BLOCK 670 LOT 45 & 2325 ADDRESS (SITE) KENNEDY MALL PERMIT NO. 1931-92

"D.E. JONES SHOE" SOURCE

CONSTRUCTION PERMIT APPLICATION

RECEIVED SEP 8 1992 DIV. OF INSPECTION

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

I. IDENTIFICATION

Proposed Work-site at: KENNEDY MALL

Name of Owner in Fee: KENNEDY MALL ASSOCIATES Tel. (201) 966-2800

Address 641 SHUNPIKE ROAD, CHATHAM, N.J. 07928
(street, municipality, 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 [redacted]

5. Architect or Engineer BUCHHOLZ MONTANO ARCH., P.C. Tel. (201) 678-0773

Address 141 SOUTH HARRISON ST., E. ORANGE, N.J. 07018

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

4W 2/Comb 9/14/92 DC

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 53		
2. Electrical			
3. Plumbing			
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 99 -		
7. Less 20% for State Plan Review	5 -	✓	
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 124 -		

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	

II. PROPOSED WORK

tenant fit-up

	Est. Cost
1. ☑ Minor Work (single trade)	6750.00
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ 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
WP	9-8-92		9/9/92	LR			
			9/14/92	JC	2/1/94		

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: retail shoe store
2. Use Group: M
3. Change in Use Group, Indicate Former:

LDS BR 10109905

20K

U.C.C. Form F-100A

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 _____

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									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☒ Other Zoning	SK	9/9/92	comm alt.	retail store					
☐									
☐									

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			

"D.E. JONES SHOE SOURCE"

CONSTRUCTION PERMIT

Date Issued 9-14-92
Control #
Permit # 1931-92

IDENTIFICATION Block 670 Lot 4,5,8,23,25

Work Site Location Old Hooper & Brick Blvd. Contractor

Address

Owner in Fee Kennedy Mall Assoc.

Address 1641 Old Turnpike Rd. Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Chatham, NJ 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:

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 $ 6,750.

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	53.	
Plumbing		
Electrical	**8887**	
Fire Protection	16 1931##	
Other	Bldg 5. BLOCK	1.00
Other	670 #	
DCA Training Fee	LOT	1.00
Cert. of Occ.	20. 4 #	
Other	BUILDING	53.00
Total	124 FIRE	4.00
Check No.	1662 PLAN RUN	5.00
Cash	C / O	21.00

Collected By:

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-14-92
Control #
Permit # 1931-92

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

Block 670 Lot 4,5,8 23 25
Work Site Location KENNEDY MALL
BUCK BLVD. AND HOOPER AVE., BRICKTOWN, N.J.
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE ROAD
CHATHAM, N.J. 07928
Tele. (201) 966-2800
Contractor D.E. JONES, INC.
Address 2125 HIGHWAY 35
OAKHURST, N.J. 07755
Tele.. (908) 493-9292
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-2411542 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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT-UP TO INCLUDE
SLATWALL, WALLPAPER AND CARPETING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/9/92	RC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed M
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10' Ft.
Area—Largest Floor 2132 Sq. Ft.
Total Bldg. Area/All Floors 2132 Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 6750.00
3. Total (1+2) $ 6750.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[X] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [X] Other COSMETIC

(Office Use Only)
FEE
$ ____

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-14-92
Control #
Permit # 1931-92

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

Block 670 Lot 4,5,8 23 25
Work Site Location KENNEDY MALL
BUCK BLVD. AND HOOPER AVE., BRICKTOWN, N.J.
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE ROAD
CHATHAM, N.J. 07928
Tele. (201) 966-2800
Contractor D.E. JONES, INC.
Address 2125 HIGHWAY 35
OAKHURST, N.J. 07755
Tele. (908) 493-9292
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 25-2411542 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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT-UP TO INCLUDE
SUSPENDED, WALLPAPER AND CARPETING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/11/92	RC
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 10' Ft.
Area—Largest Floor 2132 Sq. Ft.
Total Bldg. Area/All Floors 2132 Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 6750.00
3. Total (1+2) $ 6750.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[X] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [X] Other COSMETIC

(Office Use Only)
FEE

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

U.C.C. Form F-110A
1 White = Inspector Copy
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D E Jones

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-14-92
Control #
Permit # 1931-92

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

Block 670 Lot 4,5,8 23 25
Work Site Location KENNEDY MALL
BLACK BLVD. AND HOOPER AVE., BRICKTOWN, N.J.
Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE ROAD
CHATHAM, N.J. 07928
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. 25-2411542 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other
Location: INTERIOR
Total Est. Cost of Fire Prot. Work $ -0- [ ] Other

occupancy load. 63 Must be posted

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 9/14/92 JE
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [X] CA
Date: 2-1-94 JE
Approved by:

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Exit Signs			2-1-94	JE
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

D. TECHNICAL SITE DATA

Description of Work Tenant Fit up

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 (Emergency Lites, Battery Back up)		46
Heat Detectors		
TOTAL		
Exit Signs		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems (Fire Extinguishers)		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		
Administrative Surcharge	$	
Minimum Fee	$	46
TOTAL FEE	$	

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-14-92
Control #
Permit # 1931-92

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Owner in Fee KENNEDY MALL ASSOCIATES
Address 641 SHUNPIKE Road
CHATHAM, N.J. 07928
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. 25-2411542 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [ ] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other
Location: INTERIOR
Total Est. Cost of Fire Prot. Work $ -0- [ ] Other

occupancy load. 63 Must be posted

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 9/14/92
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

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

C. CERTIFICATION IN LIEU OF OATH

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SIGNATURE

D. TECHNICAL SITE DATA

Description of Work Tenant Fit up

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 (Emergency Lites / Battery Back up)		46
Heat Detectors		
TOTAL		
Exit Signs		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Fire Extinguishers		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
Collected by TOTAL FEE $

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