C05-70135

BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 135/137 Van Zile PERMIT NO. 05-0329

CONSTRUCTION PERMIT APPLICATION

computer store

called 2/4/05 BH 2-4 L.M.

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

I. IDENTIFICATION

1. Proposed Work Site at: 137 VAN ZILE RD
2. Name of Owner in Fee: BRICKTOWN PLAZA ASSOC Tel. (516) 393-8400
   Address 600 old Country Rd. Suite 425 GARDEN City NY 11530 (street / municipality / zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: RAYMOND OSTAPOWICZ Tel. (848) 333 7976
   Address 289 OLD TOMS RIVER RD. BRICK NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

Tenant Fit up

V. FEE SUMMARY (for office use only)

		#A Update 40	#B Update
1. Building	$	60	
2. Electrical			
3. Plumbing		60	
4. Fire Protection		35	120
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$	1	3
9. State Permit Fee Surcharge		3	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other		30	
13. TOTAL	$	#188	123

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New 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 ____	
no ____	
11. Max. Live Load	
12. Max. Occupancy Load	

OWNER COPY

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☒ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☒ Fire Protection									
6. ☒ Plumbing	1800				1/27/05		3/2/05		
7. ☐ Electrical					1/27/05		3/2/05		
8. ☐ Elevator Devices					1905		3/15/05		
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1800	Eve	1/11/05		1/11/05				

VII. DESCRIPTION OF BUILDING

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indica
4. No. of dwelling units:
   Before Construction Cleaners
   After Construction Computer
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10425415

NO FEE REQUIRED

APPROVED BY _____ DATE 2/11/05

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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 12-31-04

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the 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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 2/4/2005
Control # C-05-70135
Permit # 05-0329

IDENTIFICATION Block: 1149 Lot: 1 Qualifier

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ

Contractor Raymond Ostapowycz
Address 289 Old Country Rd Toms River NJ 08753

Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Telephone: 848-333-7976
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

TENANT FIT UP

Tenant Fit Up

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

Estimated Cost of Work $2,810

Construction Official

2/4/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$60
Plumbing	$60
Fire Protection	$35
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$30
Total	$188
Check No.	997
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

PERMIT UPDATE

Date Update Issued 2/7/2005
Control # C-05-132621
Permit # 05-0329+A

IDENTIFICATION Block: 1149 Lot: 1 Qualifier

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor: Raymond Ostapowycz
Address: 289 Old Country Rd Brick NJ 08723
Telephone: 848-333-7976
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ALTERATION

SHEETROCK OVER EXISTING WALLS USING 2X4 FLAT FOR FURRING

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

Estimated Cost of Work $600

Construction Official

2/7/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	1000
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

PERMIT UPDATE

Date Update Issued 03/17/2005
Control # C-05-133341
Permit # 05-0329+B

IDENTIFICATION Block: 1149 Lot: 1 Qualifier

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES
Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530
Telephone:

Contractor: Raymond Ostapowycz
Address: 289 Old Country Rd Toms River NJ 08753
Telephone: 848-333-7976
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

FIRE ALTERATIONS

Tenant Fit Up

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

Estimated Cost of Work $2,000

Construction Official

03/17/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$120
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$123
Check No.	999
Cash	$0
Credit	$0
Collected By	Damian Ayers

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 01/04/2005
Date Issued ~~12/31/1899~~ 2/4/05
Control # C-05-70135
Permit # 05-03291

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

Block 1149 Lot 1 Qualification Code

Work Site Location: 135-167 VAN ZILE RD.

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ

Tel.

Contractor: PEMCO

Address 1612 MIDDLESEX ST TOMS RIVER NJ

Tel. 732/341-8014 Fax.

Lic No. 11358

Federal Employee No. 22-3347988

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $1,000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
20		Lighting Fixtures	
46		Recepticles	
4		Switches	
0		Detectors	
0		Light Poles	
2		Motors - Fract. HP	
0		Emergency & Exit Lights	
0		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
72		TOTAL NUMBERS	$40
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
1	3	KW Elec. Water Heater	$10
1	3	KW Elec. Dryer/Recepticle	$10
0	0	KW Dishwasher	$0
0	0	PH Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$1
TOTAL FEE	$61

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required

☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☒ Electrical Plans Approved

Date: 1/9/05
Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 3/15/05
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			2/22/05 Walkthrough	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/15/05	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

OVER

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

1-28-05 WORKS- Rough- PASSED MR

2-22-05 Ceiling Rough PASSED TO

FIRE SUBCODE
TECHNICAL SECTION

F

Date Received 01/04/2005 10:06:00 AM
Control # C-05-70135
Date Issued ~~12/31/1899~~ 3/4/05
Permit # 05-0329

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

Block 1149 Lot 1 Qualification Code

Work Site Location: 135-167 VAN ZILE RD. 137 Van Zile Rd.

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES Computer Center

Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ

Tel.

Contractor: Raymond Ostapowycz

Address 289 Old Country Rd Toms River NJ

Tel. 848-333-7976 Fax.

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Employee No.

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present Proposed

Heating Systems: ☐ New or ☑ Existing ☐ HVAC

Type: ☑ Gas ☐ Oil ☐ Electric ☐ Solar

☐ Other

Location:

Fire Alarm System: ☐ New or ☑ Existing

Location of Panel:

Fire Suppression/Standpipe System:

☐ New or ☑ Existing

Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: ☐ *Flammable* or ☑ *Combustible* *Capacity* 0

Total Cost of Fire Protection Work $10

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Plumbing

☑ Fire ☐ Elevator

☐ Electrical Plans Approved

Date: 2-4-05

Approved by: DB

SUBCODE APPROVAL

☐ CO ☐ CCO ☑ CA

Date: 3-21-05

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression System				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final		3/18/05		DB
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.

Applicant's Signature/Contractor's Seal and Signature

☐ Certified Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	0	$0
Alarm Systems		
☑ System		
☐ 110v Interconnected		
☐ CO Detectors/110v		
Alarm Devices (i.e. smoke, heat, pulls, water/flow)	0	
Supervisory Devices (tampers, low/high air)	0	
Signaling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	$0.00
Suppression Systems		
Fire Pump 0 GPM Type	0	$0
Dry Pipe/Alarm Valves	0	$0
Pre-action Valves	0	$0
Sprinkler Heads (Dry and Wet)	0	$0
Standpipes	0	$0
Pre-engineered Systems		
Wet Chemical	0	$0
Dry Chemical	0	$0
CO2 Suppression	0	$0
Foam Suppression	0	$0
FM200 Suppression	0	$0
Other	0	$0
Other Systems		
Kitchen Hood Exhaust System	0	$0
Smoke Control System	0	$0
Fire Appliances ☐ Gas ☐ Oil	0	$0
Fireplace Venting/Metal Chimney	0	$0
Other Tenant Fit Up	1	$0
Administrative Surcharge		$0
Minimum Fee		$0
State Permit Surcharge Fee		$0
TOTAL FEE		$35

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Existing Permit 05-0329

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 3-17-2005
Permit # 05-0329+B

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

Block 1149 Lot 1 Qualification Code

Work Site Location Dutch Wares Computer
139 Van Zile Rd Brick

Owner in Fee Beck Plaza Assoc.
Address 600 Old Country Rd Suite 425
Garden City, NY 11530
Tel (516) 393-8400

Contractor Atlantic Sprinkler Corp
Address PO Box 50
Lakewood, NJ 08701
Tel (732) 905-6918 FAX (732) 892-3985

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P0209
Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153380
Fire Alarm Contractor No.
Federal Emp. No. 22-1911981

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [ ] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel:
Heating System: [ ] New OR [ ] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [ ] Existing
[ ] Other Location of Main Control Valve: Sprinkler Room
Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 20000.00

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. Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

C05-133341

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocate Sprinklers To new Ceiling Ivy Outs
cover for drywall relocation

Water Supply Source City

Method of Alarm/Suppression System Supervision None

Called 3/17/05 WM

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	21	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $ 120
Minimum Fee $ 23
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 3-16-05
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			3-18-05	OK
Other Sprinkler			3-18-05	OK

U.C.C. F140 (rev. 1/04)

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 01/04/2005
Control # C-05-70135
Date Issued ~~12/31/1899~~ 2/4/05
Permit # 05-0329

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

Block 1149 Lot 1 Qualification Code

Work Site Location: 135-167 VAN ZILE RD.

