

PRELIMINARY APPROVAL ABT FINAL APPROVAL

BLOCK 670 LOT 4 ADDRESS (SITE) _____ PERMIT NO. 612-96

RECEIVED

MAR 28 1996



CONSTRUCTION PERMIT APPLICATION

BOAT, U.S.

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

I. IDENTIFICATION

1. Proposed Work-site at: Kennedy Mall 2770 Hooper Ave Brick Town NJ

2. Name of Owner in Fee: Kennedy Ascco Tel. (201) 966-2800
Address 641 Shunpike Road Chatham NJ 07928
street municipal zip code

3. Ownership in Fee: Public _____ Private X

4. Principal Contractor: Kennedy Ascco Tel. (201) 966-2800
Address 641 Shunpike Road Chatham NJ 07928

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. 22-2982365 Social Security No. _____

5. Architect or Engineer P.A. Marchetta Tel. (201) 935-4410
Address 63 Ridge Road P.O. Box 802 Lyndhurst NJ 07071

6. Responsible Person in Charge of Work Joseph Marino Tel. (201) 966-2800

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job (\$5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	<u>2300</u>
7. ☒ Plumbing	<u>5700</u>
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	<u>22,000</u>

OPTIONAL (for office use only)							
Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	3/28/96		4-16-96	RA	5/10/96		WP
			4/16/96		5/13/96		RA
			4-12-96		5/16/96		RA
On	4/4/96			RA			

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

V. FEE SUMMARY (for office use only)

1. Building	\$ 430	Update	Update
2. Electrical			
3. Plumbing	170		
4. Fire Protection	8.5		
5. Elevator Devices			
6. Subtotal	\$ 685		
7. Less 20% for State Plan Review	68		
8. Subtotal	\$		
9. DCA Training Fee	18		
10. Subtotal	\$		
11. Cert. of Occupancy	1500		
12. Other ZPA			
13. TOTAL	\$ 806.50		

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 _____	sq. ft.
11. Max. Live Load	_____	
12. Max. Occupancy Load	_____	

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: BOAT SUPPLIES

2. Use Group: B

3. Change in Use Group, Indicate Former: _____

LDS BR 10404813

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 Joseph Derino Date 3/28/96

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 Kennedy ASSCO

Address 641 Shunpike Road

Chatham N.J. 07928

Telephone (201) 966-2800

Signature Joseph Derino Date 3/28/96

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

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	_____
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. _____	_____	_____	_____	_____

BOAT
U.S.



CONSTRUCTION PERMIT

Date issued
Control #
Permit #

4/17/96
612-96

IDENTIFICATION Block 670 Lot 4

Work Site Location 277 Haver Ave Contractor Kennedy Assoc

Owner in Fee Kennedy Assoc Address _____

Address 671 Haver Ave Tele. (____) _____

Tele. (____) _____

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:

- ☒ BUILDING ☒ PLUMBING ☐ OTHER _____
☐ ELECTRICAL ☒ FIRE PROTECTION
☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

Tenant fit up

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 \$ 2200

PAYMENTS (Office Use Only)			BLANK
Building	<u>430</u>	BLOCK	0.00
Plumbing	<u>170</u>	6/0 9	0.00
Electrical		LUI	0.00
Fire Protection	<u>25</u>	4 3	
Other	<u>PLR</u>	BUILDING	60.00
Other		PLUMBING	70.00
DCA Training Fee	<u>18</u>	RENT	85.00
Cert. of Occ.	<u>20</u>	FEAR RW	60.00
Other	<u>2411</u>	1ST A.	13.00
Total	<u>PT 12</u>		20.00
Check No.	<u>4704</u>	CONC LOT	15.00
Cash		TOTAL	86.00
Collected By:	<u>SK</u>	CHECK	86.00

BOST US

4/17/96
6/12-96

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: Joseph J. D'Amico

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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 676 Lot 4
Work Site Location Keaneedy Mill
270 Hooper Ave. Brighton N.Y.
Owner in Fee Keaneedy Assoc
Address 641 Shurpik Road
Chatham N.Y. 07928
Tele. (201) 966-2800
Contractor Keaneedy Assoc
Address 641 Shurpik Road
Chatham N.Y. 07928
Tele. (201) 966-2800
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. 22-2982365 or Social Security No. _____

JOB SUMMARY (Office Use Only)

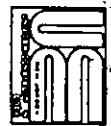
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type: _____	Failure _____	
☐ All	5/16/96	JS	Footings	4/24/96	
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ ISA			TCO		
Date: <u>5-16-96</u>			Other		
Approved By: <u>JS</u>			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ <u>34,000</u>
No. of Stories			2. Alteration \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area--Largest Floor		Sq. Ft.	
New Bldg. Area/All Floors		Sq. Ft.	
Volume of New Structure		Cu. Ft.	
Total Land Area Disturbed		Sq. Ft.	

(Office Use Only)
FEE

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



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

APR 24 1960 0307H

FEE (Office Use Only)

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 Corner BRICK BLVD & HOPPER AVE
Owner in Fee Kennedy Mall Associates
Address 644 Shumpkins Road
Chatham, N.J. 07925
Tele. (201) 966-2600
Contractor THEOTTER ELECTRIC INC.
Address 153 CEDARHURST ROAD
BRICK N.J. 08723
Tele. (201) 477-4412
Lic. No. 13234
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[] Pole/Pad # _____ [] Temporary [] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 10,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb.
[] Fire [] Elevator
[] Elec. Plans Approved
Date: 2-24-79
Approved by: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved By: _____

INSPECTIONS	Type:	Failure	Dates (Month/Day)	Initial
	Rough			
	Temporary			
	Constr. Serv.			
	TCO			
	Other			
	Service			
	Final			
	Temp. Cut-In-Card Date Issued			
	Final Cut-In-Card Date Issued			

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

☒ Licensed Electrical Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
115		Fixtures (1)
23		Receptacles (2)
10		Switches (3)
148		Total 1 + 2 + 3
		Kw Range
		Kw Oven(s)
		Kw Surface Unit
		hp Dishwasher
		hp Garbage Disposal
		Kw Dryer
5		Kw A/C Unit Condensers
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
		hp Whirlpool/spa
		Pool Bonding
		hp Pool Filter Motor
		Pool Lights
5		Kw Water Heater(s)
		Kw Central heat:
		oil, (gas) or elec.
		Kw Baseboard Heat Units
		Thermostats
		hp Heat Pump
2		hp Pump(s)
200		Amp Motor Control Center/Sub Panels
1		Signs
		Light Standards
		hp Motors—Fractional H.P.
		hp Motors—All Others
		Kw Transformers
		Kw Generators
		Amp Service Entrance
		Other

Paid Check # 1016 Administrative Surcharge \$
DCA Training Fee \$
TOTAL FEE \$
Collected by: _____

U.C.C. Form F-120B

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

30 by Anthony Marino, 28 Old Ave Rd.



FIRE PROTECTION SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

4/17/96
6/12-96

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

Block 670 Lot 1
Work Site Location Heavely Ave. Bristol Town
Owner in Fee Heavely Assoc.
Address 641 Shundike Road
Chatham N.J. 07922
Tele. (908) 468-3474
Contractor MAWATHA CONSTRUCTORS FIRE SPRINKLER
Address 11 PINE BEEDE ST
HORSEEC NJ 07731
Tele. (908) 468-3474
Lic. No. _____ or Social Security No. _____
Federal Emp. No. 22-2543749

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. Class. _____ Present _____ Proposed _____
Heating Systems ☐ New ☐ Existing
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other KALIS SPRINKLER BEANET N.J.
Location: 6"
Total Est. Cost of Fire Prot. Work \$ 5600 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type: _____	Failure _____
Joint Plan Review Required:	Suppression Test	Failure _____
☐ Bldg. ☐ Plumb.	Fire Alarm Test	Approval <u>5/10/96</u>
☐ Elec. ☐ Elevator	Smoke Test	_____
☒ Fire Plans Approved	Mechanical	_____
Date: <u>4/16/96</u>	TCO	_____
Approved by: <u>[Signature]</u>	Other _____	_____
SUBCODE APPROVAL:	Other _____	_____
☒ CO ☐ CCO ☐ CA	Other _____	_____
Date: <u>5/10/96</u>	Other _____	_____
Approved by: <u>[Signature]</u>	_____	_____

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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work	Number	FEE (Office Use Only)
Water Supply Source	<u>80</u>	<u>85-</u>
Method of Valve Supervision	<u>80</u>	
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 _____

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 _____	
Paid ☐ Check # _____	Administrative Surcharge \$ _____
Minimum Fee \$ _____	
DCA Training Fee \$ _____	
Collected by: _____	TOTAL FEE \$ <u>85-</u>

TOWNSHIP OF BRICK

ZONING PERMIT

Sean Kinnevy
Zoning Officer

BLOCK 670 PLUMBING & MECHANICAL CHECK LIST

LOT 4

DATE 4-10-96

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

☒ ISOMETRIC SKETCH

☒ LIST OF EXISTING FIXTURES

☒ GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

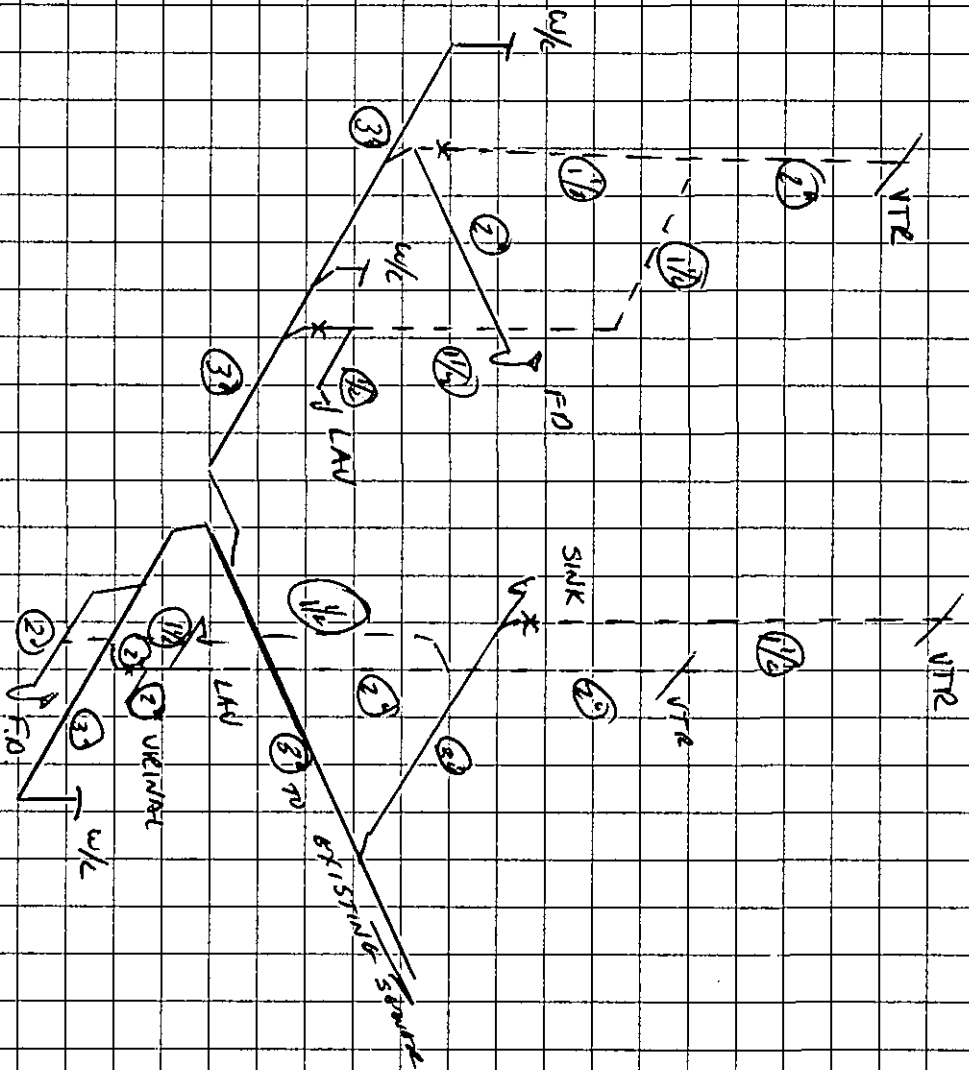
HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

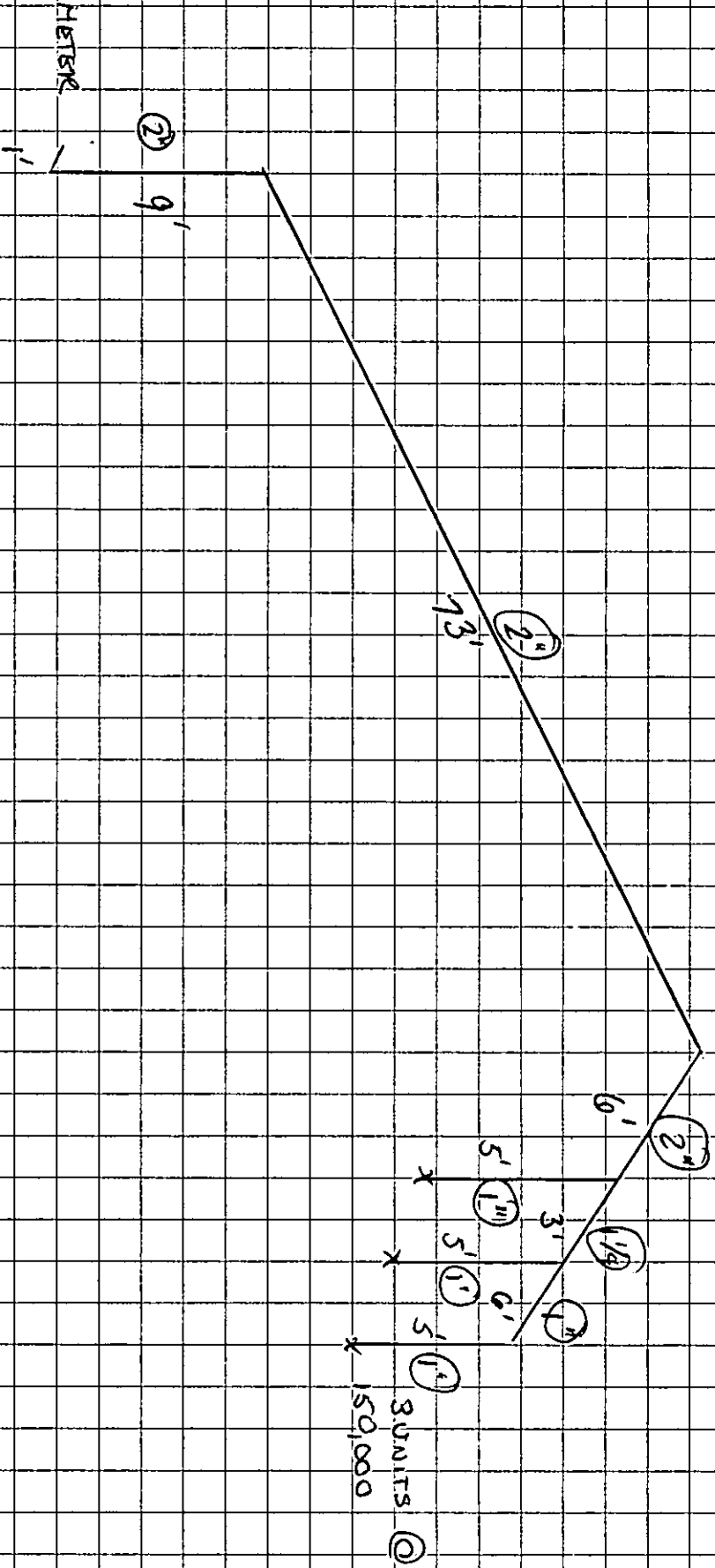
A large, stylized handwritten signature, possibly reading "John D.", is written over a horizontal line. Above the signature is a large, dark, scribbled-out mark that appears to be a crossed-out signature or initials.

U.S. BOATS
KENNEDY MALL

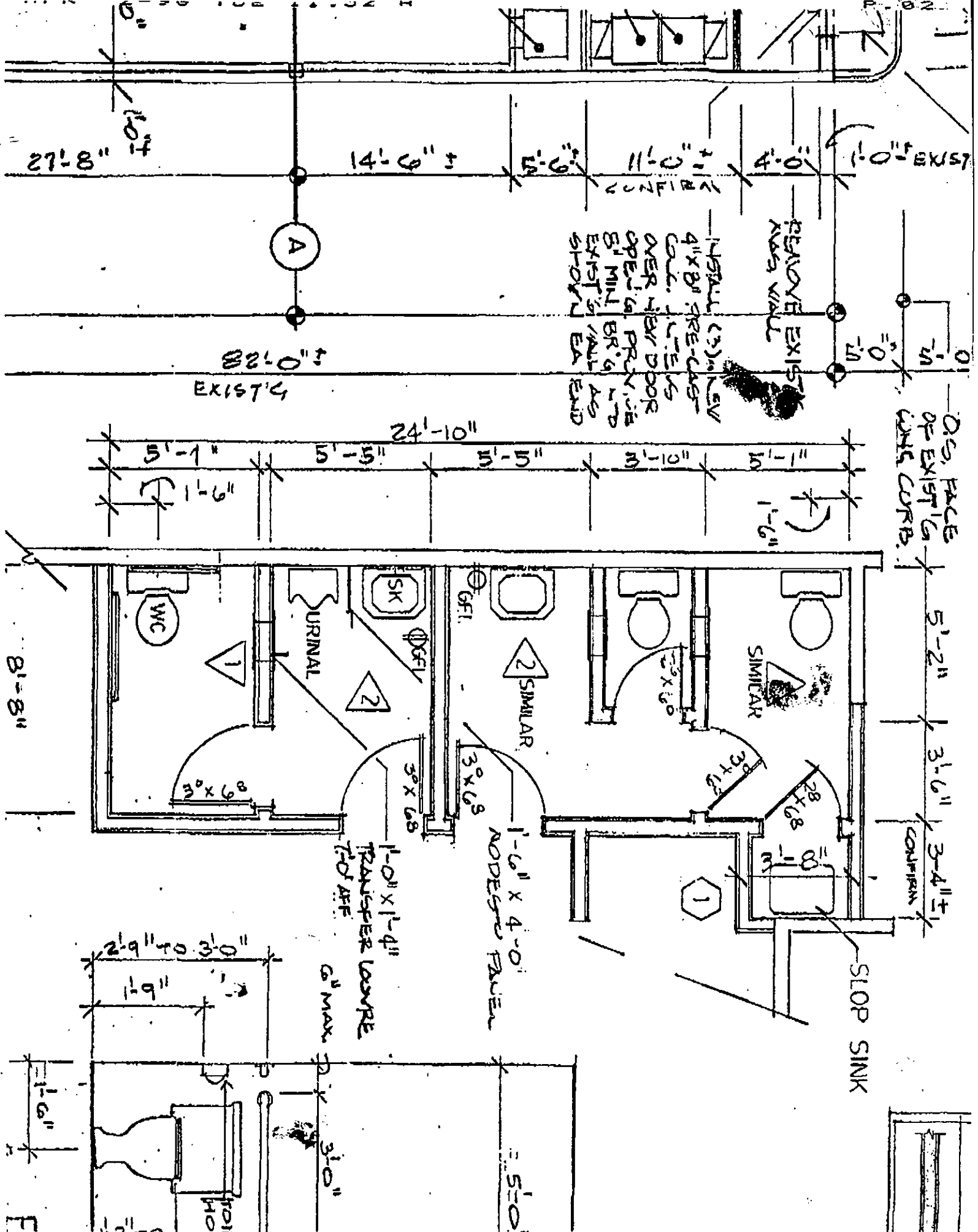


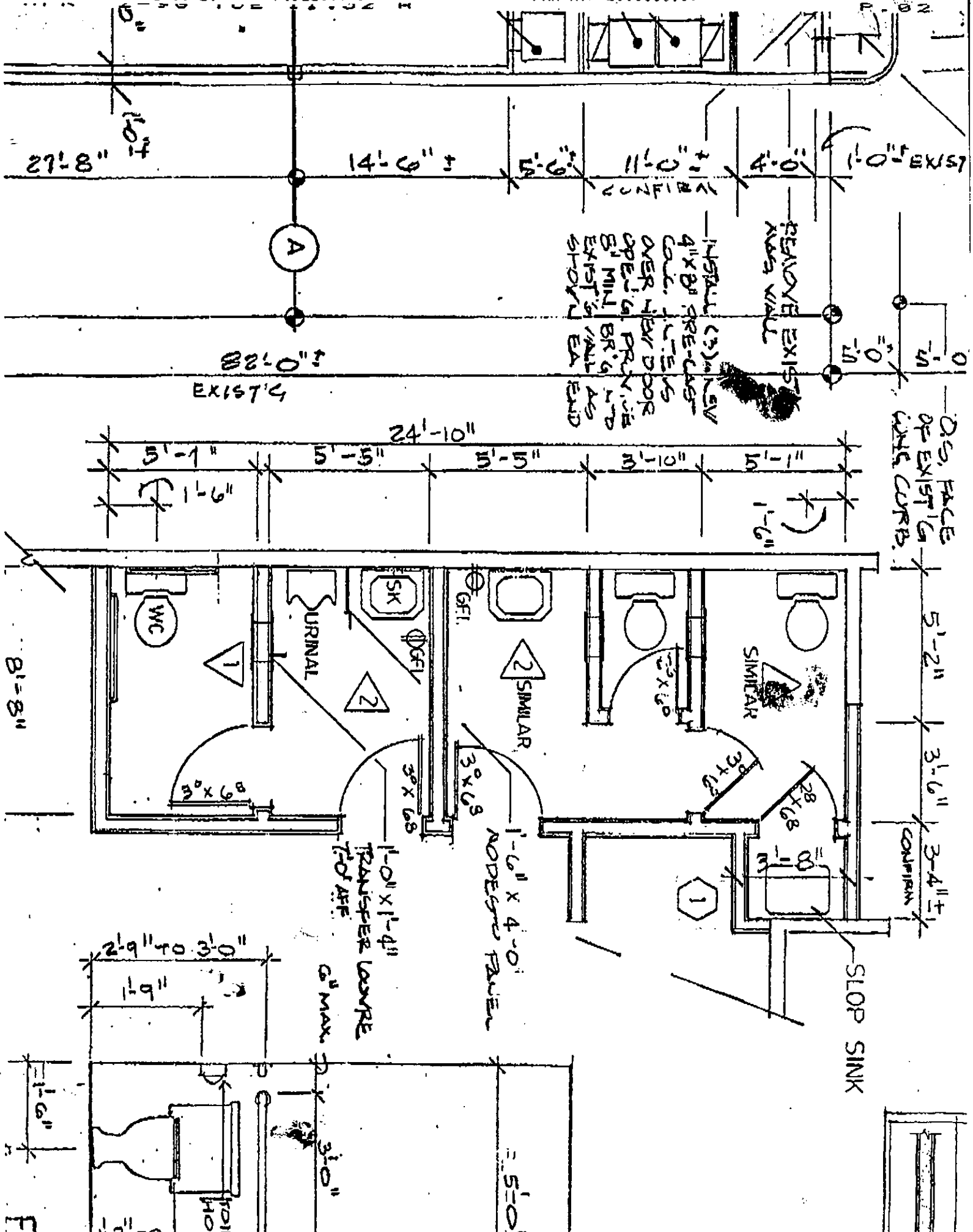
[Handwritten signature]

KENNEDY MALL
U.S. BOATS



[Handwritten signature]





TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

Kennedy Mall
2770 Hooper Ave

TO: Scott Pezarras, Treasurer

FROM: Carol A. Wolfe, Affordable Housing Administrator

RE: ☒ Mandatory Development Fee
☐ Inclusionary Development Fee

DATE: *April 9, 1996*

Enclosed please find check number 1033, drawn on the account of Kennedy Mall Assoc. in the amount of \$ 258.00 which represents fees levied against Block 670 Lot 4.

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] *4/9/96*
Signature Date

1033

KENNEDY MALL ASSOCIATES
C/O FIDELITY MANAGEMENT COMPANY
641 SHUNPIKE ROAD
CHATHAM, NJ 07928

CHEMICAL BANK NEW JERSEY NA
183 MILLBURN AVENUE
MILLBURN, NJ 07041

55-233
212

Date 04/08/96 Check Amount \$258.00

TWO HUNDRED FIFTY EIGHT and 00/100 DOLLARS

Pay to the order of:

TOWNSHIP OF BRICK

BRICKTOWN, NJ 08723

[Signature]

⑈001033⑈ ⑈021202337⑈ 2810 515672⑈

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



Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: Block 670, Lot 4

DATE: 4/2/96

Frederick Millman
2775 Harrison Ave
Brick, NJ 08723
87



Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is \$ 51,000.

Preliminary

FRM/2011
Frederick R. Millman, CTA

4-2-97
Date



Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is \$ _____.

Final

FRM/2011
Frederick R. Millman, CTA

4-2-97
Date

☐ EXEMPT
☒ PRELIMINARY 4/1/96
☐ TEMPORARY
☐ FINAL

CERTIFICATE OF COMPLIANCE

NAME: Leeway Mall DATE: 4/1/96
ADDRESS: 641 Silver Lake Rd.
Elmwood NJ 07935
PROPERTY LOCATION: 272 Maple Ave
ACCOUNT NO: _____ BLOCK 670 LOT 4

INCLUSIONARY DEVELOPMENT

☐ Affordable Fee Required \$500.00 Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Pd. in Full _____ Date _____
☐ Market Rate No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%
☒ Commercial is .01%

Inclusionary Development Fee (IDF)
\$500.00

Estimated Fee : \$2516.00 Date: 4/1/96
Down Payment : \$258.00 Date: 4/1/96 #1033
Final Fee : _____ Date: _____
(Less down payment)
Balance : _____ Date: _____
Pd. in Full : _____ 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

TRANSMITTAL

LESTER

OUR FAX NUMBER - (201) 935-4416

APR 12 1996

~~DATA~~ DOCUMENT C810

DIV. OF INSPECTION

PROJECT:
(name, address)

55) BOATS US
KENNEDY MALL
BRICKTOWN, N.J.

ARCHITECT'S
PROJECT NO:

96-004

DATE:

4/12/96

TO:

BLO'G DEPT
BRICK TOWN. N. J.

If enclosures are not as noted, please inform us immediately.

If checked below, please:

() Acknowledge receipt of enclosures.

() Return enclosures to us.

ATTN:

RAY KWORTKUSKI OR
TRANSMIT: JAMES HYERS

WE TRANSMIT:

() herewith () under separate cover via

() in accordance with your request

FOR YOUR:

() approval () distribution to parties () information
() review & comment () record
() use ()

THE FOLLOWING:

☐ Drawings	☐ Shop Drawing Prints	☐ Samples
☐ Specifications	☐ Shop Drawing Reproducibles	☐ Product Literature
☐ Change Order	☐	

COPIES	DATE	REV. NO.	DESCRIPTION	ACTION CODE
			TOTAL NUMBER PAGES TRANSMITTED INCLUDING TRANSMITTAL-	

ACTION CODE A. Action indicated on item transmitted
B. No action required
C. For signature and return to this office

D. For signature and forwarding as noted below under REMARKS
E. See REMARKS below

REMARKS

FULL CERTIFIED BLUE PRINT TO FOLLOW

IF YOU DO NOT RECEIVE ALL PAGES, OR IF ANY OF THE TRANSMISSION IS ILLEGIBLE, PLEASE

CALL OUR OFFICE AT (201) 935-4410 - - THANK YOU.

