JOYCE LESLIE
3D

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

RECEIVED
SEP 22 1989
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work at: CALDOR Shopping Center
2. Owner Name: Joyce Leslie Stores Inc Tel. (201) 641-7600
   Address 23 Empire Blvd Moonachie NJ
3. Principal Contractor: VCR Construction Co Tel. (718) 837-4558
   Address 8407 - 15th Ave Bklyn NY 11228
   Lic. No. or Builder Reg. No. 6021 Federal Emp. No. 11-2555-2873
4. Architect or Engineer: J. Burdick Tel. ( )
   Address 63 Bdwy N.Y. NY
5. Responsible Person in Charge of Work J. Sansone Tel. (718 837-4558

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	$ 21,000.00
2. ☐	Plumbing	
3. ☒	Electrical	12,000 =
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 33,000 =

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: Retail — Clothing

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 10312158

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 VCR Construction Co TEL.(718) 837-4558

ADDRESS 8407- 15th Ave Bklyn NY 11228

SIGNATURE

BLOCK NO. 701 LOT NO. 7, 8, 8A, 15-16 SUBDIVISION _____ PERMIT NO. 5496

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	_____		_____

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	Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	9/22/89	[illegible]	9-26-89	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 3			22Sept89	GPC	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			9/26/89	JC	[illegible]
☐	OTHER					

CC ✓

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	W.S.
	Footings/Foundations					
	Framing					
	Architectural					
✓	Other Eng					
✓	PLUMBING				10-20-89	[illegible] main packet
✓	ELECTRICAL				11-6-89	[illegible] 11-30-89 DK OK
✓	FIRE PROTECTION				11-8-89	JE.
✓	OTHER Soil					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

- ☑ Temporary Certificate of Occupancy — 11-8-89
  Date Expired 11-30-89
- ☐ Temporary Certificate of Occupancy ____
  Date Expired ____
- ☑ Certificate of Occupancy — 5-7-90
  No. 5496
- ☐ 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	$ 157.50
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	40.
OTHER	.
SUBTOTAL	$ 197.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5. –)
D.C.A. TRAINING FEE .0006 x	.
CERTIFICATE OF OCCUPANCY	20. –
OTHER	.
OTHER	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 222.50

DATE ____ Collected By ____

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	$.

CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5496

IDENTIFICATION

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

Owner In Fee Joyce Leslie Stores
Address 23 Empire Blvd.
Moonachie, NJ
Tele. ( )
Contractor SCR Construction Co.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Retail sales - Ladies 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. Ciongo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK

3D

CERTIFICATE

CERT. NO. 5496
DATE ISSUED 11-8-89
Block 701 Lot 7, 8, 15, 16
Subdivision

IDENTIFICATION

Owner Joyce Leslie Stores
Address 23 Empire Blvd.
~~Moonachie, N.J.~~
Tel. ( )

Agent
Address
Tel. ( )

Work Site Address ~~RT. 70. & Chambers Bridge Rd.~~
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. ☒ ~~xxx~~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 completion of 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: $ 33,000.

Arthur J. Cruz
CONSTRUCTION OFFICIAL

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

CONSTRUCTION PERMIT

Date Issued 9-28-89
Control #
Permit # 5496

IDENTIFICATION Block 701 Lot 7, 8, 14, 15, 16

Work Site Location 5 Leslie / Colder Stepping Contractor VCR const.

Address

Owner in Fee J Leslie

Address 23 Empire Blvd.

Tele. ( ) 641 7600.

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Alter 40

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 $ 33,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	4200
Cash	
Collected By:	

881516 #

BLOCK	0.00
701 #	
LOT	0.00
BUILDING	157.50
	40.00
PLAN RVW	5.00
C / O	20.00
TOTAL	222.50
CHECK	222.50
CHANGE	0.00
9/28/89 NO. 5 0026A005	10:18

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3419
DATE ISSUED
REVISION DATE 9-28-89
Block 701 Lot 7,8,SA 15, 16
Subdivision

A. IDENTIFICATION

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

Owner J. Leslie Inc
Address 23 Empire Blvd
Moonachie N.J
Tel. (201) 641-7600
Work Site Address CALDOR Shop Ctr
Bricktown

Contractor UCA Const. Co
Address 8407-15th Ave
Bklyn NY
Tel. (718) 837-4558
Lic. No. 6021
Federal Emp. No. 11-255-2873

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

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

- HANG SLAT WALL System
- Stud DRESSING AREA
And Stud Columns
with SLAT WALL

☐ 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: $ _____

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
11-3-89	# SPRINKLER HEADS MISSING — [illegible]

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	9-26-89	[illegible]
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other _____		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: _____

Inspected By: _____

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				10-4-89
☐ Architectural				
☐ Insulation				
☒ Finishes	11-3-89			11-8-89
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-110 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 5496
DATE ISSUED
REVISION DATE 9-28-89
Block 701 Lot 26,6 A15-16
Subdivision

A. IDENTIFICATION

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

Owner Joyce Leslie Inc
Address 23 Empire Blvd
Moonachie N.J.
Tel. (201) 641-7600
Work Site Address Calvon Shop Ctr
Brickton

Contractor JCR Construction Co
Address 8407 - 15th Ave
Brklyn Ny
Tel. (718) 837-4556
Lic. No. 6021
Federal Emp. No. 11-255-2873

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

exit lights $ _____
emergency $ _____
fire alarm $ _____

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

sprinkler system to be interfaced with fire alarm

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
11-3-89	Insp. formed wall addition away from Tenant Wall need 4 Sprinkler Heads
11-8-89	Complies with Code. JE

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 9/26/89
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 11-8-89
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other Sprinkler Heads	11-3-89			11-8-89
☐ Other				
☐ Other				
☐ Other				

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

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION RT 70 + Chambers Bridge Rd UTILITY CO P.E.

Joyce Leslie Space #1 BLK 701 LOT 7,8,8.2,15+16

OWNER Land Thrust Enter. 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 200 RANGE _____ WATER HEATER 1

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS R1227446 Anthony.

DATE 1-8-89 PERMIT # 006906 INSPECTOR F Whitaker

Elec. 104 789011 Insp. Lic# 1477

MUNICIPALITY B. T.

CUT-IN-CARD

LOCATION CALDOR SHOPPING CENTER UTILITY CO ———

AT 70

BLK 701 LOT 7,8,8A,15,16

OWNER JOYCE LESLIE 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 ——— RANGE ——— WATER HEATER ———

AIR COND ——— ELECT HEAT ——— MISC ———

COMMENTS 84 LIGHTING FIXTURES & RECEPT.

DATE 11-29-89 PERMIT # 010628 INSPECTOR [signature]

Elec. 104

Insp. Lic# 1427

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 11-2-09

NAME Vornado, Inc.

ADDRESS 710 Hwy. 70 Brick, New JErsey 08723

PROPERTY LOCATION 710 Hwy. 70 Joyce Leslie

Account No. F412110 Block 701 Lot 7

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

30

For the Authority Joan Kostyo

Sewer connectionfee's will be reevaluated after one year of usage and recaluculated if 72,000 min is exceeded.

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

6 Mott Place, CN 2191, Toms River, NJ 08754
Telephone: 201-244-7048

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK TOWNSHIP

PROJECT: Caldor Shopping Center Expansion SCD NO.: 1674

BLOCK NO.(s) 701 LOT NO.(s) 7, 8, 15 & 16

Complete Compliance [X] Temporary Compliance [ ]

BLOCK NO.	LOT NO.	CONDITIONS
		The applicant shall remain responsible for proper stabilization of all areas until final bond release by the municipality.

Total Fees Due: $ —

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act. (N.J.S.A. 4:24-39 et. seq.)

AGENT RESPONSIBLE FOR PROJECT:

AUTHORIZED DISTRICT SIGNATURE: Kenny [signature]

Date: 11/22/89

Distribution: White-Township Canary-Applicant Pink-District

A4687

ALLIED FIRE & SAFETY
EQUIP. CO., INC.
P.O. Box 8189 o 381 Hwy 35
RED BANK, NEW JERSEY 07701

(201) 741-2113

LETTER OF TRANSMITTAL

DATE 11-6-89	JOB NO.
ATTENTION JOE EVERISTO	
RE	
Joyce LESLIE STORE	
BRICKTOWN CENTER	
BRICK NJ	

TO Township of Brick
Chambers bridge Rd.
Brick N.J 08723

WE ARE SENDING YOU ☐ Attached ☐ Under separate cover via ______ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☒ Specifications

☐ Copy of letter ☐ Change order ______

not complete see int

COPIES	DATE	NO	DESCRIPTION

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 review and comment ☐ ______

☐ FOR BIDS DUE ______ 19 ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS

In Regards to the Above Mentioned Store, we will be adding 4 additional sprinkler Head as required as soon as possible.

Thank You for your Co operation in This matter

COPY TO ______

SIGNED: Edward M Krug

If enclosures are not as noted, kindly notify us at once.

ALLIED FIRE & SAFETY equipment company, inc.

201—741-2113
381 HIGHWAY 35
P. O. Box 8189
RED BANK, N. J. 07701

November 2, 1989

Township of Brick
Building Dept.
Chambers Bridge Road
Brick, New Jersey 08723

Attn: Joe Everisto

Re: Joyce Leslie Store
Bricktowne Centre
Fire Sprinkler System

Dear Mr. Everisto:

In regards to the changes to the fire sprinkler system at the above referenced store, we adjusted and extended sprinkler heads in the sofit area.

These adjustments did not affect the original calculations.

Thank you for your cooperation in this matter.

Very truly yours,

Edward M Krug

Edward M. Krug
Allied Fire & Safety

EMK/dlm