Called 2-10-94 L.M.

BLOCK 701 LOT 7, 8, 15, 16 ADDRESS (SITE) _____ PERMIT NO. 191-94

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: RAFTERS (CALDOR-SHOP RITE PLAZA)
2. Name of Owner in Fee: REYNOLDS Tel. (____) _____
   Address 1000 AIRPORT ROAD - LAKEWOOD 08701 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: YATES SIGN CO Tel. (908) 988-6611
   Address 1809 HY 33 NEPTUNE NJ 07753
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 21-0718184 Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work KEVIN WHITE Tel. 908, 988-6611

SIGN

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1400 -

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
✓	✓		2/9/94	AL			
✓	2/9/94	EXP					

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Other 5%		60.00	
6. Subtotal	$		
7. Less 20% for State Plan Review		5 -	
8. Subtotal	$		
9. DCA Training Fee		2 -	
10. Subtotal	$		
11. Cert. of Occupancy		20 -	
12. Other			
13. TOTAL	$	87 -	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ 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	

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 10210128

ZOK

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.

(✓) Check if contractor.

Agent Name YATES SIGN Co Inc

Address 1809 HY 33 #

NEPTUNE N.J. 07753

Telephone (908) 988-6161

Signature [signature] Date FEB 7th 1994

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
☐ 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								
☐								
☐								

COMMENTS

IMPOF NP 2/9/94

A.H.B.T. - EXEMPT

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

Name of Code & Edition		Name of Code & Edition		Other
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. ______	______	
☐ None			

CONSTRUCTION PERMIT

Date Issued 2-16-94
Control #
Permit # 191-94

IDENTIFICATION Block 701 Lot 7.8-15-16

Work Site Location Rt 70 & Chamberbridge Rd

Contractor Yates Sign Co

Address

Owner in Fee Reynolds

Address 1861 Airport Rd Tabernacle, NJ

Tele. ( ) **0002**

Lic. No. or Bldrs. Reg. No. Exp. Date 191*#

Tele. ( ) Federal Emp. No. BLDG 0.00

or Social Security No. 701 # LT.8.15. .6 #

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [X] OTHER Sign

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

PAYMENTS (Office Use Only)		
Building	SIGNS	60.00
Plumbing	PLAN RVW	5.00
Electrical	D.C.A.	2.00
Fire Protection	C / O	0.00
Other 10 60.-	TOTAL	87.00
Other 10 5.	CHECK	87.00
DCA Training Fee 2	CHANGE	0.00
Cert. of Occ. 2 0.	0025A005	2:08
Other		
Total 87.-		
Check No.		
Cash		
Collected By:		

02/16/94

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 $ 1400.

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 2-16-94
Control #
Permit # 191-94

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 RAFTERS (MALL DOOR/SHOP RITE MALL)

Owner in Fee REYNOLDS
Address 1000 AIRPORT ROAD
LAKEWOOD 08701
Tele. (908) 367-5600
Contractor YATES SIGN CO INC
Address 1809 H 9 33
NEPTUNE NJ 07753
Tele. (908) 988-6161
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21-0711164 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 ADD TO EITHER SIDE OF PRESENT SIGN PLASTIC LETTERS (NO LITES) AS PER SKETH (2) SETS CLEARANCE - 14" OUTLET - 14'

10' 3x10=30x2=60

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	2-24-94	[illegible]
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work: SIGN
1. New Bldg. $ 1400.00
2. Alteration $
3. Total (1+2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [✓] Sign 60 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

Bill D

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 18 94 0 0 7 5 0 8

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 Buckhaun Center Next to Calder
Coop bierhouse
Owner in Fee Coop / Wando
Address 960 Chevr. Ave
San Bruno / California 94066
Tele. (____) _____
Contractor Kelton Electrical Inc
Address 636 Herman Rd
Jackson N.J. 08527
Tele. (908) 928-0606
Lic. No. 21888
Federal Emp. No. 22-2807179 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [X] Other Renovation
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 45,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved Norm
Date: 940802
Approved by: RM

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

INSPECTIONS

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

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

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
215		Fixtures (1)
64		Receptacles (2)
6		Switches (3)
____		Total 1 + 2 + 3
____	____ Kw	Range
____	____ Kw	Oven(s)
____	____ Kw	Surface Unit
____	____ hp	Dishwasher
____	____ hp	Garbage Disposal
____	____ Kw	Dryer
5	____ Kw	A/C Unit 5 ton
____		Burglar Alarms
____		Intercoms Panels
____		Smoke Detectors
____	____ hp	Whirlpool/spa
____		Pool Bonding
____	____ hp	Pool Filter Motor
____		Pool Lights
1	3 Kw	Water Heater(s)
1	15 Kw	Central heat: ~~oil~~ ~~gas~~ or elec. DUCT HTR.
2	5 Kw	~~Baseboard Heat~~ Units HEATERS
____		Thermostats
____	____ hp	Heat Pump
____	____ hp	Pump(s)
3	____ Amp	~~Motor Control Center~~/Sub Panels
1		Signs 1 - 70A 2 - 150A
____	____	Light Standards
____	____ hp	Motors—Fractional H.P.
____	____ hp	Motors—All Others
1	____ Kw	Transformers 45 kVA
____	____ Kw	Generators
1	200 Amp	Service Entrance
____	____	Other

FEE (Office Use Only)

	80
	165
	7
	33
	14
	99
	33
	33

Paid [Y] Check # 2154
RPF
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 464—
DCA Training Fee	$ 36
TOTAL FEE	$ 500—

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy