BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS ~~(SITE)~~ 131 Vanzile Rd PERMIT NO. 05-3700

CN5-131055

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION Aldi Food Store

1. Proposed Work Site at: 131 Van Zile Rd Brick NJ 08724
2. Name of Owner in Fee: Aldi Inc Tel. (610) 798 9200
   Address 2700 Saucon Valley Rd (street) Center Valley (municipality) Pa 18034 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. *Principal Contractor:* Mid Atlantic Const. Tel. (215) 641 9280
   Address 9213 North Bethlehem Pike Spring House Pa 19477
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 23-2258403 FAX: (215) 641-9088
5. Architect or Engineer Spillman Farmer Arch Tel. (610) 865-2621
   Address ~~One Bethlehem Plaza~~ Suite 1000 Contact Brian Brandies
6. *Responsible Person in Charge once Work has Begun* Mid Atlantic Const
   Tel. (215) 641-9280 FAX: (215) 641-9088

called

interior renovation

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	1825	
2.	Electrical		155	
3.	Plumbing		40	1210
4.	Fire Protection		75	
5.	Elevator Devices			
6.	Subtotal	$		
7.	*Less 20% for State Plan Review*			
8.	Subtotal	$	157	
9.	State Permit Fee Surcharge			1
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	2250	120

FB

called 9/14/05 MP

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	

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*	68,200								
☐ d. Reconstruction									
5. ☒ Fire Protection	1000				9/14/05	K (52)			
6. ☒ Plumbing 5200	~~26,000~~				9/14/05				
7. ☒ Electrical	26,000				9/15/05	DKT			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☒ Demolition	16500								
TOTAL COSTS	116,900								

VII. DESCRIPTION OF BUILDING USE

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

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

COMMERCIAL

LDS BR 10325274

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

Division of Inspections - 732-262-1027

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 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 Mid Atlantic Construction Inc

Address 921 B North Bethlehem Pike PO Box 827

Spring House PA 19477

Telephone (215) 641-9280

Signature Brian R Hunt

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:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/23/2005
Tracking Number C-05-137655
Permit Number 05-3700
Permit Issue Date 09/15/2005

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530

Telephone:

Contractor MID ATLANTIC CONSTRUCTION INC

Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477

Telephone: 215-641-9280 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
INTERIOR ALTERATION(S)

Comments:
ALDI FOOD STORE

☐ **Certificate of Occupancy**
This serves notice that said building *or* structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 10/23/2005
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 10/23/2005
Conditions to be met:

PENDING FINAL PLUMBING (UPDATE FOR CONDENSATE DRAINS)

(enclosed check)

a.c.o
Construction Official

Fee: $200.00
Check Number: 18881
Collected By: Stephanie Capozzi

Date Printed: 09/23/2005

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	10/04/2005
Tracking Number	C-05-137655
Permit Number	05-3700
Permit Issue Date	09/15/2005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530

Telephone:

Contractor MID ATLANTIC CONSTRUCTION INC

Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477

Telephone: 215-641-9280 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
INTERIOR ALTERATION(S)

Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number: 18881
Collected By: Stephanie Capozzi

Date Printed: 10/04/2005

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	10/04/2005
Tracking Number	C-05-137655
Permit Number	05-3700
Permit Issue Date	09/15/2005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 135-167 VAN ZILE RD, Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530

Telephone:

Contractor MID ATLANTIC CONSTRUCTION INC

Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477

Telephone: 215-641-9280 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
INTERIOR ALTERATION(S)

Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number: 18881
Collected By: Stephanie Capozzi

Date Printed: 10/04/2005

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	10/04/2005
Tracking Number	C-05-137655
Permit Number	05-3700
Permit Issue Date	09/15/2005

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530

Telephone:

Contractor MID ATLANTIC CONSTRUCTION INC

Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477

Telephone: 215-641-9280 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
INTERIOR ALTERATION(S)

Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number: 18881
Collected By: Stephanie Capozzi

Date Printed: 10/04/2005

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	09/23/2005
Tracking Number	C-05-137655
Permit Number	05-3700
Permit Issue Date	09/15/2005

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner in Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NJ 11530

Telephone:

Contractor MID ATLANTIC CONSTRUCTION INC

Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477

Telephone: 215-641-9280 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
INTERIOR ALTERATION(S)

Comments:
ALDI FOOD STORE

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance***
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards *in scope of work*
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the *New Jersey Uniform Construction Code and is approved for use* until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 10/23/2005
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 10/23/2005
Conditions to be met:

~~PENDING FINAL PLUMBING (UPDATE FOR CON~~DENSATE DRAINS) Final 9/22/05

a.c.o.
Construction Official

Fee: $200.00
Check Number: 18881
Collected By: Stephanie Capozzi

Date Printed: 09/23/2005

CONSTRUCTION PERMIT

Date Issued 09/15/2005
Control # C-05-137655
Permit # 05-3700

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 MID ATLANTIC CONSTRUCTION INC
Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477
Telephone: 215-641-9280
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR ALTERATION(S)

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 $116,900

Construction Official

09/15/2005
Date

PAYMENTS (Office Use Only)

Building	$1,825
Electrical	$155
Plumbing	$40
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$157
CO Fee	
Other	$0
Total	$2,252
Check No.	18881
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PERMIT UPDATE

Date Update Issued 10/04/2005
Control # C-05-138515
Permit # 05-3700+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 MID ATLANTIC CONSTRUCTION INC
Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477
Telephone: 215-641-9280
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:
AIR CONDITIONER CONDENSATE DRAINS FOR FRIDGE

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 $100

Construction Official — 10/04/2005 Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$120
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$120
Check No.	19036
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

PERMIT UPDATE

Date Update Issued 10/04/2005
Control # C-05-138515
Permit # 05-3700+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 MID ATLANTIC CONSTRUCTION INC
Address 921 B NORTH BETHLEHEM PIKE PO BOX 827 SPRING HOUSE PA 19477
Telephone: 215-641-9280
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:
AIR CONDITIONER CONDENSATE DRAINS FOR FRIDGE

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 $100

Construction Official

10/04/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$120
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$120
Check No.	19036
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/15/05
Permit # 05-3700

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 ALDI Food Store
131 Van Zile Rd Bricck NJ 08724

Owner in Fee ALDI INC
Address 2700 Saucon Valley Rd
Center Valley PA 18034

Tel (610) 798 9200

Contractor MAE SPRINKLER
Address 1601 G Hammon ST
Levittown PA 19056

Tel (215) 547 5884 FAX (215) 547 4228

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00538

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 154 234

Fire Alarm Contractor No. N/A

Federal Emp. No. 23-2885967 MAE SPR

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present 2B Proposed 2B

Heating System: [ ] New OR [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location:

Fire ~~Alarm System~~: [ ] New OR [X] 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

Total Cost of Fire Protection Work $ 1,000

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Relocate Sprinkler Heads

Water Supply Source

Method of Alarm/Suppression System Supervision

	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)	8	
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 $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[X] Fire Plans Approved
Date: 9/14/05
Approved by: KLB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9-23-05
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				
Other				

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 9/15/05
Permit # 05-3700

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 ALDI FOOD STORE
131 VAN Zile Rd BRICK NJ 08724
Owner in Fee ALDI INC
Address 2700 Saucon Valley Rd
Center Valley PA 18034
Tel. (610) 798-9200
Contractor MID ATLANTIC CONST. INC
Address 9213 NORTH Bethlehem Pike PO BOX 827
Spring House PA 19477
Tel. (215) 641 9250 FAX (215) 641 9058
Contractor License No. or Builder Registration No.
Federal Emp. No 23-2258403

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

INTERIOR Remodel
- STORE FIXTURING
- PAINT, VWC, CABINETS, CHECKLANES
MUST BE ADA COMPLIANT
& NOT TO DECREASE EXIT TRAVEL DISTANCE.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/16/05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 09/23/05
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final		9/23/05		
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present 2B Proposed 2B
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. Rehabilitation $
3. Total (1+ 2) $

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9/15/05
Permit # 05-3700

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 ALDI FOOD STORE
131 VANZile Rd Brick NJ 08724

Owner in Fee ALDI INC
Address 2700 SAUCON VALLEY
CENTER VALLEY PA 18034

Tel (610) 798 9200

Contractor Diversified Electrical Constr. Inc
Address 351 Route 168
Blackwood NJ 08012

Tel. (856) 374-3433 FAX (856) 374-3435

Contractor License No. 4757

Federal Emp. No. 223-409-072

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as 00 Utility Co.

Est. Cost of Elec. Work $ 26,000

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 and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS	FEE (Office Use Only)
111		Lighting Fixtures (RELOCATE 74)	
~~30~~	40W	Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
EXISTING		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
141		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
1	10	KW ~~Dishwasher~~ RT Compressor	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
~~1~~	~~200~~	AMP Service	
1	225	AMP Subpanels 3Ø 120/208V	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
7		Power Poles	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/30/05
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/30/05
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/20/05	
Barrier-Free				

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

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9/15/05
Control #
Permit # 05-3700

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 Aldi Food Store
131 Van Zile Rd Brick NJ 08724
Owner in Fee Aldi Inc
Address 2700 Saucon Valley Rd
Center Valley PA 18034
Tele. (610) 798 9200
Contractor G. Kummer Plumbing & Htg, Inc
Address 526 Cheese Landing Rd
Riverside NJ 08081
Tele. (856) 728-1236 Fax (856) 728-0248
Lic. No. 5848
Federal Emp. No. 22-2674489

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ 5,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/14/05
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO 9/22/05			9/4/05	

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's Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
1 ✓	Other condensate drain (for fridge)
	Other
	Other

FEE (Office Use Only)

$ _____

UNOFFICIAL COPY

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

U.C.C. F130 (rev. 3/96)

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

9/22/05

[redacted]

O UPDATE FOR THREE CONDENSATE DRAINS
(ONLY CHARGE FOR ONE)

UPDATE 05-3700-A
DATE 9/23/05
INITIALED BY
FOR

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 05-1385/5

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 ALDI Food Store
131 Van Zile Rd
Owner in Fee ALDI INC
Address 2700 Saucon Valley Rd
Center Valley PA 18034
Tele. (610) 798 9200
Contractor G. Kummer Plumbing & Heating
Address 526 Cheese Landing Rd
Sicklerville NJ 08081
Tele. (856) 728-1236 Fax (856) 728-0248
Lic. No. 5848
Federal Emp. No. 22-2574889

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 9/27/05
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO			10/4/05	
Condensate Drains				

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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Water Heater
	Fuel Oil Piping
	Gas Piping
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
	Stacks
3	Other Condensate Drains
	Other (for fridge)
	Other

called OK 9/29/05 JM

FEE (Office Use Only)

$ _____

COMMERCIAL

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	120
TOTAL FEE	$	

Mid Atlantic Construction

P.O. Box 827
921 B North Bethlehem Pike
Spring House, PA 19477

Phone: 215-641-9280
Fax: 215-641-9088

TRANSMITTAL
No. 00013

PROJECT: Aldi, Brick

DATE: 9/30/2005

TO: Township of Brick
401 Chambersbridge Rd
Brick, NJ 08723

REF: Plumbing Permit

ATTN: Building Dept

WE ARE SENDING:	SUBMITTED FOR:	ACTION TAKEN:
☐ Shop Drawings	☐ Approval	☐ Approved as Submitted
☐ Letter	☑ Your Use	☐ Approved as Noted
☐ Prints	☑ As Requested	☐ Returned After Loan
☐ Change Order	☐ Review and Comment	☐ Resubmit
☐ Plans		☐ Submit
☐ Samples	**SENT VIA:**	☐ Returned
☐ Specifications	☐ Attached	☐ Returned for Corrections
☐ Other:	☐ Separate Cover Via: Mail	☐ Due Date:

ITEM	PACKAGE	SUBMITTAL	DRAWING	REV.	ITEM NO.	COPIES	DATE	DESCRIPTION	STATUS
					1	1		Check for Plumbing Permit Amendment	

Remarks: Building Dept.,

Enclosed is a check for the amended plumbing permit per the plumbing inspector. To my knowledge this releases the Temporary Certificate of occupancy. if you need anything else please contact pour office.

Sincerely,
Brian Henry

CC: File

Signed: BRH
Brian R. Henry

Expedition ®

05-3700

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 131 VanZile Rd. Block 1149 Lot 1

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS		FINALS	FINALS
BUILDING	APPROVED	9/23/05	
PLUMBING	APPROVED	TCO (update for condensate drain)	
FIRE	APPROVED	9/23/05	
ELECTRIC	APPROVED	9/23/05	
ENGINEERING	APPROVED	n/a	
O.C.SOIL	APPROVED	n/a	

COMMERCIAL OCCUPANCY CARD

C.C. FROM B.T.M.U.A. n/a

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING no fee required

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 131 Van Zile Rd Brick NJ 08724

Block: 1149 Lot: 1

Contractor: Mid Atlantic Const.

Contractor's Address: 921 B North Bethlehem Pike Spring House Pa 19477

Type of Construction (minor, new home): Interior renovation

Type of Debris (shingles, siding, wood, etc.): wood, fixture (cabinets, paneling)

Party responsible for removal: demo subcontractor

Dumpster size: 30 yd

Destination of debris: T. B. D

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

8/18/05
Date

Brian R. Henry
Print Name

Bldg Elect (Fire) Plumbing (Please mark subcode)

CONTROL NUMBER C05-137655

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 131 VAN Zile RD.

DATE REVIEWED: ~~9~~ 9-14-05

REVIEWED BY: KLR

CONTACT CALLED/FAXED:

1- NO info on sprinkler work to be done -

NO PLAN - NO drawings -

MidAtlantic Construction

CHECK DATE 09/29/2005 CHECK NO. 19036

INVOICE	INV DATE	DESCRIPTION	GROSS AMOUNT	ADJUSTMENTS	NET AMOUNT
PLBG ADJ.	09/29/2005	M0509-PERMIT ADJ.	120.00		120.00

VENDOR NO.	VENDOR NAME	TOTAL GROSS.	TOTAL ADJ.	TOTAL NET
008505	TWP OF BRICK	120.00		120.00

MidAtlantic Construction

CHECK DATE 09/14/2005 CHECK NO. 18881

INVOICE	INV DATE	DESCRIPTION	GROSS AMOUNT	ADJUSTMENTS	NET AMOUNT
PERMIT	09/14/2005	M0509	2,252.00		2,252.00

VENDOR NO.	VENDOR NAME	TOTAL GROSS.	TOTAL ADJ.	TOTAL NET
008505	TWP OF BRICK	2,252.00		2,252.00

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 137655

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 131 Van Zile Rd

DATE REVIEWED: 9 7 05

REVIEWED BY: WR

CONTACT CALLED/FAXED: mid atlantic const

215 641 9250

plano Bait Water permit

415 pm N/a