BLOCK 701 LOT 7 ADDRESS (SITE) RT. 70 - PERMIT NO. 308-91 dental

CONSTRUCTION PERMIT APPLICATION

Applicant Completes: Sections I, II, III (optional), IV, VI and VII

I. IDENTIFICATION

1. Proposed Work-site at: SHOPRITE RT. 70 BRICKTOWN, N.J.
2. Name of Owner in Fee: FOODARAMA INC. Tel. (908) 462-4700
   Address P.O. Box 592, FREEHOLD, N.J. 07728 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: PETER J. SAKER INC. Tel. (908) 462-9200
   Address P.O. Box 49, FREEHOLD, N.J. 07728
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer SAPRA GROUP Tel. (908) 261-6767
   Address 466 OLD HOOK RD SUITE 7, EMERSON, N.J. 07630
6. Responsible Person In Charge of Work LOUIS SAKER Tel. (908) 462-9200

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 45		
2. Electrical			
3. Plumbing	25.-		
4. Fire Protection	40		
5. Other			
6. Subtotal	$ 110		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 135		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 30 ft.
3. Area—Largest Floor 5.5000 sq. ft.
4. Building Area—All Floors 5.5000 sq. ft.
5. Volume of Structure 165 0000 cu. ft.
6. Construction Classification ____
7. Total Land Area Disturbed ____ sq. ft.
8. Flood Hazard Zone ____
9. Base Flood Elevation ____ ft.
10. Wetlands yes ____ sq. ft.
    no ____
11. Fire Grading ____
12. Max. Live Load ____
13. Max. Occupancy Load ____

II. PROPOSED WORK

alter.

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	2800
6. ☐ Fire Protection	—
7. ☒ Plumbing	1000.-
8. ☐ Electrical	2000.-
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5800

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			3/15/91	RC			
	3-15-91		5-15-91				
	3-15-91		3-15-91				

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☒ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10409462

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following *applicable boxes:*

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 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.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by *myself and* located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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 further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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.

(X) Check if contractor.

Agent Name PETER J. SAKER INC.

Address P.O. Box 49
FREEHOLD, NJ. 07728

Telephone (908) 462-9200

Signature _____ Date 3-14-91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐ Other									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No.		

CONSTRUCTION PERMIT

Date Issued 3/15/91
Control #
Permit # 300-91

IDENTIFICATION Block 701 Lot 7

Work Site Location Hopatcong Rt. 70

Owner in Fee Saddaroma Inc.
Address P.O Box 592
Freehold, NJ 07728

Tele. ( ) _____

Contractor Peter J. Baker Inc.
Address P.O Box 49
Freehold **0001**

Tele. ( ) 300**

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

Federal Emp. No. 701 #

or Social Security No. LOT 7 #

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER _____

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Alteration

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 $ 5800.-

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	BUILDING	45.00
Plumbing	PLUMBING	25.00
Electrical	FIRE	40.00
Fire Protection	PLAN RVW	5.00
Other	C / O	20.00
Other	TOTAL	135.00
DCA Training Fee	CHECK	135.00
Certs of Occ.	CHANGE	0.00
Other	03/18/91 NO. 5 0017A005	10:42
Total		
Check No.		
Cash		
Collected By:	Val	

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/15/91
Date Issued
Control #
Permit # 300-91

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701 Lot 7
Work Site Location SHOP RITE SUPERMARKET
RT. 70, BRICKTOWN, N.J.
Owner in Fee FOODARAMA SUPERMARKETS INC.
Address BOX 592, FREEHOLD, N.J. 07728
Tele. (908) 462-7900
Contractor PETER J. SAKER INC.
Address P.O. BOX 49
FREEHOLD, N.J. 07728
Tele. (908) 462-9200
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

SEE DRWG.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[~~4~~ All	3/15/91		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 30 Ft.
Area—Largest Floor 55,000 Sq. Ft.
Total Bldg. Area/All Floors 55000 Sq. Ft.
Volume of Structure 1650000 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 2800.—
3. Total (1+2) $ ____

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other FLOOR DISPLAY
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White - Inspector Copy
3 Pink - Applicant Copy
2 Canary - Office Copy
4 Manila Tag - Office Copy

Ocean County Electrical Bureau

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 11438

WILL CALL

BAIK

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701 Lot 7
Work Site Location SHOPRITE Appy area
RT 70 BRICKTOWN, N.J.
Owner in Fee FOODARAMA SUPERMARKETS INC.
Address P.O. BOX 592
FREEHOLD, N.J. 07728
Tele. (908) 462-4700
Contractor Little Silver Electric, Inc.
Address 68 Birch Avenue
Little Silver, NJ 07739
Tele. (908) 741-1222
Lic. No. 7760
Federal Emp. No. 22-1778092 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. JCP&L
Est. Cost of Elec. Work $ 2000.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
21		Fixtures (1)	
5		Receptacles (2)	
		Switches (3)	
27		Total 1 + 2 + 3	45
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat:	
		oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
1	3hp	Motors—All Others compressor	3.—
		Transformers	
		Generators	
		Service Entrance	
3	4.8A	Other Produce Cases	9.—

'91 MAR 15 PM 1 06

Administrative Surcharge $ _____
Paid [ ] Check # CASH Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 57.—

RF

Pd by Terr Saker Inc. PO Box 49 Freehold 07728

U.C.C. Form F-120A

1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/15/91
Date Issued
Control #
Permit # 310-91

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701 Lot 7
Work Site Location RT. 70 & CHAMBERS BRIDGE RD.

Owner in Fee FOODARAMA SUPERMARKETS INC.
Address P.O. BOX 592
FREEHOLD, N.J. 07728
Tele. (908) 462-4700
Contractor PETER J. SAKER INC.
Address P.O. BOX 49
FREEHOLD, N.J. 07728
Tele. (908) 462-9200
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other _____
Location: ROOFTOP
Total Est. Cost of Fire Prot. Work $ N/A. [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 3-15-91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work N.A.

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		40

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by _____ TOTAL FEE $ _____

U.C.C. Form F-140A

1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/15/91
Date Issued
Control #
Permit # 300-91

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 701 Lot 7
Work Site Location Rt. 70 & CHAMBERS BRIDGE RD. BRICKTOWN
Owner in Fee FOODARAMA SUPERMARKETS INC.
Address P.O. Box 592
FREEHOLD, N.J. 07728
Tele. (908) 462-4700
Contractor Leonard A. Kuznet t/a Monarch Plb & Htg Co.
Address 701 N. STILES ST (P.O Box 370)
LINDEN, N.J. 07036
Tele. (908) 925-7100
Lic. No. # 1921
Federal Emp. No. 22-694391/000 Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $ 1000.-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[X] Plumb. Plans Approved
Date: 3-15-91
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Leonard A. Kuznet
Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
3	Floor Drain	15.-
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.-

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 25.-
Collected by: TOTAL $

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy