner in Fee KENNEDY MALL ASSOC

Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-

Tele.(973)966-2800

Contractor NIELSON PLUMBING

Address 241 CHERRY QUAY RD
BRICK, NJ 08723-

Tele.(732)920-1695

Lic. No. or Bldrs. Reg. No. 8568

Federal Emp. No. 15-8544466

Change of contractor 10-8-02

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 10-8-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8/13/02	MC
Water				
Sewer				
Fixtures			10/3/02	MC
Gas Equip.	10/7/02		10/8/02	MC
Gas Piping			8/13/02	MC
Solar				
TCO		Mailed Yoke	10/7/02	10/8/02 MC

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
1	Backflow Preventer	35
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other A/C	35
	Other	0

	Administrative Surcharge	$ 0
Paid [X] Check # 2879	Minimum Fee	$ 0
Collected by: TL	TOTAL FEE	$ 125
	DCA State Permit Fee	$ 3

U.C.C. F130 (rev. 3/96)

RECEIVED
APR 12 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

COMMERCIAL

Block 670 Lot 4 Qualifier _____

PROPERTY ADDRESS 2770 Hooper Ave. Brick, NJ

PERSONAL NAME OF APPLICANT Bobby Cifrodello

BUSINESS NAME OF APPLICANT Kennedy Mall Assoc.

PROPERTY OWNER Kennedy Mall Assoc.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Vacant Space

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) RENTAL CAR OFFICE

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☒ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Bobby Cifrodello Date 4-16-2

Reviewed by Zoning Office JE Date 4/16/2 ( ) Approved (X) Denied

National Electrical Code
Plan Review Record
Township of Brick

resubmit 5/28/02

Date: 5/22/02

Site Address: 2770 HOOPER

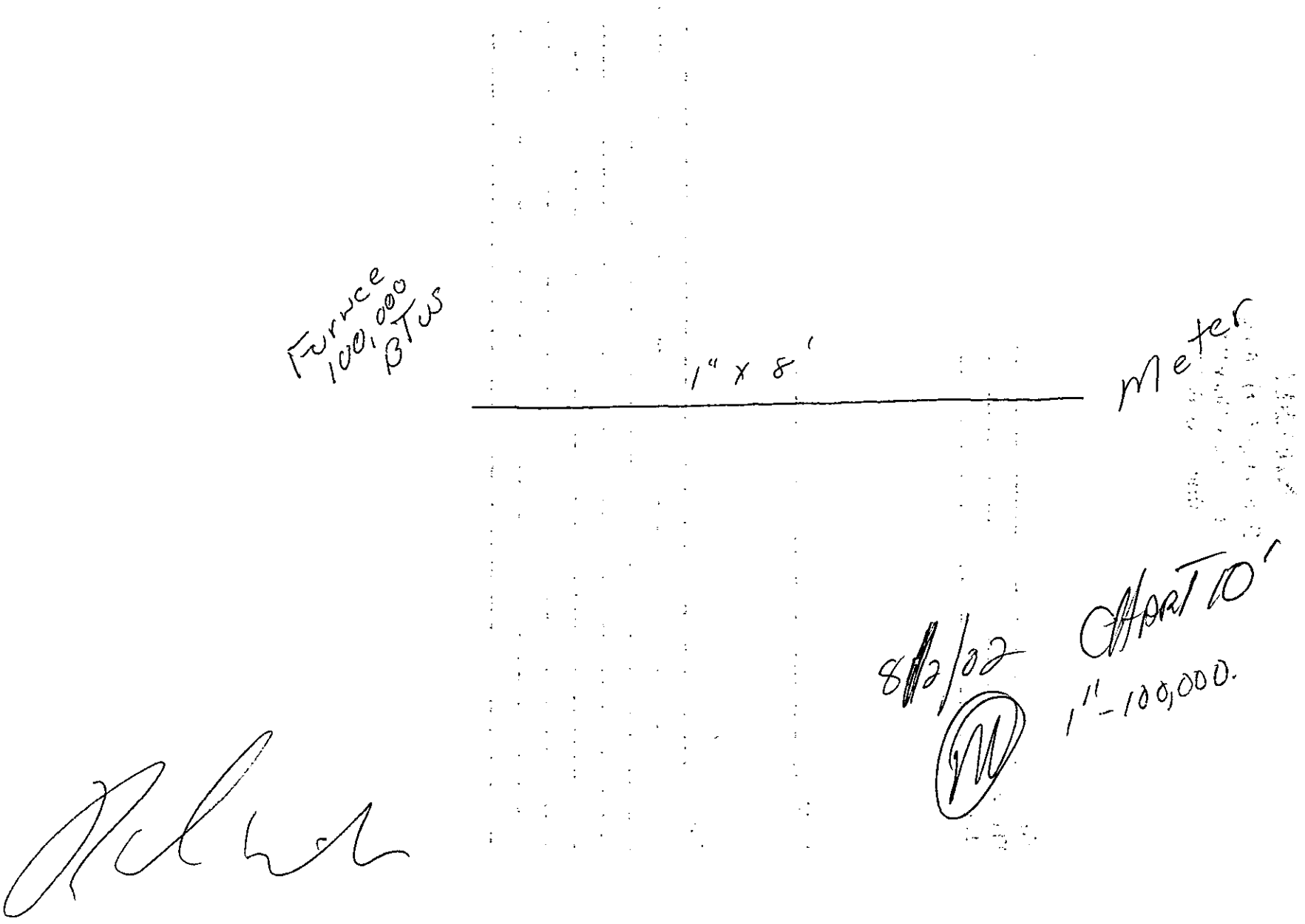
Reviewed By: [signature]

CORRECTION LIST

No.	Description
(1)	NO ELECTRICAL PLAN
(2)	SAY USE
	LEFT MESSAGE - 270 3800

Party Called and Phone #: _____

Resubmitted on: _____ **By:** _____


Furnace
100,000
BTUs
1" x 8'
Meter
8/2/02
1" = 100,000.

NIELSEN

Plumbing & Heating

241 Cherry Quay Rd.

Brick, NJ 08723

To:_____

Phone:_____

Date:_____

From:_____

Notes:_____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

Bobby Citrodello
Kennedy Mall Associates
641 Shunpike Road
Chatham, NJ 07928

Date: 4-16-2

Block: 670

Lot: 4

2770 Hooper Ave.

___ Your application for a zoning permit is incomplete. In order to review your application we need the following:

___ Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

___ A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

X Your application for a zoning permit is denied for the following reasons:

A conditional use permit must first be approved by the Planning Board, as per Sections 190-104 and 190-105 of the Township Code.

cc: Mayor Joseph Scarpelli
Scott MacFadden, Business Administrator
Michael Fowler, Municipal Planner
Kate MacDonald, Assistant Zoning Officer
Daniel Newman, Jr., Construction Official

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 5-17-02

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION Kennedy Mall
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	Size of Space to Determine Occupancy load ?	
2	Use of Space ?	
3	Is Bath wall & Door only work	
	Thomas 5/28/02	
	Called 12:55 Cell # left message	

06/93

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

LOCK 670 LOT 4 SITE ADDRESS 1770 Hooper Ave
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Rite Aid Office
APPLICANT Kennedy Health Associates PHONE NUMBER 1-973-966-2800
APPLICANT ADDRESS 684 Southpiper Rd. CITY & STATE Chatham, NJ 07928

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required		Date
	Down Payment		Date
	Balance		Date
	Paid In Full		Date
Market Rate	No Fee Required		

MANDATORY DEVELOPER FEES

- ◊ Residential is .005 %
- ✗ Commercial is .01%
- ✗ The estimated equalized assessed value of the proposed construction is

$ 6,600

Frederick R. Millman, CTA, Tax Assessor — 5/6/02 Date

- ◊ The final equalized assessed value of the construction at the above referenced site is:

$ 6,600

Frederick R. Millman, CTA, Tax Assessor — 10/15/02 Date

Preliminary Fee Required 33.00 Date 5/15/02
Preliminary Paid 33.00 Check # 2852
Receipt # 1392

Final Total Fee Required 66.00
Preliminary Paid 33.00 Date 10/25/02
Final Paid 33.00 Check# 2998
Balance Due -0- Receipt # 1476

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

5/9/02 - Ta prelim
5/12 - praeca letter
10/02 - Ta final
10/02 - Rec'd ltr.

1476

KENNEDY MALL ASSOCIATES
C/O FIDELITY MANAGEMENT COMPANY
641 SHUNPIKE ROAD
CHATHAM, NJ 07928

THE CHASE MANHATTAN BANK NA
183 MILLBURN AVENUE
MILLBURN, NJ 07041

002998

55-233
212

Date
10/21/2002

Check Amount
$33.00

Thirty Three AND 00/100 Dollars

Pay to the order of:

TOWNSHIP OF BRICK

401 CHAMBERS BRIDGE ROAD
BRICKTOWN, NJ 08723

⑈002998⑈ ⑆021202337⑆ 2810 515672⑈

Business/Development: Rental Car Office

Owner/Applicant: Kennedy Mall Associates

Property Address: 2770 Hooper Ave

Block: 670 Lot: 4

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 10/25/02

Check Number 002998

Preliminary Fee Paid

Final Fee Paid 33.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

10/25/02
Date

OFFICE OF AFFORDABLE HOUSING

1372

002852

KENNEDY MALL ASSOCIATES
C/O FIDELITY MANAGEMENT COMPANY
641 SHUNPIKE ROAD
CHATHAM, NJ 07928

THE CHASE MANHATTAN BANK NA
183 MILLBURN AVENUE
MILLBURN, NJ 07041

55-233
212

Date
5/10/2002

Check Amount
$33.00

Thirty Three AND 00/100 Dollars

Pay to the order of:

TOWNSHIP OF BRICK

401 CHAMBERS BRIDGE ROAD
BRICKTOWN, NJ 08723

⑈002852⑈ ⑆021202337⑆ 2810 515672⑈

From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Rental Car Office

Owner/Applicant: Kennedy Mall Assoc.

Property Address: 2740 Hooper Ave

Block: 670 Lot: 4

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 5/15/02

Check Number 2852

Preliminary Fee Paid 33.00

Final Fee Paid _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

5/15/02
Date

OFFICE OF AFFORDABLE HOUSING

ANBT PRELIMINARY APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK ____ LOT ____ SITE ADDRESS ____
TYPE OF SITE Residential / Commercial NAME OF BUSINESS ____
APPLICANT ____ PHONE NUMBER ____
APPLICANT ADDRESS ____ CITY & STATE ____

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required ____	Date ____
	Down Payment ____	Date ____
	Balance ____	Date ____
	Paid In Full ____	Date ____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

- ◊ Residential is .005 %
- ◊ Commercial is .01%
- ◊ The estimated equalized assessed value of the *proposed construction* is

$ ____

____ ____
Frederick R. Millman, CTA, Tax Assessor — Date

- ◊ The final equalized assessed value of the construction at the above referenced site is:

$ ____

____ ____
Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required	____	Date	____
Preliminary Paid	____	Check #	____
		Receipt #	____
Final Total Fee Required	____		
Preliminary Paid	____	Date	____
Final Paid	____	Check#	____
Balance Due	____	Receipt #	____

Fees Imposed To Date ____
Fees Reached $15,000 ____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

____
Office of Affordable Housing

Kennedy Mall

Rent a Car

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 2770 Hooper Ave Block 670 Lot 4

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS		FINALS
BUILDING	APPROVED	10/8/02 OK
PLUMBING	APPROVED	10/8/02 OK
FIRE	APPROVED	10/8/02 OK
ELECTRIC	APPROVED	10/8/02 OK
ENGINEERING	APPROVED	
O.C.SOIL	APPROVED	
COMMERCIAL OCCUPANCY CARD		

X C.C. FROM B.T.M.U.A.

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

Spoke to Lisa 10/11 X

AFFORDABLE HOUSING 10/25/2 ok

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

Bl 670 Lot 4

02-2092

Potomac

FAX 458-5378

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Kennedy Park Assoc. DATE 11/26/00

PROPERTY ADDRESS 2770 Hoop Ave BLOCK 622 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP			
2:KITCHEN GROUP			1
3:~~WATER~~ CLOSETS	1	2.5	
4:LAVATORY	1	1.0	
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK			
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE			
12:URINAL -			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS			

TOTAL 3.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: 11/26/00 APPROVED: _____

PATTY

FAX 458-5378

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER KENNEDY MAR. ASSOC DATE 11/26/02

PROPERTY ADDRESS 2770 HOOP AVE BLOCK 620 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP	( )	( )	( )
2:KITCHEN GROUP	( )	( )	( )
3:~~WATER~~ CLOSETS	1 ( )	2.5 ( )	( )
4:LAVATORY	1 ( )	1.0 ( )	( )
5:BATH TUB	( )	( )	( )
6:SHOWER STALL	( )	( )	( )
7:KITCHEN SINK	( )	( )	( )
8:SERVICE SINK	( )	( )	( )
9:LAUNDRY TRAY	( )	( )	( )
10:DISHWASHER	( )	( )	( )
11:WASHING MACHINE	( )	( )	( )
12:URINAL -	( )	( )	( )
13:FLOOR DRAIN	( )	( )	( )
14:DRINK FOUNTAIN	( )	( )	( )
15:AIR COND WATER COOLED	( )	( )	( )
16:DENTAL UNIT	( )	( )	( )
17:LAWN SPRINKLE	( )	( )	( )
18:FIRE SPRINKLE	( )	( )	( )
19:HOSE BIBS	( )	( )	( )