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ

Tel.

Contractor: JEMCO PLG & HTG INC

Address 366 Ramtown Greenville Rd Suite 1A HOWELL NJ

Tel. 732/4584744 Fax.

Contractor License No. 11191

Federal Employee No. 22-3816578

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date: 1/27/05

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 1-27-05

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			2/11/05	
Water				
Sewer				
Fixtures	3/14/05		3/18/05	
Gas Equipment				
Gas Piping				
Solar				
TCO				
FINAL			3/18/05	

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$20
1	Urinal/Bidet	$10
0	Bath Tub	$0
1	Lavatory	$10
0	Shower	$0
1	Floor Drain	$10
0	Sink	$0
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
1	Water Heater	$10
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$2
TOTAL FEE	$62

Mop Sink

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

3/15/05

1. Vacuum Relief Valve
2. Check support for duct in ceiling
3. Set Temp at 110° Low - Laundry Tub

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

update 05-0329+A
2/17/05
05-0329+A called 2/7 #1000

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

Block 1149 Lot 1
Work Site Location 137 VAN Zile Rd.
BRICK NJ 08724
Owner in Fee BRICKTOWN PLAZA ASSOC.
Address 600 OLD COUNTRY RD. Suite 425
GARDEN CITY NY 11530
Tele. (516) 393-8400
Contractor RAYMOND OSTAPOWICZ
Address 289 OLD TOMS RIVER RD.
BRICK NJ 08723
Tele. (848) 333-7926
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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
Sheetrocking over existing walls using 2x4s flat for furring.
& Construct New ADA Rest Room.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-4-05	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-21-05
Approved By: FM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab				
Frame	Partial NOT Bathroom		2-9-05	FM
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			3/18/05	

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 6000.00
3. Total (1+2) $ _____

(Office Use Only) FEE

$ _____

Administrative Surcharge $ 40
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ 40

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Township of Brick
Zoning Permit

Approved: Wednesday, January 05, 2005 **Number:** 1

Block 1149 **Lot** 1 **Zone:** B-3, Highway Dev.

Property Address: 137 Van Zile Road; Bricktown Plaza

Applicant: Raymond Ostapowucz; Infinitextreme LLC

Property Owner Bricktown Plaza Associates

Existing Use: Vacant unit (former dry cleaner).

Proposed Use: Computer retail sales and repair shop.

Proposed Construction: Interior alterations for tenant fit-up.

Conditions:

An additional zoning permit is required for any sign or any other additional work.
The street address number must be displayed on the door.
All nonpermitted signs must be removed from the property and from the Route 70 right-of-way.
All trash and recycling containers must be enclosed.
All clothing bins must be removed from the parking lot.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JAN 4 2005
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1149 LOT 1 QUALIFIER _____

PROPERTY ADDRESS 137 VAN ZILE RD

PERSONAL NAME OF APPLICANT RAYMOND OSTAPOWYCZ

BUSINESS NAME OF APPLICANT INFINITEXTREME LLC.

MAILING ADDRESS OF APPLICANT [redacted]

PROPERTY OWNER'S FULL NAME BRICKTOWN PLAZA ASSOCIATION

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) CLEANER

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) COMPUTER RETAIL AND REPAIR

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Desart set up

CHECKLIST

☒ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 12-31-04

Reviewed by Zoning Office _____ Date 1/5/05 (X) Approved ( ) Denied

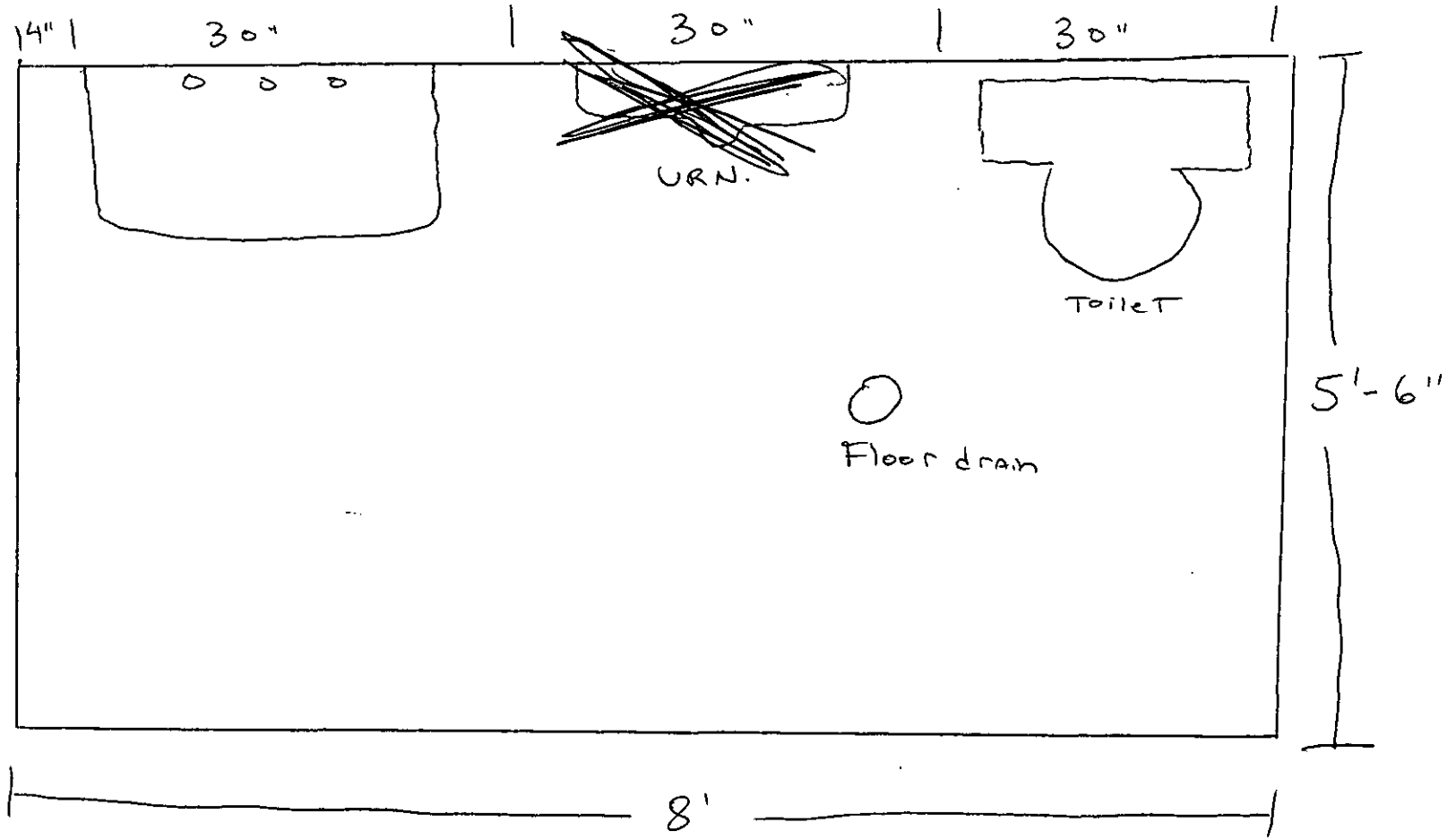
12/31/04

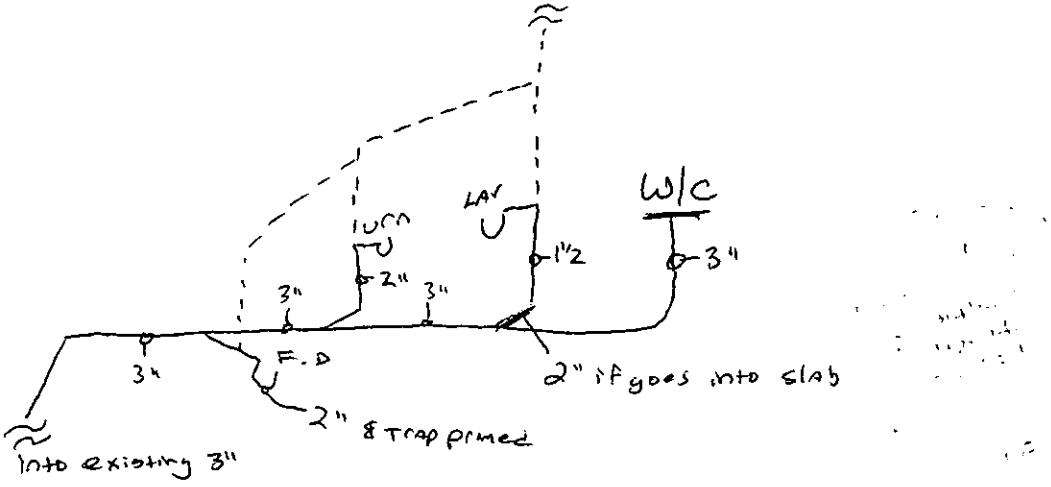
March 2003

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 25
LIVE LOAD _____ P. S. F.
FIRE GRADING ~~1 HR~~ _____ HOURS
USE GROUP M


14"
30"
30"
30"
URN.
Toilet
Floor drain
5'-6"
8'


URN
LAV
W/C
1"2
2"
3"
3"
3"
3"
F.D
2" if goes into slab
2" & Trap primed
into existing 3"

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 137 Van Zile Rd.
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS Computer Store
APPLICANT [redacted] PHONE NUMBER [redacted]
APPLICANT ADDRESS [redacted] CITY & STATE [redacted]

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

NO FEE REQUIRED

APPROVED BY [signature] DATE 2/1/05

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X ◊ Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 0

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 2/1/05 Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 0

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 2/1/05 Date

Preliminary Fee _____ Date _____
Check # _____ Receipt # _____

Final Fee _____ Date _____
Check# _____ Reciept # _____

Total Fee Due/Paid _____
Balance Due _____

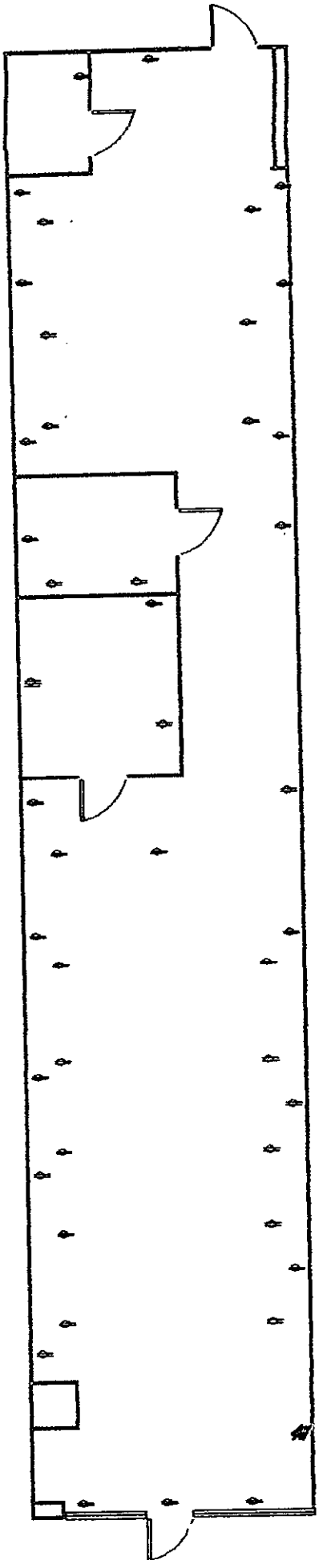
Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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.

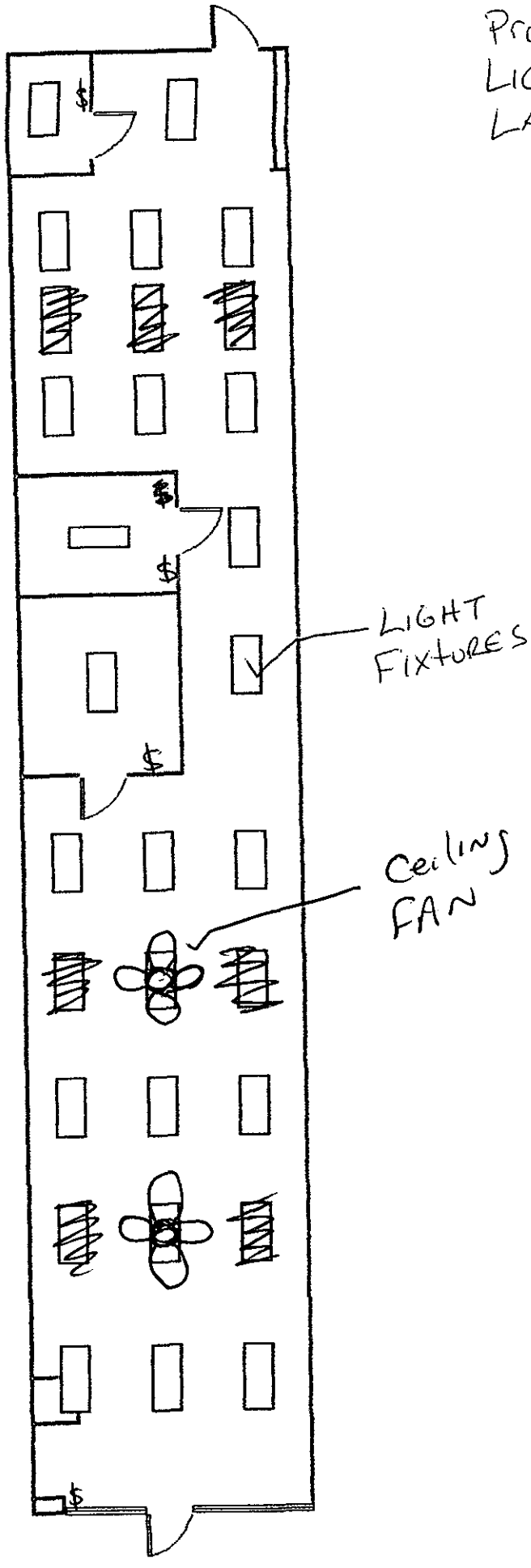
1/28/05 - Ta Peelem.

