FASHION BUG

BLOCK 701 LOT 7, 9.03 ADDRESS (SITE) RT 70 & CHAMBERSBRIDGE RD PERMIT NO. 41294

Plans to follow

CONSTRUCTION PERMIT APPLICATION

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

RECEIVED
FEB 20 1994
DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: BRICKTOWN ~~MALL~~ CTR
2. Name of Owner in Fee: FASHION BUG #291 Tel. (215) 638-6988
   Address RT #70 & CHAMBERSBRIDGE RD., BRICKTOWN.
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: S Tel. (____) _____
   Address _____
   License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer MIKAEL KAUF Tel. (215) 638-6918
   Address 450 KINGS LANE BENSALEM, PA
6. Responsible Person In Charge of Work _____ Tel. (____) _____

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	60,000

Alt-Tenant Fitup

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			3/28/94	MC	6/16/94		JG
			3/25/94	K	6-1-94		
			3/28/94	JG	3/25/94		JG
					6-1-94		JG
	5/6/94				10/15/94	5/2	
	5/1/94						

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	$	450		
2. Electrical				
3. Plumbing		60		
4. Fire Protection		46	163	
5. Other				
6. Subtotal	$	556		
7. Less 20% for State Plan Review		5		
8. Subtotal	$			
9. DCA Training-Fee		48	3	
10. Subtotal	$			
11. Cert. of Occupancy		20	160	
12. Other				
13. TOTAL	$	629		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure _____ ft.	
3. Area—Largest Floor _____ sq. ft.	
4. Building Area—All Floors 14,000 / 1,400 sq. ft.	
5. ~~Volume of Structure~~ _____ cu. ft.	
6. Construction Classification VM	
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 472	

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: FASHION BUG
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10312130

20K
20K

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 _____

Address Park 80 West Plaza II Saddle Brook NJ

Telephone (201) 587-1000

Signature _____ Date _____

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								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☒ Other Zoning	SK	2/28/94	comm alt.					
☐ [illegible]								
☒ Zoning	SK	3/2/94	alt.					

COMMENTS

A.H.B.T. IMPORTANT 4/13/94

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. 412	6-17-94	

CERTIFICATE

Date Issued 6/17/94
Control #
Permit # 412-94

IDENTIFICATION

Block 701 Lot 7,9.03
Work Site Location Route 70 & Chambers Bridge Rd
BrickTown Center
Owner In Fee Fashion Bug #291
Address
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Alteration/Tenant Fit-Up

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 _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur Heinz Jr

CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 3/29/94
Control #
Permit # 412-94

IDENTIFICATION Block 701 Lot 7

Work Site Location Ducktown Center
Ashton Blvd

Owner In Fee
Address 701 Ashton Blvd 29

Tele. ( ) —

Contractor [illegible]
Address

Tele. ( ) —

Lic. No. or Bldrs. Reg. No. — Exp. Date 412##

Federal Emp. No. — BLOCK 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:

Tenant Fit up

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 $ 5000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	450 BUILDING	450.00
Plumbing	60 PLUMBING	60.00
Electrical	FIRE	6.00
Fire Protection	46 PLAN RVW	5.00
Other	P.C.O.s	8.00
Other	[illegible]	0.00
DCA Training Fee	TOTAL	9.00
Cert. of Occ.	CHECK	9.00
Other	CHANGE	0.00
Total		
Check No.	05/27/94 [illegible] 0012A005	4:01
Cash		
Collected By:		

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

Jashin pmg

PERMIT UPDATE

Date Update Issued 4-18-94
Control #
Permit #
Date Permit Issued 4/19-94

IDENTIFICATION Block _____ Lot _____

Work Site Location 666 Chamberbridge Rd. Brick NJ

Owner in Fee Charmina Shapiro

Address ~~666 Chamberbridge Rd.~~ 450 Winks Ln, Bensalem, PA

Tele. (____) _____

Contractor Qualified Fire Protection

Address 61 Baldwin Ct. Basking Ridge, NJ 07920

Tele. (908) 647 5854

Lic. No. or Bldrs. Reg. No. _____

Federal Emp. No. 22-3278347

or Social Security No. _____

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other _____

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK: installation of fire sprinklers

