

BRICK

BLOCK

1149

LOT

1

QUALIFICATION CODE

C05-137451

C05-137451

ADDRESS (SITE)

151 VAN ZILE ROAD

PERMIT NO.

05-4123



CONSTRUCTION PERMIT APPLICATION

Vision Center

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

I. IDENTIFICATION

1. Proposed Work Site at: 151 VAN ZILE ROAD

2. Name of Owner in Fee: SAINT JAMES TEL. ()
 Address: 251 - 604020, 100 LAURENCEVILLE RD, ENNET
 municipality zip code

3. Ownership in fee: Public ☐ Private ☒

4. Principal Contractor: BD Management Co. Tel. (856) 753-7421
 Address: 270 PINEDEGG DRIVE W. BERLIN NJ 08091
 License No. OR, if new home, Builder Reg. No. 22-3644853 Exp. Date 8/6/05
 Federal Employee No. 22-3644853 FAX: (856) 753-8362

5. Architect or Engineer: Pimblee-Hoss Architects Tel. ()
 Address: 1383 SPRING ST. NW ATLANTA Contact: SONIA SHELTON
 6. Responsible Person in Charge once Work has Begun: H. Bud Cornwell
 Tel. (404) 217-5852 FAX: (856) 753-8362

Tenant Fit up

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	Re-viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection								
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 1488		
2. Electrical	\$ 115		
3. Plumbing	\$ 120		
4. Fire Protection	\$ 215	205	75
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for State Plan Review	\$ 128		
8. Subtotal	\$	4	3
9. State Permit Fee Surcharge	\$		
10. Subtotal	\$		
11. Cert. of Occupancy	\$		
12. Other	\$ 209		
13. TOTAL	\$ 1877	209	78

VI. BUILDING/SITE CHARACTERISTICS

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 _____

(office use only)

COMMERCIAL

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 Bakery
 After Construction EYE VIS
 Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10325186

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 BDM Management Co. LLC BDMcorp2@aol.com

Address 270 Pineage Drive

W. Breen NJ 08091

Telephone (856) 753-7421

Signature [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
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. 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	Other
Building _____	Energy _____	
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

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed:

Date: _____

☐ Zoning Application approved

Initialed:

Date: _____

☐ Zoning permit updates:



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/07/2005
Tracking Number C-05-137451
Permit Number 05-4123
Permit Issue Date 10/13/2005

Certificate

Construction Code Division
(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: BD MANAGEMENT CO LLC
Address: 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421 Fax: 856-753-8362
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3644853

Home Warranty Number: N/A

Type of Warranty Plan: ☒ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
TENANT FIT UP

Comments:

VISION CENTER

☒ **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

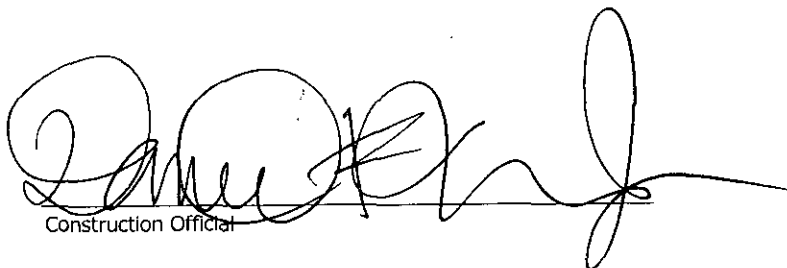
☐ **Certificate of Compliance**

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: 7364
Collected By: Mary Jane Rinaldi

Date Printed: 12/07/2005

Page 1



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/07/2005
Tracking Number C-05-137451
Permit Number 05-4123
Permit Issue Date 10/13/2005

Certificate

Construction Code Division
(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: BD MANAGEMENT CO LLC
Address: 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Telephone: 856-753-7421 Fax: 856-753-8362
License Number or Builders Registration Number: _____ Federal Emp. Number: 22-3644853

Home Warranty Number: N/A

Type of Warranty Plan: ☒ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
TENANT FIT UP

