HIT OR MISS elec OK for Stock only.

VORNADO

IF

TOWNSHIP OF BRICK

RECEIVED
SEP 1 1989
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Hit or Miss, Bricktowne Centre, Bricktown, NJ
2. Owner Name: Hit or Miss Tel. (617) 344-0800
   Address 100 Campanelli Parkway, Stoughton, MA 02072
3. Principal Contractor: Stamco, Inc. Tel. (201) 488-9542
   Address P.O. Box 558, Closter, NJ 07624
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-2608534/000
4. Architect or Engineer: Bradford Saivetz & Assoc. Inc. Tel. (617) 848-0020
   Address Zero Campanelli Drive, Braintree, MA 02184
5. Responsible Person in Charge of Work John Bellocchio Tel. (201) 488-9542

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
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☒ Other: Interior work

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☒	Electrical	9,300.
4. ☐	Fire Protection	
5. ☒	Other Paint/Wallcover	5,200.
6. ☒	Other Minor Carpentry	17,300.
	TOTAL COST	$

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 store.

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 10312160

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 Stamco, Inc. TEL.(201) 488-9542

ADDRESS P.O. Box 558, Closter, NJ 07624

SIGNATURE

BLOCK NO. 701 LOT NO. 7, 8, 82, 15-16 SUBDIVISION _____ PERMIT NO. 5628

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	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	9/27/89		9-14-89	VAA	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 3			9-28	GK	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			9-14-89	JK	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

CC

Issue Date	Category	Revisions	Final Inspection	Comments
✓	ALL CONSTRUCTION		11-15-89 WS	
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
✓	ELECTRICAL	OK to Stock only	11-14-89 BK	
✓	FIRE PROTECTION		11-14-89 JK	
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: Date Issued

☑ Temporary Certificate of Occupancy — Sprk. + Comp. BLDG — 11/15/89
Date Expired 11-30-89

☐ Temporary Certificate of Occupancy _____
Date Expired _____

☑ Certificate of Occupancy — 5-7-90
No. 5628

☐ 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	$ 135.00
PLUMBING	$ 0
ELECTRICAL	$ 0
FIRE PROTECTION	$ 40.00
OTHER _____	$ 0
SUBTOTAL	$ 175.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	$ 0
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 290.00

DATE 10/17/89 Collected By JK CR

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(0)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	0
TOTAL	$ 0

CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5628

IDENTIFICATION

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

Owner in Fee Hit or Miss
Address 100 Campanelli Parkway
Stoughton, MA
Tele. ( )
Contractor Stamco, Inc.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. none
Use Group M 3¼ 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. Cuozzo
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

CERTIFICATE

CERT. NO. 5628
DATE ISSUED 11-15-89
Block 701 Lot 7, 8, 15, 16
Subdivision

IDENTIFICATION

Owner Hit or Miss
Address 100 Campanelli Parkway
Stoughton, Ma
Tel. ( )
Work Site Address Rt 70 & Chambers Bridge Rd

Agent Stamco, Inc
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 November 30 19 89 or the owner will be subject to a fine or order to vacate:

Pending compliance with Ocean County Soil and completion of building.

TCO extended to December 31, 1989 extended to 4/15/90 ac.

D. DESCRIPTION OF WORK:

Commercial Alteration & C/A

USE GROUP M FIRE GRADING 3½

MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Comm'l alter. & C/A (clothing store)

FINAL COST OF CONSTRUCTION: $ 17,300.

Arthur J. Ciesco
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 10/17/89
Control #
Permit # 5628

IDENTIFICATION Block 701 Lot 7.8.8-2 15 & 16

Work Site Location Brick Town Centre

Owner in Fee State of New Jersey

Address NJ 70 & Manchester Bridge Rd.

Tele. ( ) —

Contractor Stamco Inc.

Address —

Tele. ( ) —

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

Federal Emp. No. — 5628*#

or Social Security No. — BLOCK 0.00

701 #

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER —

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Alteration & C/O

PAYMENTS (Office Use Only)		
Building	135	0.00
Plumbing	BUILDING	135.00
Electrical	FIRE	40.00
Fire Protection	PLAN RVW	5.00
Other	C/O	20.00
Other	TOTAL	200.00
DCA Training Fee	CHECK	200.00
Cert. of Occ.	CHANGE	0.00
Other		
Total 10/17/89 NO. 3 0027A005		13:12
Check No.		
Cash		
Collected By:		

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 $ 17,300-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 3628
DATE ISSUED 10-17-89
REVISION DATE
Block 74 Lot 7, 8, 8.2
Subdivision 1546

A. IDENTIFICATION

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

Owner Hit or Miss
Address 100 Campanelli Parkway
Stoughton, MA 02072
Tel. (617) 344-0800
Work Site Address Bricktowne Centre
Bricktown, NJ

Contractor Stamco, Inc.
Address P.O. Box 558
Closter, NJ 07624
Tel. (201) 488-9542
Lic. No.
Federal Emp. No. 22-2608534/000

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.

~~Painting~~
Wallcovering
~~Floor Covering~~
~~Carpentry~~
~~Electrical~~
~~Mirrors~~

100 linear feet of 10 foot partition 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: $ ~~$2,000.00~~ $17,300

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	9-14-89	1600
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 11-15-89

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☑ Frame				10/19/89 W.S.
☐ Architectural				
☐ Insulation				
☒ Finishes				11/15/89
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

TOWNSHIP OF BRICK

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 5628
DATE ISSUED 10-17-89
REVISION DATE
Block 701 Lot 28&2 15&6
Subdivision

A. IDENTIFICATION

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

Owner Hit or Miss
Address 100 Campanelli Parkway
Stoughton, MA 02072
Tel. (617) 344-0800
Work Site Address Bricktowne Centre
Bricktown, NJ

Contractor Stamco, Inc.
Address P.O. BOx 558
Closter, NJ 07624
Tel. (201) 488-9542
Lic. No.
Federal Emp. No. 22-2608534/000

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

Wallcovering / exit light / Fire Extinguisher $ 5,200.
Carpeting / fire ext. $ 4,700.
$

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

mirrors not to reflect Exit Signs.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
11-14-89	Complies with Code

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 9-14-89
Approved By: JC

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 11-14-89
Inspected By: JC

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☒ Fire Alarm Test				11-14-89
☒ Smoke Test				11-14-89
☐ TCO				11
☐ Other Final				11-14-89
☐ Other				
☐ Other				
☐ Other				

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION RT. 70 & CHAMBERS BROOK RD. UTILITY CO P.E.

HIT OR MISS SPACE #6 BLK 701 LOT 7, 8, 8.2, 15-16

OWNER LAND THROP 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 150 (Fe) RANGE ____ WATER HEATER ____

AIR COND ____ ELECT HEAT ____ MISC ____

COMMENTS R 122347

DATE 11-14-89 PERMIT # 006916 INSPECTOR [signature]

Elec. 104 P 10-31-89 Insp. Lic # 1427

CUT-IN-CARD

MUNICIPALITY Berl.

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

BLK 701 LOT 7-16

OWNER H.T. & M.S.S. 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 100 RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS Relocate Lgts + Recept.

DATE 11-14-89 PERMIT # 011411 INSPECTOR [signature]

Insp. Lic# 1427

Elec. 104

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 11-14-89

NAME Vornado, Inc.

ADDRESS 174 Passiac St. Garfield, NJ

PROPERTY LOCATION Hwy. 70 Hit or Miss

Account No. G797183 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.

For the Authority [signature]

All sewer conn fee's w/B reevaluated after 1 yr of use & fee calculated of $12,000 if water is exceeded

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

Called
9/13/89
12:30 p.m.
LA

CHECK LIST

RE: Block 201 Lot 7-8-9-12 Address Vornado

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building Needs Seal on Plans

Plumbing _____

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

_____

Arthur J. Cierzo,
Construction Official

Date _____

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 Hit or Miss 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

Hit or Miss

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

Engineers and Architects

BRADFORD SAIVETZ + ASSOCIATES, INC.

Date September 13, 1989

To Township of Bricktown
Division of Inspection
Attn: Valerie

401 Chambers Bridge Road
Bricktown, NJ 08723

RECEIVED
SEP 13 1989
DIV. OF INSPECTION

Job name and location Bricktowne Centre Hit or Miss #069
Bricktown, NJ

We are sending herewith:

____ Originals x B & W Prints ____ Photostats ____ Shop Drawings

____ Sepias/Mylar ____ Samples ____ Specifications ____ Other

For your ____ Approval ____ Comment x Information

DRAWING NO.	NO. OF COPIES	LATEST DATE	DESCRIPTION
T1 - M1	2 sets	7/31/89	Bluelines (stamped & signed)

Remarks:

Sent by x Messenger UPS Overnight ____ Blueprinter ____ Parcel Post ____ Mail

Copy to:

BRADFORD SAIVETZ + ASSOCIATES, INC.

By Steven Jacobs

REPLY TO: ZERO CAMPANELLI DRIVE BRAINTREE, MASS. 02184 TELEPHONE: 617—848-0020

Members: American Society of Civil Engineers, American Institute of Architects