TOTAL 3.5

GALLONS PER MINUTE _____

SIZE OF SERVICE 3/4"

DATE: 11/26/02 APPROVED: _____

The Office of the Undersigned
AT
FIDELITY MANAGEMENT
COMPANY, INC.

641 SHUNPIKE ROAD CHATHAM, NEW JERSEY 07928

FIDELITY
(973) 966-2800
FAX NO. (973) 966-6161

December 3, 2002

Mr. Daniel F. Newman Jr.
Building Department Division of Inspections
Brick Township
401 Chambers Bridge Road
Brick, NJ 08723

RE: NOTICE OF VIOLATION
KENNEDY MALL ASSOCIATES, LLC

Dear Mr. Newman:

Further to your telephone conversation with Sal Davino regarding the above referenced matter, we herewith submit evidence of compliance as follows:

A) Copy of executed Application for Utility Service dated: November 26, 2002

B) Copy of checking statement payable to the Brick Township Municipal Utility Authority dated: December 2, 2002 in the amount of $1,664.00

C) Copy of your Notice of Violation dated: November 26, 2002

We trust the preceding shall satisfy paid Notice and respectfully request that you issue us the appropriate documentation, approval and/or Certificate of Occupancy for the premises in question.

If you have any questions or require any further information do not hesitate to contact me.

Very truly yours

Edward D. Maceiko, for
Kennedy Mall Associates, LLC

EDM/at
Enclosure

cc: Salvatore A. Davino
Alexander J. Tafro

F:\SHARDATA\OWNDPROP\KENNEDY\MISC\LBMUA.DOC

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 ROUTE 88
BRICK, NEW JERSEY 08724

Phone: (908) 458-7000
Fax: (908) 458-7725

DATE: 11/26/02

APPLICATION FOR UTILITY SERVICE

CUSTOMER NAME Kennedy Mall Associates

ADDRESS Street 641 Shunpike Rd.

City Chatham State NJ Zip 07929-1567

SERVICE LOCATION Kennedy Mall Suite # 2A Car Rental

Route 007 Account No. J219203 Block 670 Lot 4

WATER SERVICE SIZE 3/4" METER SIZE 3/4" FIRE SERVICE

TYPE OF SERVICE: Residential Commercial XXX SEWER SIZE

using existing service that was in store #5

	WATER		SEWER	
PERMIT FEE — BTMUA	5.00	(71)	5.00	(81)
— BRICK TOWNSHIP	10.00	(65)	10.00	(85)
*TAPPING FEE	n/a	(72)	n/a	(82)
*METER COST	16.00	(79)		
difference between 92 & 02 rates				
*INITIAL SERVICE CHARGE	749.00	(73)	869.00	(83)

7618
10
1664

FEE PAID $ 30.00 PAYMENT RECEIVED:

(signed) BTMUA Clerk

*IMPORTANT NOTE: THESE CHARGES ARE DUE WHEN CERTIFICATE OF COMPLIANCE IS ISSUED AND CANNOT BE PREPAID. THESE CHARGES ARE SUBJECT TO INCREASES ACCORDING TO N.J.S.A. 40:14B-21 et seq. COSTS FOR SPECIAL EQUIPMENT AND/OR PERSONNEL NEEDED FOR INSTALLATION, SUCH AS DEWATERING AND SHORING, WILL BE CHARGED TO THE CUSTOMER.

(Signed) _____
Applicant/Customer (Phone Number)

(see reverse side)

CBE

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 11/26/02
Control #
Permit #

UCC NEW JERSEY

NOTICE OF VIOLATION AND ORDER TO TERMINATE

IDENTIFICATION

Work Site Location 2770 HOOPER AVENUE — Block 670 — Lot 4
RENTAL CAR OFFICE

Owner in Fee KENNEDY MALL ASSOCIATES — Agent/Contractor
Address 641 SHUNPIKE ROAD — Address
CHATHAM, NJ 07928

ACTION

Date of Notice 11/26/02 — Compliance Due Date 01/02/03 — Date of Inspection 11/26/02

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

N.J.A.C.5:23-2.16(J)2 FAILURE TO OBTAIN PRIOR APPROVALS
BRICK TOWNSHIP MUNICIPAL UTILITIES

You are hereby ordered to terminate the said violations on or before 01/02/03. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[X] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[ ] You are hereby ordered to pay a penalty in the amount of $ 0 for each violation for a total penalty of $ 0. Each week that any of the said violations remain outstanding after / / shall result in an additional penalty of $ 0 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTTS PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: DANIEL F. NEWMAN, JR., CONSTRUCTION OFFICIAL 732-262-1027.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ BCO DATE: _____

NOTICE AND ORDER OF PENALTY: Daniel F Newman Jr CO DATE: 11-26-02

Ent	Name	Acct No	Invoice	Date	Bank ID	Reference	Amount	Discount	Net
KEN000	KENNEDY MALL	75519-202	12022002	12/2/2002	KENCK1	ACCT#J219203	1,664.00	0.00	1,664.00

Payor: KENNEDY MALL ASSOCIATES	Date	Check No.	Check Amount
Payee: THE BRICK TWSP MUNICIPAL UTILITIES	12/2/2002	003033	$1,664.00

Retain this statement for your records

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Kennedy Mall
Block: 670 Lot: 4
Owner's Name: Kennedy Mall Assoc.
Owner's Mailing Address: 641 Shunpike Rd
Chatham, NJ 07928
Phone: (973) 966 2800

BUILDING

Contractor: Kennedy Mall Assoc.
Address: 641 Shunpike Rd.
Chatham, NJ 07928
Phone#: 973 966 2800
Lis #
Federal Emp # or SSN 22-3023500

Technical Data

Description of Work:

Tenant Fit out.

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: Merchantile Proposed: Merchantile
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ 10,200

Cost of New Building: $

Total Cost of New Building Work: $ 4,000

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

Signature: [signature]

Please Print Name

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: John Campbell Plumbing & Heating
Address: 3240 Windsor Ave.
Toms River NJ 08753
Phone #: 732-270-4043
Lis #: 10298
Federal Emp # or SSN 153 66 7852

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	1
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	1
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	1 - 6 gal.
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	1
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	1
Water Service Connection	1
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other:

Estimated Cost of Plumbing Work 3,200

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

Signature: John Campbell
Please Print Name: John Campbell

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

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

Signature:
Print Name:

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: MONMOUTH CONTROLS INC.
Address: 17 ANEGADA AVE
TOMS RIVER NJ 08753
Phone #: 732 - 929 - 8174
Lis #:_____
Federal Emp # or SSN 22-2543749

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	10 -
Dry Sprinkler Heads	
Total	10 -
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work $ 2000,00

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

Signature:_____

Print Name: HARRY D. SMITH

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: KENNED MALL
Block: _____ Lot: _____
Owner's Name: KENNEDY MALL ASSOC.
Owner's Mailing Address: 641 SHUNPIKE RD.
CHATHAM NJ 07928
Phone: (973) 377-5806.

BUILDING

Contractor: _____
Address: _____
_____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $_____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
_____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor HP) _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____KW
Oven/Surface Unit _____KW
Electric Water Heater _____KW
Electric Dryer _____KW
Dishwasher _____KW
Garbage Disposal _____HP
A/C Unit –Central Air _____KW
Space Heater/Air Handler _____KW
Baseboard Heating _____KW
Motors 1+ HP _____
Transformer/Generator _____KW
Light Stander _____AMP
Service _____AMP
Subpanel _____AMP
Motor Control Center _____AMP
Sign/Outline Light _____KW
Furnace _____
Steam Boiler _____
Other:

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Nielsen Plumbing
Address: 241 Cherry Quay Rd.
Brick NJ. 08723
Phone #: 732 920-1695
Lis #: 8508
Federal Emp # or SSN 158-54-4966

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	1
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	1
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	1
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	

Other:
Change of Contractor
(No new work)

Estimated Cost of Plumbing Work $5,000.00

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

Signature: [signature]
Please Print Name: Ronald Nielsen

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

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

Signature:
Print Name:

update 02-2092 +A

Change of Contractor also

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2770 Hooper Ave.
Block: 670 Lot: 4
Owner's Name: Kennedy Mall Assoc.
Owner's Mailing Address: 641 Shunpike Rd.
Chatham, NJ 07928
Phone: (973) 966-2800

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL