RECEIVED
NOV 2 0 1989
TOWNSHIP OF BRICK
DIV. OF INSPECTION

Elec ow to fees

Mailed 12-4-89

Page 1

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Cut-Ups Unit 1G
2. Owner Name: Vornado Tel. ( )
   Address 174 Garfield ave C
3. Principal Contractor: C.T. Ups Inc Tel. (201) 887-8794
   Address 240 RT 10 East Hanover N.J 07936
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-561-505-130
4. Architect or Engineer: Richard Newman Tel. ( )
   Address 256 Columbia Tpk. Florham Park N.J. 07932
5. Responsible Person in Charge of Work James TARRA Tel. (201) 477-1844

7-8-15-16

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:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$ 2000.00
2. ☑	Plumbing	2000.00
3. ☑	Electrical	1200.00
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 5000.00

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–6)
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: HAIR SALON

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 10312157

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 [signature] (Rep) TEL.(201) 773-4000

ADDRESS [illegible]

SIGNATURE _____

BLOCK NO. _____ LOT NO. _____ SUBDIVISION _____ PERMIT NO. 5934

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	11/20/89	✓	11-29-89	[illegible]	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 2			11/21/89	JK	
☒	PLUMBING			11/27/89	[illegible]	
☐	ELECTRICAL					
☒	FIRE PROTECTION			11-28-89	[illegible]	
☐	OTHER					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING		1-19-90 WS	
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
✓	PLUMBING		1-17-90 JS	
✓	ELECTRICAL		1-25-90 JK	GK shell 12-21
✓	FIRE PROTECTION		1-23-90 JE	
	OTHER			

CCV

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

		Date Issued
☒	Temporary Certificate of Occupancy (Comp. of Site)	1-26-90
	Date Expired _____	
☐	Temporary Certificate of Occupancy	
	Date Expired _____	
☒	Certificate of Occupancy	5-7-90
	No. 5934	
☐	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	$ 30.00
PLUMBING	45.00
ELECTRICAL	.
FIRE PROTECTION	40.00
OTHER _____	.
SUBTOTAL	$ 115.00
– 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	$ 140.00

DATE 12/5/89 Collected By Pako

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	$.

"Cut-Ups"

CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5934

IDENTIFICATION

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

Owner in Fee Vornado, Inc.
Address 174 Garfield Ave.
Garfield, NJ
Tele. ( )
Contractor same
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:

Hair salon

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:

C. Form F-260A

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

CERTIFICATE

Date Issued 1/26/90
Control #
Permit # 5934

IDENTIFICATION

Block 701 Lot 7,8,15,16
Work Site Location Rt 70 & Chambers Bridge Rd
"Cut-Ups"
Owner In Fee Vornado
Address 174 Garfield Ave
Garfield, N.J.
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No:
Use Group B
Maximum Live Load 2 hours
Description of Work/Use:

Alteration & C/O

Hair Salon

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **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 4/30/90, 19 ____ or the owner will be subject to a fine or order to vacate: Completion of entire site.

Arthur J. Cerzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

C.C. Form F-260A

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

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 12-5-89
Control #
Permit # 5934

IDENTIFICATION Block 701 Lot 7-8-15-16

Work Site Location Rt 70 + Chambersbridge Rd

Contractor Art Lipo Inc

Address "

Owner in Fee Vorgado

Address 174 Garfield Ave

Tele. ( ) 5934##

Lic. No. or Bldrs. Reg. No. Exp. Date BLOCK 0.00

Tele. ( )

Federal Emp. No. 701 #

or Social Security No. LOT 0.00

7 #

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Alteration + C/O

PAYMENTS (Office Use Only)			
Building	30	BUILDING	30.00
Plumbing	45	PLUMBING	45.00
Electrical		FIRE	40.00
Fire Protection	40	PLAN RVW	5.00
Other	P/R 5	C/O	20.00
Other		TOTAL	140.00
DCA Training Fee		CHECK	140.00
Cert. of Occ.	20	CHARGE	0.00
Other			
Total	12/05/89	N045 0024A005	13:06
Check No.	X		
Cash			
Collected By	[signature]		

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 $ 5,700

[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. 5936
DATE ISSUED 12/13/89
REVISION DATE
Block 201 Lot 7, 8, 15, 16
Subdivision

A. IDENTIFICATION

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

Owner Vornado
Address 174 Garfield Ave

Tel. (201) 773-4000
Work Site Address RT 70 Shop Rite Center Brick Town

Contractor CUT Ups Ins
Address 240 RT 10 East Hanover, N.J 07936

Tel. (201) 887-8744
Lic. No.
Federal Emp. No. 222-561-505-130

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.

Partitions And doors according To Plans Submitted

☑ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☑ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other alteration

	Fee Basis	Fee
		$
SUBTOTAL		$ 30
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 30

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

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 5934
DATE ISSUED 12/5/89
REVISION DATE /
Block 201 Lot 7,8,15,16
Subdivision

A. IDENTIFICATION

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

Owner Vornado
Address 174 Garfield Ave
Tel. (201) 773-4000
Work Site Address RT 70 Shop Rite Center Brick Town

Contractor CUT Ups Ins
Address 240 RT 10 East Hanover, N.J. 07936
Tel. (201) 887-8744
Lic. No.
Federal Emp. No. 22-561-505-130

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.

Partitions And doors according To Plans Submitted

Final 1-19-90

☑ See Plans

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

	Fee Basis	Fee
		$
SUBTOTAL		$ 30
Minimum Building Fee (if applicable)		$
Total Building Fee (Greater of Minimum or Subtotal)		$ 30

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

Cut ups

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 5934
DATE ISSUED 12/5/89
REVISION DATE
Block 201 Lot 2, 5, 15, 16
Subdivision

A. IDENTIFICATION

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

Owner Varnado
Address 174 Garfield Ave.
Tel. (201) 773 - 4000
Work Site Address Rt. 70 Varnado.

Contractor Cut ups 5
Address 240 Rt 10 East Hanover N.J.
Tel. (201) 887 8794.
Lic. No.
Federal Emp. No. 222-56-505-130

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 Extinguishers
Exit Signs & Emergency Lights
Maintained Sprinkler Coverage

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

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP B Present _____ Proposed
Heating Systems – Location: Rear of Store enclosed Rooms
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

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
1-22-90	Ext Sign not working
1-22-90	Complies with Code

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 11-28-89
Approved By:

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 1-23-90
Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other Ext Sign	1-22-90			1-22-90
☐ Other				
☒ Other Final	1-22-90			1-22-90
☐ Other				

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 5934
DATE ISSUED 12-5-89
REVISION DATE
Block 670 Lot 4-5-8-23-25
Subdivision 704, 7, 8 154 46

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner VOINOVO
Address 174 Courfield Ave
Tel. (201) 773 4000
Work Site Address RT 70 Shoprite (Unit #
Brick, N.J. UNIT 16

Contractor C. LAZZERA
Address 103 Gouk Road
New Foundland NJ.
Tel. (201) 697 0026
Lic.No./Bus. Permit 6610
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.

Costa Lazzera
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures
TYPE OF WORK: CUT-UPS HAIR SALON

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
5	Lavatory/Sink	25.-		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine	5.-		Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 35.-		COLUMN 2	$ 10.-

Fee	
COLUMN 1	$ 35.-
COLUMN 2	$ 10.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 45.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present PVC Proposed
Drainage – Material PVC Size 2-1/2
Building Sewer– Material _____ Size _____
Water Service– Material _____ Size _____
Venting – Material PVC Size 2-1/2
Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION — PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 11-27-89
Approved By: J. W. Lyle

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 1-17-90
Inspected By: J. W. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☒ Rough				12-29-88
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

MUNICIPALITY B.T.

CUT-IN-CARD

LOCATION Rt. 70 - Cut-ups UTILITY CO —

Caldor Plaza BLK 701 LOT 4+5

OWNER Voipudo OCCUPANT _____

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

X FINAL ☐ TEMPORARY This approval void after — days

SERVICE _____ RANGE _____ WATER HEATER _____

AIR COND _____ ELECT.HEAT _____ MISC _____

COMMENTS Interior Wiring

DATE 900125 PERMIT # B257 INSPECTOR [signature]

Elec. 104 Insp. Lic # 2483

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION Rte 70 & Chambers Bridge Rd UTILITY CO P.P.

BLK 701 LOT 7/16

OWNER Lovell Thorp Enterprises Inc OCCUPANT Cut ups Specialty

"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 60A 3Ø RANGE _____ WATER HEATER _____

AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS Shell only Service/Underground Feed

DATE 2-21-84 PERMIT # 6917 INSPECTOR B. Fowler

Elec. 104 Insp. Lic # 24

another Contr. Electrical Doing work in Store.

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

Date 11-14-89

NAME Vornado, Inc.

ADDRESS 174 Passiac St. Garfield, NJ

PROPERTY LOCATION Hwy. 70 Cut Ups

26

Account No. G784986 Block 701 Lot 7

10/10

Residential	Commercial—Specify Type	No. of Units
n/A	C01	1

Size Sewer Svc.	Size Water Svc.	Meter Size
4"	3/4"	3/4"

	WATER SVC.	SEWER SVC.
APPLICATION FEES 27- 14.40+ ~~57- 36.00+~~	n/A	n/A
CONNECTION FEES	952.00	807
INSPECTION FEES Pd 9/25/89	15.00	
Meter Fee	46.00	
Pd in full 11/13/89		

ENTERED

For the Authority [signature]

All sewer connection fees n/b re-evaluated [illegible]

MAJOR MECHANICAL
Master Plumbing Lic. 6610
103 Gould Road
NEWFOUNDLAND, NJ 07435
Phone 697-0026

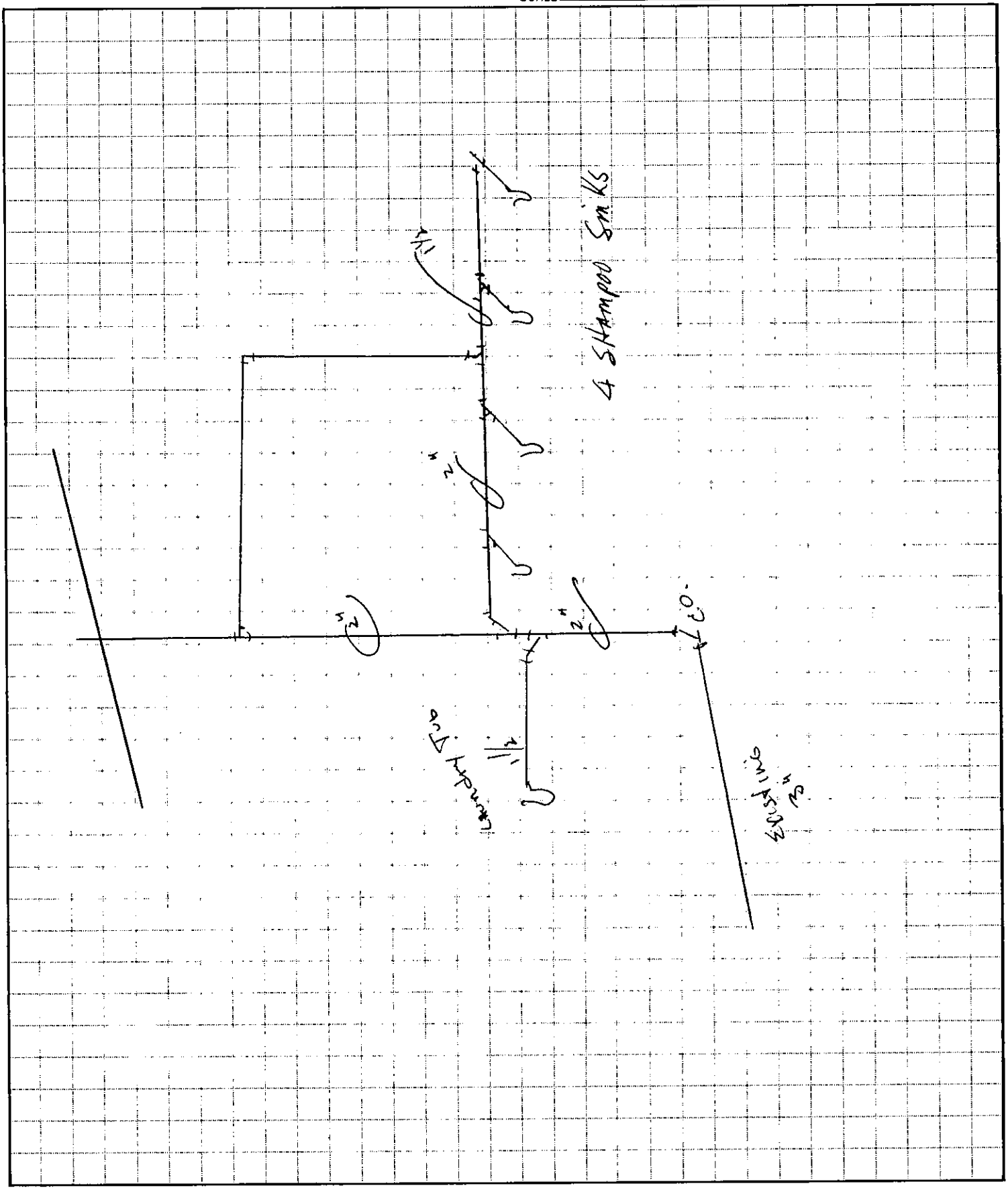
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



PRODUCT 204-1 NEBS Inc., Groton, Mass. 01471.

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 Cut Ups 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

Cut Ups

Morse Shoe

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