

RECEIVED 670

LOT 4582325 ADDRESS (SITE)

PERMIT NO. 19094

FEB 3 1994
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 Mall / Cost Cutters

2. Name of Owner in Fee: Kennedy Mall Assoc Tel. ()
Address Malltown NJ street municipality zip code

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: Kirkbrack Plng Tel. ()
Address 262 Cherry Quay Rd

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

5. Architect or Engineer Tel. ()
Address

6. Responsible Person In Charge of Work Tel. ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 8-		
2. Electrical			
3. Plumbing	25-		
4. Fire Protection			
5. Other			
6. Subtotal	\$ 33-		
7. Less 20% for State Plan Review	5-		
8. Subtotal	\$ 1-		
9. DCA Training Fee			
10. Subtotal	\$ 20-		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ 59-		

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

	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	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1000-

Plng/Hardcap Path

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>JK</u>			2-16-94	<u>RT</u>	3/24/94		
			2/15	<u>RT</u>	3/24/94		<u>JK</u>

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

1. State Specific Use: _____

2. Use Group: B

3. Change in Use Group. Indicate Former: _____

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 S. D. General Contracting Co.

Address 1690 Todd Rd

Toms River NJ 08755

Telephone (908) 341-5858

Signature [Signature] Date 2/16/94

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 Protection									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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
- ☐ Temporary Certificate of Occupancy
- ☐ Continued Certificate of Occupancy
- ☐ Certificate of Occupancy
- ☐ Certificate of Approval
- ☐ None

DATE EXPIRED

No. _____

No. _____

No. _____

No. _____

No. _____

No. _____



CERTIFICATE

Date Issued 3/31/94
Control #
Permit # 190-94

IDENTIFICATION

Block 670 Lot 4.5.8.23.25
Work Site Location Kennedy Mall/East Cutters
Owner in Fee Kennedy Mall Associates
Address Millburn, N.J.
Tele. () Kirkvach Pimg
Contractor 262 Cherry Quay Rd
Address Brick, N.J.
Lic. No. or Bldg. Reg. No. _____
Federal Emp. No. _____
or Social Security No. _____

Home Warranty No. _____
Use Group _____
Maximum Live Load _____
Description of Work/Use: _____

Interior Work/Plumbing & handicapp bathroom

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.

☐ 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

Arthur J. Kelly



CONSTRUCTION PERMIT

005548002 10:13

00:00
CHARGE

2/16/94
190-94

IDENTIFICATION Block 670 Lot 45, 8, 23

Work Site Location Kennedy Mall / Car Center

Owner in Fee Kennedy Mall Assoc.

Address Milltown NJ

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

DESCRIPTION OF WORK:

Partition Wall
Handicapped Bathroom

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 \$ 18900

[Signature]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		190#
Building	<u>5</u>	0.00
Plumbing	<u>25</u> <u>BLCK</u>	0.00
Electrical	<u>LOT</u>	0.00
Fire Protection	<u>4</u> <u>#</u>	0.00
Other	<u>5</u> <u>BUILDING</u>	8.00
Other	<u>1</u> <u>PLUMBING</u>	25.00
DCA Training Fee	<u>1</u> <u>PLAN REV</u>	5.00
Cert. of Occ.	<u>22</u> <u>D.C.A.</u>	1.00
Other	<u>59</u> <u>TOTAL</u>	99.00
Total	<u>59</u>	99.00
Check No.	<u>#1665</u>	99.00
Cash		
Collected By:	<u>[Signature]</u>	



Date Received
Date Issued
Control #
Permit #

2/16/94
190-94

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

Block 670 Lot 45, 5, 23, 25
Work Site Location East Canton / Kennedy Blvd

Owner in Fee Kennedy Mall Corp
Address Phyllis Ave

Tele () 930-1430
Contractor James

Address James
Federal Emp. No. 190-94 or Social Security No. 190-94

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

Easton wall
for Hardways Bathroom
Cost cutter

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type:	Failure Failure Approval Initial
☒ All	2/16/94	EC	Founding	2/16/94
☐ Footing			Foundation	
☐ Foundation			Sett	
☐ Frame			Frame	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes:	
☐ Elec. ☐ Plumb. ☐ Fire			Energy	
SUBCODE APPROVAL			Mechanical	
☐ CO ☐ CC ☐ CC			TCO	
Date: <u>3/29/94</u>			Other	
Approved By: <u>James</u>			Final	3-29-94

B. BUILDING CHARACTERISTICS

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

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)

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



Date Received
Date Issued
Control #
Permit #

2/16/94
190-94

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

Block 670 Lot 45, 823, 25
Work Site Location East Canton / Kennedy Blvd
Owner in Fee Kennedy Blvd Assoc
Address Phyllis Dr
Tele ()
Contractor
Address
Tele ()
Lic No. or Bids. Reg. No. 8
Federal Emp. No. 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

*Partial wall for Hardys Bathroom
"East Cuts"*

JOB SUMMARY (Office Use Only)		PLAN REVIEW		Date		Initial		INSPECTIONS		Failure		Failure		Approval		Initial	
☒	No Plans Req.																
☒	All																
☐	Footing																
☐	Foundation																
☐	Frame																
☐	Other																
☐	Joint Plan Review Required																
☐	Elec. ☐ Plumb. ☐ Fire																
☐	SUBCODE APPROVAL																
☐	CO ☐ CCO ☐ CA																
☐	Other																
☐	Approved By																

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____
Area—Largest Floor _____
Total Bldg. Area/All Floors _____
Volume of Structure _____
Total Land Area Disturbed _____

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

TYPE OF WORK:		(Office Use Only)	
☐	New Building		
☐	Addition		
☐	Alteration		
☐	Roofing		
☐	Siding		
☐	Other		
☐	Demolition		
☐	Miscellaneous		
☐	Fence		
☐	Sign		
☐	Pool		
☐	Elevator		
☐	Asbestos Abatement		
☐	Other		

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



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2/16/94
190-54

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

Block 670 Lot 45, 23, 25
Work Site Location Cost Cutters

Owner in Fee BRICKTON
Address BRICKTON

Tele. () 908 262-8707
Contractor Kirk Rauch Plumbing & Heating
Address 462 Cherry Ave Rd
BRICKTON NJ 08723

Lic. No. 9079
Federal Emp. No. 9079 or Social Security No. [REDACTED]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:	Rough				
☐ Bldg. ☐ Elec. ☐ Fire	Water				
☐ Plumb. Plans Approved	Sewer				
Date: <u>2/15/94</u>	Fixtures				
Approved by: <u>[Signature]</u>	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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant
Signature of Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
1	Urinal/Bidet	
1	Bath Tub	5
1	Lavatory	
1	Shower	
1	Floor Drain 2"	5
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	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	
	Other	

Administrative Surcharge \$ 25
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ _____



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # _____
Permit # _____

2/16/94
190-94

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, 6, 23, 25
Work Site Location Cost Cutters

Owner in Fee BRICKTON
Address _____

Tele. () _____
Contractor Kirk Rauch Plumbing & Heating
Address 262 Cherry Quay Rd
BRICK NJ 08723

Tele. (908) 262-8707
Lic. No. 9079 or Social Security No. 137-48-2936
Federal Emp. No. _____

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire	Rough				
☐ Plumb. Plans Approved	Water				
Date: <u>2/15/94</u>	Sewer				
Approved by: <u>[Signature]</u>	Fixtures				
	Gas Equipment				
SUBCODE APPROVAL:	Gas Final				
☐ CO ☐ CCO ☐ CA	Solar				
Approved by: _____	TCO				
Date: _____					

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.

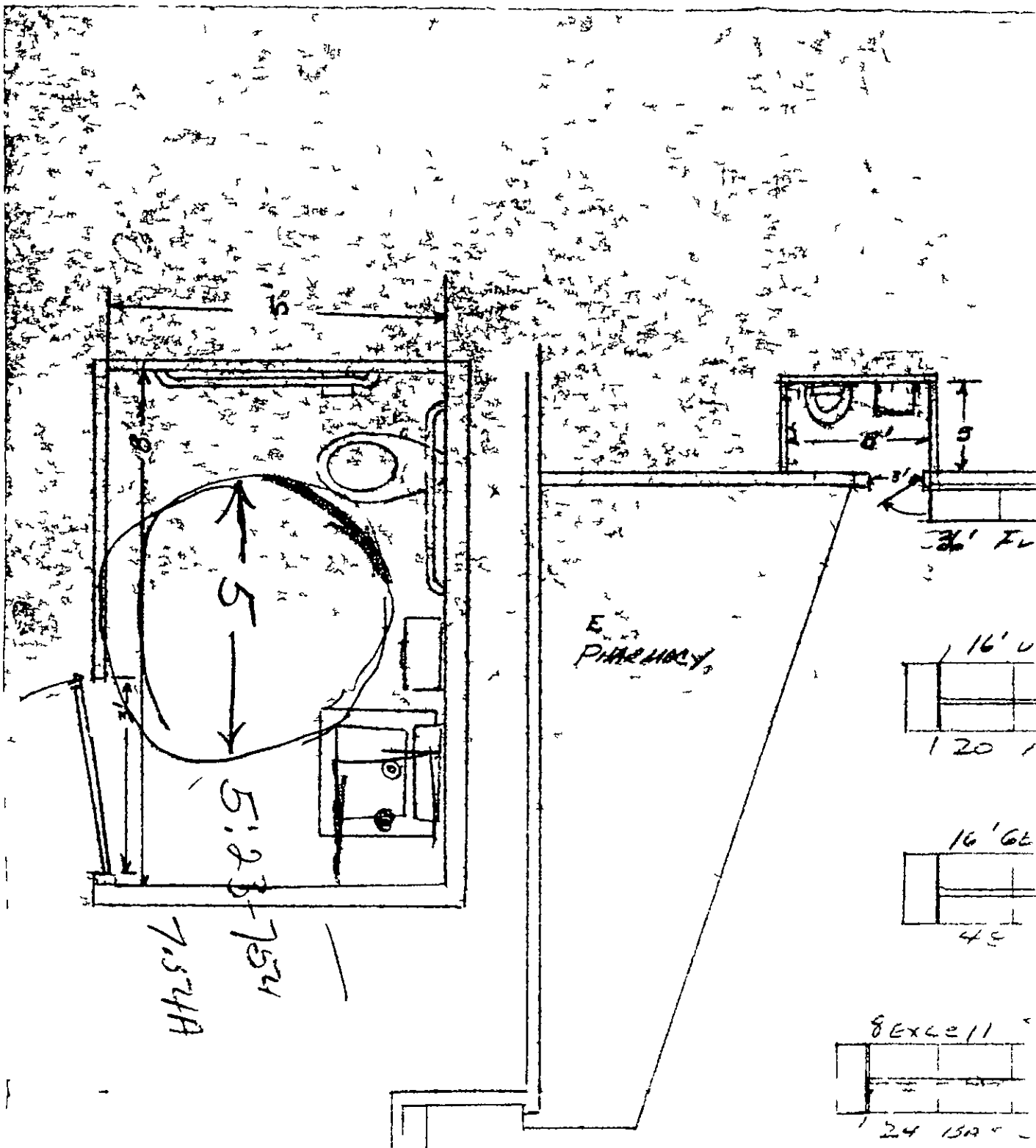
☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature of Contractor Seal
[Signature]
2/16/94

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5
	Urinal/Bidet	
1	Bath Tub	5
	Lavatory	
1	Shower	5
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	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	
	Other	

Administrative Surcharge \$ 2.5
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 10



BRICK TOWNSHIP
Class Date BY
Plan Review
Zoning
Plumbing
Building
Fire
Energy
Electrical

EXISTING SEWER

W. H. H.

COST CUTTERS
BRICK

W.C.

10' 6"

10' 6"

2' 10"

TO END OF BUILDING

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

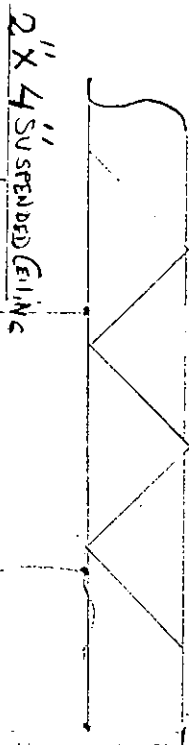
Building

Fire

Energy

Electrical

2x16x84



1/2" Sheetrock
2x4" steel studs
1/2" Sheetrock

8'0"

VINYL TILE FLOOR ON CONCRETE

Handicap Bathroom
COST CUTTERS