Called 4/11/97

BLOCK 670 LOT 4 ADDRESS (SITE) _____ PERMIT NO. 864-97

RECEIVED
APR 2 1997

CONSTRUCTION PERMIT APPLICATION

914-1000 MAIN

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

I. IDENTIFICATION

1. Proposed Work-site at: 275 Hooper Ave Kennedy Mall STORE #10 AMERICAN CANCER SOCIETY
2. Name of Owner in Fee: Kennedy Mall Assco Tel. (201) 966-7800
   Address 641 Shunpike Road (street) Chatham (municipality) N.J. 07928 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Glenn Hemphill Tel. (908) 477-9016
   Address Lynnwood Ave. Brick N.J.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work _____ Tel. (___) _____

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	35 -		
2. Electrical				
3. Plumbing				
4. Fire Protection		35 -		
5. Elevator Devices				
6. Subtotal	$	70 -		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal	$	1		
11. Cert. of Occupancy				
12. Other ZPA		$15		
13. TOTAL	$	86 -		

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 _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

TENANT FIT UP

	Est. Cost
1. ☒ Minor work (single trade)	$1,000 -
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition TOTAL COSTS	

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
CWS	4/2/97		4-2-97	FM	5/9/97		DC
			4/11/97	JC			
CWS	4/4/97		4/4/97				

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: Thrift Shop
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10207554

U.C.C. Form F-100B

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 faot 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 Paul Wiles for A.C.S. Date 4.2.97

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

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	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

please see page 1

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 4/15/97
Control #
Permit # 854-97

IDENTIFICATION Block 670 Lot 4

Work Site Location [illegible]
[illegible]

Owner in Fee [illegible]
Address [illegible]

Tele. ( )

Contractor [illegible]
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Tenant fit up

PAYMENTS (Office Use Only)		Register printout	
		BUILDING	5.00
Building	25	FIRE	5.00
Plumbing		U.C.A.	1.00
Electrical		ZONEPLOT	5.00
Fire Protection	25	TOTAL	16.00
Other		CHECK	16.00
Other		CHANGE	0.00
DCA Training Fee	5		
Cert. of Occ.		04/15/97 NO. 5 00034005	8:41
Other	[illegible]		
Total	[illegible]		
Check No.	[illegible]		
Cash			
Collected By:	[illegible]		

Register printout also shows: 05448; BLOCK 0.00; 670 #; LOT 0.00; 4 #.

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 $ [illegible]

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

(Discovery Shop)

FIRE PROTECTION SUBCODE TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 854-97

TENANT FIT UP

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
Work Site Location Kennedy Mall. Store # 10 Former Little Cesars
Owner in Fee Kennedy Mall Assoc.
Address 641 Shunpike Rd. - Chatham, N.J. 07928
Tele. (201) 966-2800
Contractor Glenn Hemphill
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $1,000.— [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 4/11/97
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

Ronald V. Wicks for A.C.S.
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		35
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Sprinkler System Existing. Exit Signs Existing		35

Joint plan review inspect

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

U.C.C. Form F-140B
1 White = Inspector Copy, 2 Canary = Office Copy
3 Pink = Office Copy, 4 Gold = Applicant Copy

Discovery Shop.
OLD LITTLE CAESARS

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 864

COMMERCIAL

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

Block 670 Lot 6
Work Site Location AMERICAN CANCER SOCIETY STORE #10
KENNEDY MALL
X Owner in Fee Kennedy Mall Assoc.
Address 64 Shumpike Rd, Chatham, N.J. 07928
X Tele. (201) 966-2800
X Contractor Glenn Hemphill
X Address Lynnwood Ave, Brick NJ.
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. _____

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP
PARTION WALLS FOR
DRESSING ROOM &
TO DIVIDE WORK AREA FROM
STORAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	4-[illegible]-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 5-13-97		
Approved By: [illegible]		

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			5/19/97	JK

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

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

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

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Discovery Shop.
OLD LITTLE CENSORS

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/15/97
Date Issued
Control #
Permit # 854-97

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

Block 070 Lot 6
Work Site Location AMERICAN CANCER SOCIETY STORE #10 KENNEDY MALL
X Owner in Fee Kennedy Mall Assoc.
Address 641 Shunpike Rd. Chatham, N.J. 07928
X Tele. (201) 966-2800
X Contractor Glenn Hemphill
X Address Lynnwood Ave, Tenafly NJ.
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. ____ or Social Security No. ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	4-29-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		+1

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

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

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

B. BUILDING CHARACTERISTICS

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

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

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.

X Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP
PARTION WALLS FOR DRESSING ROOM & TO DIVIDE WORK AREA FROM STORAGE

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence ____ Height (6' or over)
- [ ] Sign ____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [ ] Other ____
- [ ] Other ____

[ ] Demolition

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: April 2, 1997 1997 - 1376

Block 670 Lot 4 Zone B-3, H.D.

Property Address: 2775 Hooper Avenue, Kennedy Mall

Owner: Kennedy Mall Associates (Phone): (201) 966-2800

Applicant: Vieno Worret (Phone): Same

Mailing Address: American Cancer Society, 1035 Hooper Avenue, Toms River, N.J. 08753

Existing Use: Vacant retail unit #10 (former Little Caesar's).

Proposed Use: Retail thrift store.

Proposed Construction (if any): Interior alterations for tenant fit-up to change from pizza store to thrift store.

Conditions: An additional zoning permit is required for any sign.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer