BLOCK 670 LOT 4 QUALIFICATION CODE C2-14 ADDRESS (SITE) 13 Brick Blvd Farm Market PERMIT NO. 01-0852

CONSTRUCTION PERMIT APPLICATION

Joseph Wetherbee Builder

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

I. IDENTIFICATION

1. Propsed Work Site at: 13 Brick Blvd – Kennedy Mall
2. Name of Owner in Fee: Kennedy Mall Associates Tel. ( )
   Address 641 Shunpike Rd (street) Chatham (municipality), NJ 07928 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: ____ Tel. ( ) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Yong Tag Hwang
   Tel. (201) 926-8311 FAX (973) 925-8103

Michael: 201-921-9619

tenant fit up exaction

COMMERCIAL

X

II. PROPOSED WORK

		Est. Cost
1.	☐ Minor Work	
2.	☐ New Building	
3.	☐ Addition	
4.	☑ Alteration	3,000
5.	☑ Fire Protection	1,000
6.	☑ Plumbing	2,800
7.	☑ Electrical	5,000
8.	☐ Elevator Devices	
9.	☐ Asbestos Abat. Subch. 8	
10.	☐ Lead Hazard Abatement	
11.	☐ Demolition	
	TOTAL COSTS	11,800

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

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 85		
2.	Electrical	63		
3.	Plumbing	50		
4.	Fire Protection	70		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	4		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 277		

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	

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
LMFJC	3/30/01						
			4-30-01	EJ			

IMPORTANT A.H.B.I. - MANDATORY FEE - COMMERCIAL

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: fruit - produce
2. Use Group:
3. Change in Use Group, Indicate Former:

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.

X Signature Y. T. HWANG Date 3/29/2001.

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

* 99 guests

Occupancy

158 @ 30$^{\text{th}}$ monthly

4 @ 300$^{\text{th}}$ storage

162 Total

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 13 Brick Blvd – Kennedy Mall
Block: 670 Lot: 4
Owner's Name: Kennedy Mall Associates
Owner's Mailing Address: 1641 Shunpike Rd
Chatham, NJ 07928
Phone: (_____)_____

BUILDING

Contractor: Michael Hwang
Address: 30 A Millar CT
Paramus, NJ 07652
Phone#: 201-921-9669
Lis #_____
Federal Emp # or SSN 619-86-6798

Technical Data

Description of Work:

~~No Building Work~~

Removing wall

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 Building:_____
Volume of Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $3,000.-

Cost of New Building:_____

Total Cost of Building Work:_____

Signature: X _____

Please Print Name_____

ELECTRICAL

Contractor: Myung Oh Electrical contractor
Address: 116 Spring ST
Leonia NJ 07605
Phone#: (201) 585-8155
Lis #: EB-12224
Federal Emp # or SSN 150-80-5776

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	10 EA
Switches	2 EA
Detectors	
Light Poles	
Motors w/ Fract. HP	3 EA (3HPx3)
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
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	3HPx3 EA
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: ~~$5,000~~ $5,000

Signature: _____

Please Print Name Myung H. Oh

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

World Farmers Market

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
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	
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_____

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:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

04/05/01 12:52PM 00000002684
#X04 SERV.004
#01-0852 $85.00
BUILDING $63.00
ELECTRIC $50.00
PLUMBING $70.00
FIRE PROTECTION $9.00
$277.00
ESSENTIAL $277.00
SURCHARGE $0.00

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 04/05/2001
Control #
Permit # 01-0852

IDENTIFICATION Block 670 Lot 4 Qual

Work Site Location 13 BRICK BLVD-WORLD FARMERS
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Telephone ( ) -

Contractor MICHAEL HWANG
Address 30 A MILLAN CT
PARAMUS, NJ 07652-
Telephone (201)927-9667
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 61-7806798

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:
TENANT FIT UP - WORLD FARMERS MARKET
REMOVING WALL

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 11,800

Construction Official

04/05/2001
Date

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

PAYMENTS (Office Use Only)

Building	85
Electrical	63
Plumbing	50
Fire Protection	70
Elevator Devices	0
Other	
DCA Training Fee	9
Cert. of Occupancy	0
Other	
Total	277
Check No.	001
Cash	
Collected By	TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/30/2001
Date Issued 4/15/01
Control # C2-74
Permit # 01-0852

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 13 BRICK BLVD-WORLD FARMERS
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.( ) -
Contractor MICHAEL HWANG
Address 30 A MILLAN CT
PARAMUS, NJ 07652-
Tele.(201)927-9667 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 61-7806798

