BLOCK 201 LOT 7, 8, 15 & 16 ADDRESS (SITE) ______ PERMIT NO. 1568-92

COMMERCIAL

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: SHOP-RITE STORE, CEDAR BRIDGE RD & 70
2. Name of Owner in Fee: FOODARAMA SUPERMARKET Tel. (908) 462-4700
   Address 303 WEST MAIN ST., FREEHOLD, N.J. 07728 (street / municipality / zip code)
3. Ownership in Fee: Public X Private ______
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. (201) 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	$ 23 —		
2. Electrical			
3. Plumbing			
4. Fire Protection	46 —		
5. Other			
6. Subtotal	$ 69 —		
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	$ 94 —		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	20 ft.	
3. Area—Largest Floor	52,305 sq. ft.	
4. Building Area—All Floors	52,9156 sq. ft.	
5. Volume of Structure	1058312 cu. ft.	
6. Construction Classification	2C UNLIMITED	
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	3 HRS.	
12. Max. Live Load		
13. Max. Occupancy Load		

II. PROPOSED WORK

Inter. alter

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	2300.-
6. ☒ Fire Protection	50.-
7. ☐ Plumbing	
8. ☒ Electrical	350.-
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	2700.-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
			7/22/92	Rg.			
			7/22/92		8/15/92		J

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: M
3. Change in Use Group, Indicate Former:

20K

LDS BR 10409464

U.C.C. Form F-100A

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. LOUIS SAKER

Address P.O. BOX 49

FREEHOLD, N.J. 07728

Telephone (908) 462-9200

Signature _____ Date 7-2-93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ 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 Zoning	SK	7/20/92	comm aff.						
☐									
☐									

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 7-24-92
Control #
Permit # 1568-92

IDENTIFICATION Block 701 Lot 7,8,15,16

Work Site Location Rt 70 & Chambersbridge Rd

Contractor Peter J. Saker, Inc.

Address

Owner in Fee Foodarama Supermarket

Address 303 W. Main St. Freehold, NJ

Tele. ( )

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:

interior alter

PAYMENTS (Office Use Only)		
	BLOCK	0.00
Building 23.	701 #	
Plumbing	17.8.15.16 #	
Electrical	BUILDING	23.00
Fire Protection 46.	FIRE	46.00
Plan Other 5.	PLAN RVW	5.00
Other	C / O	20.00
DCA Training Fee	TOTAL	94.00
Cert. of Occ. 20.	CHECK	94.00
Other	CHANGE	0.00
Total 07/25/92 NO. 5	0016A005	11:39
Check No. 13653		
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 $ 2700.

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

Date Received
Date Issued 7-24-92
Control #
Permit # 1568-92

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, 8, 15 & 16
Work Site Location SHOPRITE STORE
CEDAR BRIDGE RD. & RT. 70
Owner in Fee FOODARAMA SUPERMARKETS
Address 803 W. MAIN ST.
FREEHOLD, N.J. 07728
Tele. (908) 462-4700
Contractor PETER J. AIKEN INC.
Address P.O. BOX 419
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.
STORE RACKING, CONSUMER SHOPPING AREA

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	7/24/92	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present XA Proposed
Constr. Class Present 2C Proposed
No. of Stories 1
Height of Structure Ft.
Area—Largest Floor 52916 Sq. Ft.
Total Bldg. Area/All Floors 52916 Sq. Ft.
Volume of Structure 1059312 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 2700.-
3. Total (1+2) $ 2700.-

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] 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
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 7-24-92
Control #
Permit # 1568-92

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 8 15 16
Work Site Location SHOPRITE SUPERMARKET CEDAR BRIDGE RD. & RT. 70
Owner in Fee FOODARAMA SUPERMARKETS INC.
Address 303 WEST MAIN ST.
FREEHOLD, N.J. 07728
Tele. (908) 462-4700
Contractor ATLANTIC SPRINKLER CORP
Address P.O. Box H
SEASIDE PARK, N.J 08752
Tele. (908) 905-6918
Lic. No. RAY OINSKO
Federal Emp. No. 199422191 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed
Constr. Class. Present 2C Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [X] Electrical [ ] Solar
[ ] Other
Location: ROOF TOP
Total Est. Cost of Fire Prot. Work $ 140.- [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 7/22 JE
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: 8/5/92
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO Rent Listing				
Other Rent Listing			8/11/92	JE
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.

Raymond Wenck Jr.
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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		46.-
TOTAL Emergency Battery Backup		
Stand Pipes Exit Sign Battery Backup		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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