COPY

TOWNSHIP OF BRICK

UCC CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Sears Cards — Rt 70 + Chambersbridge
2. Owner Name: Sears Cards Tel. ( ) 994-4080
   Address: Lincroft Mall Lincroft NJ
3. Principal Contractor: K&F Construction Tel. (914) 964-5275
   Address: 93 Radford Pl. Yonkers NY
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____
4. Architect or Engineer: _____ Tel. ( ) _____
   Address _____
5. Responsible Person in Charge of Work _____ Tel. ( ) _____

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: Alter / C/O

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ _____
2. ☐	Plumbing	_____
3. ☐	Electrical	_____
4. ☐	Fire Protection	_____
5. ☐	Other _____	_____
6. ☐	Other _____	_____
	TOTAL COST	$ 7000 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: Retail Sales Caulking

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 10312159

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 K & F Cons. TEL.(914) 964-5275

ADDRESS 93 Radford St.
Yonkers NY

SIGNATURE

BLOCK NO. X 701 LOT NO. X 7-8-15+16 SUBDIVISION _____ PERMIT NO. _____

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			11-16-89	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural 2			11/17/89	SK	
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			11-16-89	JE	
☐	OTHER _____					

Soil OK.

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

CC ✓

Issue Date	Category	Revisions	Final Inspection	Comments
✓	ALL CONSTRUCTION		11-22-89 GJ	
	BUILDING			
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING	11/22/89 BK	11/22/89 BK OK	
✓	ELECTRICAL		11-22-89 JE	
	FIRE PROTECTION			
	OTHER _____			

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: Eng

		Date Issued
☑	Temporary Certificate of Occupancy Date Expired 12/30/89	11-22-89
☐	Temporary Certificate of Occupancy Date Expired _____	_____
☑	Certificate of Occupancy No. 5876	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	$ 60.00
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION	40.00
OTHER _____	•
SUBTOTAL	$ 100.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	•
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 105.00

DATE 11-21-89 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	$ •

CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5876

IDENTIFICATION

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

Owner in Fee Leora Cards
Address Livingston Mall
Livingston, NJ
Tele. ( )
Contractor KSF Construction
Address 93 Bedford St.
Yonkers, NY
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 - Cards, etc.

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXX☒ **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. Cargo
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. 5876
DATE ISSUED 11/22/89
Block 701 Lot 7, 8, 15, 16
Subdivision

IDENTIFICATION

Owner Leora Cards
Address Livingston Mall
Livingston N.J.
Tel. ( )

Agent KSF Const.
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. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than Dec. 29, 19 89 or the owner will be subject to a fine or order to vacate:

Temporary until entire site has Eng. approval

D. DESCRIPTION OF WORK:

Alteration & C/O

USE GROUP B FIRE GRADING 2 hour

MAXIMUM LIVE LOAD _____ MAXIMUM OCCUPANCY LOAD _____

SPECIFIC USE Retail Sales (Card Store)

FINAL COST OF CONSTRUCTION: $ 7,900.

Arthur J. Curzio
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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 11-21-89
Control #
Permit # 5876

IDENTIFICATION Block 701 Lot 7-8-15-16

Work Site Location Rt 70 & Chambersbridge

Contractor K & F Const

Address 93 [illegible]

Yonkers N.Y.

Owner in Fee [illegible]

Address [illegible] Mall

[illegible] N.J.

Tele. ( ) 994-4080

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date **0005**

Federal Emp. No. 5876**

or Social Security No.

is hereby granted permission to perform the following work:

[x] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [x] FIRE PROTECTION

DESCRIPTION OF WORK:

C/O & Alter

PAYMENTS (Office Use Only)			
Building	60	BLOCK	0.00
		701 * LOT	0.00
		7-815-16 *	
Plumbing		BUILDING	60.00
Electrical		FIRE	40.00
Fire Protection	40	PLAN RVW	5.00
Other P/R	5	C/O	20.00
Other		TOTAL	125.00
DCA Training Fee		CASH	125.00
Cert. of Occ.	20	CHARGE	0.00
Other	11/21/89	NC 5 0030A005	13:36
Total	125		
Check No.			
Cash	✓		
Collected By:	[illegible]		

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 $ 7900.

[illegible signature]
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. 53116
DATE ISSUED 11-21-87
REVISION DATE
Block 701 Lot 3,5-15+16
Subdivision

A. IDENTIFICATION

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

Owner LEONA CARDS
Address LIVINGSTON Mall
LIVINGSTON NJ.
Tel. ( ) 994-~~3535~~ 4080
Work Site Address

Contractor
Address
Tel. ( )
Lic. No.
Federal Emp. No.

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.

Center / C/O

☐ 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

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	11-16-89	
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 11-22-89

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☑ Finishes				11-22-89
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

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

TOWNSHIP OF BRICK

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5876
DATE ISSUED 11-21-89
REVISION DATE ______
Block 701 Lot 7-8-15-16
Subdivision ______

A. IDENTIFICATION

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

Owner Leora Cards
Address Livingston Mall
Livingston NJ.
Tel. (201) 994-~~3555~~ 4080
Work Site Address ______

Contractor KEF Const.
Address Yonkers NY
Tel. (914) 964-~~[illegible]~~ 5275
Lic. No. ______
Federal Emp. No. ______

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 — FEE

TYPE: ☐ Wet ☐ Dry ☐ Other ______
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 — FEE

TYPE: ☐ Manual ☐ Automatic
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 Signs Emergency
Lites Battery Back Up.
$ ______
$ ______
$ ______

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
11-22-89	Complies With Code

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 11-16-89
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 11-22-89
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☒ Smoke Test				11-22-89
☐ TCO				
☐ Other Final				11-22-89
☐ Other				
☐ Other				
☐ Other				

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

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION Caldor Shopping Center UTILITY CO P.P.

BLK 701 LOT 7/16

OWNER T & I Management OCCUPANT Space #4 Hallmark

"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 additional Rep. only.

DATE 11-29-89 PERMIT # 116416 INSPECTOR S. Foster

Elec. 104 Insp. Lic# _____

CUT-IN-CARD

MUNICIPALITY B. T.

UTILITY CO PP

LOCATION Rte 70 & Chambersbridge Rd BLK 701 LOT 7/16

OWNER Land Throys Enterprises OCCUPANT Lock Cards.

"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 400A. 3Φ. RANGE _____ WATER HEATER _____

AIR COND ✓ ELECT HEAT _____ MISC _____

COMMENTS Shell only Does not include Sign.

DATE 11-28-84 PERMIT # 11566 INSPECTOR B. Cortes

Insp. Lic# 24

Elec. 104

P 11.13.84

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 ☒ 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: Kenneth Jones

Date: 10/22/89

Distribution: White-Township Canary-Applicant Pink-District

A4687

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 Leora Cards 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

Leora Cards

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