

BLOCK 670 LOT 4 ADDRESS (SITE) Kennedy Mall - Brick Blvd. PERMIT NO. 099-93

RECEIVED



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Kennedy Mall (Brick & Roger Blvd.)

2. Name of Owner in Fee: Kennedy Mall Assoc. Tel. (201) 966-2800
Address 641 Shumpike Rd. Chatham N.J. 07920
street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Kennedy Mall Assoc. Tel. (201) 966-2800
Address 641 Shumpike Rd. Chatham N.J. 07920
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ Social Security No. _____

5. Architect or Engineer on plans submitted Tel. (201) 935-4410
Address _____

6. Responsible Person Anthony Davino Tel. (201) 966-2800
In Charge of Work

II. PROPOSED WORK

1. ☐ Minor Work (single trade)
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

Est. Cost

0
8,200
0
5,800
7,000
21,000..

TOTAL COSTS

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	\$ 158-		
2. Electrical			
3. Plumbing			
4. Fire Protection	46		
5. Other			
6. Subtotal	\$ 204-		
7. Less 20% for State Plan Review	5-		
8. Subtotal	\$		
9. DCA Training Fee	17-		
10. Subtotal	\$		
11. Cert. of Occupancy	20-		
12. Other			
13. TOTAL	\$ 246-		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1
2. Height of Structure 18 ft.
3. Area—Largest Floor _____ sq. ft.
4. Building Area—All Floors _____ sq. ft.
5. Volume of Structure _____ cu. ft.
6. Construction Classification 3B
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 _____

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 store
2. Use Group: BR M
3. Change in Use Group. Indicate Former: BR M

LDS BR 10408676

ZOK

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 Anthony Davino fo Kennedy Mall Assoc.

Address 641 Shurpike Rd.
Chatham, N.J. 07925

Telephone (201) 966-2800

Signature Anthony Davino Date 1/6/93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ 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	SK	11/6/95	compt	re tail store					
☐									
☐									

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)

☒ Temporary Certificate of Occupancy	No. <u>99</u>	DATE EXPIRED <u>3-26-93</u>
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. <u>99</u>	<u>4-1-93</u>
☒ Certificate of Approval	No. _____	_____



CERTIFICATE

Date Issued 8-1-93
Control #
Permit # 099-93

IDENTIFICATION

Block 670 Lot 4
Work Site Location Brick Blvd. & Hooper Ave.
Owner in Fee Kennedy Mall Association
Address 641 Shunpike Rd.
Chatham, NJ 07920
Tele. ()
Contractor same
Address
Tele. ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group N
Maximum Live Load
Description of Work/Use:
Tenant fit-up "Karin's Kurltains"
Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☒ CERTIFICATE OF APPROVAL

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than , 19 or the owner will be subject to a fine or order to vacate:

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL

William J. C...



CERTIFICATE

Date Issued 3-26-93
Control #
Permit # 99-93

IDENTIFICATION

Block 570 Lot 4
Work Site Location Brick Blvd. & Cooper Ave.
Owner in Fee Kennedy Hall Association
Address 641 Shunpike Rd.
Chatham, NJ
Tele. ()
Contractor sara
Address
Tele. ()
Lic. No. or Bids. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group 1
Maximum Live Load
Description of Work/Use: Tenant Fit-up "Karin's Kurltains"
Type of Warranty Plan: [] State [] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

XXXX ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than April 26, 19 93 or the owner will be subject to a fine or order to vacate: Pending compliance with Building. (letter from Architect)

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL

Arthur J. ...

*Kennedy's
Kurtz*



CONSTRUCTION PERMIT

Date Issued 1-21-93
Control #
Permit # 099-93

IDENTIFICATION Block 670 Lot 4

Work Site Location 1111 Hanger & Brick Blvd Contractor Kennedy Mair Co LLC
Address _____

Owner in Fee Kennedy Mair Co LLC

Address 644 Hanger Rd

Tele. (____) Chatham NJ

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:

*Interior Renovation
of second flr. up*

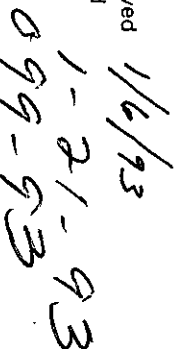
NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 5,000.

(Signature)
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	<u>158.00</u>
Plumbing	<u>0.00</u>
Electrical	<u>57.00</u>
Fire Protection	<u>46.00</u>
Other	<u>0.00</u>
Other	<u>0.00</u>
DCA Training Fee	<u>19.00</u>
Cert. of Occ.	<u>20.00</u>
Other	<u>0.00</u>
Total	<u>240.00</u>
Check No.	<u>1150</u>
Cash	<u>0.00</u>
Collected By:	<u>(Signature)</u>

BUILDING SUBCODE TECHNICAL SECTION



Block	670	Lot	4
Work Site Location	Kennedy Mall Brick Blvd.		

Owner in Fee Kennedy Mall Assoc.
Address 641 Shupike Rd.
Chatham N.J. 07928
Tele. (201) 966-2500
Contractor Kennedy Mall Assoc.
Address 641 Shupike Rd.
Chatham N.J. 07928
Tele. (201) 966-2500
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. _____

I hereby certify that I am the (agent of) owner of record and am ~~authorized to make~~ this application.

Signature _____

10/1/20

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Failure	Approval	Dates (Month/Day)	Initial
☒ All Plans Req.	1/17/92			Footing					
☒ All				Footing					
☐ Footing				Foundation					
☐ Foundation				Slab					
☐ Frame				Frame					
☐ Other				Insulation					
Joint Plan Review Required:				Finishes:					
☐ Elec. ☐ Plumb. ☐ Fire				Energy					
SUBCODE APPROVAL				Mechanical					
☐ CO ☐ CCO ☐ CA				TCO					
Date:				Other					
Approved By:				Final					

O.K. for temp. need
Reck. letter for
change in ceiling & wall
in storage room

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present <u>3B</u>	Proposed <u>3B</u>	1. New Bldg. \$ <u>0</u>
No. of Stories	<u>1</u>		2. Alteration \$ <u>8,200</u>
Height of Structure	<u>11</u>	Ft. <u>11</u>	3. Total (1+2) \$ <u>8,200</u>

DESCRIPTION OF WORK

☐	New Building	
☐	Addition	
☒	Alteration	
☐	Roofing	
☐	Siding	
☐	Other _____	
☒	Demolition	
☐	Miscellaneous	
☐	Fence _____	Height _____
☐	Sign _____	Sq. Ft. _____
☐	Pool	
☐	Elevator	
☐	Asbestos Abatement	
☐	Other _____	

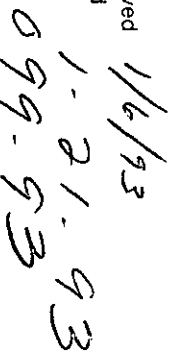
Administrative Surcharge \$ _____

Paid [] Check # _____ Minimum Fee \$ _____

Collected by: _____ TOTAL FEE \$ _____

Area—Largest Floor _____	Sq. Ft. _____
Total Bldg. Area/All Floors _____	Sq. Ft. _____
Volume of Structure _____	Cu. Ft. _____
Total Land Area Disturbed _____	Sq. Ft. _____

**BUILDING
SUBCODE
TECHNICAL SECTION**



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

Kearin's Kitchens
Kennedy Mall



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued 1-21-93
Control # 099-93
Permit #

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Brick Bld.

Owner in Fee Kennedy Mall Assoc.
Address 641 Springfield Rd. N.J. 07928
Tele. (201) 966-2700
Contractor Kennedy Mall Assoc.
Address 641 Springfield Rd. N.J. 07928
Tele. (201) 966-2700
Lic. No. 266-2500
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class. Present 3B Proposed 3B
Heating Systems ☐ New ☒ Existing
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar
☐ Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 0 ☐ Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
☐ No Plans Required
Joint Plan Review Required: _____
INSPECTIONS:
Type: _____ Dates (Month/Day) _____
Failure Failure Approval Initial
☐ Bldg. ☐ Plumb. ☐ Elec. _____
☒ Fire Plans Approved _____
Date: 1-25-93 _____
Approved by: [Signature] _____
SUBCODE APPROVAL _____
☒ CO ☐ SCO 1-7-93 _____
Date: 3/25/93 _____
Approved by: [Signature] _____
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.

[Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Municipal
James J. [Signature]

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

Flammable Liquid Storage Tanks
Combustible Liquid Storage Tanks
L.P.G. Storage Tanks
L.N.G. Storage Tanks

() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____
() Capacity _____ Fuel _____

Wet Sprinkler Heads
Dry Sprinkler Heads
TOTAL

Number

FEE (Office Use Only)

Smoke Detectors
Heat Detectors
TOTAL

2

46

Stand Pipes
Kitchen Hood Exhaust Systems
Pre-Engineered Systems
CO₂ Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical
Gas or Oil Fired Applique
OTHER _____

10-10-93
Robert

Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ _____

[Signature]

Karin's Kitchens
Kennedy Mall



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # 099-93

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

Block 670 Lot 4
Work Site Location Kennedy Mall - Bldg 8128
Owner in Fee Kennedy Mall Assoc.
Address 641 Shopping Rd. 07925
Telephone 966-2300
Contractor Kennedy Mall Assoc.
Address 641 Shopping Rd.
Telephone 966-2300
Lic. No. _____ or Social Security No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class. Present 3B Proposed 3B
Heating Systems [] New [X] Existing
Type: [X] Gas [] Oil [] Electrical [] Solar
[] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ 0 [] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[] No Plans Required
Joint Plan Review Required:
[] Bldg. [] Plumb. [] Elec.
[X] Fire Plans Approved
Date: 1-8-93
Approved by: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved by: _____
Other _____
Other _____
Other _____

INSPECTIONS:
Type: _____
Failure Failure Approval Initial
Dates (Month/Day)
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.
[Signature] SIGNATURE

D. TECHNICAL SITE DATA

Description of Work
Water Supply Source Municipal
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 2
Heat Detectors _____
TOTAL _____
Stand Pipes _____
Kitchen Hood Exhaust Systems 2
Pre-Engineered Systems 2
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____
Gas or Oil Fired Applique _____
OTHER _____

Paid [] Check # _____ Minimum Fee \$ _____
Collected by _____ TOTAL FEE \$ 46

Administrative Surcharge \$ _____

KARIN'S KUEHN'S
Kennedy Mall
Brick Blvd.



1/6/93
JUN 22 93 000673

Brick

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 Brick Blvd.
Work Site Location Briarcliff, N.Y.
Owner in Fee Kennedy Mall Associates
Address 641 Shuopike, N.Y. 07928
Tele. (201) 966-2500
Contractor SHAN ELECTRIC INC.
Address 500 LINDEN AVE. 08721
Tele. (908) 269-0997
Lic. No. 2575
Federal Emp. No. 22-3071675 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as Retail Utility Co. _____
Est. Cost of Elec. Work \$ 5,800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	<u>3.17.93</u>
☐ Bldg. ☐ Plumb. ☐ Fire	Temporary	
☒ Elec. Plans Approved <u>part</u>	Constr. Serv.	
Date: <u>3.30.93</u>	TCO	
Approved by: <u>MM</u>	Other	<u>3.18.93</u>
SUBCODE APPROVAL:	Service	
☒ CO ☐ CCO ☐ CA	Final	
Date: <u>3.18.93</u>	Temp. Cut-in-Card Date Issued	<u>3.18.93</u>
Approved by: <u>Michael</u>	Line Dept.	<u>PA</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 and perform the work listed on this application.

Shan Licensed Electrical Contractor ☐ Exempt Applicant Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	REMARKS
<u>3</u>	<u>1/8"</u>	<u>Receptacles</u>
<u>115</u>		<u>Switches (3)</u>
		<u>Total 1 + 2 + 3</u>
		<u>Range</u>
		<u>Oven(s)</u>
		<u>Surface Unit</u>
		<u>Dishwasher</u>
		<u>Garbage Disposal</u>
		<u>Dryer</u>
		<u>A/C Unit existing</u>
		<u>Burglar Alarms</u>
		<u>Intercoms Panels</u>
		<u>Smoke Detectors</u>
		<u>Whirlpool/spa</u>
		<u>Pool Bonding</u>
		<u>Pool Filter Motor</u>
		<u>Pool Lights</u>
		<u>Water Heater(s) existing</u>
		<u>Central heat:</u>
		<u>oil, gas or elec.</u>
		<u>Baseboard Heat Units existing</u>
		<u>Thermostats existing</u>
		<u>Heat Pump</u>
		<u>Pump(s)</u>
		<u>Motor Control Center/Sub Panels existing</u>
		<u>Signs existing</u>
		<u>Light Standards</u>
		<u>Motors—Fractional H.P.</u>
		<u>Motors—All Others existing</u>
		<u>Transformers existing</u>
		<u>Generators</u>
		<u>Service Entrance</u>
		<u>Other</u>

FEE (Office Use Only)

Paid ☐ Check # <u>1149</u>	Administrative Surcharge	\$ <u>500</u>
Collected by: _____	Minimum Fee	\$ <u>500</u>
	TOTAL FEE	\$ <u>500</u>

3. 17.93. 2 feet thru of lower end of papyrus

3700

10/10

10/10

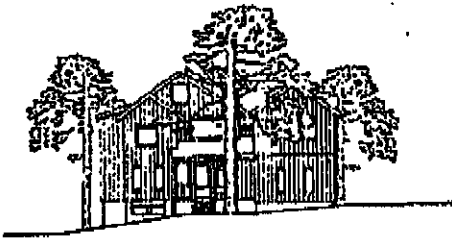
10/10

10/10

10/10

10/10

10/10



P.A. MARCHETTA
A I A P P
ARCHITECT - PLANNER

SIXTY-THREE RIDGE ROAD
PO. BOX 802
LYNDHURST, N.J. 07071
(201) 935-4410

January 5, 1993

Mr. Raymond Korkowski
Construction Official
Chambers Bridge Road
Bricktown, New Jersey

RE: Alterations to existing Kennedy Shopping Center
for "Karin's Kurtains"
Brick Blvd. and Hooper Avenue
Bricktown, New Jersey

Dear Mr. Korkowski,

In regards to the above referenced project, the existing demising wall presently located between the existing "Bargainland" and "Rainbow Rock" stores is non-structural. The removal of such wall, as per our construction drawings, will have no adverse effect upon the existing building structures.

Sincerely,

Patrick A. Marchetta
Architect - Planner

PM:lb



RECEIVED

MAR 31 1993

DIV. OF INSPECTION

P. A. MARCHETTA
A I A P P
ARCHITECT - PLANNER

SIXTY-THREE RIDGE ROAD
P.O. BOX 802
LYNDHURST, N.J. 07071
(201)935-4410

March 29, 1993

Bricktown Municipal Building
401 Chambersbridge Road
Bricktown, New Jersey 08723

Attn: John Chussler
Building Inspector

RE: Karin's Kurtains
Kennedy Shopping Center
Bricktown, New Jersey

J#92-038

Dear Mr. Chussler:

In regards to the above captioned project, the tenant has elected to remove the existing masonry walls and existing ceilings pertaining to the small office area that is shown in the rear right hand corner of the leased premises. These walls are non-structural, and present no problems to any existing structures or any proposed construction.

Also, as per your direction, a smoke detector shall be installed at the underside of the existing roof, above this same location, due to the nature of the condition of the existing demising wall between the "Karin's Kurtains" store and the existing "Cost-Cutters" store.

Sincerely,

Patrick A. Marchetta, A.I.A., P.P.
Architect/Professional Planner

PAM/hm

cc: Anthony Davino