11-20-89

1-23-90
(doesn't appear to be doing

#11

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Kennedy Blvd Side # 10B
2. Owner Name: PHU - THANH - LE [redacted]
   Address [redacted]
3. Principal Contractc [redacted]
   Address
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. (___) _____
   Address
5. Responsible Person in Charge of Work _____ Tel. (___) _____

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 5000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: Silk Flower Shop

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10310408

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 _____ TEL.( ) _____

ADDRESS _____

_____

SIGNATURE _____

BLOCK NO. 670 LOT NO. 25 SUBDIVISION _____ PERMIT NO. 112-90

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	11/20/89	JJ	11-29-89	JE	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 3			11/21/89	JE	
☐	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			11-28-89	JE	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION		2-9-90 WS	
✓	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			11-29-90 JH.
✓	ELECTRICAL		1-22-90	
✓	FIRE PROTECTION		2-9-90 JE	
	OTHER _____			

CC'd

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

☑ Temporary Certificate of Occupancy — 2-9-90
Date Expired Comp. Site
☐ Temporary Certificate of Occupancy — _____
Date Expired _____
☐ Certificate of Occupancy — _____
No. _____
☐ Certificate of Continued Occupancy — _____
No. _____
☐ Certificate of Approval — _____
No. _____
☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 37.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	65.
OTHER Sprinkler Hood Fireman's Room	.
SUBTOTAL	$ 102.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.)
D.C.A. TRAINING FEE .0006 x _____	= .
CERTIFICATE OF OCCUPANCY	20.
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 127.50

DATE 2/8/90 Collected By H Cash

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

CERTIFICATE

Date Issued 2-9-90
Control #
Permit # 112-90

IDENTIFICATION

Block 670 Lot 25
Work Site Location Old Hooper & Brick Blvd. - Kennedy Mall

Owner in Fee Phu Thanh Le
Address [redacted]

Tele. ( )
Contractor same
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. none
Use Group B - 2 hours
Maximum Live Load
Description of Work/Use:

Silk flower shop

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification Business
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: Pending completion of entire site.

Arthur J. Cerzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Sick Flower Store

CONSTRUCTION PERMIT

Date Issued 2/8/90
Control #
Permit # 112-90

IDENTIFICATION Block 670 Lot 25

Work Site Location Kennedy Mall Ste 10B

Owner in Fee PATHMARK

Address [redacted]

Tele. ( )

Contractor Same

Address

Tele. ( )

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

Federal Emp. No. **0004**

or Social Security No. 112**

is hereby granted permission to perform the following work:

[4] BUILDING [ ] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [4] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm'l Alter & C/O

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 $ Some

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	37.50 670 #	0.00
Plumbing	LOT	0.00
Electrical	25 #	
Fire Protection	BUILDING	37.50
Other	FIRE	55.00
Other P/P	PLAN REVIEW	5.00
DCA Training Fee	C / O	20.00
Cert. of Occ.	2 TOTAL	127.50
Other	CASH	127.50
Total	12 CHANGE	0.00
Check No. 02/08/90	NO. 5 0015A005	13:27
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 112-90
DATE ISSUED 2/8/90
REVISION DATE
Block 620 Lot 25
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner / PHU THANH LE Contractor

Address [redacted] Address

Tel. [redacted] Tel. ( )

Work Site Address Lic. No.

Store #11 Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Alter + C/O

w/ floor plan

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
[redacted]	[redacted]
SUBTOTAL	$ 7.50
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$ 7.50

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U:C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 670 Lot 4-25
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner KENNEDY MALL ASS
Add [redacted]
Tel. [redacted]
Work Site Address OLD Hooper 3 Rt 70 Brick Town

Contractor T.G. Miller Inc.
Address 399 Joyce Kilmer Ave New Brunswick
Tel. (201) 846-1414
Lic.No./Bus. Permit. 5389
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all wiring and equipment and provide necessary data Store 108 Silk Flower Shop

TYPE OF WORK:

No. (32)	Item	Fee	No.	Item	Fee
2	Switching Outlets	$		H.V.A.C. Equipment	$
23	Lighting Outlets			Switching Devices	
7	Receptacle Outlets			Transformers	
	Range/Oven			Motors/Generators/ Compressors *(state no. and size of each)*	
	Dryer, Electric				
	Water Heater, Electric				
	Heating, Electric				
2	Switches				
23	Lighting Fixtures			Other	
7	Receptacles			Other	
	Bonding, Pool/Vault			Other	
	Service/Feeders			Other	
	COLUMN 1	$		COLUMN 2	$

Fee	
COLUMN 1	$
COLUMN 2	
SUBTOTAL	$
Minimum Electrical Fee (If applicable)	$
Total Electrical Fee *(Greater of Minimum or Subtotal)*	$

R 15
S 15
F 15/45

#3475

C. ELECTRICAL CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Service: 100 Amps 3φ Phase _____ System Type

4 Wire 120/208 Volts _____ Wiring Method

Total No. of Meters: ONE

Estimated Cost of Electrical Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-120 (8/83) Green = Office Copy White = Applicant Copy Pink = Office Copy Tag = Inspector Copy

Store #11
Silk Flower Shop.

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 12-90
DATE ISSUED 2/8/90
REVISION DATE
Block 670 Lot 25
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner PHU THANH LE
Ar [redacted]
Te
Work Site Address Store #11

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Domestic Size:
FD Connection Location:
Estimated Cost of Work: $ Sprinkled Hood Furnace Room

FEE $ 25

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

B3. ALARM

TYPE: ☐ Manual ☒ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

exit light & battery backup
Fire Extinguisher
Sprinkler

$ 40

Subtotal	$
Minimum Fire Protection Fee (If Applicable)	$ 25
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 65

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PHU THANH LE

Silk Flowers

BUILDING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 112-90
DATE ISSUED 2/8/90
REVISION DATE

Block 670 Lot 25
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner PHU THANH LE
Address [redacted]
✓
Tel.
Work Site Address Store # 11

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Alter + C/o
w/ floor plan

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☑ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
[redacted]	[redacted]
[redacted]	[redacted]
SUBTOTAL	$ 7.50
Minimum Building Fee (if applicable)	$
Total Building Fee (Greater of Minimum or Subtotal)	$ 7.50

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
2-8-90	NO CEILING TILE IN FORNICE ROOM
	HOLE IN SHEATROCK CEILING

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☐ All	11-29-89	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes	2-8-90			
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

Store #11
Silk Flower Shop

FIRE SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 112-90
DATE ISSUED 2/5/90
REVISION DATE
Block 670 Lot 25
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* — When changing contractors, notify this office

Owner
Address [redacted]
Tel. (
Work Site Address Store #11

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS — FEE

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised — Method:
Water Supply — Source: Domestic Size:
FD Connection Location:
Estimated Cost of Work: $ Sprinkled Head Changes / Locations — $ 25

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $ — $

B3. ALARM — FEE

TYPE: ☐ Manual ☑ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ — $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ — $

B5. OTHER

Exit lights / battery backup — $ 40
Fire alarm — $
— $

Subtotal $
Minimum Fire Protection Fee (If Applicable) $ 25
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 65

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems — Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank — Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
2-8-90	needs Sprinkler Head in Furnace Room.
2-9-90	Complies with Code

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 11-28-89
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 2-9-90
Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other final	2-8-90			2-9-90
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION OLD HOOVER-RT 70 BACH BLVD UTILITY CO T

STORE 10B UNIT 11 S.CH FLOWER SHOP BLK 670 LOT 4-25

OWNER KENNEDY MALL ASSO. OCCUPANT _____

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after _____ day

SERVICE 100 RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS AE1323740

DATE 1-22-90 PERMIT # 011876 INSPECTOR [signature]

Insp. Lic# 1427

Elec. 104 P 11-21-89

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 2-7-90

NAME Kennedy Mall-10B Silk Flowers

ADDRESS 241 A Millburn Avenue, Millburn, NJ

PROPERTY LOCATION Kennedy Mall, Unit-10B

Account No. M599112 **Block** 670 **Lot** 5

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Maureen M Carey

Silk Flower INC.
Le Brick Town

Floor