RECEIVED 6 7 0 LOT 4 ADDRESS (SITE) D.E. JONES KENNEDY MALL 2770 HOOPER AVE. PERMIT NO. 40-95

JAN 0 5 1995

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION ZNA

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

I. IDENTIFICATION

1 Proposed Work-site at: D.E. JONES KENNEDY MALL, 2770 HOOPER AVE.

2 Name of Owner in Fee: FIDELITY MGT. CO. Tel. (201) 966-2800

Address P.O. Box 48 (street), GREEN VILLAGE (municipality), N.J. 07935 (zip code)

3 Ownership in Fee: Public ____ Private ✓

4 Principal Contractor: D.E. JONES, INC. Tel. (908) 493-9292

Address 2125 HIGHWAY 35, OAKHURST, N.J. 07755

License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____

Federal Emp. No. 22-2411542 Social Security No. ____

5 Architect or Engineer ____ Tel. (____) ____

Address ____

6. Responsible Person In Charge of Work WILLIAM DWECK Tel. (908) 493-9292

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other ____			
6. Subtotal	$		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee	3-		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other ____			
13. TOTAL	$ 78-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

Partition wall & relocate emergency lights

II. PROPOSED WORK

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☒ Small Job ($5,000 and no prior approvals)	2,650.00
3 ☐ New Building	
4 ☐ Addition	
5 ☐ Alteration	
6 ☑ Fire Protection	
7 ☐ Plumbing	
8 ☐ Electrical	
9 ☐ Asbestos Abatement	
10 ☒ Demolition	250.00
TOTAL COSTS	2,900.00

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
VOL	1/6/95		1/10/95	RR	2/1		
			1/6/95	RR	2/4/95		JR

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1 ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2 ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

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

LDS BR 10210172

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 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 William Dweck

Address 2125 Highway 35

Oakhurst, N.J. 07755

Telephone (908) 493-9292

Signature _____ Date 1-5-94

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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									
☐									
☐									

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. _____	_____	

CONSTRUCTION PERMIT

Date Issued 1-10 95
Control #
Permit # 40-95

IDENTIFICATION Block 670 Lot 4

Work Site Location D F JONES KENNEDY MALL

Contractor D F JONES

Address 212 Highway 36 Oakhurst

Owner in Fee

Address D F JONES

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:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Partition wall + replace emergency light

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 $ 2,900.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	50.00
Plumbing	5.00
Electrical	3.00
Fire Protection	20.00
Other	8.00
Other	8.00
DCA Training Fee	0.00
Cert. of Occ.	
Other	4:38
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1-10-95
Date Issued
Control #
Permit # 40-95

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 D.E. JONES, KENNEDY MALL
2770 HOOPER AVE., BRICKTOWN, N.J.
Owner In Fee FIDELITY MGT. CO.
Address P.O. BOX 48
GREEN VILLAGE, N.J. 07935
Tele. (201) 966-2800
Contractor D.E. JONES, INC.
Address 2125 HIGHWAY 35
OAKHURST, N.J. 07755
Tele. (908) 493-9292
Lic. No.
Federal Emp. No. 22-2411542 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: STOCKROOM
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 1/6/95 SP# 1625
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 2-4-95
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Emergency Lights			2-4-95	
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.

SIGNATURE 1-5-94

D. TECHNICAL SITE DATA

Description of Work RELOCATE 2 EMERGENCY LIGHTS

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		
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 SEE ABOVE	2	

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

.ease type or
INT NEATLY

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
RESIDENTIAL PROPERTIES

Applicant's Name and Address D.E. JONES, INC.
KENNEDY MALL, 270 HOOPER AVE, BRICKTOWN Phone ____

Owner's Name and Address D.E. JONES, INC. C/O WILLIAM DUECK
2125 HIGHWAY 35, OAKHURST, N.J. 07755 Phone 908-493-9292

Property Address KENNEDY MALL, 270 HOOPER AVE.

Block 670 Lot 4 Zone ____

Present Use: Vacant__ Single-family__ Two-family__ Multi-family__

Proposed construction: House__ Multi-family Unit__ Addition__.

Alteration__. Fence__. Shed__. Swimming pool__. Retaining wall__.

Attached garage__. Detached garage__. Attached deck__ Height____.

Detached deck__ Height____. Dock/bulkhead__. Repair/roof/siding__.

Other ✓ Please explain SIGN FACTORY UNIT.

Building height: Feet 12'. Stories 1. Number of kitchens 0.

Floor areas: First 6770. Second —. Third —. Attic —.

Number of on-site parking spaces: In driveway____. In garage____.

Prior approvals: Zoning Board: Yes__. No__. Planning Board: Yes__ No__.

If yes, state date of resolution and/or map filing____.

Additional information ____

Please submit with application an accurate plot plan either drawn by a surveyor or engineer, or hand-drawn on an 8½" by 11" sheet of paper by the owner or applicant, neatly and to scale. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

Signature of applicant____. Date____.

Received by zoning office: Date____. Complete__. Incomplete____.

lease type or
RINT NEATLY

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
NONRESIDENTIAL PROPERTIES
MULTIFAMILY PROPERTIES

Applicant's Name and Address D.E. JONES, INC., KENNEDY MALL, 2770 HOOPER AVE., TOMS RIVER Phone 908-495-9292

Owner's Name and Address D.E. JONES, INC., C/O WILLIAM DWECK 2125 HIGHWAY 35, OAKHURST, N.J. 07755 Phone 908-495-9292

Property Address 2770 HOOPER AVE. Block 670 Lot 4

Existing or most recent use RETAIL

Proposed use SAME

Proposed construction NON-BEARING STORE PARTITION

Check and give dates of prior approvals: (SEE BELOW)

Abridged site plan___. Resolution No._____. Date_____.

Minor site plan___. Resolution No._____. Date_____.

Full site plan___. Resolution No._____. Date_____.

Subdivision exemption___. Resolution No._____. Date_____.

Minor subdivision___. Resolution No._____. Date_____.

Major subdivision___. Resolution No._____. Date_____.

Zoning Board of Adjustment___. Planning Board___. Other_____.

Additional information ALL PRIOR CONSTRUCTION WAS BY LANDLORD

NOTE: All maps must be signed before a zoning permit can be issued.

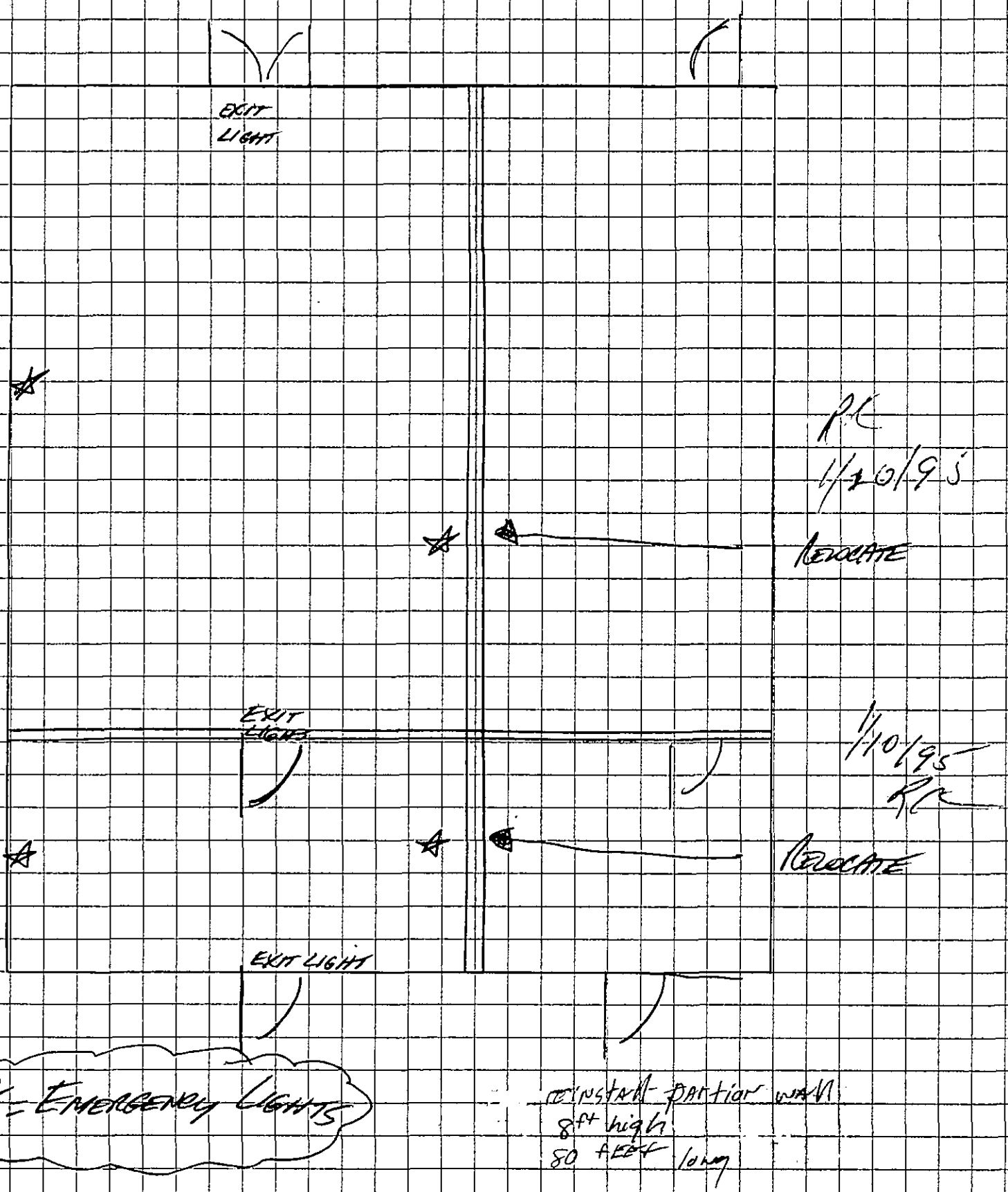
If no Board approval is required a plot plan must be submitted which shows all existing and proposed structures and setbacks. Proposals for signs must show all sign dimensions, area, clearance from ground, location and wording. Wall signs must show location on building.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

Signature of applicant _____. Date 4-5-94.

Received by zoning office: Date N/A. Complete___. Incomplete_____.

D. E. JONES


EXIT LIGHT
RELOCATE
1/10/95
RC
EXIT LIGHT
RELOCATE
EXIT LIGHT
☆ = EMERGENCY LIGHTS
= NEW STUD PARTITION WALL
8 ft high
80 FEET long