C21-75 "COST CUTTERS"

BLOCK 670 LOT 2588 QUALIFICATION CODE _____ ADDRESS (SITE) Kennedy Mall, Brick Boud. PERMIT NO. 00-1214

RECEIVED
MAR 17 2000

CONSTRUCTION PERMIT APPLICATION

DIV. C

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

I. IDENTIFICATION

1. Propsed Work Site at (Cost Cutters) Kennedy Mall, Brick Boud. Bricktown NJ
2. Name of Owner in Fee: Community Distributors Inc Tel. (732) 740-8900
   Address 900 Cottontail Lane, Somerset NJ
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Vector Assoc. Inc. Tel. (732) 389-1800
   Address 17 Lake Dr, Oceanport NJ 07757
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-314/3817 FAX: (732) 389-1202
5. Architect or Engineer The Polese Group Tel. (732) 389-9600
   Address 60 Washington St, Clark NJ 07066
6. Responsible Person in Charge of Work Jim Krug - Vector Assoc.
   Tel. (732) 389-1800 FAX (732) 389-1202

Call

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 160		
2.	Electrical	40		
3.	Plumbing	45		
4.	Fire Protection	160		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	12		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 357		

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	

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					4-18-00	FF	9/5	6 10/12	
2.	☐ New Building									
3.	☐ Addition									
4.	☑ Alteration									
5.	☑ Fire Protection - Wind					4-5-00	OR	9/5/00		OK
6.	☑ Plumbing					4-6-00	DW			
7.	☑ Electrical					4-5-00	EG	9/5/00		OK
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☑ Demolition - Interior									
	TOTAL COSTS									

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-3) 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: B Retail
3. Change in Use Group, Indicate Former:

LDS BR 10401421

UCC 5100.1 (rev. 3/96)

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 Vector Associates Inc

Address 17 Lake Dr.
Oceanport NJ 07757

Telephone (732) 389-1800

Signature Tom Krug Tom Krug

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 10/30/2000
Control #
Permit # 00-1214

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee/Occupant COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Telephone (732)748-8900
Contractor VECTOR ASSOCIATES
Address 17 LAKE DR
OCEANPORT, NJ 07757-
Telephone (732)389-1800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143817

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

REMOVE EXISTING PHARMACY & OFFICE; RELOCATE PHARM
INSTALL NEW ENTRANCE DOOR.

[ ] 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

[X] 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 _____, ___.

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

Fee $ 0
Paid [X] Check No. 4076
Collected by: LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/30/2000
Control #
Permit # 00-1214

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee/Occupant COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Telephone (732)748-8900
Contractor VECTOR ASSOCIATES
Address 17 LAKE DR
OCEANPORT, NJ 07757-
Telephone (732)389-1800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143817

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

REMOVE EXISTING PHARMACY & OFFICE; RELOCATE PHARM
INSTALL NEW ENTRANCE DOOR.

[ ] 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

[X] 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 4076
Collected by: LRI

O.C.C. F160 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/30/2000
Control #
Permit # 00-1214

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee/Occupant COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Telephone (732)748-8900
Contractor VECTOR ASSOCIATES
Address 17 LAKE DR
OCEANPORT, NJ 07757-
Telephone (732)389-1800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143817

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

REMOVE EXISTING PHARMACY & OFFICE; RELOCATE PHARM
INSTALL NEW ENTRANCE DOOR.

[ ] 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

[X] 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.

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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 _____, ___.

Fee $ 0
Paid [X] Check No. 4076
Collected by: LRI

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

0010
1214##
BLOCK 670 # 0.00
LOT 25 # 0.00
BUILDING 160.00
ELETRIC* 40.00
PLUMBING 45.00
FIRE 100.00
D.C.A. 12.00
TOTAL 357.00
CHECK 357.00
CHANGE 0.00
04/19/00 NO. 5 0022A005 13:48

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/19/2000
Control 0
Permit # 00-1214

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 25 Qual

Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Telephone (732)748-8900

Contractor VECTOR ASSOCIATES
Address 17 LAKE DR
OCEANPORT, NJ 07757-
Telephone (732)389-1800
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143817

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:
REMOVE EXISTING PHARMACY & OFFICE; RELOCATE PHARMACY & OFFICE AND INSTALL NEW ENTRANCE DOOR.

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 $ 14,600

J. Murazza/BT
Construction Official

04/19/2000
Date

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

PAYMENTS (Office Use Only)

Building	160
Electrical	40
Plumbing	45
Fire Protection	100
Elevator Devices	0
Other	
DCA Training Fee	12
Cert. of Occupancy	0
Other	
Total	357
Check No.	4076
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(732)748-8900
Contractor VECTOR ASSOCIATES
Address 17 LAKE DR
OCEANPORT, NJ 07757-
Tele.(732)389-1800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143817

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-19-00	IP
[ ] 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 N Proposed N
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 $ 6,000
3. Total (1+2)$ 6,000

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

REMOVE EXISTING PHARMACY & OFFICE; RELOCATE PHARMACY & OFFICE AND INSTALL NEW ENTRANCE DOOR.

Any New Isle width to comply with BOCA code.

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	160
[ ] 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	$ 160
DCA Training Fee	$ 5

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 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(732)748-8900
Contractor VECTOR ASSOCIATES
Address 17 LAKE DR
OCEANPORT, NJ 07757-
Tele.(732)389-1800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143817

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-18-00	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] 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 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 $ 6,000
3. Total (1+2)$ 6,000

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

REMOVE EXISTING PHARMACY & OFFICE; RELOCATE PHARMACY & OFFICE AND INSTALL NEW ENTRANCE DOOR.

Any New Isle width to comply with BOCA code.

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	160
[ ] 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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 160
	DCA Training Fee	$ 5

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 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(732)748-8900
Contractor VECTOR ASSOCIATES
Address 17 LAKE DR
OCEANPORT, NJ 07757-
Tele.(732)389-1800 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143817

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an authorized to make this application.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

REMOVE EXISTING PHARMACY & OFFICE; RELOCATE PHARMACY & OFFICE AND INSTALL NEW ENTRANCE DOOR.

Any New Isle width to Comply with BOCA code.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-18-00	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] [ ] CA
Date: 9-5-00
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5-11-00	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9-5-00	FM
BarrierFree				

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration	6-19-00	160
[ ] 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

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 $ 6,000
3. Total (1+2)$ 6,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Minimum Fee		$ 0
TOTAL FEE		$ 160
DCA Training Fee		$ 5

Paid [ ] Check #
Collected by:

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

5-19-00 NOT READY FOR FINAL ~~[illegible]~~

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(732)922-1700 Fax ( )
Contractor JRH ELECTRICAL/MECHANICAL CO
Address 1750 BLOOMSBURG AVE
WANAMASSA, NJ
Tele.(732)922-1700
Lic. No. or Bldrs. Reg. No. 2905
Federal Emp. No. 22-3652921

B. ELECTRICAL CHARACTERISTICS

Use Group - Present H Proposed H
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4-5-00
Approved By:

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

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
23		Lighting Fixtures	
15		Receptacles	
2		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
1		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
41		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
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

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 3

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(732)922-1700 Fax ( )
Contractor JRE ELECTRICAL/MECHANICAL CO
Address 1750 BLOOMSBURG AVE
WANAMASSA, NJ
Tele.(732)922-1700
Lic. No. or Bldrs. Reg. No. 2905
Federal Emp. No. 22-3652921

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4-5-00
Approved By:

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

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
23		Lighting Fixtures	
15		Receptacles	
2		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
1		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
41		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
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

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA Training Fee	$	3

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(732)922-1700 Fax ( )
Contractor JRH ELECTRICAL/MECHANICAL CO
Address 1750 BLOOMSBURG AVE
WANAMASSA, NJ
Tele.(732)922-1700
Lic. No. or Bldrs. Reg. No. 2905
Federal Emp. No. 22-3652921

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4-5-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] ~~CA~~
Date: 5-5-00
Approved By:

INSPECTIONS Type	N	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough				5-8-00	To
Temp Serv					
Const Serv					
TCO					
Other					
Service					
Final				9-5-00	
Temp. Cut-in-Card Date Issued					
Final Cut-in-Card Date Issued					

OVER

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
23		Lighting Fixtures	
15		Receptacles	
2		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
1		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
41		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
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

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA Training Fee	$	3

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

5/8/00

NEW Pharmacy AREA.

WALLS—

5/18/00

Final NEW Pharmacy Area

EAST COUNTER—

WALLS - CEILING—

COUNTERTOP

6/14/00 Phase 2 PASS: Rough-in Wiring

6-21-00 Final office AREA

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(908)289-4500 Fax ( )
Contractor ALL STATE FIRE TECH INC
Address 414 GRAND STREET
ELIZABETH, NJ
Tele.(908)289-4500
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3027106

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

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: 4-3-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
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				
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		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
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)	6	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 EMER/EXIT LITES		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	100
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(908)289-4500 Fax ( )
Contractor ALL STATE FIRE TECH INC
Address 414 GRAND STREET
ELIZABETH, NJ
Tele.(908)289-4500
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3027106

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

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: 4-3-00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
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				
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		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
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)	6	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 EMER/EXIT LITES		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	100
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(908)289-4500 Fax ( )
Contractor ALL STATE FIRE TECH INC
Address 414 GRAND STREET
ELIZABETH, NJ
Tele.(908)289-4500
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3027106

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

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: 4-3-00
Approved By: DS

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-6-00
Approved By: KCB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final	5-19-00		9-5-00	DS
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	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Valve/Alarm Valves	0	
Preaction Valves	0	
Sprinkler Heads (Dry and Wet)	6	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 EMER/EXIT LITES		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	100
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual

Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS

Owner in Fee COMMNITY DISTRIBUTORS INC

Address 800 COTTONTAIL LN
SOMERSET, NJ

Tele.(732)584-8665 Fax ( )

Contractor R W GOTTSLEBEN & SONS

Address 25 JANET DR
MINE HILL, NJ 07083-

Tele.(732)584-8665

Lic. No. or Bldrs. Reg. No. 9178

Federal Emp. No. 22-3094501

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size [ ] Public Sewer [ ] Private Sewer

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,600

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 4-6-00
Approved By: DW

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] TCO
Approved By:
Date: 10-25-00 Final

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			5-10-00	
Water				
Sewer				
Fixtures			5-19-00	
Gas Equip.				
Gas Piping				
Solar				
TCO			5-19-00	
			10-25-00	

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
1	Sink	10
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
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
Minimum Fee $ 0
TOTAL FEE $ 45
DCA Training Fee $ 3

Paid [ ] Check #
Collected by:

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

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

5-10-00
Partial - wall ann ok
Tie rm not complete

9-5-00
Drain reburied at
tie rm from 2" to
12

COMMERC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual

Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS

Owner in Fee COMMNITY DISTRIBUTORS INC

Address 800 COTTONTAIL LN
SOMERSET, NJ

Tele.(732)584-8665 Fax ( )

Contractor R W GOTTSLEBEN & SONS

Address 25 JANET DR
MINE HILL, NJ 07083-

Tele.(732)584-8665

Lic. No. or Bldrs. Reg. No. 9178

Federal Emp. No. 22-3094501

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 3,600

JOE SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[N] Plumb. Plans Approved
Date: 4-6-00
Approved By: DW

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
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
1	Sink	10
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
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
Minimum Fee $ 0
TOTAL FEE $ 45
DCA Training Fee $ 3

Paid [ ] Check #
Collected by:

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 03/17/2000
Date Issued 4/19/00
Control # C21-75
Permit # 00-1214

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

Block 670 Lot 25 Qual
Work Site Location BRICK BLVD COST CUTTERS
INTERIOR ALTERATIONS
Owner in Fee COMMNITY DISTRIBUTORS INC
Address 800 COTTONTAIL LN
SOMERSET, NJ
Tele.(732)584-8665 Fax ( )
Contractor R W GOTTSLEBEN & SONS
Address 25 JANET DR
MINE HILL, NJ 07083-
Tele.(732)584-8665
Lic. No. or Bldrs. Reg. No. 9178
Federal Emp. No. 22-3094501

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 3,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[N] Plumb. Plans Approved
Date: 4-6-00
Approved By: DJ

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
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
1	Sink	10
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
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	$ 45
	DCA Training Fee	$ 3

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 23 & 8 SITE ADDRESS Kennedy Mall
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS
Tom Kay
APPLICANT Vector Assoc. Inc PHONE NUMBER 389-1800
APPLICANT ADDRESS 14 Lake Dr CITY & STATE Denville NJ
PERMIT # C21-75 NAME OF BUSINESS Coast Outlets

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 %

Estimated Assessment $ 6200.00 Date 3-28-00
Estimated Required Fee $ 62.00
Required Deposit on Estimate $ 31.00 Date 3-31-00
Check # 4042 Receipt # 3560
Actual Assessment $ _____ Date _____
Actual Required Fee $ _____
Minus Deposit of Estimate $ _____
Balance Due $ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full $ _____

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

Township Council:
Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-21-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 25 C8 SITE ADDRESS Kennedy Mall

TYPE OF SITE _____ (Residential/Commercial) TYPE OF BUSINESS Cost Cutters

APPLICANT Vector Assoc Inc CITY & STATE Oceanport NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 6000 est

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

3/27/00

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

OFFICE OF AFFORDABLE HOUSING
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
Fax: (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

March 28, 2000

Vector Assoc. Inc.
17 Lake Drive
Oceanport, NJ 07757

RE: Mandatory Development Fee
Block 670, Lot 25 ~ Cost Cutters ~ Kennedy Mall

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on March 17, 2000, for the above block and lot at $6,200.00, resulting in an estimated fee of $62.00.

Therefore, you are required to submit one half of the estimated fee ($31.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

MandDevCommLtr2/99

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location....Brick Blvd.....Block.....670.....Lot.....25.....

Final Inspections needed if applicable as follows: 11 Cost Cutters

COMMERCIAL

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	FINALS

BUILDING.....APPROVED.....

PLUMBING.....APPROVED.....

FIRE.....APPROVED.....

ELECTRIC.....APPROVED.....

ENGINEERING.....APPROVED.....

O.C.SOIL.....APPROVED.....

COMMERCIAL OCCUPANCY CARD.....

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.

AFFORDABLE HOUSING.....
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.

"Cost Cutters"

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location Brick Blvd Block 670 Lot 25

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	9/5/00 OK
PLUMBING	APPROVED	10/25/00 OK
FIRE	APPROVED	9/6/00 OK
ELECTRIC	APPROVED	9/5/00 OK
ENGINEERING	APPROVED	
O.C.SOIL	APPROVED	
COMMERCIAL OCCUPANCY CARD		

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.

AHBT FINAL APPROVAL

AFFORDABLE HOUSING.....
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.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 690 LOT 29 & 8 SITE ADDRESS Kennedy Mall
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS
Tom King
APPLICANT Vector Assoc. Inc PHONE NUMBER 359-1800
APPLICANT ADDRESS 71 Lake Dr CITY & STATE Ocean port NJ
PERMIT # C21-75 NAME OF BUSINESS Chris Cakes

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 %

Estimated Assessment $ 6200.00 Date 3-28-00
Estimated Required Fee $ 62.00
Required Deposit on Estimate $ 31.00 Date 3-31-00
Check # 4042 Receipt # 5580
Actual Assessment $ 12,200.00 Date 9-5-00
Actual Required Fee $ 122.00
Minus Deposit of Estimate $ - 31.00
Balance Due $ 91.00 Date 9-19-00
Check # 4381 Receipt # 4407
Amount Paid In Full $ 91.00

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-21-00

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 670 LOT 25 & 8 SITE ADDRESS Kennedy Mall

TYPE OF SITE (Residential/Commercial) TYPE OF BUSINESS Cost Cutters

APPLICANT Vector Assoc Inc. CITY & STATE Ocean Port, NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 6200 ea

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

3/27/00

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 62000 ea

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

9/6/00

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

4287

VECTOR ASSOCIATES, INC.
17 B LAKE DR. 732-389-1800
OCEANPORT, NJ 07757

60-7269/2313

DATE 9/11/00

PAY TO THE ORDER OF Township of Brick $ 31.00

Thirty-one and 00/xx DOLLARS

Sovereign Bank
Success is confidence. We can help you get there.™

FOR Cost Cutters

⑈004287⑈ ⑆231372691⑆ ⑆210260965⑈

Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

http://www.twp.brick.nj.us

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 9-19-00

Business/Development: Cost Cutters

Owner/Applicant: Vector Assoc. Inc.

Property Address: Kennedy Mall

Block: 670 Lot: 8 + 25

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

~~Mandatory Development Fee~~
(Commercial)
~~Residential~~
Inclusionary Development Fee

Check Number 4287

Final Fee $ 62.00

Less Deposit $ 31.00

Final Payment $ 31.00

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

9-19-00
Date

AHBT FINAL APPROVAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: "Cost Cutters", Kennedy Mall, Brick Blvd., Bricktown, NJ.
Block: 670 Lot: 25 & 8
Owner's Name: Community Distributors Inc.
Owner's Mailing Address: 800 Cottontail lane
Somerset N.J.
Phone: (732) 748-8900

BUILDING

Contractor: VECTOR ASSOCIATES
Address: 17 LAKE DR.
OCEANPORT N.J. 07757
Phone#: (732) 389-1800
Lis #
Federal Emp # or SSN 22-3143817

Technical Data

Description of Work:

(Remove existing Pharmacy.)
(Remove existing office.)
Relocate Pharmacy & office per Dwg and install new entrance Door.

Type of Work

___New Building
___Addition
__Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
__Demolition - Interior - minor
___Sign _____sq ft

Building Characteristics "Existing"

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

Cost of Alteration: $6000.00

Cost of New Building:

Total Cost of Building Work:

Signature: Thomas Krug
Please Print Name ~~Tom~~ Tom Krug

ELECTRICAL

Contractor: JRH Electrical/Mechanical Corp
Address: 1750 Bloomsbury Ave
Wanamassa NJ.
Phone#: (732) 922-1700
Lis #: #2905
Federal Emp # or SSN 22-3652921

Technical Data

Item	Quantity
Lighting Fixtures	23 New
Receptacles	15 New
Switches	2
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	1
Communication Points	
Alarm Devices/FAC Panel	
Total	(41)
Pool	
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: $3500.00

Signature: J. Ronald Herman
Please Print Name J. Ronald Herman

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: RW Gottsleben + Sons
Address: 25 JANET Dr
Mine Hill NJ, 07803
Phone #: 973-584-8665
Lis #: 9178
Federal Emp # or SSN 22-3094501

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	1 Relocate
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

Estimated Cost of Plumbing Work 3600.00
Signature: Michael Gottsleben
Please Print Name: Michael Gottsleben

FIRE

Contractor: ALLSTATE FIRE TECHNOLOGY INC
Address: 414 WEST GRAND ST
ELIZABETH N.J. 07202
Phone #: (908) 289-4500
Lis #:
Federal Emp # or SSN 22-3027106

Technical Data

Description of Work: Relocate Exist Heads (Approx 6) to accomodate new Layout
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	Relocate Existing (Approx 4-6)
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

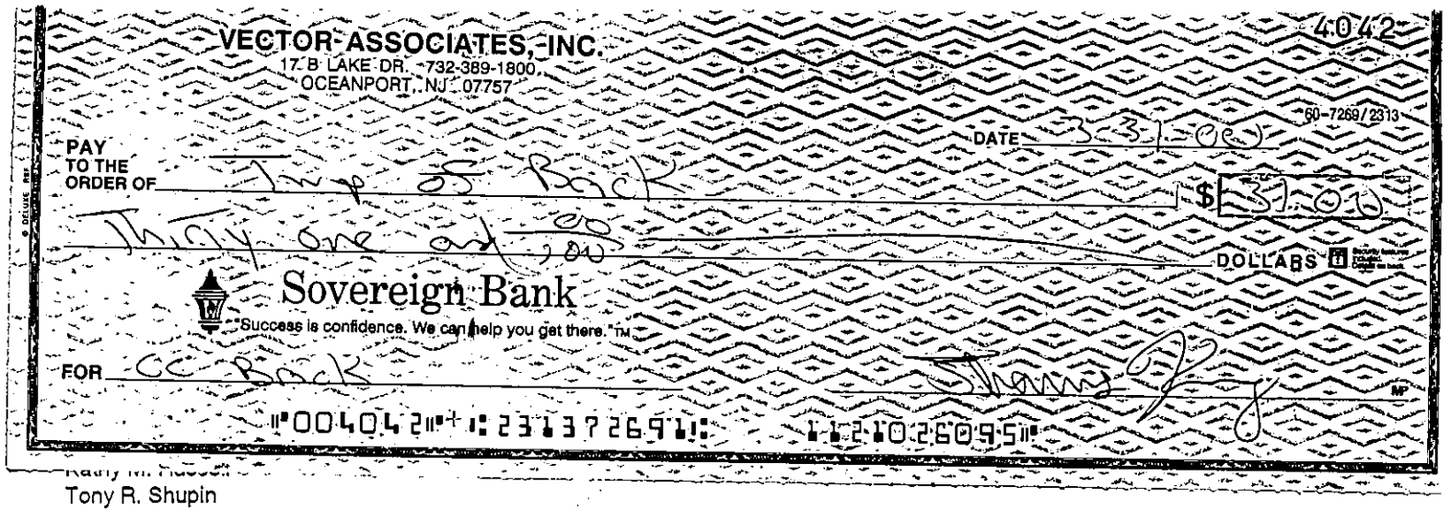
Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances:
Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Emer Exit lights (1) see electric

Estimated Cost of Fire Work $1500.00
Signature:
Print Name: William Green for / Joe Ricardo

CONTRACTOR'S SEAL



To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 3-31-00

Business/Development: Cost Cutters

Owner/Applicant: Vector Assoc

Property Address: Kennedy Mall

Block: 670 Lot: 25

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 4042

Estimated Fee $ 6200

Deposit Amount $ 31 00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

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 _____ Date 3-31-00