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-30-01	FW
[ ] 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 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 $ 3,000
3. Total (1+2) $ 3,000

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

TENANT FIT UP - WORLD FARMERS MARKET
REMOVING WALL

No Additional Work

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	85
[ ] 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	$ 85
DCA Training Fee	$ 2

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 03/30/2001
Date Issued 4/5/01
Control # C2-74
Permit # 01-0852

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 13 BRICK BLVD-WORLD FARMERS
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUMPIKE RD
CHATHAM, NJ 07928-
Tele.( ) -
Contractor MICHAEL HWANG
Address 30 A MILLAN CT
PARAMUS, NJ 07652-
Tele.(201)927-9667 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 61-7806796

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-30-01	FW
[ ] 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 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 $ 3,000
3. Total (1+2) $ 3,000

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

TENANT FIT UP - WORLD FARMERS MARKET
REMOVING WALL

No Additional Work

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	65
[ ] 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	$ 65
	DCA Training Fee	$ 2

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: WORLD FARMERS MARKET

Site Address: KENNEDY MALL — 13 BRICK BLVD

Block: 670 Lot: 4

Owner's Name: KENNEDY MALL ASSOC.

Owner's Address: 641 SHUNPIKE RD

City: CHATHAM State: NJ ZipCode: 07928

Tenant's Name: Yong Tag Hwang

Tenant's Address: 30 A Millar CT

City: Paramus State: NJ Zip Code: 07652

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

X _____ Mar 29th 01
(Signature) (Date)

Sworn and subscribed before me on this 29 day of Mar. 20 01.

_____
(Notary's Signature)

DESPINA K. LINES
Notary Public of New Jersey
My Commission Expires March 13, 2004

Please attach a floor plan showing the dimensions of the room(s), location and widths of doorways, exit lights, aisle widths, counters, wall racks, and all existing equipment such as smoke detectors and sprinkler heads.

(est. 10/06/00; revised 03/12/01)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/30/2001
Date Issued 4/15/01
Control # C2-74
Permit # 01-0452

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 13 BRICK BLVD-WORLD FARMERS
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(732)840-5959 Fax ( )
Contractor H E S ELECTRONICS
Address 1715 ROUTE 88
BRICK, NJ 08724-
Tele.(732)840-5959
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2501459

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 $ 1,000

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

JOB SUMMARY (Office Use Only)

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

B. 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)	10	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	10	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
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 EXIT/EMER LITES		35
Other		0

* EXISTING Alarm system to be put back in service

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 70
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 03/30/2001
Date Issued 4/15/01
Control # C2-74
Permit # 01-0452

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 11 BRICK BLVD-WORLD FARMERS
TENANT FIT UP
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE RD
CHATHAM, NJ 07928-
Tele.(732)840-5959 Fax ( )
Contractor H E S ELECTRONICS
Address 1715 ROUTE 88
BRICK, NJ 08724-
Tele.(732)840-5959
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2501459

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 $ 1,000

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date:
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	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 1100 Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	10	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	10	35
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
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 EXIT/EMER LITES		35
Other		0

* EXISTING Alarm System TO BE PUT BACK IN Service

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	70
DCA Training Fee	$	1

Paid [ ] Check #
Collected by:

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

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: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

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

APPLICANT _____ CITY & STATE _____

❒ 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:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK_____ LOT_____ SITE ADDRESS_____
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS_____

APPLICANT_____ PHONE NUMBER_____
APPLICANT ADDRESS_____ CITY & STATE_____
PERMIT #_____ NAME OF BUSINESS_____

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 $_____ Date_____

Estimated Required Fee $_____

Required Deposit on Estimate $_____ Date_____

Check #_____ Receipt #_____

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

farmer's market

4629

100

55-760/0312

Date 4-6-01

Pay to the Order of Township of Brick $ 50.00

Fifty xx/100 Dollars

Security features are included. Details on back

PNCBANK

PNC Bank, N.A. 060
New Jersey

For

⑈031207607⑈ 80173405931⑈

MP

Joseph C.

Township Cou
Kathy
Stephe ©Clarke American
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

E HOUSING
ife
dministrator
.48
(732) 920-1456
http://www.twp.brick.nj.us

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

Business/Development: World Fashion Market

Owner/Applicant: Ronald Huang

Property Address: 13 Brick Blvd

Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 4/12/01

Check Number 100

Estimated Fee

Preliminary Fee Deposit

Final Fee 50.00

Less Preliminary Fee -0-

Final Fee Deposit 50.00

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:

Kathy Tabergen
Signature

4-12-01
Date

OFFICE OF AFFORDABLE HOUSING