



I. IDENTIFICATION

1. Proposed Work Site at: 644 RT 70 Brick NJ.
2. Name of Owner in Fee: Kohl's Dept Stores Tel. ()
- Address 1256 W17000 Ridgewood dr McNamee Wisc. 53051
- street municipality zip code
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: RYCEFF CONST CO Tel. (732) 223-5320
- Address 35 COLBY AVE MANASSA VA NT
- License No. OR, if new home, Builder Reg. No. Exp. Date
- Federal Employee No. 02-279-7171 FAX: ()
5. Architect or Engineer Tel. ()
- Address
6. Responsible Person in Charge of Work TOM MOORE
- Tel. (732) 319-1454 FAX (732) 223 6080

1. Building
2. Electrical
3. Plumbing
4. Fire Protection
5. Elevator Devices
6. Subtotal
7. Less 20% for
State Plan Review
8. Subtotal
9. DCA Training Fee
10. Subtotal
11. Cert. of Occupancy
12. Other
13. TOTAL

Update	Update
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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)

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☒ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)[illegible]

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

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

- 2. Use Group:**

3. Change in Use Group, Indicate Former:

LDS BR 10425571

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 Tom Moore Date 7-23-99

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 Tom Moore
Address 35 Colby Ave
Manasquan NJ 08730
Telephone (732) 223 5320
Signature Tom Moore

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 _____
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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTIVE
PERMIT

00010**
2772**

BLOCK	701 #	0.00
LOT	7 #	0.00
BUILDING		35.00
D.C.A.		8.00
TOTAL		43.00
CHECK		43.00
CHANGE		0.00

07/26/99 NO. 5 0008A005 08:26

Date Issued 07/26/99
Control #
Permit # 99-2772

IDENTIFICATION Block 701 Lot 7 Qual
Work Site Location 644 RT 70 OLD CALDOR
INTERIOR CLEAN OUT
Owner in Fee KOHL'S DEPT. STORES
Address N56 W7000N RIDGEWOOD DR
MENOMONIE, WI 53051-
Telephone () -

Contractor JATTEF CONST.
Address 35 COLBY AVE
MANASQUAN, NJ
Telephone ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-35320

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR CLEAN OUT OF OLD CALDOR TO BECOME KOHL'S

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 \$ 10,000

Construction Official William J. / JST

07/26/99
Date

U.C.C. 1170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	8
Cert. of Occupancy	0
Other	
Total	43
Check No.	0094
Cash	
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/26/99
Date Issued 07/26/99
Control #
Permit # 99-2772

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

Block 701 Lot 7 Quad
Work Site Location 644 RT 70 OLD CALDOR

INTERIOR CLEAN OUT

Owner in Fee KOHL'S DEPT. STORES

Address N56 W17900N RIDGEWOOD DR

MEMONEC, WI 53051-

Tele. ()

Contractor JAYEFF CONST.

Address 35 COLBY AVE

MANASQUAN, NJ

Tele. ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 22-35320

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 7/26/99 Initial

☐ All Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Eject ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CA

Date: 9-17-99

Approved By: [Signature]

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

Failure Failure Approval Initial

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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 CLEAN OUT OF OLD CALDOR TO BECOME KOHL'S

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other INT. CLEAN OUT

Other

☐ Demolition

FEE (Office Use Only)

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☒ Other INT. CLEAN OUT

Other

☐ Demolition

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$ 10,000

3. Total (1+2) \$ 10,000

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

CLEANOUT ONLY

Site Location: 644 PT 70 Brick Date Rec'd: _____
Block: 701 Lot: 7 Date Issued: _____
Owner in Fee: DONALD DEPT STORS Control #: _____
Address: 156 W 17000 Ridgewood Dr Permit #: _____
McNOMER WISC. 53051

Scater: _____ Zip: _____ Phone: () _____
SS #: _____ Provide only if Applicant is owner

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: *Jack Construction*

ADDRESS: *350 Kelly Ave.
Madison, N.J.*

PHONE: *732-223-5380*

C.M.:

EXPIRATION DATE:

FEDERAL EMP. N. (or S.S.N.): *22-279-7171*

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INTERior CLEAROUT

TYPE OF WORK		
2 New Building		
2 Addition	☐ Fence:	Height (6' or More)
2 Alteration	☐ Sign:	Sq. Ft.
☐ Roofing	☐ Pool (In Ground)	
☐ Siding	☐ Pool (Above Ground)	
☐ Other:	☐ Asbestos Abatement	
☐ Other:	☐ Demolition	

BUILDING CHARACTERISTICS

SE GROUP	Present:	Proposed:
CONSTR. CLASS	Present:	Proposed:
No. of Stories:		
Height of Structure:		
Area - Largest Floor:		
New Building Area / All Floors:		
Volume of Structure:		Total Land Disturbed:
Signature: 		

Estimated Cost of Building Work: 19,000.00
 w Building (1): \$
 ration (2): \$
 TOTAL (1+2): \$
 UBC CODE APPROVAL:
 PLANS: Required ☐ Approved ☐

Approved by: _____

Date: _____

ELECTRICAL
CONTRACTOR:
ADDRESS:
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)		
DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Exact HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/E.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UDW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: \$
Signature (print name):
Estimated Cost of Electrical Work: \$
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #:

LIC. EXPIRATION DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO. FIXTURE/EQUIPMENT

Water Closet
Urinal / Bidet
Bath Tub
Lavatory
Shower
Floor Drain
Sink
Dishwasher
Drinking Fountain
Washing Machine
Hose Bibb
Gas Piping
Fuel Oil Piping
Water Heater
Steam Boiler
Hot Water Boiler
Sewer Pump
Interceptor / Separator
Backflow Preventer
Greasetrap
Water Cooled AC or Refrig. Unit
Sewer Connection
Septic (Disposal System) Closure
Water Service Connection
Gas Service Connection
Active Solar System
Vent Through Roof
Other

Estimated Cost of Plumbing Work: \$

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #:

EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervision

Proprietary Supervision

Flammable Liquid Storage Tanks	Capacity:	Fuel:
Combustible Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION

NUMBER

Wet Sprinkler Heads

Dry Sprinkler Heads

Total

Smoke Detectors

Heat Detectors

Total

Stand Pipes

Kitchen Hood Exhaust Systems

Pre-Engineered Systems

Co2 Suppression

Halon Suppression

Foam Suppression

Dry Chemical

Wet Chemical

Gas or Oil Fired Appliance

Other

Other

Estimated Cost of Fire Protection Work: \$

Signature:

Owner ☐

Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Applicable to Ordinance 728-92

This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

644 RT 70 Brick NJ
Work Site Address

701
Block

7
Lot

Kohl's Dept Stores 156 W 17000 Bridgewood Dr Menomonee WI SC 53051
Owner's Name, Address, Phone

JAYCEE CONET CO 35 COLBY AVE MANASQUAN NJ 08738
Contractor's Name, Address, Phone

Construction _____
Describe type (Single -family home, etc.)

Demolition INT CLEANOUT
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 5 30Y³ DUMPSTER

Name, address and phone of party responsible for removal of debris:

TOM MOORE 35 COLBY AVE MANASQUAN NJ 08738 732 223 5320

Size of dumpster: 30Y³

Destination of discarded debris: Linked disposal

Hauler's DEP Permit No.: 17339

****Note:** Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Tom Moore
Printed/Typed Name

T Moore
Signature

7-23-99
Date

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

****Note:** Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:

1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant