BLOCK ~~673~~ 670 LOT ~~16~~ 4 Lm ADDRESS (SITE) ______ PERMIT NO. 2352-93

#4 RECEIVED Aug 10 1993 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: KENNEDY PLAZA 2774 HOOPER AVE.
2. Name of Owner in Fee: EASTERN DENTAL CENTERS OF OCEAN/MONMOUTH (LESSEE) Tel. (908) 750-0707
   Address 1030 ST. GEORGES AVE. AVENEL, N.J. 07001 (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: Tidal Management Tel. (908) 222-5662
   Address 35 Cottage Pl. Suite #4, Long Branch, N.J. 07740
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Emp. No. ______ Social Security No. ______
5. Architect or Engineer ARTHUR S. KATZ Tel. (201) 677-0081
   Address 141 So. HARRISON ST. E. ORANGE, N.J. 07018
6. Responsible Person In Charge of Work George Berry Tel. (908) 222-5662

final w/ approvals

get

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	563		
2. Electrical				
3. Plumbing		135		
4. Fire Protection		197		
5. Other				
6. Subtotal	$	895		
7. Less 20% for State Plan Review		5		
8. Subtotal	$			
9. DCA Training Fee		67		
10. Subtotal	$			
11. Cert. of Occupancy		20		
12. Other				
13. TOTAL	$	987 + 20		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	ONE	
2. Height of Structure	± 17 ft.	
3. Area—Largest Floor	LEASE AREA = 3600 sq. ft.	
4. Building Area—All Floors	sq. ft.	
5. Volume of Structure	cu. ft.	
6. Construction Classification	EXISTING BLDG.	
7. Total Land Area Disturbed	0 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no	sq. ft.	
11. Fire Grading	NON COMBUST. & SPRINKLERED	
12. Max. Live Load	SLAB ON GRADE	
13. Max. Occupancy Load		

IMPORTANT MANDATORY FEE • C.O.

II. PROPOSED WORK

tenant fit-up

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	75,000
6. ☑ Fire Protection	5,000
7. ☑ Plumbing	4000
8. ☑ Electrical	~~10,000~~
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS ✓	84,000.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
WP	8/10/93		9/23/93	RC	1-11-94		JC
			9/27/93	JE	1-7-94		JE
			9-22-93	Jeff	12/30/93		JAH
				Elec	1/11/94		Elec Cathy
Cmy	9/21/93		9/21/93	Bu			Bureau

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

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: DENTAL OFFICE
2. Use Group: B IN A M BLDG.
3. Change in Use Group, Indicate Former: M –

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

LDS BR 10310907

20K

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 Tidal Management

Address 35 Cottage Pl. Suite #21 Long Branch N.J. 07740

Telephone (908) 222-5662

Signature Joyce W. Berg for Tidal Management Date 9/9/93

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	ASP	8/19/93							
☐ 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	SIC	8/10/93	comm alt	dental office					
☐									
☐									

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. 2352	1-11-94	
☐ None			

CERTIFICATE

Date Issued 1/11/94
Control #
Permit # 2352-93

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2774 Hooper Ave/Kennedy Plaza
Brick, N.J.
Owner in Fee Eastern Dental Center of Ocean & Monmouth County
Address 1030 St. Georges Ave
Avenel, N.J.
Tele. ( )
Contractor Tidal Management
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group M
Maximum Live Load
Description of Work/Use:

"Tenant Fit-Up"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL

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 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.

☐ 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:

Arthur J. Kerz, Jr.
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 10/1/93
Control #
Permit # 2352-93

IDENTIFICATION Block 670 Lot 4

Work Site Location Kennedy Plaza
2774 Hooper Ave

Owner in Fee Central North Atlantic Ocean +
Address Normandie 1030 St Georges Ave
Avenel NJ 07001
Tele. (908) 750-0707

Contractor Trident Management
Address 35 Cottage Pl Suite #4
Long Branch NJ 07740
Tele. ( ) 0
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 [x] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant Fit-Up

PAYMENTS (Office Use Only) 0005**	
Building	563 — 2352##
Plumbing	135 BLOCK .00
Electrical	470 #
Fire Protection	197 LOT .00
Other	P/R 5 — 4 #
Other	BUILDING 563 .00
DCA Training Fee	67 PLUMBING 135 .00
Cert. of Occ.	20 FIRE 197 .00
Other	PLAN REV 5 .00
Total	987 D.C.A. 67 .00
Check No.	# 20151 20 .00
Cash	TOTAL 987 .00
Collected By:	[signature]

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 $ 84,000

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 931227
Control #
Permit # 911932
Date Permit Issued 930916

Brick

IDENTIFICATION Block 670 Lot 4
Work Site Location Kenedy Mall
2770 Hooper Ave
Owner in Fee Eastern Dental Center
Address
Tele. ( )

Contractor STAT Electric
Address 116 Lawrence Dr
Jackson NJ 08527
Tele. (908) 364-1048
Lic. No. or Bldrs. Reg. No. 11496
Federal Emp. No. [redacted]
or Social Security No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 1-300 Amp Service

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

U.C.C. Form F-190B

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	75.-
Check No.	1148
Cash	
Collected By:	

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/1/93
Control #
Permit # 2352-93

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

Block 673670 Lot 64
Work Site Location Kennedy Plz., 2774 Hooper Ave
Brick Twp
Owner in Fee Eastern Dental Center of Ocean/Monmouth - Lessee
Address 1030 St. Georges Avenue
Avenel, NJ 07001
Tele. (908) 750-0707
Contractor Tidal Management
Address 356 Hooper Pl. #4
Long Branch N.J. 07740
Tele. (908) 222-5662
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9/24/93	SM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date. 9/24/93
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 ____
Constr. Class Present ____ Proposed ____
No. of Stories One
Height of Structure 17 Ft.
Area—Largest Floor 3660 Sq. Ft.
Total Bldg Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed None Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 94,000.-
3. Total (1+2) $ 94,000.-

C. CERTIFICATION IN LIEU OF OATH

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

Signature For Tidal Management

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Refit Existing Space
for Dental Center

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

(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

Will Call Neptune Kaute

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # SEP 16 93 0 1 1 9 3 2
Permit #

Brick

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

Block ✓ 610 Lot ✓ 4

Work Site Location Kenedy Mall

2100 Hooper ave J Brick NJ 08723

Owner in Fee Eastern Dental Center

Address

Tele. (908) 222-0656

Contractor STAT Electric

Address 16 Wyoming Dr
Jackson NJ 08527

Tele. (908) 3641048

Lic. No. 11996

Federal Emp. No. ______ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed Renovation

[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______

Building Occupied as Dental office Utility Co. ______

Est. Cost of Elec. Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ______
Approved by: ______

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	10-13-93		11-10-93	
Temporary	10-15-93			
Constr. Serv.				
TCO				
Other Slab			10-14-93	E64150
Service	12/20/93 E 04450		940106	MR6455
Final	1 5 94 MR6455		940106	MR6455

Temp. Cut-in-Card Date Issued 940106 MR6455
Final Cut-in-Card Date Issued ______

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 1-11-94
Approved By: MR6455

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.

Seal letter

Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
71		Fixtures (1)	
45		Receptacles (2)	
25		Switches (3)	
141		Total 1 + 2 + 3	56-
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
	Kw	Water Heater(s)	
	Kw	Central heat: oil, gas or elec.	
	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
	Amp	Motor Control Center/Sub Panels	
1		Signs	
		Light Standards	
4	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [ ] Check # 1072
Collected by: ______

Administrative Surcharge	$
Minimum Fee	$ 56-
DCA Training Fee	$ 8-
TOTAL FEE	$ 64.-

U.C.C. Form F-120B RF 1 White - Inspector Copy 2 Canary - Office Copy 3 Pink - Office Copy 4 Gold - Applicant Copy

(1) Meeting on Emt Set Screw connectors not for Concrete
Chris Reps

12-6-93 (1) Show window Reqs
(2) Sign Certain

12/30/93 (1) Line + Load Reversed in disconnects
(2) Bond Sprinkler
(3) Set-up Quick Change
(4) Trough Access

E0 405

940105
ITEM
(1) Remains Disconnects Wired Backwards! 5NRL6 455

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10/1/93
Control #
Permit # 2352-93

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

Block 670 - 673 Lot 4 & 4
Work Site Location Kennedy Plza. 2774 Hooper Avenue
Brick Township
Owner in Fee Eastern Dental Center of Ocean/Monmouth - Lessee
Address 1030 St. Georges Avenue
Avenel, NJ 07001
Tele. (908) 750-0707
Contractor WORLD WIDE PIPING
Address 322 W PROSPECT AVE
KEYPORT NJ
Tele. (908) 566-1953
Lic. No. 6839
Federal Emp. No. 222566622 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

See Note plans sheet (1)

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other STAVE Room Combustible air
Location:
Total Est. Cost of Fire Prot. Work $ $6,000.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 9/27/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 1-7-94
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical			1-5-94	
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

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source EXISTING
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	RELOCATE 40	85-
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	4	46
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	2	66-
OTHER		

Administrative Surcharge $ 197-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10/1/93
Control #
Permit # 2352-93

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

Block 670 Lot 64
Work Site Location Kennedy Plz., 2774 Hooper Ave
Brick Township
Owner in Fee Eastern Dental Ctr. of Ocean/Monmouth - Lessee
Address 1030 St. Georges Avenue
Avenel, NJ 07001
Tele. (908) 750-0707
Contractor WORLD WIDE PIPING
Address 322 W PROSPECT AVE
KEY PORT NJ 07735
Tele. (908) 566-1457
Lic. No. 6837
Federal Emp. No. 225166672 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4
Water Service Size 3/4
Estimated Cost of Plumbing Work $ 10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 9-22-93
Approved by: Jan

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: Jeff
Date: 12-30-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			10-7-93	Jeff
Rough	10-25-93		10-29-93	Jeff
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

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.

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10-
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10-
	Shower	
1	Floor Drain	5-
10	Sink	50-
	Dishwasher	
1	Drinking Fountain	5-
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
8	Other DENTAL HOOK UPS	40
		10
	Administrative Surcharge	$
Paid [ ] Check #	Minimum Fee	$
Collected by:	TOTAL	$ 135-

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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

Planning Board
(908) 262-1045
Fax: (908) 920-4850

May 19, 1993

Dimensional Management Corp.
1030 St. George Street
Avenel, N.J. 07001

Re: ABR-131-2/93
Dimensional Management Corp.
Block 670, Lot 4

Gentlemen:

Outstanding issues of the previous approvals have been resolved and the site plans for the above site have been signed. Sean Kinnevy, Zoning Officer, has confirmed that all non-conforming, non-permitted signs have been removed.

Based upon the above, the Planning Board has no objection to granting abridged site plan approval for 3608 sq. ft. for an "Eastern Dental" family dentistry office.

Yours truly,

E. Joan Kull

E. Joan Kull, Secretary

Att.

cc: Kenneth B. Fitzsimmons, Esq.
Richard E. Garnett, Mun. Land Surveyor/Planner
Sean Kinnevy, Zoning Officer
Division of Inspections
Kennedy Mall Associates

Rec'd 1-12-94

☐ EXEMPT _____

☐ PRELIMINARY _____

☑ TEMPORARY 1-12-94 caw

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: Eastern Dental Center DATE: 1-12-94

ADDRESS: 1030 St. Georges Ave, Avenel, NJ 07001

PROPERTY LOCATION: Kennedy Plaza, 2774 Hooper Ave, Brick

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 : 660 ~ Date: 9-10-93

Down Payment : 660 Date: 1-12-94

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.

Jenz 1-12-94 caw

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

COC-AFFORD / Form 0001

7/93

1002

TWP OF BRICK AFFORDABLE HOUSING RIDER
401 CHAMBERS BRIDGE RD.
BRICK, NJ 08723

55-1/212 731

3/15 19 94

PAY TO THE ORDER OF Dimensional Management Corp. $ 660.00

Six Hundred Sixty Dollars 00/100 DOLLARS

MIDLANTIC
Midlantic National Bank
Brick Plaza Office, Brick, NJ 08723

MAYOR

TWP. CLERK

FOR [redacted]

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1040
Fax: (908) 920-4850

April 18, 1994

Dimensional Management Corp.
1030 St. Georges Avenue, Suite 401
Avenel, New Jersey 07001

Re: Block 670, Lot 4
Eastern Dental

Dear Mr. Nocluirios,

As you will recall, on January 6, 1994 you forwarded check #008807 payable to the Township of Brick in the amount of $660.00, which represented estimated fees assessed by the Tax Assessor and required by ordinance 354-2C-93, regarding Affordable Housing mandatory developer fees.

As a result of a review by the Assessor, he has determined that, in fact, the final equalized added assessment for construction at the above site is $0.

Therefore, I am enclosing Township check #1002 in the amount of $660.00 which represents full refund of estimated fee.

If you require further information please contact me.

Sincerely,

Carol Wolfe
Affordable Housing Administrator

CAW/jk
cc: J.P. Doyle, Esq.
U. Burgess CFO
F. Hillman, CTA Municipal Tax Assessor
File - BL/LAT

☐ EXEMPT _____

☐ PRELIMINARY _____

☐ TEMPORARY 1-12-94 CAW

☑ FINAL 4-26-94 CAW

ORIGINAL
ILLEGIBLE

CERTIFICATE OF COMPLIANCE

NAME: Eastern Plastic Center DATE: 1-12-94

ADDRESS: 1620 S. Federal Hwy

Delray Beach, FL 33483

PROPERTY LOCATION: N.W. Corner of PGA & Hampton Park Blvd

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 : 660.00 Date: 9-10-93

Down Payment : 660 Date: 1-12-94

Final Fee : -0- Date: 4-26-94

(Less down payment)

Balance : -0- Date: 4-26-94

Pd. in Full : _____ Date: _____

Exempt - as per J. Mellman.

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.

Initial 1-12-94 CAW

Carol A. Wolfe

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

Date 1-11-94

NAME Kennedy Mall/Eastern Dental Center

ADDRESS 241 MIllburn Ave. Millburn, NJ

PROPERTY LOCATION Kennedy Mall-Eastern Dental Ctr.

Account No. J946442 J946567 Block 680 Lot 5

Residential	Commercial—Specify Type	No. of Units
C01		

Size Sewer Svc.	Size Water Svc.	Meter Size
4"	3/4"	3/4"

	WATER SVC.	SEWER SVC.
APPLICATION FEES		
CONNECTION FEES gd	1379.00	1973.00
INSPECTION FEES gd 12/23	15.00	15.00
26.25 1 call due	2 mtr fees 94.00 gd 12/23	

For the Authority Patti Evan