BLOCK 670 LOT 4 QUALIFICATION CODE C20-47 ADDRESS (SITE) _____ PERMIT NO. 03-0938

Called 3/20

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 Hooper Ave
2. Name of Owner in Fee: Kennedy Mall LLC Tel. (973) 966-2800
   Address 641 Shepherd Rd Chatham N.J. 07928 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Kennedy Mall LLC Tel. (973) 966-2800
   Address _____
   License No. OR, If new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer ED MACCIO Tel. (973) 916-2800
   Address 641 Shepherd Rd. Chatham NJ.
6. Responsible Person in Charge of Work Bobby Cuccio
   Tel. (973) 332-8585 FAX (____) _____

Fire Repair

V. FEE SUMMARY (for office use only)

			+14 Update	7/0 Update
1. Building	$	510		
2. Electrical			35 ✓	35 ✓
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		20	2	1
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	530	37	36

VI. BUILDING/SITE CHARACTERISTICS (office use only)

COMMERCIAL

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

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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical			3-19-03		3-20-03	FP			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8					4603	WN	5/15/03		
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	20,000								

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 10625600

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. (X) 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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) 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 Robert C Fiodelle Date 3/19/03

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 Robert C Fiodelle.
Address 641 Shunpike Rd Chatham NJ. 07928

Telephone (973) 966-2530
Signature Robert C Fiodelle

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. _____	_____	_____	_____	_____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/24/2003
Control #
Permit # 03-0938

UCC NEW JERSEY
CONSTRUCTION PERMITE

IDENTIFICATION Block 870 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-PETES PET
FIRE REPAIR
Owner in Fee KENNEDY HALL ASSOC
Address 841 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2000

Contractor KENNEDY ASSOCIATION
Address 841 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2000
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2982365

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE REPAIR - REPAIRING WALLS AND CEILING FOR PETES PETS

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 $ 20,000

D F Newman Jr 03/24/2003
Construction Official Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	510
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	20
Cert. of Occupancy	0
Other	
Total	530
Check No.	062135
Cash	
Collected By	JR

03/24/03 9:05AM 0000008469
XX06 SERV.006

#030938	
BUILDING	$510.00
DCA	$20.00
CHECK	$530.00

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/17/2003
Control #
Permit # 03-0938+8
Permit Issued 03/24/2003

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-PETES PET
ELECTRICAL WORK
Owner in Fee KENNEDY MALL ASSOC
Address 661 CHUMPIKE RD
CHATHAM, NJ 07928-
Telephone (973)966-2800

Contractor S S ELECTRIC
Address 69 LOGANBERRY LANE
TOMS RIVER, NJ 08753-
Telephone (732)255-7133
Lic. No. or Bldrs. Reg. No. 11413
Federal Emp. No. 14-6725038

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ELECTRICAL REPAIR

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	2072
Cash	
Collected By	MJR

04/17/03 12:33PM 000000W9228
XX02 SERV.002

#0938	
ELECTRIC	$35.00
DCA	$1.00
CHECK	$36.00

Estimated Cost of Work $ 650

Construction Official 04/17/2003
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/19/2003
Date Issued 3 R4103
Control # C20-47
Permit # 03-0938

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-PETES PET
FIRE REPAIR
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUMPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor KENNEDY ASSOCIATION
Address 641 SHUMPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2982365

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

FIRE REPAIR - REPAIRING WALLS AND CEILING FOR PETES PETS

COMMERCIAL

Only 1 set Sealed Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3/20/03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 1-31-05
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab	Not Req'd			
Frame	4-10-03			FM
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			01/27/05	KRK
BarrierFree	TENANT FIT-OUT FOR WEIGHT-WATCHERS (# 03-5506) APP'D 12/29/03			

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
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 $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		510
[ ] 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	$ 510
DCA State Permit Fee	$ 20

Paid [ ] Check #
Collected by:

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3-27-03 4-17-03
Date Issued
Control #
Permit # 03-0938+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 Cell #
Work Site Location 2770 Hooper AVE 973-332-8585
Owner in Fee/Occupant KENNEDY MALL ASS.
Address 641 SHUNPIKE RD.
CHATHAM N.J. 07928
Tele. (973) 966-2800
Contractor SS. Electric
Address 63 Loganberry Lane
TR. NJ 08753
Tele. (732) 255-7133 Fax ( )
Lic. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2000.00

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: 4203
Approved by:

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)
25		Lighting Fixtures Replace	
		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 $
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
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/09/2003
Date Issued ~~01/01/1954~~ 4-17-03
Control #
Permit # 03-0938+B

Called 4/17

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-PETES PET
ELECTRICAL WORK
Owner in Fee KENNEDY MALL ASSOC
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(973)966-2800
Contractor S S ELECTRIC
Address 63 LOGANBERRY LANE
TOMS RIVER, NJ 08753-
Tele.(732)255-7133
Lic. No. or Bldrs. Reg. No. 11413
Federal Emp. No. 14-6725038

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 650

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect. Plans Approved
Date: 4/6/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/5/03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other	~~4/25/03~~	~~4/28/03~~		
Service				
Final			5/5/03	TO

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

OVER

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
10		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
13		TOTAL NUMBERS	35
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
0	0	KW Central A/C Unit	0
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
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

COMMERCIAL

FILE FOR ALL WORK

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

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 1

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

Permit # 03-0038+8
Control #
Date Issued 01/01/1991
Date Received 04/09/200[illegible]

TECHNICAL SECTION
SUBCODE

DIVISION OF INSPECTIONS

CONNELCWI

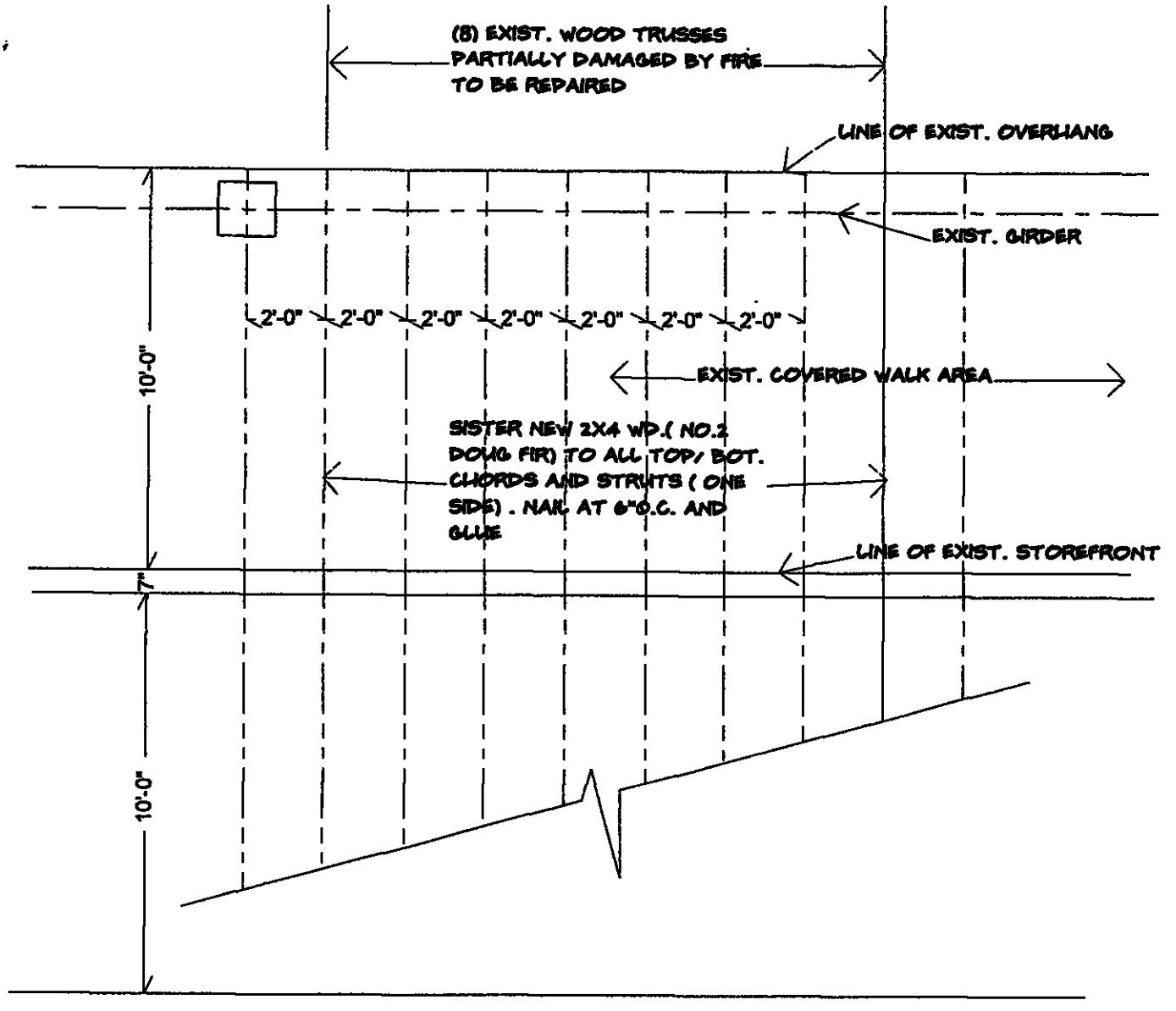
4/28/03 ① B[illegible] unit [illegible]
[illegible] Report [illegible]
② File [illegible]
③ Call for [illegible] of [illegible]
Mark Cellino