[signature]
Office of Affordable Housing

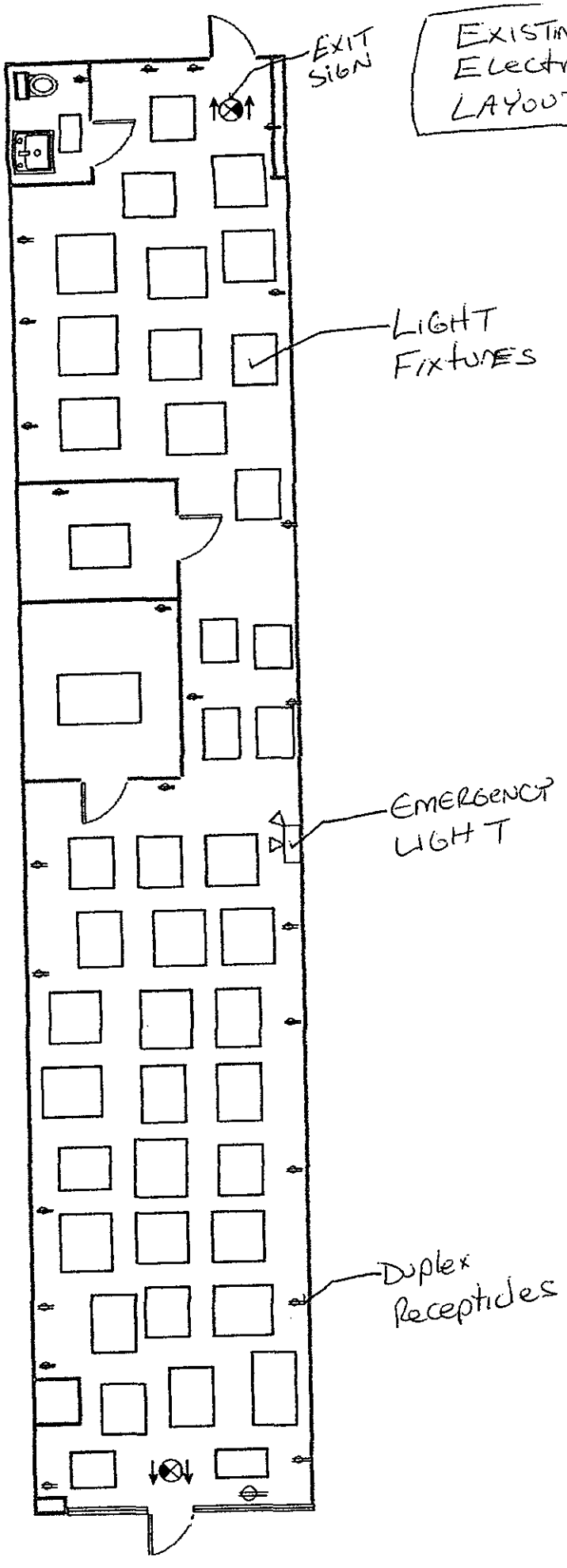
Proposed
Electrical
OUTLET
LAYOUT

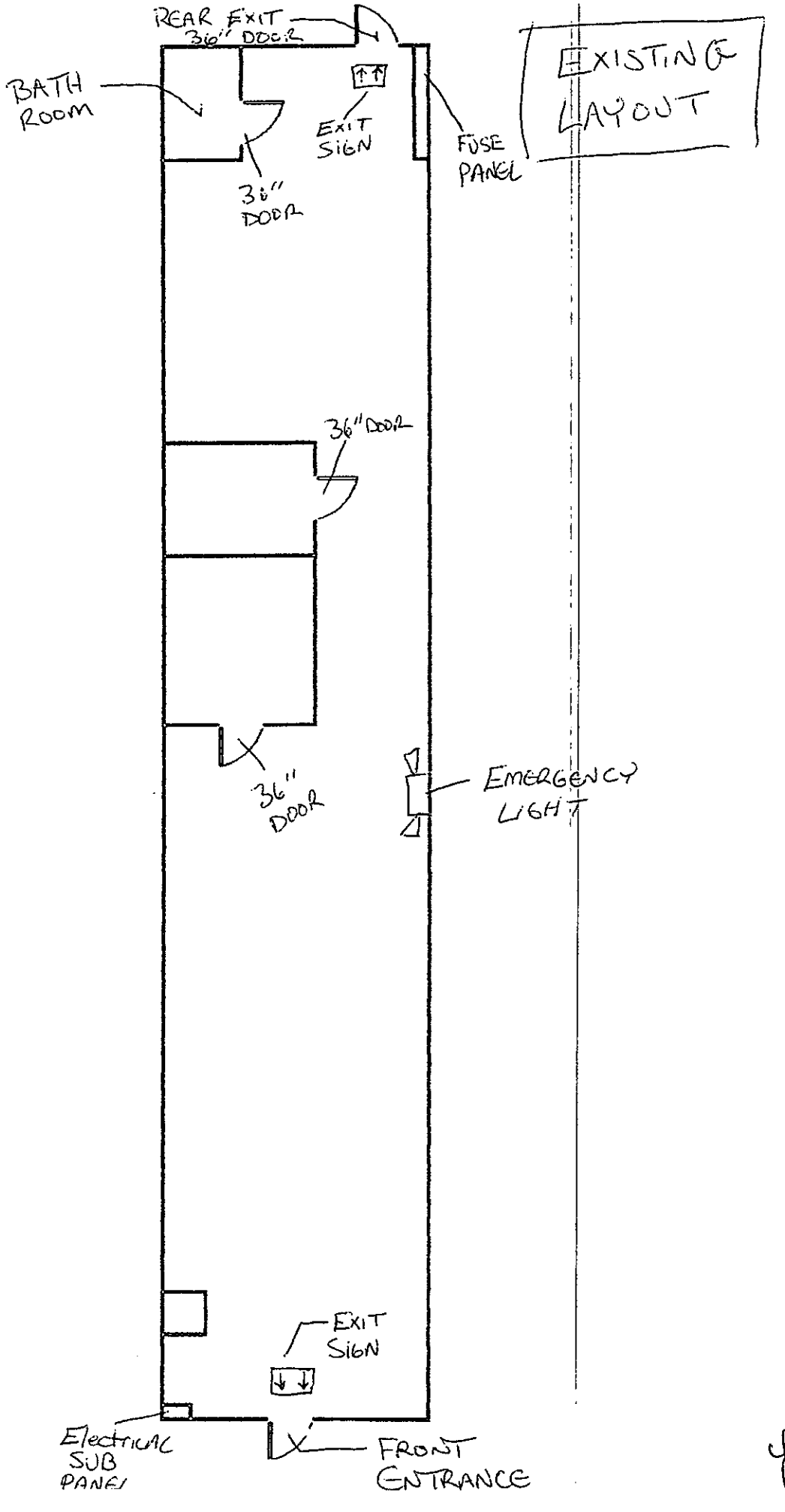


Proposed
LIGHTING
LAYOUT



EXISTING ELECTRICAL LAYOUT



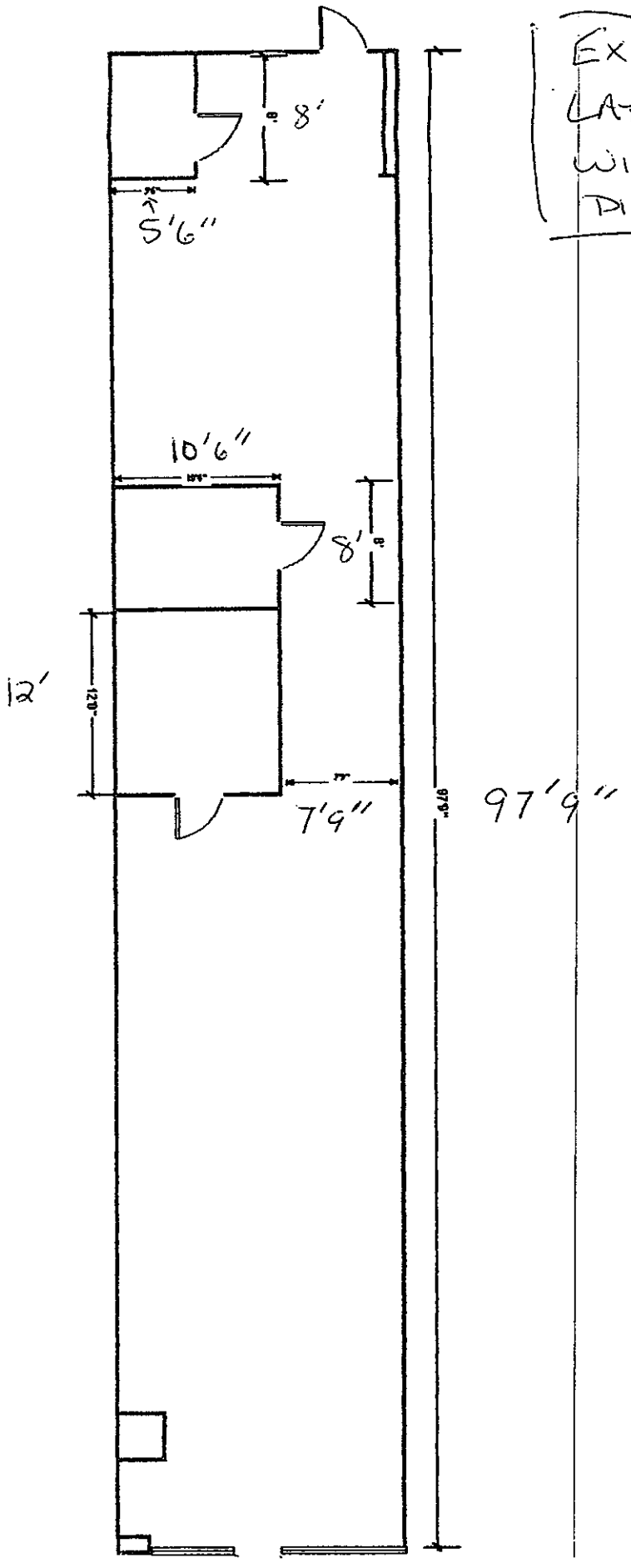

REAR EXIT
36" DOOR
BATH ROOM
EXIT SIGN
FUSE PANEL
EXISTING LAYOUT
36" DOOR
36" DOOR
36" DOOR
EMERGENCY LIGHT
EXIT SIGN
Electrical SUB PANEL
FRONT ENTRANCE

12/31/04

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical			

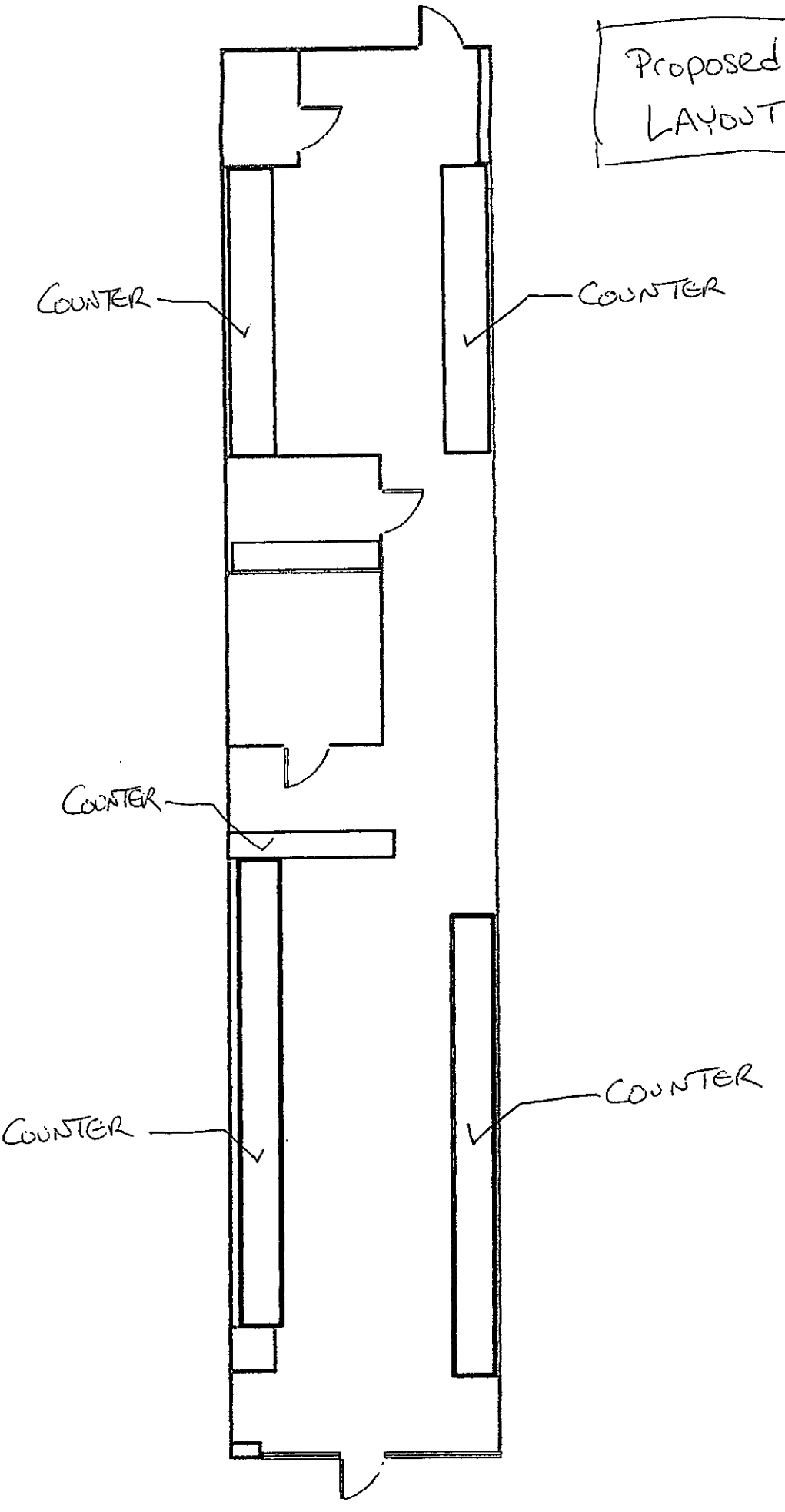
EXISTING LAYOUT WITH DIMENSIONS



Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical			

Proposed LAYOUT



Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical			

PRENDIMANO ELECTRICAL MAINTENANCE CO INC. T/A PEMCO

1612 Middlesex Street
Toms River, New Jersey 08757

Phone: 732-341-8014
Fax: 732-818-0554
Cell: 732-267-4917

Fax Transmittal Form **Date;** 1/18/05

To: Marcel **From:** Rob

BrickTown Electrical inspector
Brick NJ
Fax# 732-262-8954

REF: The Digital Nexus & I&X Computers
Architect: Barlo & Assoc.
Use group - B
Max occupancy - 25

Any Questions Please Call

Bldg Elect Fire (Plumbing) (Please mark subcode)

CONTROL NUMBER C05-70135

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 137 VAN ZILE RD.

DATE REVIEWED: 1/26/05

REVIEWED BY: MARK HIBBARD

CONTACT CALLED/FAXED:

CHANGE OF USE GROUP - FROM B - M

CALLED RAYMOND OSTAPOWICZ - 848-333-7176

Bldg Elect Fire Plumbing (please mark subcode)

Resubmit ALL 1-25-4 DTA

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 137 Van Zile

DATE REVIEWED: 11205

REVIEWED BY: MM

CONTACT CALLED/FAXED: Rob Prandamino 267-4917

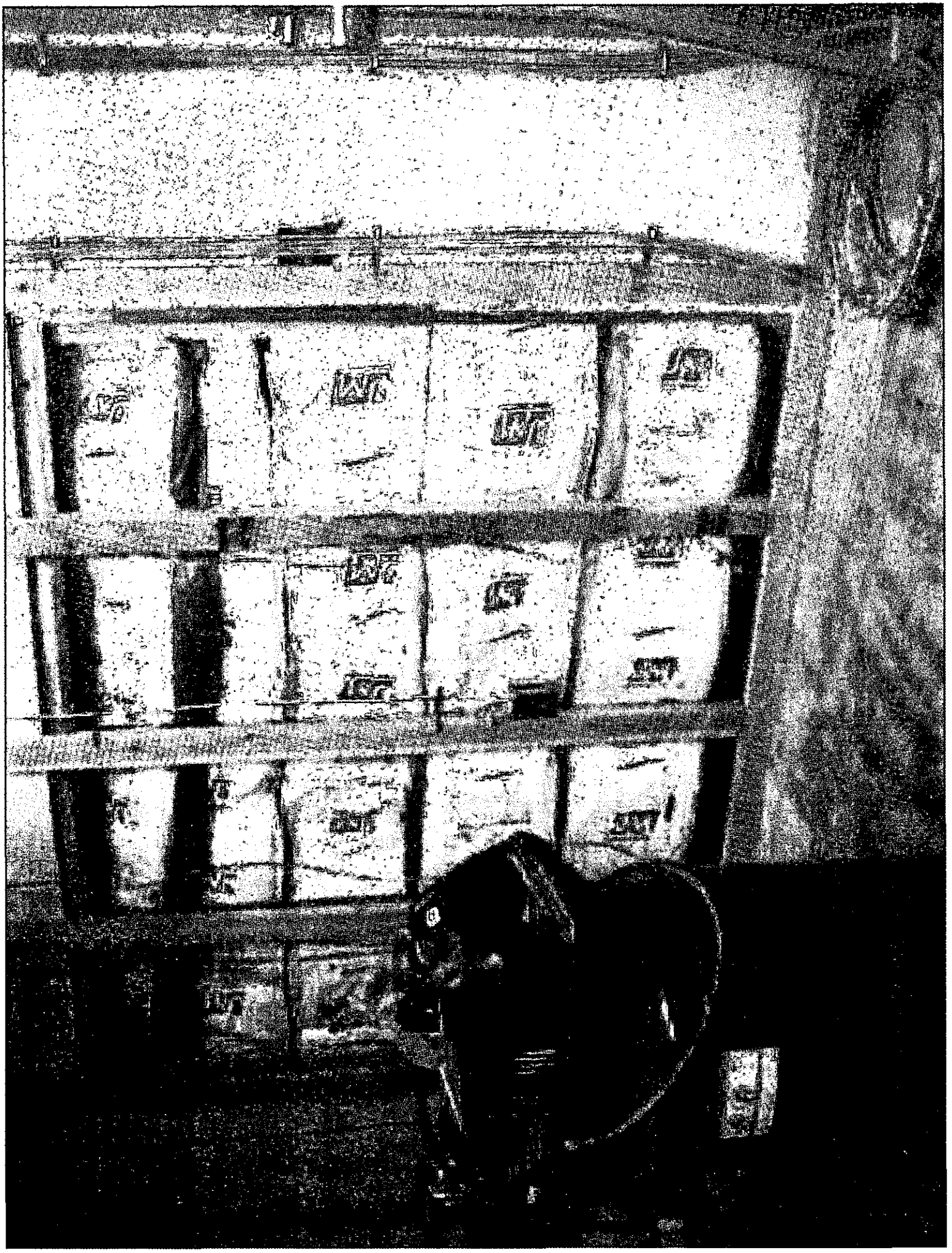
Use group a Opp. load

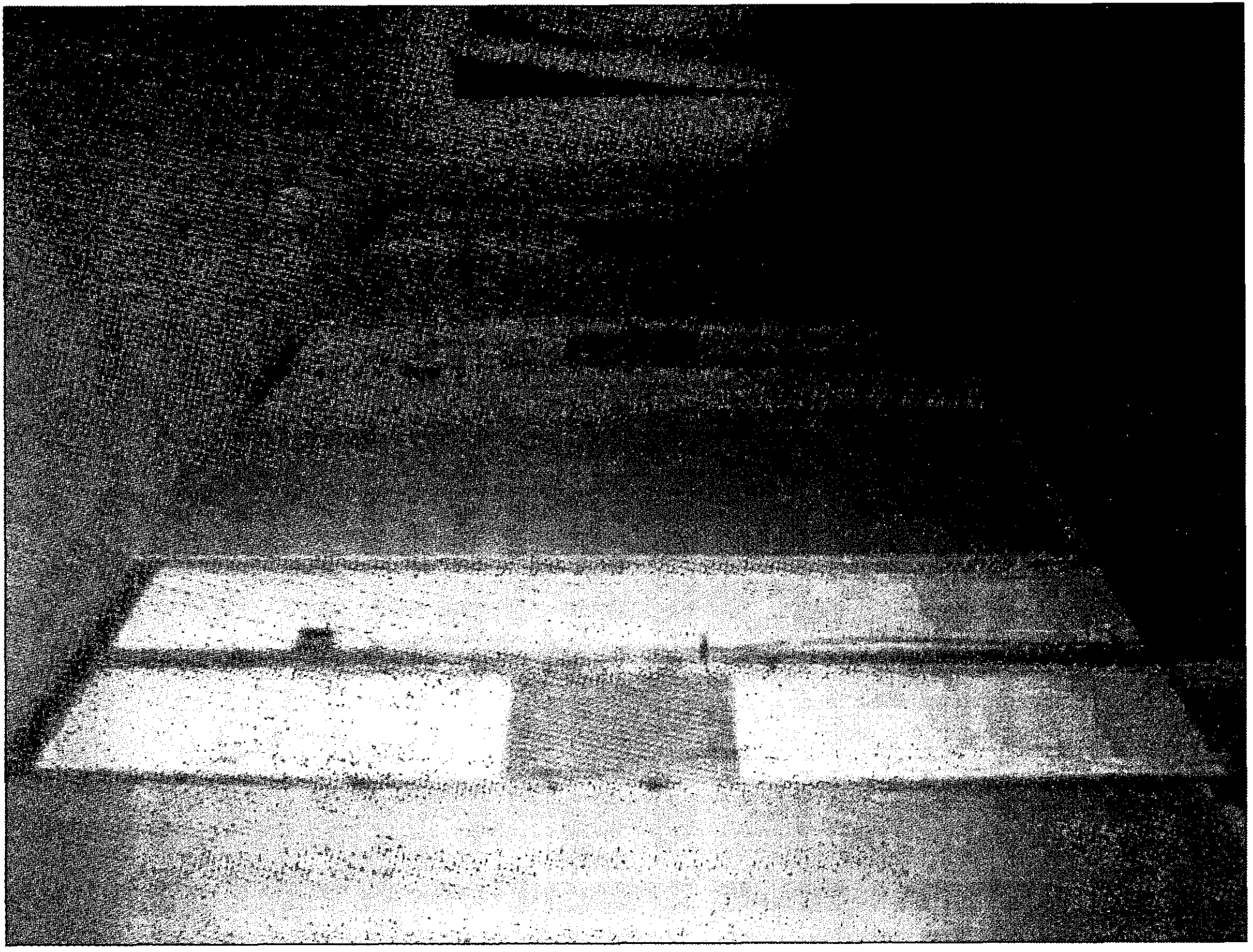
~~* show wall (tenant) seperating to Adjoins~~ spaces

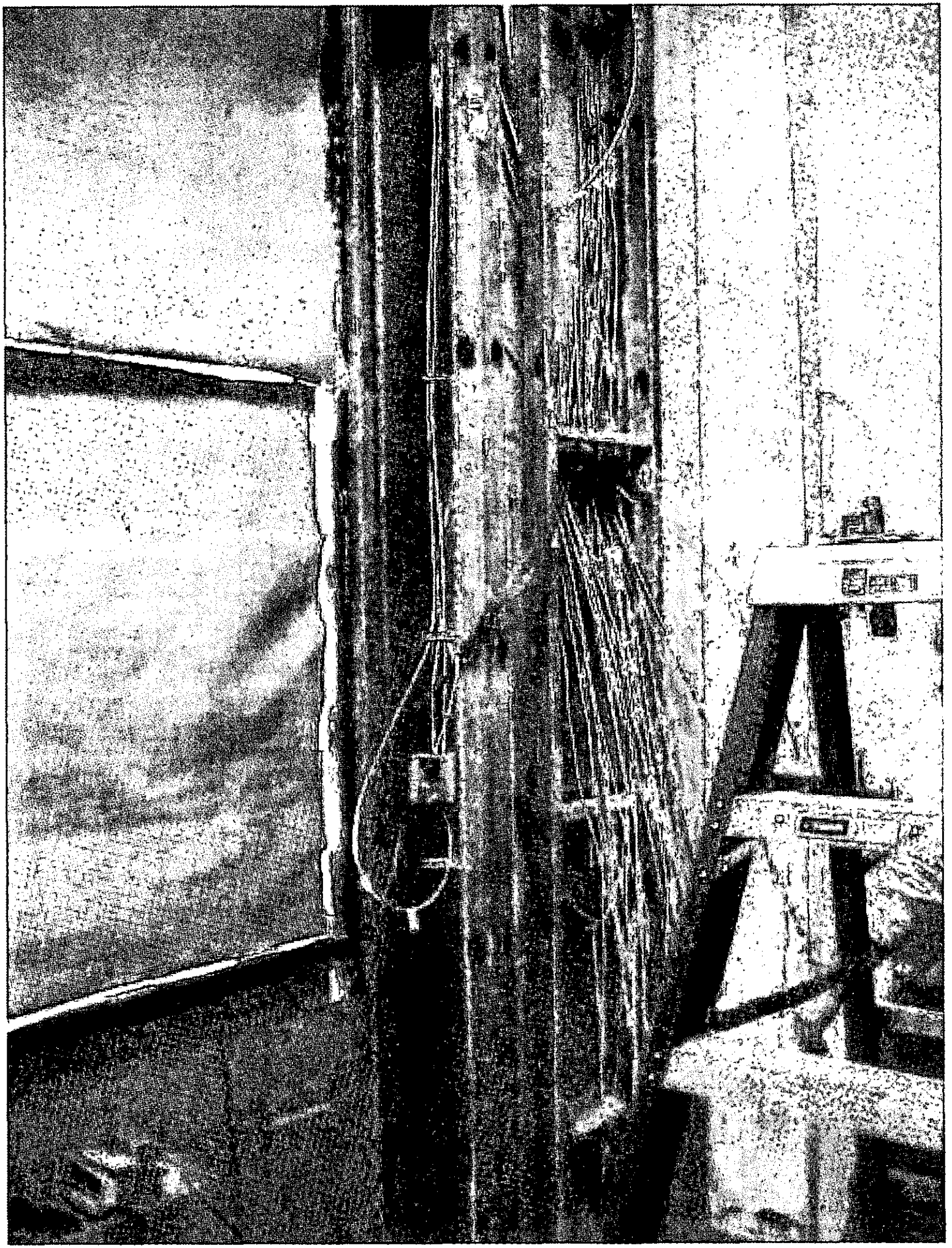
~~* Architects~~ plans would show this.

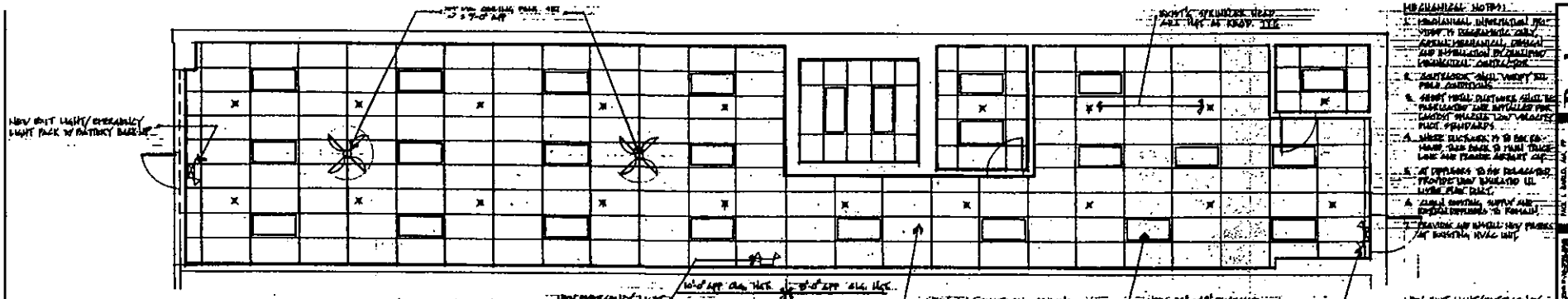
Need Architect's Plans Commercial

PM



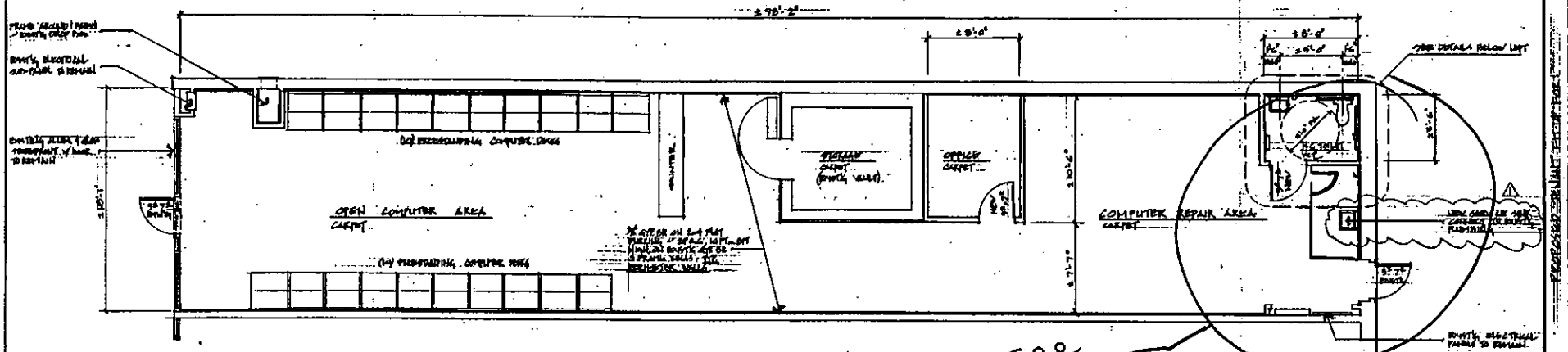






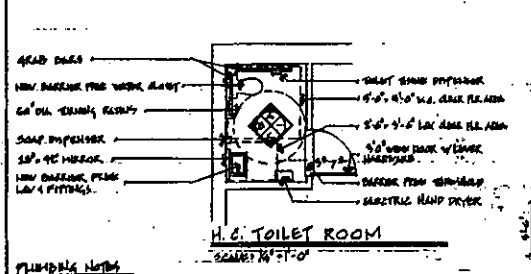
REFLECTED CEILING PLAN

SCALE: 1/4" = 1'-0"



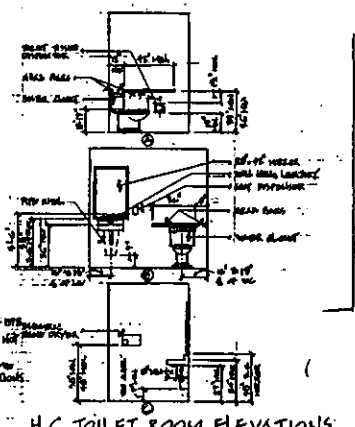
FLOOR PLAN

SCALE: 1/4" = 1'-0"

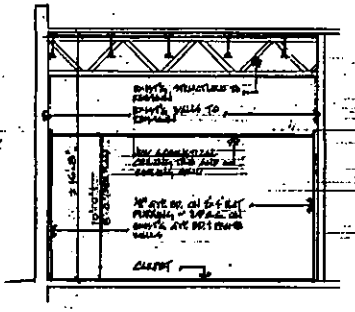


H.C. TOILET ROOM

SCALE: 1/4" = 1'-0"



H.C. TOILET ROOM ELEVATIONS



TYPICAL SECTION

SCALE: 1/4" = 1'-0"

See ATTACHED

GENERAL NOTES

PROJECT DATA

NOTE!

THE ARCHITECT HAS NOT BEEN RETAINED FOR ANY SUPERVISION OR INSPECTION FOR THIS PROJECT, AND THEREFORE IS NOT RESPONSIBLE FOR ANY PHASE OF THE CONTRACT.

THE DESIGN PROFESSIONAL'S INSPECTION FOR COMPLIANCE WITH THE PLANS AND SPECIFICATIONS SHALL NOT BE DEEMED SUPERVISION OR CONTROL OF CONSTRUCTION MEANS OR METHODS EMPLOYED BY THE CONTRACTOR OR ANY SUBCONTRACTOR.

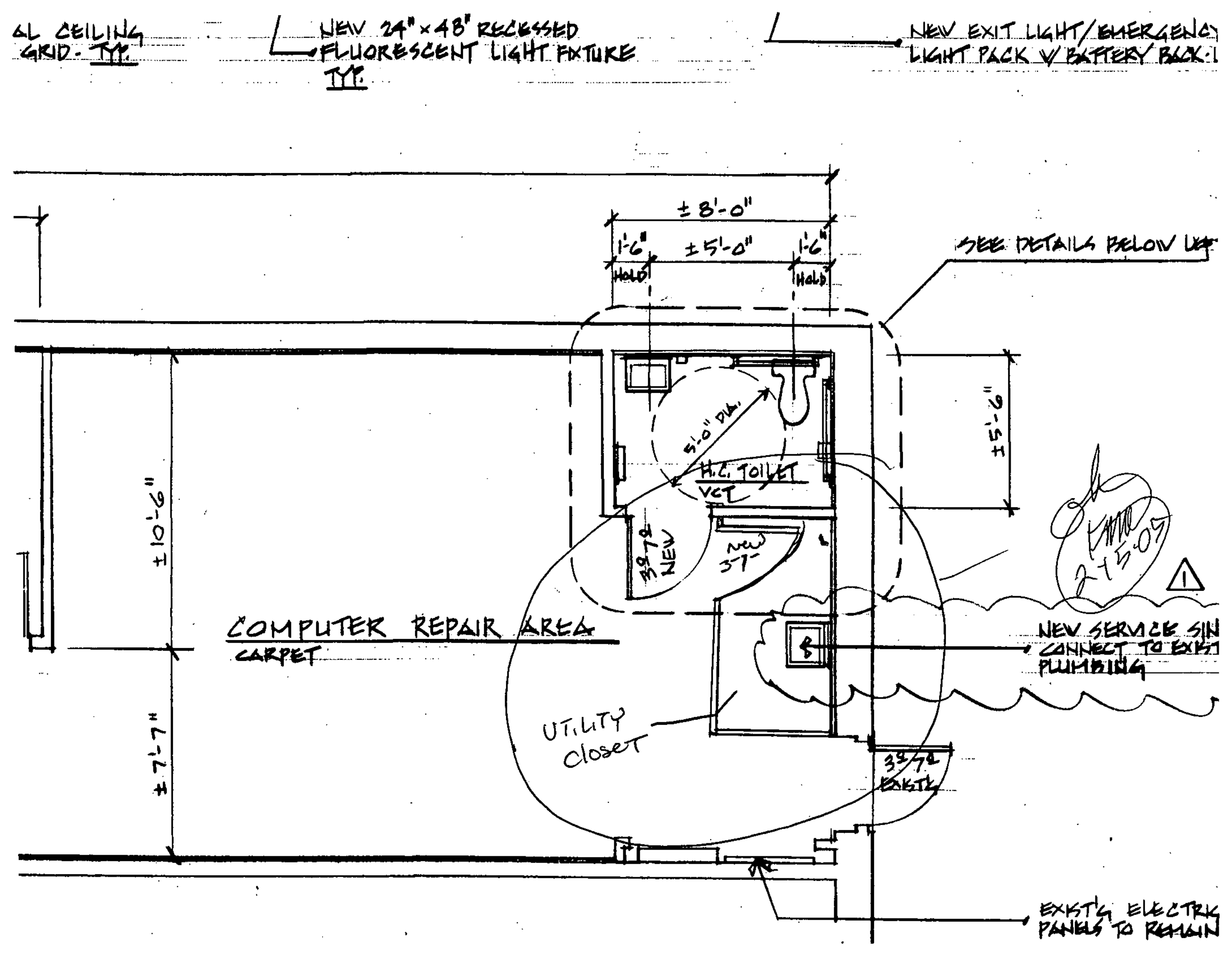
Barlo & Assoc. P.A.

A PROFESSIONAL CORPORATION

A-1

05-0329

1149/1



GL CEILING GRID - TYP.
NEW 24" x 48" RECESSED FLUORESCENT LIGHT FIXTURE TYP.
NEW EXIT LIGHT/EMERGENCY LIGHT PACK W/ BATTERY BACK-U
± 8'-0"
1'-6"
± 5'-0"
1'-6"
HOLD
HOLD
SEE DETAILS BELOW
5'-0" DIA.
H.C. TOILET
VCT
3'-7" NEW
NEW 3'-7"
± 5'-6"
± 10'-6"
± 7'-7"
COMPUTER REPAIR AREA
CARPET
NEW SERVICE SINK CONNECT TO EXIST PLUMBING
UTILITY CLOSET
3'-7" EXIST'G
EXIST'G ELECTRIC PANELS TO REMAIN
2-15-05
1

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 137 VAN Zile
Block: 1149 Lot: 1
Owner's Name: Bricktown Plaza Asso.
Owner's Mailing Address: 600 OK country Rd Suite 425
Garden City NY 11530
Phone: (516) 393-8400

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Sprinkler System
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Jemco Plumbing & Heating Inc.
Address: 366 Ramtown Greenville Rd Suite 1A
Howell NJ 07731
Phone #: 458-4744
Lis #: 11191
Federal Emp # or SSN 22-3816578

Technical Data

Fixtures	Quantity
Water Closets (Toilet) replace existing	1
Urinals/~~Bidets~~ new ~~Addl~~	~~0~~ 1
Bath Tub (w/or w/out shower head)	0
Lavatory (BR Sink) replace existing	1
Shower	0
Floor Drain relocating	1
Sink	0
Dishwasher	0
Drinking Fountain	0
Washing Machine	0
Hose Bib	0
Gas Piping ____ No. of outlets NO	
Fuel Oil Piping NO	
Water Heater replacing	1
Steam Boiler	0
Hot Water Boiler	0
Sewer Pump	0
Interceptor/Separator	0
Backflow Preventer	0
Greasetrap	0
Air Conditioner (Condensate Drain) ____ Tons	0
Septic Tank Closure	0
Sewer Service Connection	0
Water Service Connection	0
Active Solar System	0
Auxiliary Meter	0
Sump Pump	0
Pool Heater	0

Other:

Estimated Cost of Plumbing Work $1800.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name: A. Caccioti

CONTRACTOR'S SEAL

FIRE

Contractor: RAYMOND OSTAPOWICZ
Address: 289 OLD TOMS RIVER RD.
BRICK NJ 08723
Phone #: 848-333-7976
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Tank Removal
Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other: TENANT FITUP

Estimated Cost of Fire Work 0

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Print Name: RAYMOND J. OSTAPOWICZ

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 137 VAN ZILE RD.
Block: 1149 Lot: 1
Owner's Name: BRICKTOWN PLAZA ASSOCIATION
Owner's Mailing Address: [redacted]
Ph[redacted]

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft
___Fireplace wd/gas

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: 1
Height of Structure:
Area of the largest floor: 2000
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

ELECTRICAL

Contractor: PEMCO
Address: 1612 Middlesex St
Toms River NJ 08757
Phone#: 732-341-8014
Lis #: 11358
Federal Emp # or SSN 223347998

Technical Data

Item	Quantity
Lighting Fixtures	20
Receptacles	~~3~~ 46
Switches	~~3~~ 4
Detectors	
Light Poles	
Motors w/ Fract. HP	2 cieling Fans
Emergency & Exit Lights	2
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater 1 (Insta Hot) KW
Electric Dryer HAND (1) KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Sprinkler System
Service Existing AMP
Subpanel Existing AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: $ 1,000-

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name Robert Prendimano

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____ No. of outlets_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____Tons_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Tank Removal _____
Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
CO Detectors _____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System Commercial _____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____