Comments:
VISION CENTER

☒ **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

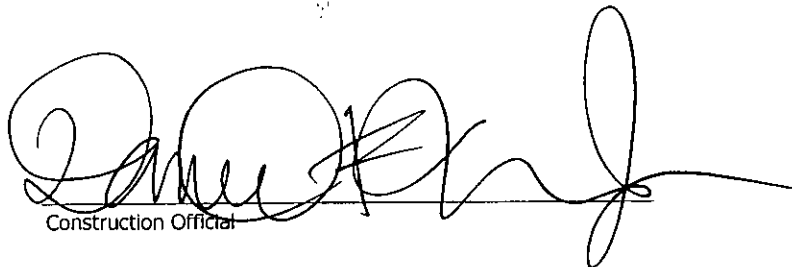
☐ **Certificate of Compliance**

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: 7364
Collected By: Mary Jane Rinaldi



CONSTRUCTION PERMIT

Date Issued 10/13/2005
Control # C-05-137451
Permit # 05-4123

IDENTIFICATION Block: 1149 Lot: 1 Qualifier _____
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ Telephone: 856-753-7421
11530 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 22-3644853

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

Note: If construction 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 \$92,000

Construction Official Date 10/13/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$1,488
Electrical	\$115
Plumbing	\$120
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$124
CO Fee	
Other	\$30
Total	\$1,877
Check No.	7364
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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 12/01/2005
Control # C-05-139811
Permit # 05-4123+E

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ
11530 Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Telephone: Federal Employee No. 22-3644853

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:

COMMUNICATION POINTS

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$1,500

Construction Official _____ Date 12/01/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$42
Check No.	7547
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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 12/01/2005
Control # C-05-139812
Permit # 05-4123+F

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ
11530 Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3644853

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:

PLUMBING ALTERATIONS DRINKING FOUNTAIN +F

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$500

Construction Official _____ Date 12/01/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$40
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	7547
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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 11/23/2005
Control # C-05-139776
Permit # 05-4123+D

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ
11530 Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3644853

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:

ALARM SYSTEM (BURGLAR OR FIRE)

Note: If construction 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 _____ Date 11/23/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$43
Check No.	
Cash	\$43
Credit	\$0
Collected By	Mary Jane Rinaldi

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 10/17/2005
Control # C-05-137451-1
Permit # 05-4123+B

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ
11530 Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3644853

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

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$3,000

Construction Official _____ Date 10/17/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$205
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$4
CO Fee	
Other	\$0
Total	\$209
Check No.	2370
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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 10/17/2005
Control # C-05-137451-2
Permit # 05-4123+C

IDENTIFICATION Block: 1149 Lot: 1 Qualifier _____
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ Telephone: 856-753-7421
11530 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee No. 22-3644853

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:

ALARM SYSTEM (BURGLAR OR FIRE)

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work \$2,000

Construction Official Date 10/17/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$75
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$3
CO Fee	
Other	\$0
Total	\$78
Check No.	2370
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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
Control # C-05-137451-3
Permit # 05-4123+A

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 135-167 VAN ZILE RD. Brick Township, NJ Contractor BD MANAGEMENT CO LLC
Address 270 PINEDGE DRIVE WEST BERLIN NJ 08091
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
Address 600 OLD COUNTRY RD #425 GARDEN CITY NJ
11530 Telephone: 856-753-7421
Lic. No. or Bldrs. Reg. No.
Federal Employee No. 22-3644853

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:

COMMUNICATION POINTS

Note: If construction 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 \$1,500

Construction Official _____ Date 10/13/2005

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$42
Check No.	7364
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi

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.

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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.



BUILDING SUBCODE TECHNICAL SECTION



Eye

Store

Date Received
Control #

05-4193
10-13-05

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

Block 1144 Lot 157 Van Zile Road Qualification Code 30045

Work Site Location 30045

Owner in Fee NABBAAL VISION INC. SPELUNC MOUNT

Address 296 GRAYSON HWY 30045

Tel. (202) 822-4264

Contractor RD MANDAMENT CO LLC

Address 270 AVENUE DRIVE

Tel. (856) 753-7942

Contractor License No. or Builder Registration No. NEW JERSEY

Federal Emp. No. 22-3644853

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS

☐ No Plans Required Type: Failure Failure Approval Initial

☒ All 10/3/05 RAK Footing Footing Foundation

☐ Footing 11-405 SK Foundation

☐ Foundation 11-405 SK Foundation

☐ Frame 11-405 SK Foundation

☐ Other 11-405 SK Foundation

Joint Plan Review Required: 11-405 SK Foundation

☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL 11-405 SK Foundation

☐ CO ☐ CCO ☐ CA

Date: 12-2-05 SK Foundation

Approved by: SK Foundation

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Const. Class Present Proposed

No. of Stories 1

Height of Structure 1 Ft.

Area — Largest Floor 1 Sq. Ft.

New Bldg. Area/All Floors 1 Sq. Ft.

Volume of New Structure 1 Cu. Ft.

Total Land Area Disturbed 1 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 46,000

2. Rehabilitation \$ 0

3. Total (1+2) \$ 46,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit-out
Exterior Store
Retrofit of Existing Space
Interior Partitions, Act.
Wall Finishes, Carpet

COMMERCIAL

TYPE OF WORK:

☐ New Building

☐ Addition

☐ Rehabilitation

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other

☐ Demolition

FEE (Office Use Only)

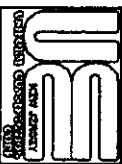
\$ 0

Administrative Surcharge \$

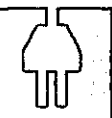
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 1149 Lot 135-1107 Van Zile Qualification Code _____
Work Site Location BRICK NT

Owner In Fee SKYLINE MANAGEMENT
Address 600 GCD COUNTRY ROAD
SUITE 425 GARDEN CITY NY 11530

Tel (516) 393 8400

Contractor 447 YPE WIRE
Address 1914 MELVIND ROAD
DEPT FORD NJ 08096-5613

Tel (856) 461 4460 FAX (856) 374 2532
Contractor License No. EXEMPTION #154

Federal Emp. No. 22-3247517

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☒ Temporary ☒ Other Low Voltage

Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$1800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☒ No Plans Required			Rough			
Joint Plan Review Required:			Barrier-Free			
☐ Building ☐ Plumbing			Trench			
☐ Fire ☐ Elevator			Temp. Serv.			
☐ Elec. Plans Approved			Constr. Serv.			
Date: <u>11/30/05</u>			TCO			
Approved by: <u>LM</u>			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
☐ CO ☐ CCO ☒ CA			Final Cut-in-Card Date Issued			
Date: <u>12/3/05</u>			Annual Pool Inspection			
Approved by: <u>LM</u>			Date of Grounding and Bonding Certification			

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

D. TECHNICAL SITE DATA

☐ Licensed Elec. Contractor ☐ Certif'd Landscaping/Irrigation Contr ☒ Exempt Applicant

QTY.

SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Frac. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

FEE (Office Use Only)

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

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

Date Received

Control #

Date issued

Permit #

12-1-05

005-139811

UPPER W-41A2

KE



ELECTRICAL
SUBCODE
TECHNICAL SECTION

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

Block 1147 Lot 1000
Work Site Location 2400 103rd Ave
Owner in Fee/Occupant BRIDGEVIEW PLAZA DEVELOPMENT
Address 600 Old Middletown Rd. #485
Garden City, NJ 08043
Tele. ()
Contractor JEM ELECTRIC
Address 700 INSH HILL ROAD
RUNNEMEDE, NJ 08078
Tele. () 856 939-2443 Fax () 856 939-1197
Lic. No. 12308 Federal Emp. No. 22-3338114
B. ELECTRICAL CHARACTERISTICS
Use Group Present Proposed
[] Pole/Pad # 1 [] Temporary [] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☒ No Plans Required			Rough				
Joint Plan Review Required:			Temp. Serv.				
[] Building [] Plumbing			Constr. Serv.				
[] Fire [] Elevator			TCO				
[] Elec. Plans Approved			Other				
Date: <u>10/7/05</u>			Service				
Approved by: <u>MM</u>			Final				
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA			Final Cut-in-Card Date Issued				
Date: _____							
Approved by: _____							

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
[] Licensed Electrical Contractor [] Exempt Applicant

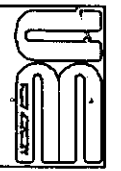


Date Received 05-41834A
Date Issued
Control # 05-137451-3
Permit # 104305

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Frac. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/with UV Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/4 HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 1149 Lot 157 VAN ZILE ROAD Qualification Code 0040

Owner in Fee WADSWORTH INC. Skyline Mount
Address 2500 GARDEN CITY RD GARDEN CITY NY 11530

Tel (718) 822-4264 Fax (516) 880-9352

Contractor TRUSTEES BLUE
Address 945 DEUSEN BLVD GARDEN CITY NY 11530

Tel (516) 589-9370 Fax (516) 589-9352

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 1004002

Fire Alarm Contractor No. 153332

Federal Emp. No. 22-2240992

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [] New or [] Existing

Const. Class: Present Proposed Location of Panel: [] New or [] Existing

Heating System: [] New or [] Existing Fire Suppression/Standpipe System: [] New or [] Existing

Type: [] Gas [] Oil [] Electric [] Solar Location of Main Control Valve: [] New or [] Existing

Location: [] Other

Fuel Storage Tank: [] Flammable or [] Combustible Capacity 3,000

Total Cost of Fire Protection Work \$ 3,000.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature [Signature]

[] Certified Contractor [] Exempt Applicant



Date Received 05-412316
Control # 10-17-05
Date Issued 05-137451
Permit # 1

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Relocate 26 Heads to accommodate new layout

Water Supply Source EXISTING
Method of Alarm/Suppression System Supervision EXISTING

Flammable/Combustible Tanks NUMBER 2 EXISTING
Alarm Systems 1 110v Interconnected

[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow) 2

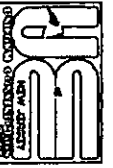
Supervisory Devices (i.e., tamper, low/high air) 2
Signaling Devices (i.e., horns/strobes, bells) 2

Other Devices 26
TOTAL 26

Suppression Systems 26
Fire Pump GPM Type
Dry Pipe/Alarm Valves 26
Pre-action Valves 26
Sprinkler Heads (Dry and Wet) 26
Standpipes 26
Pre-engineered Systems 26
Wet Chemical 26
Dry Chemical 26
CO₂ Suppression 26
Foam Suppression 26
FM200 Suppression 26
Other 26
Other Systems 26
Kitchen Hood Exhaust System 26
Smoke Control System 26
Fired Appliances 26
Fireplace Venting/Metal Chimney 26
Other 26

COMMERCIAL

Administrative Surcharge \$ 205
Minimum Fee \$ 205
State Permit Surcharge Fee \$ 205
TOTAL FEE \$ 205



FIRE PROTECTION SUBCODE
TECHNICAL SECTION

DATE 09/16/05
INITIALED BY ASD
OR



Date Received 05-41834C
Control # 10-17-05
Date Issued
Permit # 065-137451.2

A. IDENTIFICATION--APPLICANT: COMPLETE ALL APPLICABLE INFORMATION--WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 114 Lot 1 Qualification Code _____
Work Site Location 157 Van Zile

Owner in Fee Skyline Apartment
Address 600 Old Country Rd. Suite 425
Garden City, NY 11530

Contractor Ex-its Security
Address 868 Towne Center Dr
Langhorne PA 19047
Tel (215) 752-9277 FAX (_____)
Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Alarm Contractor No. 0677936 Lic. # NT

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: _____

Location: _____
Fuel Storage Tank: _____
Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)	Initial
Type:	Alarm System	Failure	Approval
[] No Plans Required	Suppression Sys.		
Joint Plan Review Required:	Standpipe		
[] Building [] Plumbing	Fire Pump		
[] Electric [] Elevator	Pre-Eng. System		
[] Fire Plans Approved	Mechanical		
Date: <u>10-17-05</u>	Smoke Control		
Approved by: <u>ASD</u>	TCO		
SUBCODE APPROVAL	FlamCombust Tanks		
[] CO [] CCO	Fireplace Venting		
Date: <u>12-5-05</u>	Final		
Approved by: <u>AS</u>	Other		

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent, owner, or record party) authorized to make this application.

[] Certified Contractor [] Exempt Applicant
Applicant's Signature/Contractor's Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks
Alarm Systems

[X] System
[] 110v Interconnected
[] CO Detectors/110v
Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)
Signaling Devices (i.e., horns/strobes, bells)
Other Devices Keypad + Panel

TOTAL

Suppression Systems

Fire Pump _____ GPM Type _____
Dry Pipe/Alarm Valves _____
Pre-action Valves _____

Sprinkler Heads (Dry and Wet)
Standpipes _____

Pre-engineered Systems

Wet Chemical _____
Dry Chemical _____

CO₂ Suppression _____
Foam Suppression _____

FM200 Suppression _____
Other Motion Detector

Other Systems _____
Kitchen Hood Exhaust System _____
Smoke Control System _____

Fired Appliances [] Gas or [] Oil
Fireplace Venting/Metal Chimney
Other Door Contact Devices

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control # 05-4123
Date Issued 05-137457
Permit # 10-13-05-

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 157 VAN DYKE RD

Owner in Fee SCINE MENT

Address 600 OLD COUNTRY ROAD SUITE 425

Tel (86) 393-8402

Contractor Thomas J Weaver Plumbing

Address 131 Eastfield Ave

Tel (86) 783-6972 FAX (86) 783-6972

Contractor License No. 300108218

Federal Emp. No.

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 \$ 9000

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
[] Licensed Plumbing Contractor [] Exempt Applicant

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

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

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

11/2/05

①. Room not ready

② Existing Bathroom not ready - must be A.O.A

11/22/05 - Fri

① - no hot water

② - ASSE - 1016 - Anti-Scald - 110°

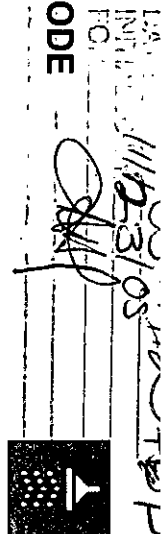
③ Check OK - Sink

④ Check Valve As Change?

⑤ 10 DATE 100 Drinking Fountain

⑥ Side Wall Grab Bar - 604.51 54" min

⑦ Bathroom not A.O.A - 606.3 - 606.5



OS-4123+E
12-1-05

Q105-139812

FEE (Office Use Only)

100

Est. Cost of Plumbing Work \$ 200.00

Approved by: _____

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 Sign: ☐ Contractor's Seal and Signature
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

2 Canary = Official Copy
4 Gold = Applicant Copy

Administrative Surcharge	\$	_____
Minimum Fee	\$	_____
Sale Permit Surcharge Fee	\$	_____
TOTAL FEE	\$	47.00

**Township of Brick
Zoning Permit**

Approved: Monday, August 22, 2005 **Number:** 1246

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

Property Address: 157 Van Zile Road; Bricktown Plaza

Applicant: Scott Marynaic; National Vision, Inc.

Property Owner Bricktown Plaza Associates

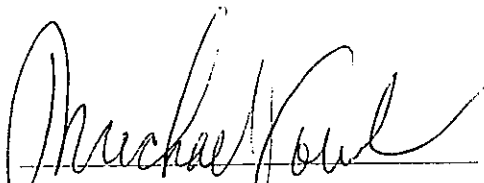
Existing Use: Vacant unit (former bakery).

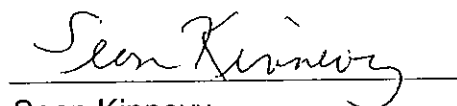
Proposed Use: Vision Center eyewear store.

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: An additional zoning permit is required for any sign or any other additional work.

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

AUG 12 2005

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 151 VAN ZILE ROAD BRICK

PERSONAL NAME OF APPLICANT SCOTT MARYNAIK

BUSINESS NAME OF APPLICANT NATIONAL VISION INC.

MAILING ADDRESS OF APPLICANT 296 GRAYSON HWY LAWRENCEVILLE GA, 30045

PROPERTY OWNER'S FULL NAME SKYLING MANAGEMENT

PRESENT USE OF PROPERTY (check all that apply) Bricktown Plaza Associates

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) EXISTING MERCANTILE Bakery Store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) EXISTING/ MERCANTILE Vision Center

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) TEANAT ABOUT STORE SPACE EYEWEAR

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 [Signature] Date 8.01.05

Reviewed by Zoning Office [Signature] Date 8/22/05 (X) Approved () Denied

March 2003-----

COMMERCIAL

KLB
8/11/05

Fax Transmittal**B.D. Management Co., L.L.C.****P.O. Box 311****270 Pinedge Drive****West Berlin, NJ 08091****Tel: (856) 753- 7421****Fax # (856) 753- 8362**Fax: 732 262-8954 Date: 9-21-05To: Township of BrickATTN: ELECTRICAL CODE OFFICIALRE: Control # 05-137451157 VAN ZILE BLK 1149 Lot 1

JCPL ARC FAULT Current
information as requested for
this project

Total Number of Pages Including Cover 3

0-5017 P. 1

Resident Electrical
The Village
1122 1/2 Avenue

617 New Jersey Avenue
Point Pleasant, NJ 08742

John F. Jey
Regional Sales Manager

732-774-2835
Fax: 732-382-5828

1. Unit 2. Street Repairs

To

Vision clip

Date: 9 / 22 / 05

Project location:

157 VANZILE RD BRICK

The interrupting duty or fault current for the above location will be:

Under 10,000 Amps

Over 10,000 Amps

Over 10,000 Amps - your interrupting duty for the spec fic
transformer in question will be 21,800 Amps

transformer size: 150 KVA secondary voltage 120/218 277-480
3-50 KVA ON BANK

Should you have a question, please contact me at:
732-774-2835

Respectfully,

015-137451

John F. Jey
Regional Sales Manager

Paul

ED

TURKOT

732 294-2222



700 Irish Hill Road
Rumfordsburg, NJ 08078
856-939-3443

Electrical Contractors

NJ Lic. #12308 Del. Lic. #4178 Phil. Lic. #1405

FAX

To: Bud From: Andy
Fax: 856-753-8362 Pages: 2 total
Date: 9/22/05 Time: 2:40pm

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ As per your request

RE: AVAILABLE FAULT CURRENT FOR NVI BRICK.

Our Fax # (856)939-1197

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER _____

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 151 Van Zile

DATE REVIEWED: 10405

REVIEWED BY: Wk

CONTACT CALLED/FAXED: Permittal work Data etc..

Food license method + best method for review?

October 5, 2005

The Township of Brick, New Jersey

Sent via fax: 732-262-8954

ATTN: Marcel

RE: National Vision Fit-up Project in Brick, NJ

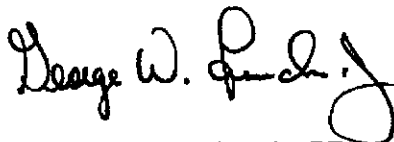
(Control # 05-137451)

Please accept this letter as verification that I have spoken with the contractor, Bud Comwell of B.D. Management Co, Inc., and confirmed that for the exam rooms, the installation will treat those areas as "Healthcare type areas" and will therefore utilize hospital grade devices and hospital grade wiring within the exam rooms.

Thank you for your consideration and follow-up in this matter.

Sincerely,

CC: Sonia @ at Pimsler-Hoss Arch (404-875-2475)



George W. Lumsden, Jr., PE
Project Engineer of record
NJ License # 24GE04230200

George Lumsden, P.E.

5745 Wendy Bagwell Parkway - Office Suite #6 • Hiram, GA 30141
Tel: (678) 384-1850 • Cell: (404) 402-2064 • Fax: (678) 384-1853 • e-mail: georgelepc@bellsouth.net

NEW PANELBOARD "A" AND BREAKERS ARE NEW TO REPLACE EXISTING PANEL "A" AND ITS BREAKERS

SERVICE 208/120V 3Ø 4 WIRE

MTG RECESS

I.C. 22 KAIC

MAIN 125A MLO

REMARKS

BRANCH CIRCUIT

NEUTRAL

BRANCH CIRCUIT

Q	LOAD DESCRIPTION	LOAD (KVA)			P	Q	R	S	T	U	V	W	X	Y	Z
		A	B	C											
1	EXAM RM RECEPTS	0.8			20										2
3	EXAM RM RECEPTS	0.6			20										4
5	STOR AREA RECEPTS	0.6			20										6
7	EMPLOY STOR RECEPTS	0.6			20										8
9	PRETEST RECEPTS	0.6			20										10
11	FILES ROOM RECEPTS	0.4			20										12
13	WAITING RECEPTS	0.4			20										14
15	OFFICE RECEPTS	0.6			20										16
17	EQUIP LAB/CONTACTS/STOR LIT	1.0			20										18
19	EXAM RM/STOR LIT/EF-2	1.2			20										20
21	SALES AREA SIDE CONTROL LIT	0.2			20										22
23	SALES AREA FLUOR LIT	1.3			20										24
25	SALES AREA CAN LIT	1.4			20										26
27	SALES AREA TRACK LIT	1.1			20										28
29	SPARE				20										30
31	WATER HEATER (WH-1)	2.3			30										32
33	SPARE	2.3			1										34
35	EXHAUST FAN (EF-1)				0.1	20									36
37	EXISTING RTU-1	4.1			45										38
39		4.1													40
41		4.1													42
CONNECTED LOAD: A 14.4 KVA B 12.7 KVA C 11.1 KVA TOTAL 38.7 KVA															

NOTES: * THIS BREAKER SHALL BE A HACR LABELED BREAKER, MATCH BREAKER SIZE TO LISTED MOCP SIZE

** PAINT THIS BREAKER HANDLE ORANGE AND LABEL "EMERGENCY CKT: DO NOT SWITCH"

CONNECTED LOAD = 106.7 AMPS

DEMAND LOAD = 80.14 AMPS

September 23, 2005

The Township of Brick, New Jersey

Sent via fax: 732-262-8954

ATTN: Mercel

RE: National Vision Fit-up Project in Brick, NJ

(Control # 05-137451)

Please accept this letter and attached panelboard schedule which is taken directly from drawing E2 as documentation of the verification that we have made in regard to the available fault current present at the site.

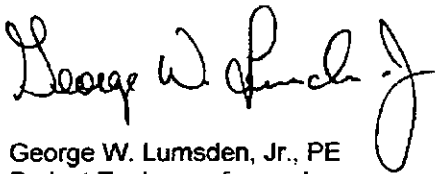
As documented to us, the available fault current at the site is 21,800 amps based on the 150 kva transformer at 208/120V.

The panel we specified is rated for a fault current of 22,000 amps as indicated on the panelboard schedule. The new panel we are adding is therefore rated higher than the available fault current without even taking into consideration the resistance of the feeder cabling to the panel.

Thank you for your consideration and follow-up in this matter.

Sincerely,

CC: Sonia @ at Pimsler-Hoss Arch (404-875-2475)



George W. Lumsden, Jr., PE
Project Engineer of record
NJ License # 24GE04230200

George Lumsden, P.E.

5745 Wendy Bagwell Parkway – Office Suite #6 • Hiram, GA 30141
Tel: (678) 384-1850 • Cell: (404) 402-2064 • Fax: (678) 384-1853 • e-mail: georgelepc@bellsouth.net

Bldg

Elect

Fire

Plumbing

(Please mark subcode)

CONTROL NUMBER 137451

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 157 Van Rile

DATE REVIEWED: 9-12-05

REVIEWED BY: FMM

CONTACT CALLED/FAKED: 856-753-8362

No Details on Counter Heights, Do They Meet

ADA Also Circumvents

REVISED PLANS SUBMITTED - 10/13/05

VIA Fed Exp. #844996405884

B.D. Management Co. L.L.C.

270 Pinedge Drive
WEST BERLIN, NJ 08091
856-753-7421
856-753-8362 FAX

LETTER OF TRANSMITTAL

TO: Construction Office
Township of Brick
401 Chambers Bridge Road
BRICK, NJ

DATE: 9-14-05
ATTN: BERNIE RIGBY
RE: VISION CENTER II
151 VANZILE

GENTLEMEN:

08723

Control #05-137451

WE ARE SENDING YOU:



ATTACHED

UNDER SEPARATE COVER VIA

☐ SHOP DRAWINGS ☐ PRINTS ☐ PLANS
☐ COPY OF LETTER ☐ CHANGE ORDERS ☐ SAMPLES
☐ SPECIFICATIONS ☐ PRODUCT DATA ☐ EXECUTED CONTRACTS

COPIES	DRAWING NUMBER	DATE	DESCRIPTION
<u>1ea</u>			<u>Plumbing Tech Section Update</u>
<u>1ea</u>			<u>Electric Tech Section Update</u>
<u>2ea</u>			<u>ARCH/ENG SEALED DRAWINGS</u>

THESE ARE TRANSMITTED AS CHECKED BELOW:

☒ FOR APPROVAL ☐ APPROVED AS SUBMITTED ☐ REVIEWED
☐ FOR REVIEW AND COMMENT ☐ APPROVED AS NOTED ☐ FOR YOUR USE
☐ FURNISH AS CORRECTED ☐ FOR BIDS DUE ☐ AS REQUESTED
☐ RESUBMIT ☐ COPIES FOR APPROVAL ☐ REVIEWED - RESUBMIT

REMARK

PERMIT UPDATE Control #05-137451

COPY TO: FILE

B.D. MANAGEMENT CO. L.L.C.

SIGNED: H. BUD CORNWELL

(P&L)

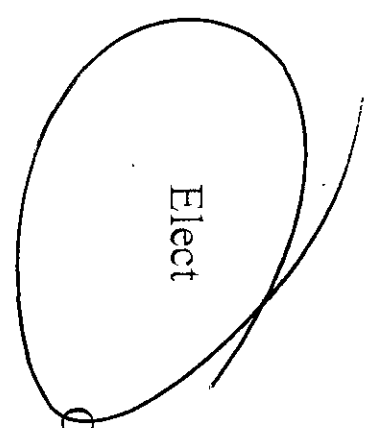
Bldg

Elect

Fire

Plumbing

(Please mark subcode)



CONTROL NUMBER

13745-1

1100AFC

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION:

157 Van Zile

DATE REVIEWED:

9/4/05

REVIEWED BY:

Mr

CONTACT CALLED/FAXED:

Plans Open with Dent

Woksh

no panel on front

no alarm etc.

add need available

earth contact legging

856-753

8362

Resubmitted 9/23/5

Resubmit
9-15-05

Bldg

Elect

Fire

Plumbing

(Please mark subcode)

CONTROL NUMBER 05-137451

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 157 Van Zile Visist ^{new} Central

DATE REVIEWED: 5-5-05

REVIEWED BY: KIN

CONTACT CALLED/FAXED: 95.00

for smelter - left message
Sgt. - data. she will advise

1- Atty. General Smelter Alcans not required but 1-15-04 must be

conversion -

2- SPK system existing - need plan for relocation

TRI-STATE FIRE PROTECTION, INC.

445 DELSEA DRIVE SEWELL, NJ 08080

856-589-9370 (P) 856-589-9352 (F)

LETTER OF TRANSMITTAL

Date: September 13, 2005	
To: Brick Building Department 401 Chambersbridge Road Brick, NJ 08273	Re: National Vision Center 157 Van Zile Road Brick, NJ 08724
Attention: Kevin Bazel, Fire Marshall	

WE ARE SENDING YOU:

Submittal Drawings	Plans	Fire Protection Sub Code Technical Section	Hydraulic Calculations
	X		
Change Order	Check	Executed Sub Contract	Other

VIA:

Attached	Hand Delivered	Under Separate Cover
Federal Express 8464 7193 0932		

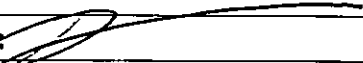
Copies	Date	No.	Description
3	9-12-05	Sp.1 of 1	Plans

THESE ARE TRANSMITTED AS CHECKED BELOW:

For Approval	Approved As Submitted	Resubmit Copies For Approval
For Your Use	Approved As Noted	Submit Copies For Distribution
As Requested	Returned For Corrections	Return Corrected Prints
For Permits	Other	Return (1) Fully Executed Copy
X		

REMARKS:

Kevin, Enclosed are (3) sets of plans for the above referenced project as requested. Please contact our office with any questions and when the permit is ready. Thank you

Signed:  Nick Bozine

Received By:

Cc: Bud Cornwell, B.D. Management (enc: copy of plan)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

05-4123
C05-137451

BLOCK 1149 LOT 1 SITE ADDRESS 157 Van Zee Rd.
TYPE OF SITE Residential ~~Commercial~~ NAME OF BUSINESS Vision Center
APPLICANT B2 Construction Co. LLC PHONE NUMBER [REDACTED]
APPLICANT ADDRESS [REDACTED] CITY & STATE [REDACTED]

INCLUSIONARY DEVELOPMENT

Affordable Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____
No Fee Required _____
Market Rate

Bud Carrwell
609-217-5852
X

MANDATORY DEVELOPER FEES

☒ Residential is ~~.005%~~ 1.7%
☒ Commercial is ~~.01%~~ 2.0%
☒ The estimated equalized assessed value of the proposed construction is

\$ 29,600
Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

8/30/05
Date

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

\$ 29600
Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

11/30/05
Date

Preliminary Fee \$296.00
Check # 7258
Final Fee \$296.00
Check# 7484
Total Fee Due/Paid \$592.00
Balance Due 0

Date 9/6/05
Receipt # _____
Date 12/1/05
Receipt # _____

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

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.

12/4/05 - To prelim.
12/1/05 - Called + LM + mailed H.A.
12/1/05 - To final
12/1/05 - Bud Carrwell BUD.

[Signature]
Office of Affordable Housing

05-4123

Vision Center

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 157 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	12/2/05	
PLUMBING.....	APPROVED	12/5/05	
FIRE.....	APPROVED	12/5/05	
ELECTRIC.....	APPROVED	12/3/05	
ENGINEERING.....	APPROVED	N/A	
O.C.SOIL.....	APPROVED		

COMMERCIAL OCCUPANCY CARD

(Called Carol 12/5) Sending someone to site OK (12/7/05)

C.C. FROM B.T.M.U.A.
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING 11/30/05
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.