6/28/03 Locked 10 15 HRS

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials



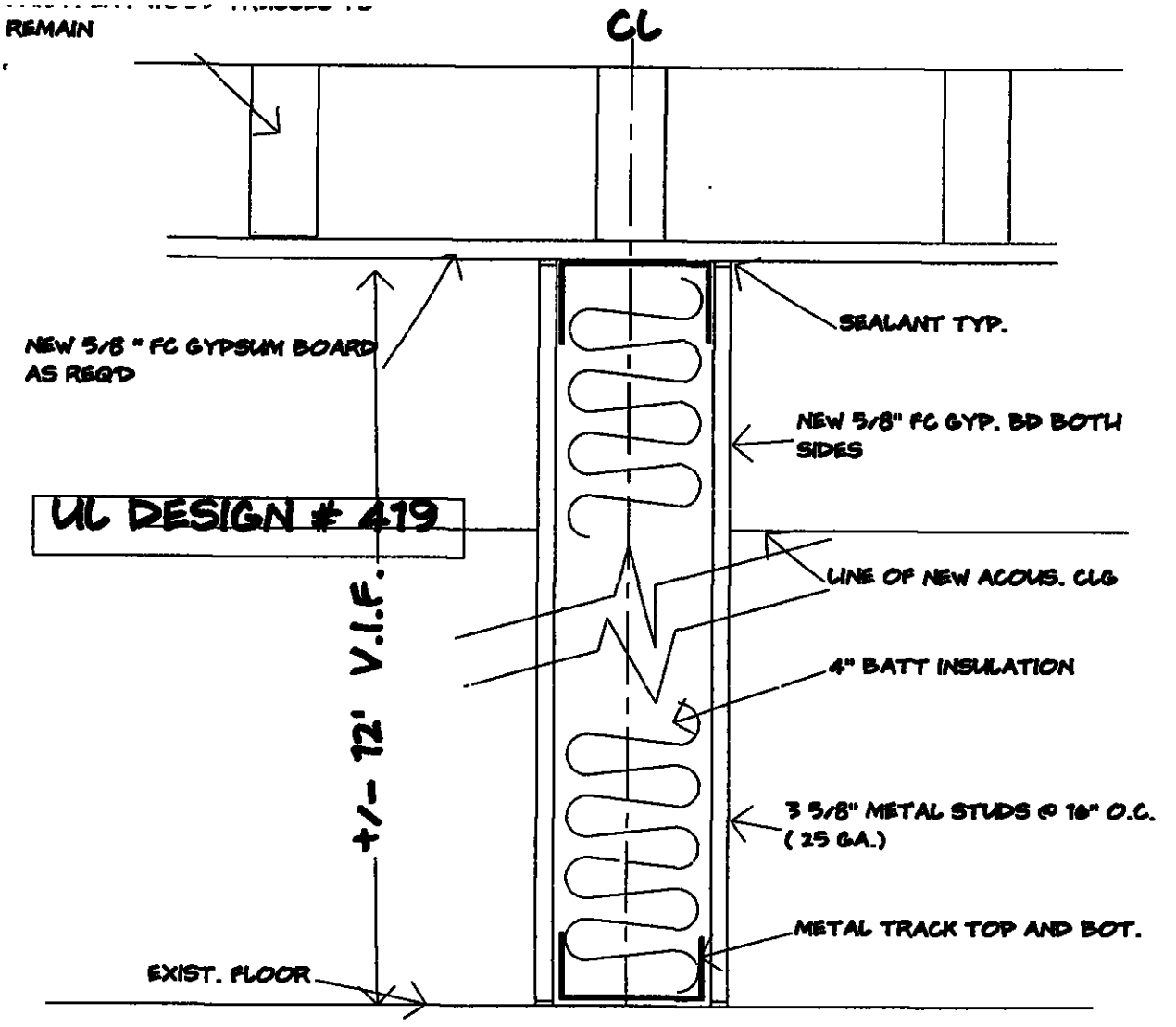
PARTIAL ROOF FRAMING PLAN 3/12/03
(INDICATING TRUSS REPAIR)
NO SCALE

PETE'S PET TENANT
KENNEDY MALL BRICKTOWN, NJ

3/12/03

EDWARD D. MACEIKO AIA, P.E.
NJRA# 08056 NJPE# 28227

1/2



NEW (1) HR. RATED TENANT DEMISING PARTITION DETAIL

3/12/03

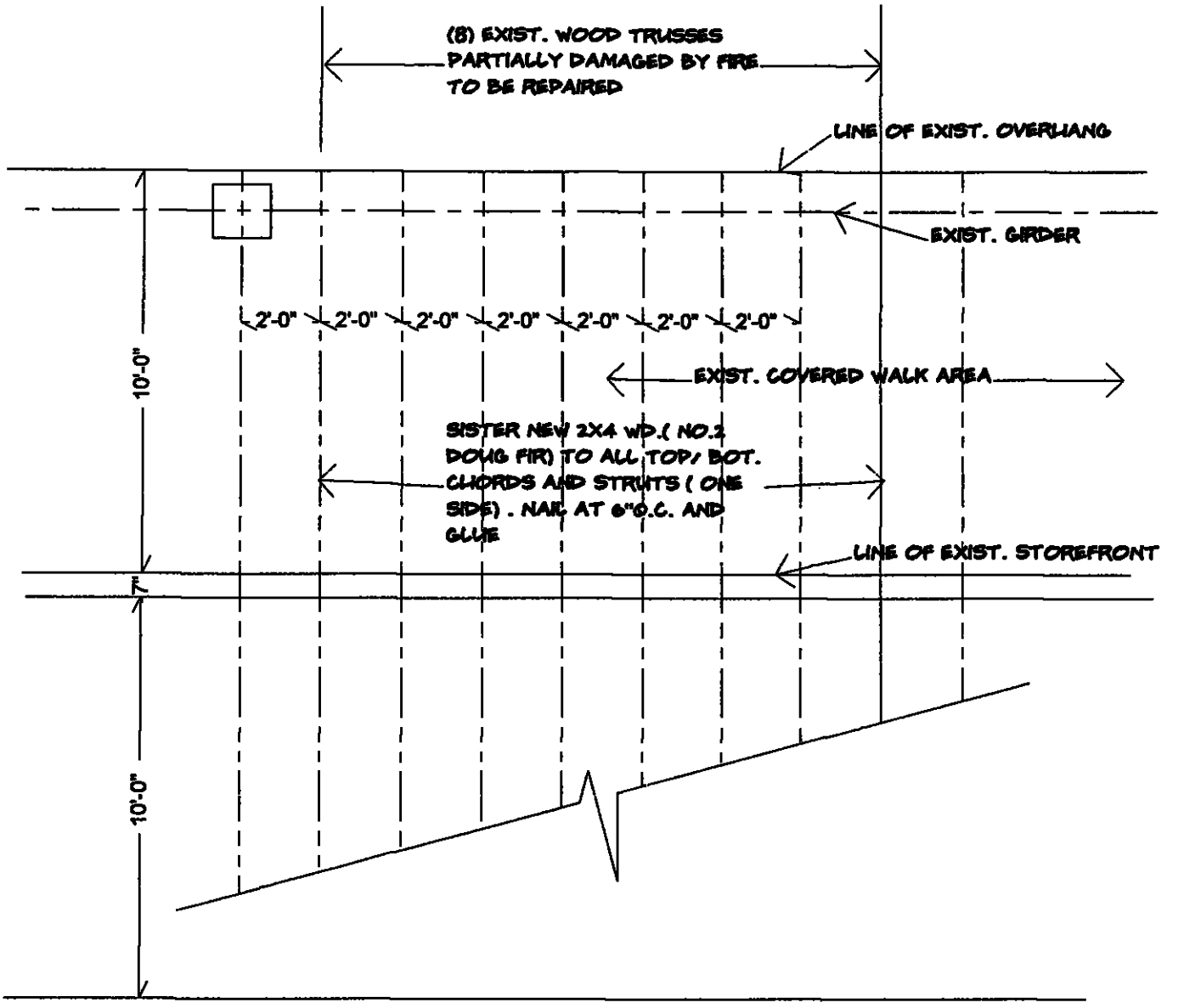
NO SCALE

PETE'S PET TENANT
KENNEDY MALL
BRICKTOWN, NJ

2/2

3/12/03

EDWARD D. MACEIKO AIA, P.E.
NJRA # 08056 NJPE# 28227



PARTIAL ROOF FRAMING PLAN 3/12/03

(INDICATING TRUSS REPAIR)

NO SCALE

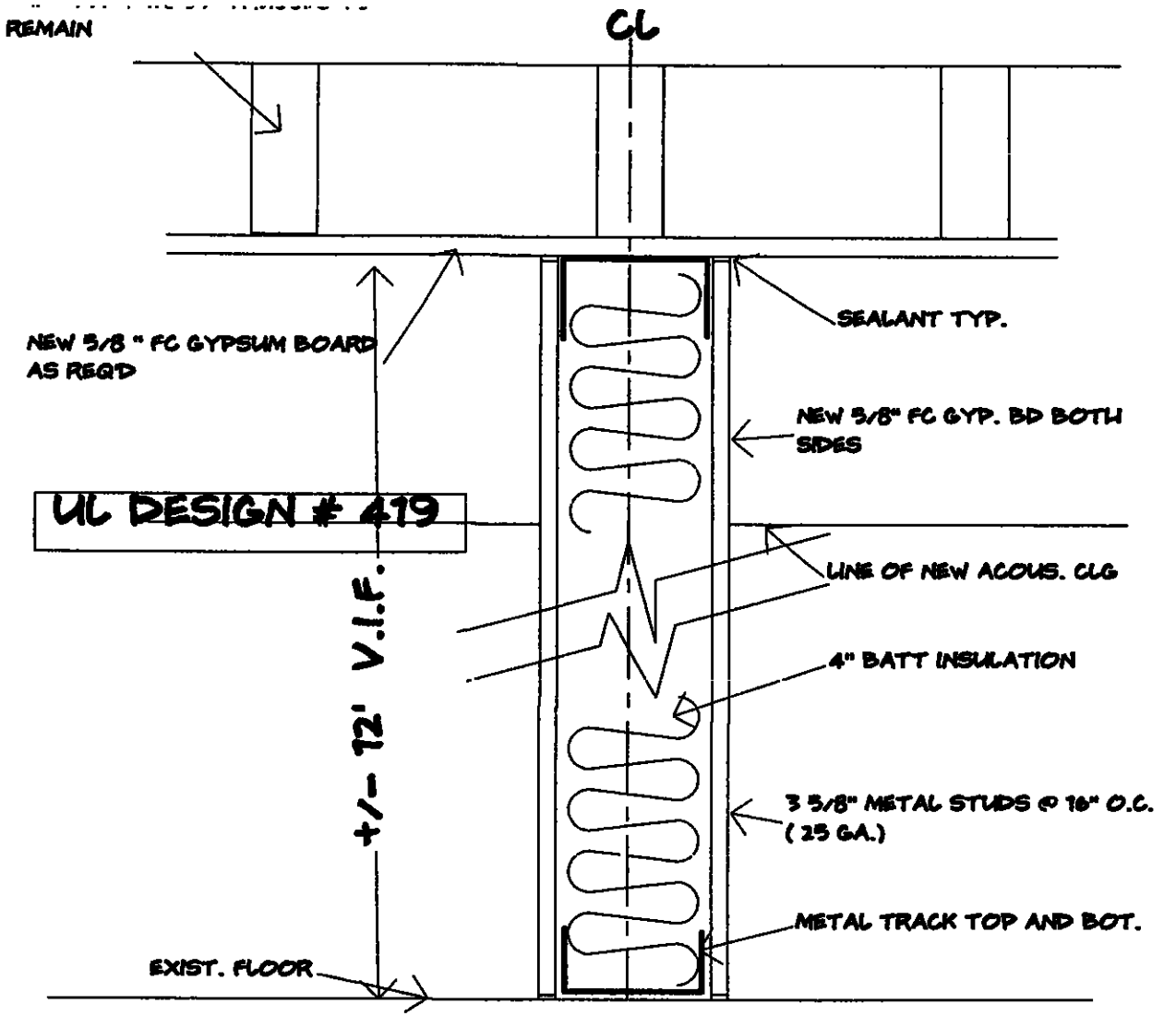
PETE'S PET TENANT

KENNEDY MALL BRICKTOWN, NJ

3/12/03

EDWARD D. MACEIKO AIA, P.E.

NJRA# 08056 NJPE# 28227



NEW (1) HR. RATED TENANT DEMISING PARTITION DETAIL
NO SCALE

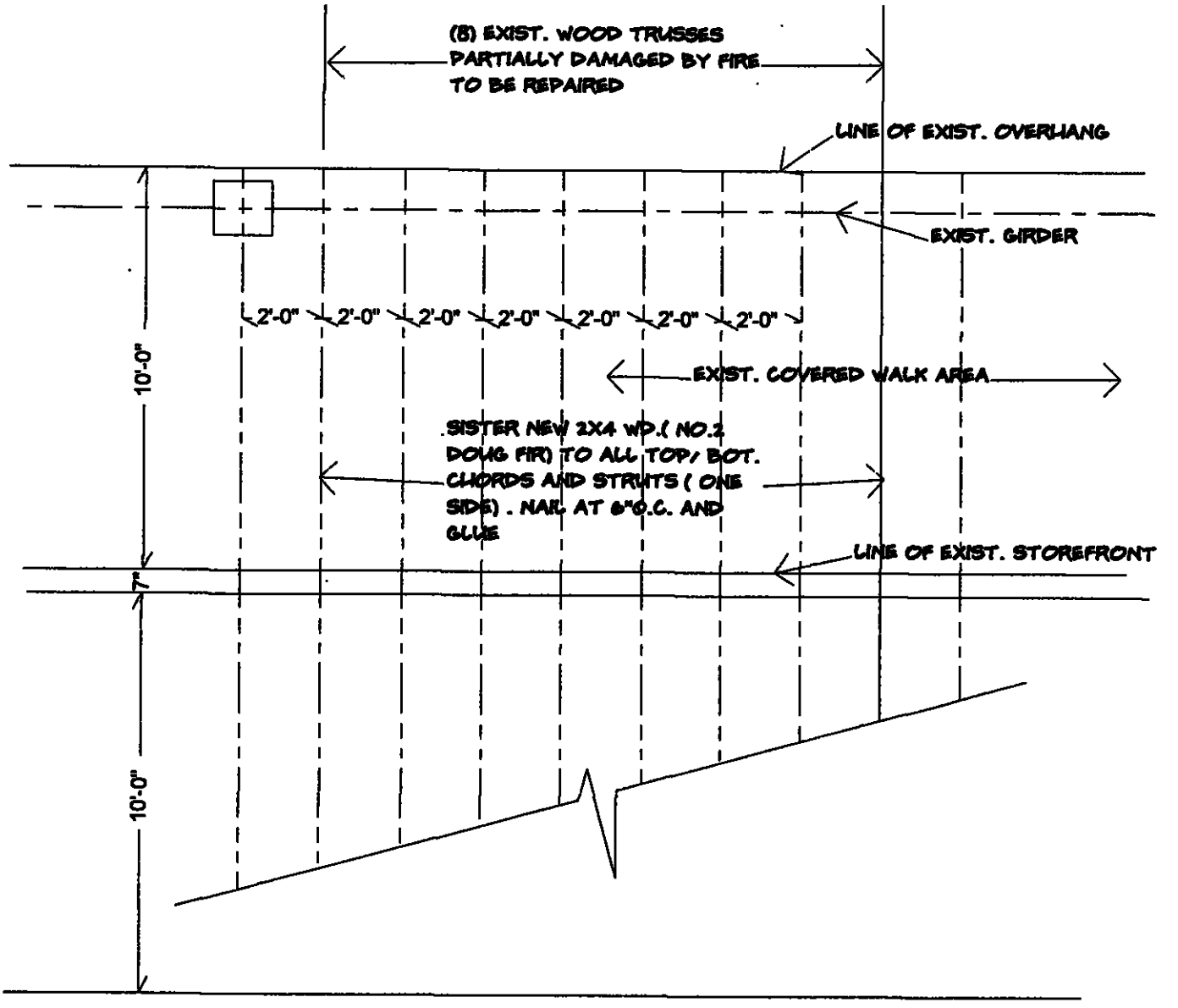
3/12/03

PETE'S PET TENANT
KENNEDY MALL
BRICKTOWN, NJ

2/2

3/12/03

EDWARD D. MACEIKO AIA, P.E.
NJRA # 08056 NJPE# 28227



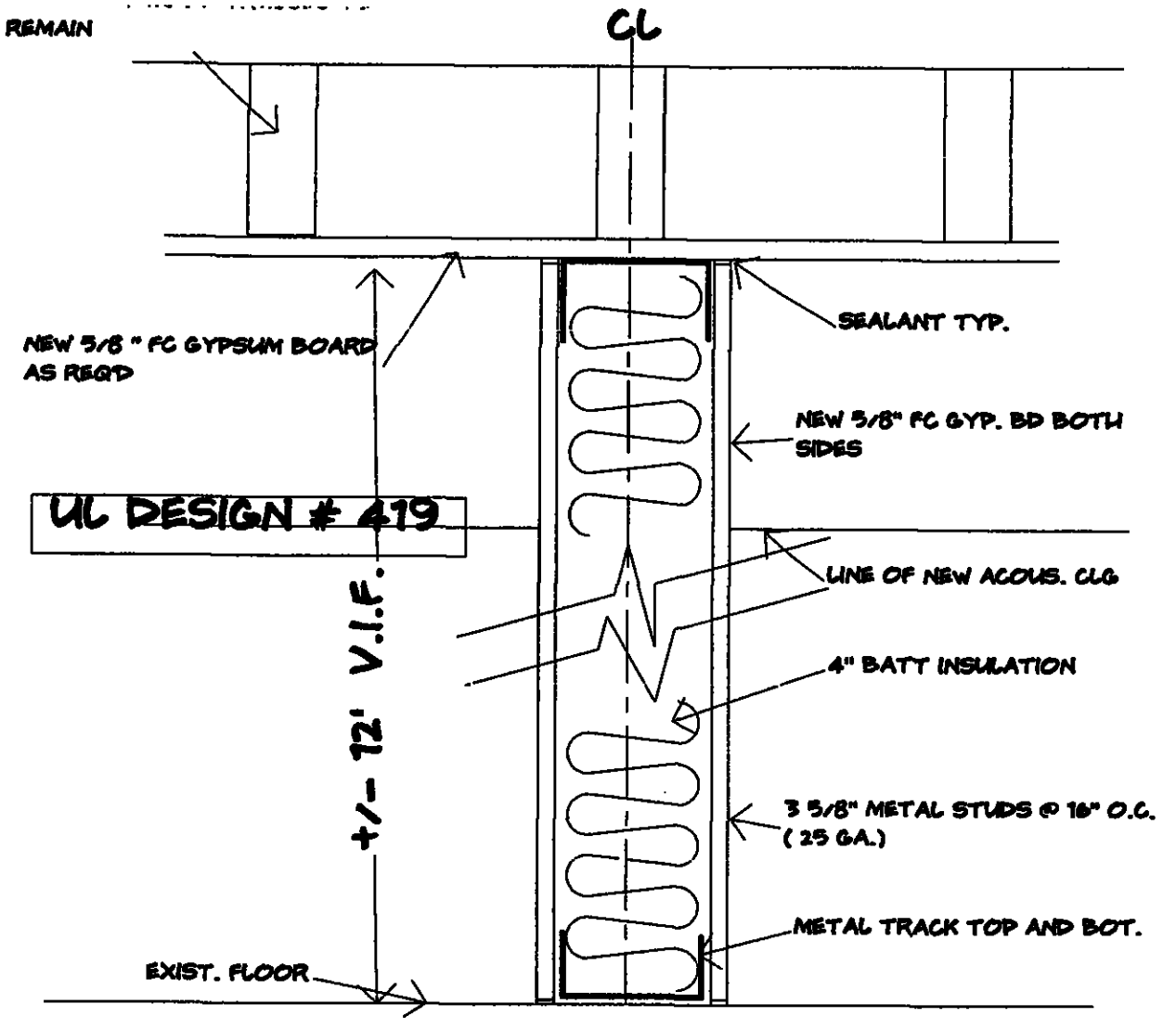
PARTIAL ROOF FRAMING PLAN 3/12/03
(INDICATING TRUSS REPAIR)
NO SCALE

PETE'S PET TENANT
KENNEDY MALL BRICKTOWN, NJ

3/12/03

EDWARD D. MACEIKO AIA, P.E.
NJRA# 08056 NJPE# 28227

1/2



NEW (1) HR. RATED TENANT DEMISING PARTITION DETAIL 3/12/03

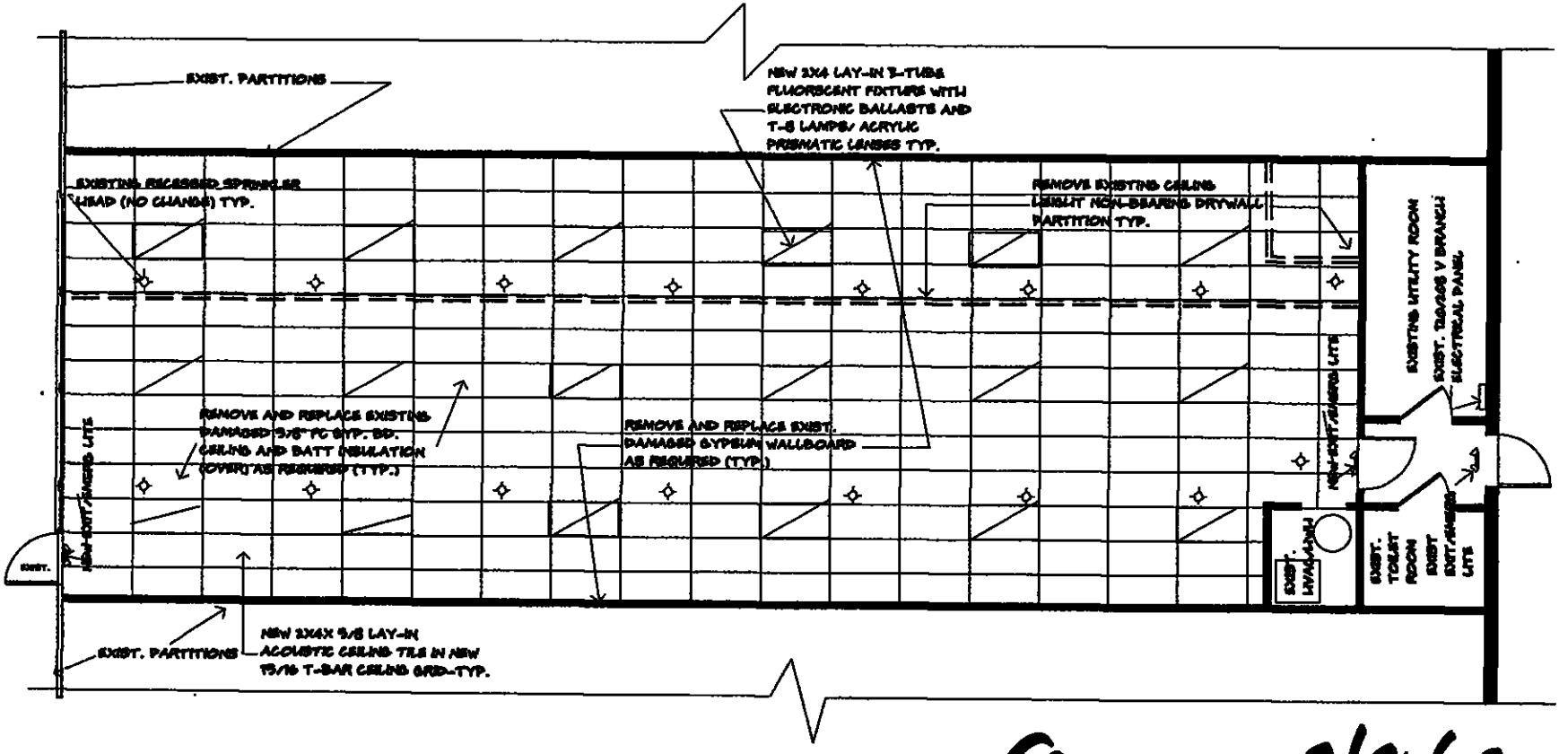
NO SCALE

PETE'S PET TENANT
KENNEDY MALL
BRICKTOWN, NJ

2/2

3/12/03

EDWARD D. MACEIKO AIA, P.E.
NJRA # 08056 NJPE# 28227



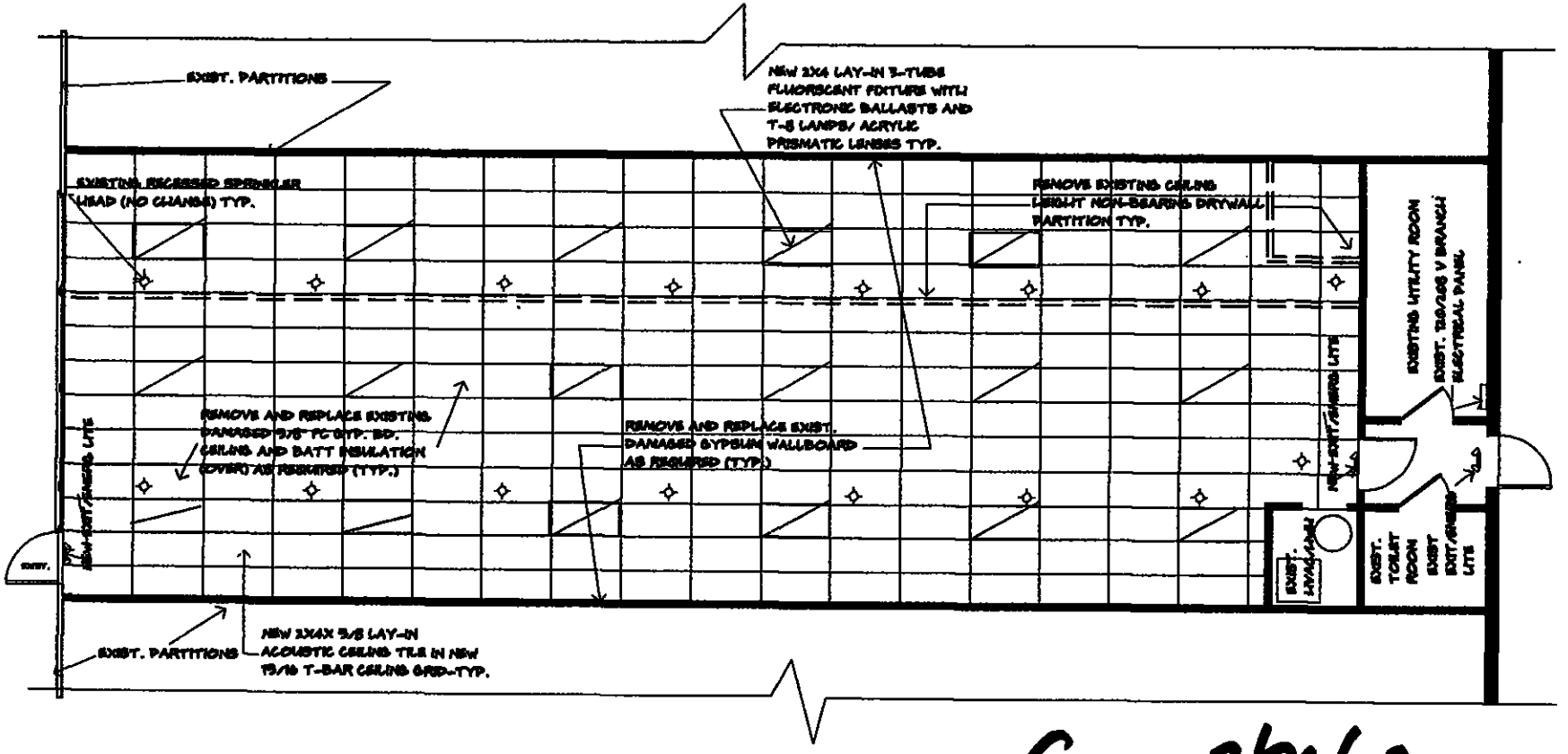
FLOOR PLAN/ REFL. CLG. PLAN
NO SCALE

PETE'S PET TENANT
KENNEDY MALL
BRICKTOWN, NJ

3/26/03

EDWARD D. MACEIKO AIA, PE
NJRA# 08056 NJPE# 28227

FIDELITY LAND DEVELOPMENT CORPORATION 641 SHUNPIKE ROAD, CHATHAM NJ 07928
973-966-2800



FLOOR PLAN/ REFL. CLG. PLAN
NO SCALE

PETE'S PET TENANT
KENNEDY MALL
BRICKTOWN, NJ

3/26/03

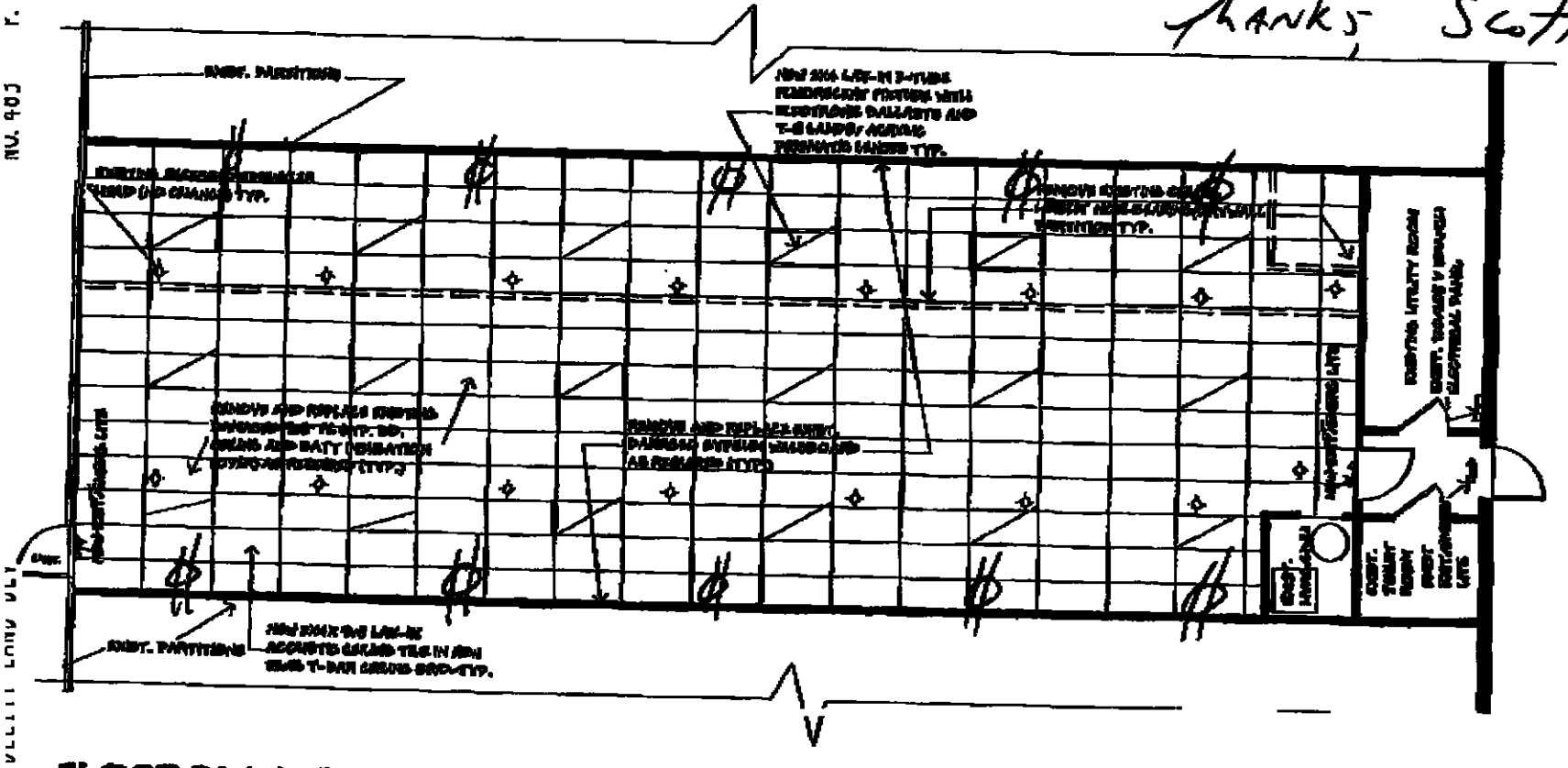
EDWARD D. MACEIKO AIA, PE
NJRA# 08056 NJPE# 28227

FIDELITY LAND DEVELOPMENT CORPORATION 641 SHUNPIKE ROAD, CHATHAM NJ 07928
973-966-2800

Attn: Stephanie 2770 Hooper Ave 03-0938+B 67014

Please put in for with Electric update.

Thanks, Scott



FLOOR PLAN/ REFL. CLG. PLAN
NO SCALE

PETE'S PET TENANT
KENNEDY MALL
BRICKTOWN, NJ

EDWARD D. MACEIKO AIA, PE
NJRA# 08056 NJPE# 28227

FIDELITY LAND DEVELOPMENT CORPORATION 641 SHUNPIKE ROAD, CHATHAM NJ 07928
973-966-2800

UPDATE 4/16/03
DATE
INITIALED BY
FOR 03-0938-4B

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 2770 Hooper Ave (Kennedy Mall)
Block: 670 Lot: 4
Owner's Name: Kennedy Mall A550
Owner's Mailing Address: 641 Shunpike Rd
Chatham NJ. 07928
Phone: (973) 966-2800

Update

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: S.S. Electric
Address: 63 Laundry Lane
T.R. N.S. 08753
Phone#: 732 255-7177
Lis #: 11413
Federal Emp # or SSN 146-72-5038

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	10
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	3
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: 650.00

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: Scott H. Shaw

Please Print Name

CONTRACTOR'S SEAL

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:_____
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:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 2770 Brick Blvd
Block: 670 Lot: 4
Owner's Name: Kennedy Mall Ass.
Owner's Mailing Address: 641 Shunpike Rd Chatham N.J.

Phone: (973) 966-2800

BUILDING

Contractor: Kennedy Mall Ass
Address: 641 Shunpike Rd.
Chatham N.J.
Phone#: 973-966-2800
Lis.#
Federal Emp # or SSN 22-2982365

Technical Data

Description of Work:

Repairing Walls + Ceiling.

Fire Repair.

Type of Work

___New Building	___Siding
___Addition	___Fence
_X_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: $ 20,000

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: Robert CiFrodello
Please Print Name ROBERT CIFRODELLO

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

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:_____
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:_____