STAX
VORNADO 3B

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED AUG 31 1989
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: STAX - BRICKTOWN CTR
2. Owner Name: SURPRISE STORE CORP. Tel. (201) 864-6100
   Address 555 SECAUCUS RD SECAUCUS N.J.
3. Principal Contractor: MEDOFF CONST CO INC. Tel. (718) 252-2212
   Address 1700 UTICA AVE BROOKLYN NY 11234
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 11-234-5039
4. Architect or Engineer: TRICARICO GROUP. Tel. (201) 595 8700
   Address 196 UNION BLVD TOTOWA N.J. 07512
5. Responsible Person in Charge of Work RALPH MEDOFF Tel. (718) 252-2212

II. PROPOSED WORK

A. TYPE OF WORK

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

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☐	Fire Protection	_____
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$ 6000.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

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

If new construction, enter no. of dwelling units _____

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

B. NON-RESIDENTIAL

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

State Specific Use: LADIES APPAREL

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

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

B. HEATING FUEL

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

C. TYPE OF SEWAGE DISPOSAL

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

D. TYPE OF WATER SUPPLY

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

E. BUILDING CHARACTERISTICS

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

LDS BR 10312152 1 C 3

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

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

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

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

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

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 46:3B-1 et. seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

SIGNATURE _____ **DATE** _____

II. AGENT SECTION

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

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

☑ **Check if contractor.**

AGENT NAME Ralph Medoff **TEL.** (718) 252-2212

ADDRESS 1700 Utica Ave

Bklyn. N.Y. 11234

SIGNATURE Ralph Medoff

BLOCK NO. 701 LOT NO. 7-8-8.2-15-16 SUBDIVISION _____ PERMIT NO. 5403

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

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

CCV

PERMIT CONTROL

I. PLAN REVIEW STATUS

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

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN — FILE LOCATION AND NO. ______

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	8/31/89	[illegible]	9-1-89	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Z			9-1-89	[illegible]	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			9-7-89	JE	
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION					
✓	BUILDING				11-8-89 WS [illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
✓	Other eng					
✓	PLUMBING				10-20-89 JS.	main [illegible]
✓	ELECTRICAL				11-8-89 [illegible]	
✓	FIRE PROTECTION				11-3-89 JE.	
✓	OTHER [illegible]					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☑ Temporary Certificate of Occupancy Date Expired 11-30-89	11-8-89
☐ Temporary Certificate of Occupancy Date Expired ______	
☑ Certificate of Occupancy No. 5403	5-7-90
☐ Certificate of Continued Occupancy No. ______	
☐ Certificate of Approval No. ______	
☐ None	

IV. ON-GOING INSPECTIONS

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

V. FEE SUMMARY

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

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 45.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	40.00
OTHER ______	.
SUBTOTAL	$ 85.00
— LESS: 20% of subtotal (when plan review performed by state agency).	(5)
D.C.A. TRAINING FEE .0006 x ______	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER ______	.
OTHER ______	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$110

DATE 9-18-89 Collected By [illegible]

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

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

C. TOTAL CONSTRUCTION FEES COLLECTED

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

U.C.C. Form F-100*(8/83)

"STAX"

CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5403

IDENTIFICATION

Block 701 Lot 7,8, 15, 16
Work Site Location Rt. 70 & Chambersbridge Rd.

Owner in Fee Surprise Store Corp.
Address 555 Secaucus Rd.
Secaucus, NJ
Tele. ( )
Contractor Medoff Construction Co., Inc.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Retail sales - Clothing

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

XX☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cierzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Stax

TOWNSHIP OF BRICK

3B

CERTIFICATE

CERT. NO. 5403

DATE ISSUED 11-8-89

Block 701 Lot 7, 8, 15, 16

Subdivision

IDENTIFICATION

Owner Surprise Stone Corp.

Address 555 Secaucus Rd. Secaucus, N.J.

Tel. ( )

Work Site Address Rt. 70 & ChambersBridge Rd.

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☐ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than Nov. 30, 19 89 or the owner will be subject to a fine or order to vacate:

TCO extended to December 31, 1989

Pending final approvals from Ocean County Soil and entire Building.

D. DESCRIPTION OF WORK:

Business

USE GROUP B FIRE GRADING 2 Hours

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Retail sales

FINAL COST OF CONSTRUCTION: $ 6,000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant's Copy Goldenrod = Tax Assessor's Copy

STAX

CONSTRUCTION PERMIT

Date Issued 9/18/89
Control #
Permit # 5403

IDENTIFICATION Block 701 Lot 7-8-8.2-15-16

Work Site Location CHAMBERS BRIDGE Rd & PT 70

Contractor Medoff Const. Co.
Address 1700 Utica Ave
Brooklyn NY 11234
Tele. (718) 258-3212
Lic. No. or Bldrs. Reg. No. _____ Exp. Date **0005**
Federal Emp. No. 5403*B
or Social Security No. BLOCK 701 * LOT 15

Owner in Fee Lubavitch Stor Corp
Address 555 Secaucus Rd
Secaucus NJ
Tele. (201) 864-6180

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

alter & C/A

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 $ 6000.00

A J Cuozzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	45 —	0.00
Plumbing		
Electrical	BUILDING	45.00
Fire Protection	40 FIRE	40.00
Other P/R	5 PLAN RVW	5.00
Other	C / O	20.00
DCA Training Fee	TOTAL	110.00
Cert. of Occ.	20 CHECK	110.00
Other	CHANGE	0.00
Total 09/18/89	NM 10 0011A005	13:16
Check No. # 5763		
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5443
DATE ISSUED 9-12-89
REVISION DATE
Block 701 Lot 7-8-8.2-15-16
Subdivision

A. IDENTIFICATION

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

Owner Surprise Stores Corp
Address 555 Secaucus R
SECAUCUS N.J.
Tel. (201) 864-6100
Work Site Address STAX BRICK TOWN CTR
BRICK TOWN N.J

Contractor MEDOFF CONST CO INC
Address 1700 UTICA AVE
BROOKLYN NY.
Tel. (718) 252-2212
Lic. No.
Federal Emp. No. 11-234-5039

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

Ralph Medoff
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Store interior including slat panels + display hardware on walls, Stock room shelving + fitting rooms. New wrapping counter

☐ See Plans

TYPE OF WORK:

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

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

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

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

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

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

Estimated Cost of Building Work: $ 6000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
10-26-89	FINISH ~~FINAL~~ - NOTE O. K TO STOCK ONLY ~~Initials~~
11-3-89	NO VESTIBULE INSTALLED AT TIME OF INSP. ~~Initials~~

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	9-1-89	JCW
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes	11-3-89			11-8-89
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

Surprise 3 Fox

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 5463
DATE ISSUED 9-18-89
REVISION DATE
Block 701 Lot 7,8,21.5,16
Subdivision

A. IDENTIFICATION

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

Owner SURPRISE STORES CORP
Address 555 SECAUCUS ROAD
SECAUCUS N.J.
Tel. (201) 864-6100
Work Site Address STAY – BRICKTOWN GR
BRICKTOWN NJ

Contractor MEDOFF CONST CO INC
Address 1700 UTICA AVE
BROOKLYN NY 11234
Tel. (718) 252-2212
Lic. No.
Federal Emp. No. 11-234-5039

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

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

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

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

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

fire ext. $ _____
Emergency Lights $ _____
Exit Lights $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 40

C. FIRE PROTECTION CHARACTERISTICS

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

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
10/24/89	Inst. Racks Laid out Assembly to floor.
	area clean. Smoke detectors & Sprinklers
	Work.
	found D water going on Sprinkler missing
	Ceiling tiles but all up in ceiling
	it is up to Construction officer if Stock
	Can be put in Bld. only.
	Work Completed in store
11-3-89	Reinspected Store Complies with Code.
	Fire Code. Re Insp Penalties $20—

JOB SUMMARY

- ☐ No Plans Required
- ☐ Plan Review Approved

Date: 9-7-89

Approved By: JR

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 11-3-89

Inspected By: JR

INSPECTIONS

Type	Failure Date			Approval Date
☒ Fire Suppression Test				9/28/89
☒ Fire Alarm Test				11-3-89
☒ Smoke Test				11-3-89
☒ TCO Final	10/24/89			
☒ Other				11-3-89
☐ Other				
☐ Other				
☐ Other				

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

MUNICIPALITY B.T.

CUT-IN-CARD

LOCATION RT 70 & CHAMBERS BRIDGE RD. UTILITY CO J.C.P.

STAX SPACE #3 BLK 701 LOT 7,8,8A,15&16

OWNER LANTHROP ENTERPRISES INC. OCCUPANT _____

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

☑FINAL ☐TEMPORARY This approval void after _____ days

SERVICE 175 RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS R 122742.0

DATE 12-8-84 PERMIT # 008909 INSPECTOR _____

Elec. 104 789019 Insp. Lic# 1427

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION RT 70 + CHAMBERS BRIDGE RD. UTILITY CO P.S.

STAX STORE BLK 701 LOT 28,8.2,15 4/6

OWNER VORNADO Co. OCCUPANT

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

☑ FINAL ☐ TEMPORARY This approval void after ______ days

SERVICE ______ RANGE ______ WATER HEATER ______

AIR COND ______ ELECT HEAT ______ MISC ______

COMMENTS R1227420

DATE 11-6-89 PERMIT# 010615 INSPECTOR [illegible signature]

Elec. 104 not complete, store cut only. Insp. Lic# 1427

Vornado
properties

October 26, 1989

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

RE: CALDOR/SHOP-RITE SHOPPING CENTER
BRICKTOWN, NEW JERSEY

Dear Sir:

We are requesting permission to stock the Stax store in the above captioned shopping center.

We will not hold the Township responsible in any way and the store will not be opened for "business" until a Certificate of Occupancy is issued.

Very truly yours,

VORNADO, INC.

James J. Fallon
Director of Design and Construction

JJF/rpe

Stax

174 Passaic Street
Garfield, N.J. 07026
(201) 773-4000

Vornado
properties

920-0808

October 26, 1989

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

RE: CALDOR/SHOP-RITE SHOPPING CENTER
BRICKTOWN, NEW JERSEY

Dear Sir:

We are requesting permission to stock the Stax store in the above captioned shopping center.

We will not hold the Township responsible in any way and the store will not be opened for "business" until a Certificate of Occupancy is issued.

Very truly yours,

VORNADO, INC.

James J. Fallon
Director of Design and Construction

JJF/rpe

Diane M. Maluki
Stax manager

174 Passaic Street
Garfield, N.J. 07026
(201) 773-4000

Vornado properties

RECEIVED
OCT 2 6 1989
DIV. OF INSPECTION

October 26, 1989

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

RE: CALDOR/SHOP-RITE SHOPPING CENTER
BRICKTOWN, NEW JERSEY

Dear Sir:

We are requesting permission to stock the Reynolds (Rafters) store in the above captioned shopping center.

We will not hold the Township responsible in any way and the store will not be opened for "business" until a Certificate of Occupancy is issued.

Very truly yours,

VORNADO, INC.

James J. Fallon
Director of Design and Construction

JJF/rpe

Reynolds (Rafters)

174 Passaic Street
Garfield, N.J. 07026