Number of Prints

Type: Blue - Sepia - Xerox

Size: 8½" x 11", 24" x 36", 30" x 42"

Contractor	Consultant	Client	In-House
1	1	1	1
2	2	2	2
3	3	3	3
4	4	4	4
5	5	5	5
6	6	6	6
7	7	7	7
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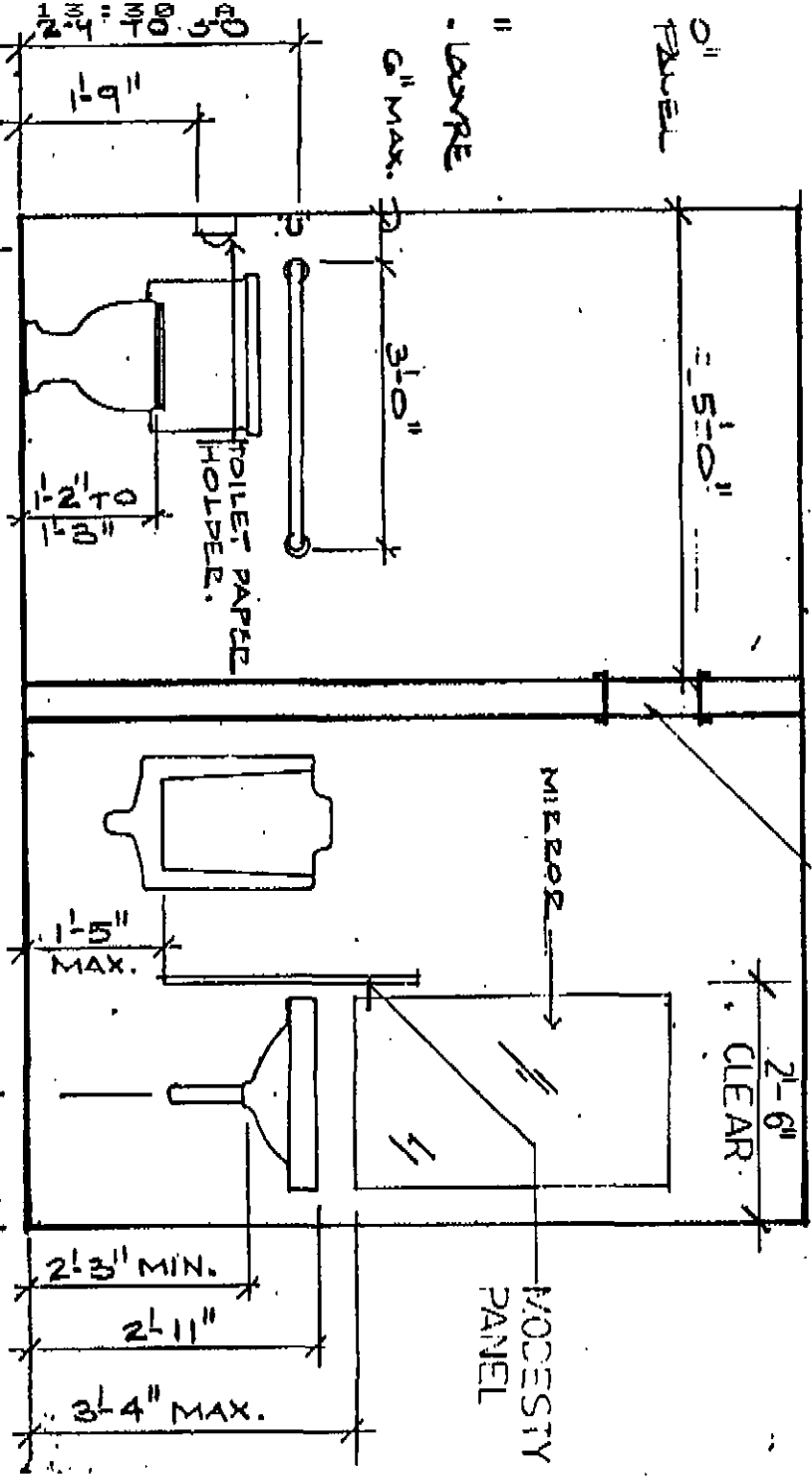
P. A. MARCHETTA
A I A P F
ARCHITECT - PLANNER

ARCHITECT - PLANNING
By: *R. J. Marchetta*

RECEIVED
APR 12 1996
DIV. OF INSPECTION

1'-0" x 1'-4" TRANSFER
LOUVER 7'-0" & 4"

NOTE:
Construct all framing as per elements on drawing unless dimensions are at dimensions shown as (2) are the ap result of existing conditions, and verified and confirmed by contract Contractor to report any conditions shown on drawing as (1). Low contrary to that shown, to architect commencement of construction.



ELEVATION

SCALE: 1/2" = 1'-0"

ELEVATION

SCALE: 1/2" = 1'-0"

M. LAV.

VENT THRU ROOF

ROOF

APR - 12 - 96 FRI

P. 04	E
	C

Q.S. FACE
OF EXIST'G
CONC CURB.

5'-2" 3'-6" 3'-4" ±
CONFIRM

SLOP SINK

RECEIVED

APR 12 1996

DIV. OF INSPECTION

1
SIMILAR

2
SIMILAR

1'-6" x 4'-0"
MODESTY PANEL

1'-0" x 1'-4"
TRANSFER LAUNGE
7'-0" AFF

6" MAX.

3'-0"

TOILET PAPER
HOLDER

ELEVA
SCALE: 1/

DETAIL A NEW M. LAV.

SCALE 1/4"=1'-0"

A

A-1

ELECTRICAL LEGEND

M. LA

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

Building

Fire

Energy

Electrical

4-12-16 JGH

APR 12 1996

DIV. OF INSPECTION

EXISTG LAV. (TO REMAIN)

NEW
W.—
LAV.

SEE DET

N.E. W

$$\frac{M_e}{LAV}$$

SEE DET.

EXISTING
FURNACES

- INSIDE FACE
OF STUD WALL

R E T

PAINT ALL G.W.
REMOVE EX
ENTIRE NEW

1-3"	ALLN.
------	-------

SCALE: 1/2" = 1'-0"



COLLECT EXIST'G TRUSS DOWN TO
NEW 21"x12" WD. PLATES WITH HURRICANE
TIE DOWN CLIPS AT E.D. TRUSS.

RECEIVED

RECEIVED

APR 12 1996

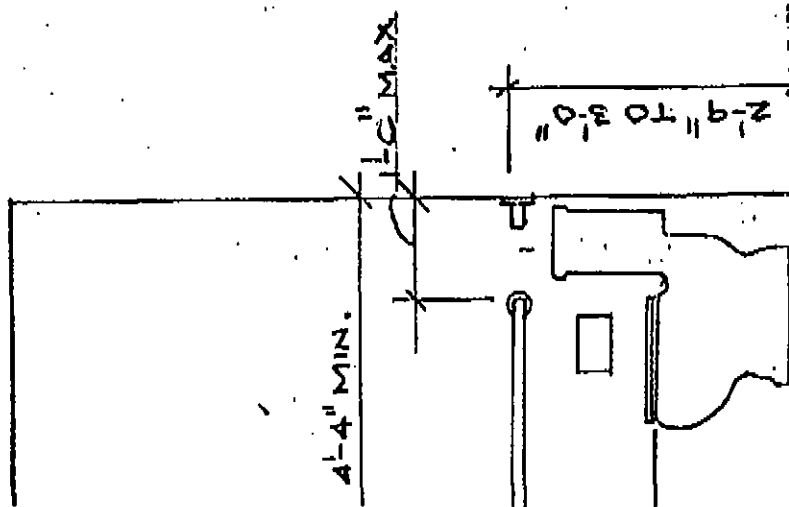
DIV. OF INSPECTION

BRICK TOWNSHIP

Plan Review	Class	Date
Permit		3/2
Plumbing		
Building		
Fire		
Energy		
Electrical		

RODRIGUEZ RETAIL STORE

Dimensions shown town as (1:1) approximate must be in field. 1 or dimen- id to be it prior to	USE GROUP M	CONSTRUCTION CLASSIFICATION 3B
--	----------------	--------------------------------------



SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 4-12-96

Property Address US BOATS - Kennedy Trill Block 670 Lot 4

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>3</u>	() <u>15</u>	() _____
2. Lavatory	<u>2</u>	() <u>4</u>	() _____
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	<u>1</u>	() <u>3</u>	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	<u>1</u>	() <u>5</u>	() _____
11. Floor Drain	_____	() _____	() _____
12. Drinking Fountain	_____	() _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total 27

Gallons per minute 18.5

Size of Service 1"

Date: 4-12-96

Approved: [Signature]
Brick Township Plumbing Inspector

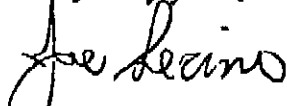
Mr. Ray Korkowski

May 9, 1996

Page 2

At this time we request a final fire inspection as well as final building. A notarized hard copy of this correspondence shall be received by Brick Township Construction Department no later than Tuesday, May 14, 1996 via certified mail. The store is scheduled for soft opening on Saturday, May 12, 1996. Please contact me at 201-966-2800 should you have any questions.

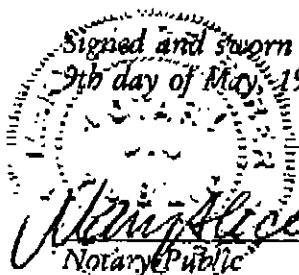
Very truly yours,



Joe Serino, Project Manager
for Anthony P. Davino
Kennedy Mall Associates

/mab

Signed and sworn to before me this
9th day of May, 1996.



MARY ALICE W. BORER
Notary Public, State of New Jersey
My Commission Expires 03/20/2000

cc Dan Newman

The Office of the Undersigned
AT
**FIDELITY MANAGEMENT
COMPANY, INC.**

641 SHUNPIKE ROAD

CHATHAM, NEW JERSEY 07928



FIDELITY

(201) 966-2800

FAX NO. (201) 966-6161

May 9, 1996

Ray Korkowski, Construction Official
Brick Township
401 Chambers Bridge Road
Brick, New Jersey 08723

VIA FAX AND
CERTIFIED MAIL

RE: Boat U.S., Kennedy Mall B 670 L 4

Dear Mr. Korkowski:

On May 8 we had a final plumbing inspection for Boat U.S. at the above referenced location. The following deficiencies were noted:

1. Absence of field architectural plan on site.
2. Bathroom floor drains covered by vinyl tile.
3. Lowdown/overflow for hot water heater not piped to mop sink drain
4. 3/4" water meter installed -- 1" water meter required
5. Toilet bowl flush handle to be mounted at largest open area side of toilet. We have a left hand flush and require a change to a center button flush

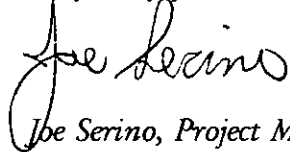
As per discussions with the plumbing department on May 8 and with Inspector Dan Newman, Kennedy Mall Associates shall complete item numbers 1 through 4 immediately. It is requested, however, that item number 4 be viewed with leniency, as locating a 1" leader yoke may take a couple of days as well as getting the 1" meter sent by the BTMUA.

We will require 30 days for item number 5, as ordering a center button flush and installation thereof may take some time. IN all events, Kennedy Mall Associates shall act with due diligence to complete all of the aforementioned items in a timely fashion. We therefore ask that a temporary approval and a temporary 30-day co be issued pending the completion of these items.

Mr. Ray Korkowski
May 9, 1996
Page 2

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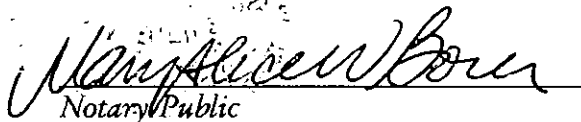
Very truly yours,



*Joe Serino, Project Manager
for Anthony P. Davino
Kennedy Mall Associates*

/mab

*Signed and sworn to before me this
9th day of May, 1996.*


Notary Public

MARY ALICE W. BORER
Notary Public, State of New Jersey
My Commission Expires 03/20/2000

cc Dan Newman



The Office of the Undersigned
AT

FIDELITY MANAGEMENT COMPANY, INC.

641 SHUNPIKE ROAD

CHATHAM, NEW JERSEY 07928



FIDELITY

(201) 966-2800

FAX NO. (201) 966-6161

May 9, 1996

RECEIVED

MAY 10 1996

DIV. OF INSPECTION

File
5/13/96
AC

Ray Korkowski, Construction Official
Brick Township
401 Chambers Bridge Road
Brick, New Jersey 08723

VIA FAX AND
CERTIFIED MAIL

RE: Boat U.S., Kennedy Mall B 670 L 4

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☐ EXEMPT
☒ PRELIMINARY 4/1/96
☐ TEMPORARY
☐ FINAL

CERTIFICATE OF COMPLIANCE

NAME: Kennedy Mill DATE: 4/1/96
ADDRESS: 641 Shoreline Rd.
Chatham NJ 07928
PROPERTY LOCATION: 2720 1100th Ave
ACCOUNT NO: _____ BLOCK 670 LOT 4

INCLUSIONARY DEVELOPMENT

☐ Affordable Fee Required \$500.00 Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Pd. in Full _____ Date _____
☐ Market Rate No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%
☒ Commercial is .01%

Estimated Fee : \$516.00 Date: 4/1/96
Down Payment : 258.00 Date: 10/1/96 & 1033
Final Fee : _____ Date: 11-4-97
(Less down payment)
Balance : 258.00 Date: 12-5-97
Pd. in Full : 516.00 Date: 12-5-97

CK # 1575
Receipt # 3211

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

TOWNSHIP OF BRICK

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

Carolyn L. Patetta, Mayor

Township Council:

Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorino
Mary Lou Powner



Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: Block 670, Lot 4

DATE: 4/2/96

Denney Mall
2770 Haspen Ave
\$31,000.00
Est



Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is \$ 51,600

Preliminary

FRM/BUH
Frederick R. Millman, CTA

4-2-97

Date



Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is \$ 51,600

Final

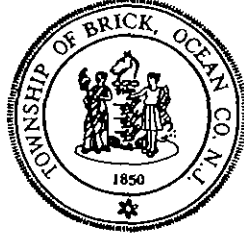
BUH
Frederick R. Millman, CTA

11/4/97

Date

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council

Helen Fayad, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Lee Hartman
Mary Lou Powner
Michael A. Thulen

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954
<http://gbshost.com/brick>

November 25, 1997

Mr. Joseph Serino
Boat US
Kennedy Mall Associates
641 Shunpike Road
Chatham, N.J. 07928

Re: Mandatory Development Fee
Block 670 Lot 6 Boat US 2770 Hooper Avenue, Brick, N.J.

Dear Mr. Serino:

As you are aware, there still remains an outstanding balance due the Office of Affordable Housing in the amount of \$258.00.

Although final fees are a prior requirement, a Certificate of Approval was issued inadvertently for this site. We have repeatedly attempted to collect the outstanding balance due, but all to no avail.

If we have not received said fees within ten (10) days of the date of this letter, this matter will be referred to the Construction Code Official for whatever action he may deem appropriate.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

cc: Joseph Curiazza, Construction Code Official
cc: Drew Hudson, Boat US, 2770 Hooper Ave. Brick, N.J. 08723

612-96

1575

KENNEDY MALL ASSOCIATES
C/O FIDELITY MANAGEMENT COMPANY
641 SHUNPIKE ROAD
CHATHAM, NJ 07928

THE CHASE MANHATTAN BANK NA
183 MILLBURN AVENUE
MILLBURN, NJ 07041

55-233
212

Date
12/02/97

Check Amount
\$258.00

TWO HUNDRED FIFTY EIGHT and 00/100 DOLLARS

Pay to the order of:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICKTOWN, NJ 08723



To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees
Date: 12-5-97

Business/Development: Boat US
Owner/Applicant: Kennedy Mall Associates
Property Address: 2710 Hooper Ave
Block: 670 Lot: 4

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: 1575
Final Fee: \$ 516.00
Less Deposit: \$ 258.00

Final Payment \$ 258.00

FOR DEPOSIT ONLY-AFFORDABLE,HOUSING TRUST ACCOUNT # 4880071456

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

12-5-97
Date