Estimated Cost of Work $ 4000.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Plumbing	
Electrical	
Fire Protection	116.-
Other	
Other	
DCA Training Fee	3.-
Cert. of Occ.	
Other	
Total	119.-
Check No.	# 1024
Cash	
Collected By:	JH

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 6/ /94
Control #
Permit #
Date Permit Issued 11/ /91

IDENTIFICATION Block 701 Lot 28

Work Site Location [illegible]

Owner in Fee [illegible]
Address RT 70 & [illegible]
[illegible] NJ
Tele. (215) 638 6588

Contractor Advance Const
Address 2205 [illegible] Blvd
[illegible] PA 15235
Tele. (412) 821 9780
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other Alterations
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Alterations

Estimated Cost of Work $ 5,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	18 BUILDING 3.00
Plumbing	U.C.A. 4.00
Electrical	TOTAL 2.00
Fire Protection	CASH 2.00
Other	CHANGE 0.00
Other	05/05/94 NO. 5 0011A005
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

U.C.C. Form F-100A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 3/29/94
Date Issued
Control #
Permit # 412-94

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, 9.03
Work Site Location BRICKTOWN ~~MALL~~ CTR.
RT#70 & CHAMBERS BRIDGE RD
Owner in Fee SAME
Address
Tele. (215) 638-6988
Contractor
Address
Tele ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[ ] All 3/29/94
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

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

INSPECTIONS — Dates (Month/Day)

Type:	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:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $

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

ALT.
Tenant fit up.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] 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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6/5/94
Date Issued
Control #
Permit #

update 4/12-94

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, 9.03
Work Site Location Brick Town Condos
Owner in Fee Fashion Bug #291 (Charming Shoppes)
Address 4590 Wyoming Lane
Ben Salem PA
Tele. (215) 638 6988
Contractor Advance Coast Service
Address 2209 Babcock Blvd
Pitts burgh PA
Tele (412) 821 9780
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	5/5/94	
[ ] 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:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+2) $ _____

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] 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

Brick

CALDOR PLAZA

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # APR 19 94 J 2886

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

Block 701 Lot 7.9
Work Site Location FASHION BUG
666 CHAMBRS ROAD
Owner in Fee FASHION BUG
Address 4510 WILKS LANE BENSALEM PA
19020
Tele. (908) 202 1988
Contractor BISSET ELECTRIC
Address 185 MILL ST
WEST CREEK N.J. 08092
Tele. (609) 296 6572
Lic. No. 8163
Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

REMODEL

Use Group Present _____ Proposed FASHION BUG
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as STORE Utility Co. JCPL
Est. Cost of Elec. Work $ 25000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 6.15.94
Approved By: [signature]

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough			5.16.94	[signature]
Temporary			5.25.94	[signature] 3496
Constr. Serv.				
TCO				
Other Ceiling 4/25/94			04/15/5494	[signature] 3496
Service				
Final	6.9.94		6.15.94	[signature] 3496

Temp. Cut-in-Card Date Issued 5.25.94 3496
Final Cut-in-Card Date Issued 6.15.94 3496

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]
Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
365		Fixtures (1)	
46		Receptacles (2) 422	
9		Switches (3)	
		Total 1 + 2 + 3	100
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
EXISTING.	Kw	Dryer 12.2 Kw	
2	Kw	A/C Unit	108
		Burglar Alarms	
		Intercoms Panels	
1	DUCT	Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	2 Kw	Water Heater(s)	7
	Kw	Central heat:	
		oil, gas or elec. NO ITEM	
4 1500	Kw	Baseboard Heat Units	
		Thermostats	
	hp	Heat Pump	
	hp	Pump(s)	
2 ~~2~~	100 Amp	~~Motor Control Center/Sub Panels~~	66
1		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
1	25 KVA	Transformers	25
	Kw	Generators	
1	~~200~~ Amp	Service Entrance 3Ø	75
4		Other EXITS	

Paid [✓] Check # 148
RPF
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ _____
DCA Training Fee	$ _____
TOTAL FEE	$ 431.-

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy

1437 OCEAN

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/29/94
Date Issued
Control # 412-94
Permit #

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

Block 701 Lot 7,903
Work Site Location BRICKTOWN ~~MALL~~ ~~[illegible]~~ CTR
RT#70 & CHAMBERSBRIDGE RD
Owner in Fee FASHION BUG #291
Address SAME
Tele. (215) 638-6988
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. ______ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed Panic Bar Hardware on Doors
Constr. Class. Present ______ Proposed ______ See Note on plans E-2.
Heating Systems [ ] New [✓] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ ______ [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 3/25/94
Approved by: [signature]
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 6/1/94
Approved by: [signature]

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test /				
Smoke Test /				
Mechanical				
TCO				
Other Tenant Fit up			6/1/94	[initials]
Other				
Other FIELD TEST 4-7-94				

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 Tenant fit up

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 & Strob lite in Women		46—
Heat Detectors		
TOTAL Others 2A-10B-20B Rated Fire Extinguisher		
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		46—

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
DCA Training Fee $
Collected by: ______ TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 3/29/94
Control #
Permit # 412-94

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, 9.03
Work Site Location BRICKTOWN ~~[illegible]~~ CTR
RT#70 & CHAMBERSBRIDGE RD
Owner in Fee FASHION BUG #291
Address SAME
Tele. (215) 638-6988
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. ____ or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Panic Bar Hardware on Doors

Use Group Present ____ Proposed ____
Constr. Class. Present ____ Proposed ____
See note on plans E-2.
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ ____ [ ] Other ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 3/25/94
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other			3/[illegible]	[illegible]
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 Tenant fit up

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 & Strobe lite in Warehouse		46—
Heat Detectors		
TOTAL		
Others 2A-10B-20B Potable fire Extinguisher		
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		

Paid [ ] Check #
Collected by:
Administrative Surcharge $ 46—
Minimum Fee $
DCA Training Fee $
TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Fashion Bug

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4-18-94
Date Issued
Control #
Permit # 412-94

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 9.03
Work Site Location 666 Chambers Bridge Rd. Brick, NJ
Owner in Fee Charming Shoppes
Address 450 Winks Ln. Ben Salem, PA
Tele. ( )
Contractor Qualified Fire Protection, Inc.
Address 61 Baldwin Ct. Basking Ridge, NJ 07920
Tele. (908) 647-5654
Lic. No.
Federal Emp. No. 22-3278347 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

Wash test
Taken Complete

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 3/25/94
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CF
Date: 3/25/94
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test			4/20/94	
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.

Deborah L. Gutt
SIGNATURE

D. TECHNICAL SITE DATA Update 4-12-94

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	154	163
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		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 163
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Fashion Bug

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 4-18-94
Date Issued
Control #
Permit # 412-94

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, 9, 23
Work Site Location 666 Chambers Bridge Rd.
Brick, NJ
Owner In Fee Charming Shoppes
Address 450 Winks Ln.
Ben Salem, PA
Tele. ( )
Contractor Qualified Fire Protection, Inc.
Address 61 Baldwin Ct.
Basking Ridge, NJ 07920
Tele. (908) 647-5654
Lic. No.
Federal Emp. No. 22-3278347 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

Need test when complete.

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 3/25/94
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.

Deborah L. Gutt
SIGNATURE

D. TECHNICAL SITE DATA Update

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	159	163
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		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 163
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

See atty

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 3/29/94
Date Issued
Control #
Permit # 4/12-94

Plumber will be in

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

Block 701 Lot 7.9.03
Work Site Location BRICKTOWN ~~[illegible]~~ CIR
RT# 70 & CHAMBERS BRIDGE RD
Owner in Fee → FASHION BOX #291
Address ~~SAME~~

Tele. (215) 638-6988
Contractor LAUGHLEIN PLUMBING
Address 202 H ST
HAMMONTON NJ 08037
Tele. (609) 561 4862
Lic. No. 7214
Federal Emp. No. _____ or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[✓] Plumb. Plans Approved
Date: 3/28/94
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 6-1-94

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			4-8-94	[signature]
Rough			4-8-94	
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.

[signature]
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	20.00
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10.00
	Shower	
2	Floor Drain	10.00
	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	10.-
2	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	
1	Other TRAP PRIMERS	10.00
	Administrative Surcharge	$ 60.-
Paid [ ] Check # _____	Minimum Fee	$
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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/29/94
Date Issued
Control #
Permit #

Plumber will be in 4/12-94

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

Block 701 Lot 7,9,03
Work Site Location BRICKTOWN ~~Blvd~~ CTR
RT#70 & CHAMBERSBRIDGE RD
Owner in Fee FASHION BLVD #291
Address SAME

Tele. (215) 638-6988
Contractor LANGHEIM PLUMBING
Address 202 11 ~~St~~
HAMMONTON NJ 08037
Tele. (609) 561 4862
Lic. No. 7215
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 3/4
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 3/29/94
Approved by: [signature]

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.

[signature] Signature Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	20.00
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10.00
	Shower	
2	Floor Drain	10.00
	Sink	
	Dishwasher	
1	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	10.-
2	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	
1	Other TAR PRIMER 1/4	10.00
	Administrative Surcharge	$ 60.-
	Paid [ ] Check # _____ Minimum Fee	$ _____
	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

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

Re: Block _____ Lot _____

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	_____
Zoning	_____
Engineering	_____
Building	_____
Plumbing	_____
Electric	_____
Fire	Need Occupancy Load 1ST

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

_____
Arthur J. Cierzo, Construction Official

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

Re: Block 701 Lot 7.903

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative	
Zoning	
Engineering	
Building	
Plumbing	As noted
Electric	
Fire	

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

BLOCK 701-

LOT 7-9-03

DATE 3/28/94

PLUMBING & MECHANICAL CHECK LIST

Kane Contractor
fill out C.P.A.

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

X ISOMETRIC SKETCH

Fashion Bug

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

X OTHER Revs. plans, for required Barrier Free (A)
Fire) duct work price (B)

BLOCK 701

LOT 7.9.03

DATE 3/28/94

PLUMBING & MECHANICAL CHECK LIST

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL ✓

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS ✓

OTHER

Ed. Remick

Fashion Ring
Rt 70 & Chamberbridge Rd 3-2-94
art called

BLOCK 701

LOT 7, 9, 03

DATE 3-2-94

PLUMBING & MECHANICAL CHECK LIST

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL ✓ and -

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER — occupancy load ±

Charming Shoppes, Inc.
450 Winks Lane Bensalem, PA 19020
(215) 245-9100

LETTER OF TRANSMITTAL

☑ CONSTRUCTION DEPT.
☐ DESIGN DEPT.

TO: BRICK TOWNSHIP MUNICIPAL
DIVISION OF INSPECTIONS
401 CHAMBERBRIDGE RD
BRICK TOWNSHIP, N.J. 08723

DATE 5/10 | JOB NO 291

ATTENTION RAY KORKOWSKI

RE FASHION BUG OF BRICKTOWN, N.J.

GENTLEMEN:

We are sending you the following ☐ Attached ☐ Under seperate cover via _____

☐ SHOP DRAWINGS	☐ CATALOGS	☐ PRESENTATION	☐ OTHER: _____
☐ SPECIFICATIONS	☐ BUDGET PRICES	☐ SKETCHES/RENDERINGS	
☐ SEPIAS	☐ BROCHURES	☐ QUOTATIONS	
☐ PRINTS	☐ COPY OF LETTER	☐ SAMPLES	

COPIES	DATE	NUMBER	DESCRIPTION
2	5/9	A-1	BLUES
1			COPY OF INTENTIONS LETTER.

THESE ARE TRANSMITTED as checked below

☐ FOR APPROVAL	☐ APPROVED AS SUBMITTED	☐ RE-SUBMIT _____ COPIES FOR APPROVA
☐ FOR YOUR USE	☐ APPROVED AS NOTED	☐ SUBMIT _____ COPIES FOR DISTRIBUTIO
☐ AS REQUESTED	☐ RETURNED FOR CORRECTION	☐ RETURN _____ CORRECTED PRINTS
☐ FOR REVIEW AND COMMENT	☐ PRINTS RETURNED AFTER LOAN TO US	
	☐ FOR BIDS DUE _____ 19 _____	

REMARKS:

PLEASE COMMENT UPON RECEIPT OF THIS INFORMATION. PLEASE CALL EILEEN CAPECCI AT (215) 245-9100 EXT. 6150

THANKS

Copy To:

CONSTRUCTION DEPARTMENT
FASHION BUG
CHARMING SHOPPES, INC
450 WINKS LANE
BENSALEM, PA. 19020

Mr. Ray Korkowski
Brick Township Municipal
Division of Inspections
401 Chamberbridge Road
Brick Township, N.J. 08723

Via Fax
(908) 920-4850

RE: Fashion Bug of Bricdktown, N.J. Store #291

Dear Mr. Korkowski:

We will be forwarding the necessary sealed architectural drawings per your request for the temporary wall at the Fashion Bug in the Caldor Shopping Center.

Please accept this letter as evidence of our intentions to meet your requirements. Per your conversation with Dirk Bolyard at the jobsite, we understand that we can occupy the newely constructed portion of this jobsite.

Sincirely,

Blase J Iaconelli

Blase J. Iaconelli
Projct Manager
Construction Department

☒ EXEMPT 7/13/94

☐ PRELIMINARY _____

☐ TEMPORARY _____

☐ FINAL _____

CERTIFICATE OF COMPLIANCE

NAME: [illegible] DATE: 7/13/94

ADDRESS: [illegible]

PROPERTY LOCATION: [illegible]

ACCOUNT NO: _____ BLOCK 701 LOT [illegible]

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required	$500.00	Date	
Down Payment		Date	
Balance		Date	
Pd. in Full		Date	

☐ Market Rate — No Fee Required _____ Date _____

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Fee : None Date: 7/13/94

Down Payment : _____ Date: _____

Final Fee : _____ Date: _____
(Less down payment)

Balance : _____ Date: _____

Pd. in Full : _____ Date: _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

[signature]

CAROL A. WOLFE
AFFORDABLE HOUSING ADMINISTRATOR

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 701 , Lot 7, 8 (Alterations) Est. Cost $5,000.00

DATE: 5/3/94

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $_____.

Preliminary Frederick R. Millman
Frederick R. Millman, CTA

5-3-94
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

_____
Date

ASSESSOR REVIEW / Form 0002 7/93

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK; N.J. 08723

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 701 , Lot 3.03

DATE:

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $_____.

Preliminary Frederick R Millman
Frederick R. Millman, CTA

_____
Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

_____
Date

ASSESSOR REVIEW / Form 0002 7/93

FASHION BUG, Inc.
450 Winks Ln. Bensalem, Pa. 19020 (215) 245-9100

March 11, 1994

Brick Twp. Municipal Building
401 Chambersbridge Road
Brick Twp., NJ 08723
Attn: Ray Korkowski

RE: FASHION BUG #291
BRICKTOWN, NJ

Dear Sir:

The following information was used to calculate the occupancy load for the above referenced project.

Occupational Use:	S.F. of Floor Area per Occupant	Gross Fl. Area:	Occ. Load:
Mercantile (Grade floor)	30 gross	14,000 SF	466
Storage, Stock area	300 gross	1,900 SF	6
Total Occupancy load			472

I wish to note that this figure, though correct in its calculation, does not represent the reality of the available floor area for occupants. Once clothing racks and display units are figured in, this number would be greatly reduced.

Respectfully,

Mikael T. Kane, AIA

MTK/dc

FASHION BUG, Inc.
450 Winks Ln. Bensalem, Pa. 19020 (215) 245-9100

March 11, 1994

Brick Twp. Municipal Building
401 Chambersbridge Road
Brick Twp., NJ 08723
Attn: Ray Korkowski

RE: FASHION BUG #291
BRICKTOWN, NJ

Dear Sir:

The following information was used to calculate the occupancy load for the above referenced project.

Occupational Use:	S.F. of Floor Area per Occupant	Gross Fl. Area:	Occ. Load:
Mercantile (Grade floor)	30 gross	14,000 SF	466
Storage, Stock area	300 gross	1,900 SF	6
Total Occupancy load			472

I wish to note that this figure, though correct in its calculation, does not represent the reality of the available floor area for occupants. Once clothing racks and display units are figured in, this number would be greatly reduced.

Respectfully,

Mikael T. Kane, AIA

MTK/dc

FASHION BUG #291, INC.
450 WINKS LANE
BENSALEM, PA 19020

March 28, 1994

Code Enforcement Officer
Department of Building Permits
and Inspections
401 Chambers Ridge Road
Bricktown, NJ 08723

Attn: Ray Korkowski

Re: Fashion Bug Store #291
Bricktown, New Jersey

Dear Sir:

As per our telephone conversation of this afternoon, the construction drawings for the above referenced project will be revised to reflect the barrier free requirements as described in Section 5:23-7.1 of Sub-Chapter 7 of the U.C.C..

The required isometric plumbing riser diagram is attached to this letter and submitted to to you for your review.

Also be assured that if smoke detectors are required in the air distribution ductwork we will of course comply with that requirement.

Thank you for your help and cooperation.

Respectfully,

M.T. Kane, A.I.A.
Architect

MTK:rcr

Enclosures
cc: Eileen Capecci - Eastern Division

John W. Lord & Associates
Civil Structural Mechanical Engineering

761 Route 9, Lower Level
Lakewood, New Jersey 08701

Telephone (908) 367-1650
Fax (908) 367-1776

May 6, 1994

RECEIVED
MAY 9 1994
DIV. OF INSPECTION

Mr. Ray Korkowski
Subcode Official
Township of Brick
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Advanced Construction Services
Fashion Bug Stores
Caldor Shopping Mall
Brick, NJ
Structural Steel Renovation

Dear Mr. Korkowski,

At the request of Mr. Dirk Bolyard (Project Manager at the site), we are forwarding this as a letter of confirmation that we are functioning as structural engineers for their project. We are also handling the necessary inspections for the demolition, renovation and placement of the new steel for Advanced Construction Services.

As Mr. Bolyard explained to you, we will handle the required on site engineering for this particular renovation.

Plans have been prepared (which I believe you have seen) and we are making daily adjustments to the design to handle what we actually encounter on the project.

Naturally, should you have any questions, please feel free to contact us at your convenience.

Thanking you in advance for your co-operation, we remain,

Very truly yours,

LORD ENGINEERING GROUP

John W. Lord, P.E.
President

JWL/aa
cc: Mr. Ken Fischter, Advanced Construction Services
via facsimile
file

John W. Lord & Associates
CIVIL STRUCTURAL MECHANICAL ENGINEERING

761 ROUTE 9, LOWER LEVEL
LAKEWOOD, NEW JERSEY 08701

TELEPHONE (908) 367-1650
FAX (908) 367-1776

Date: May 6, 1994

Telecopier Transmittal

To: Mr. Ray Korkowski Fax number: (908) 920-4850

From: Mr. John W. Lord

We are transmitting from a Brother Intellifax Machine, Model 600.

Our FAX number is (908) 367-1776.

If you experience problems in receiving our documents, or wish to call or confirm receipt, please telephone (908) 367-1650.

We are sending 2 pages, including this cover sheet.

Note: _____

5/6/94
Need Fill
By K.

John W. Lord & Associates
Civil Structural Mechanical Engineering

761 Route 9, Lower Level
Lakewood, New Jersey 08701

Telephone (908) 367-1650
Fax (908) 367-1776

May 6, 1994

Mr. Ray Korkowski
Subcode Official
Township of Brick
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Advanced Construction Services
Fashion Bug Stores
Caldor Shopping Mall
Brick, NJ
Structural Steel Renovation

Dear Mr. Korkowski,

At the request of Mr. Dirk Bolyard (Project Manager at the site), we are forwarding this as a letter of confirmation that we are functioning as structural engineers for their project. We are also handling the necessary inspections for the demolition, renovation and placement of the new steel for Advanced Construction Services.

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John W. Lord, P.E.
President

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cc: Mr. Ken Fischter, Advanced Construction Services
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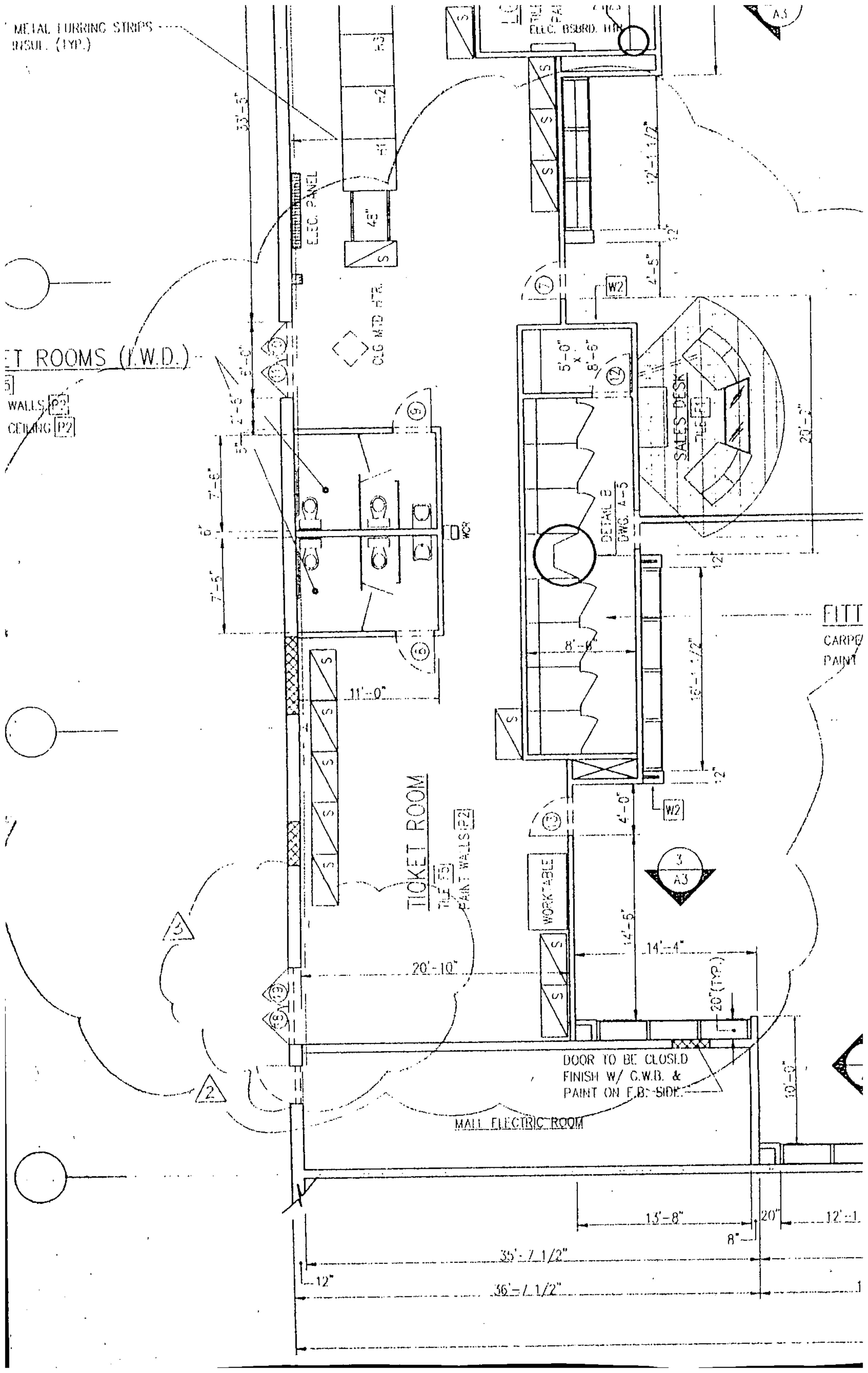
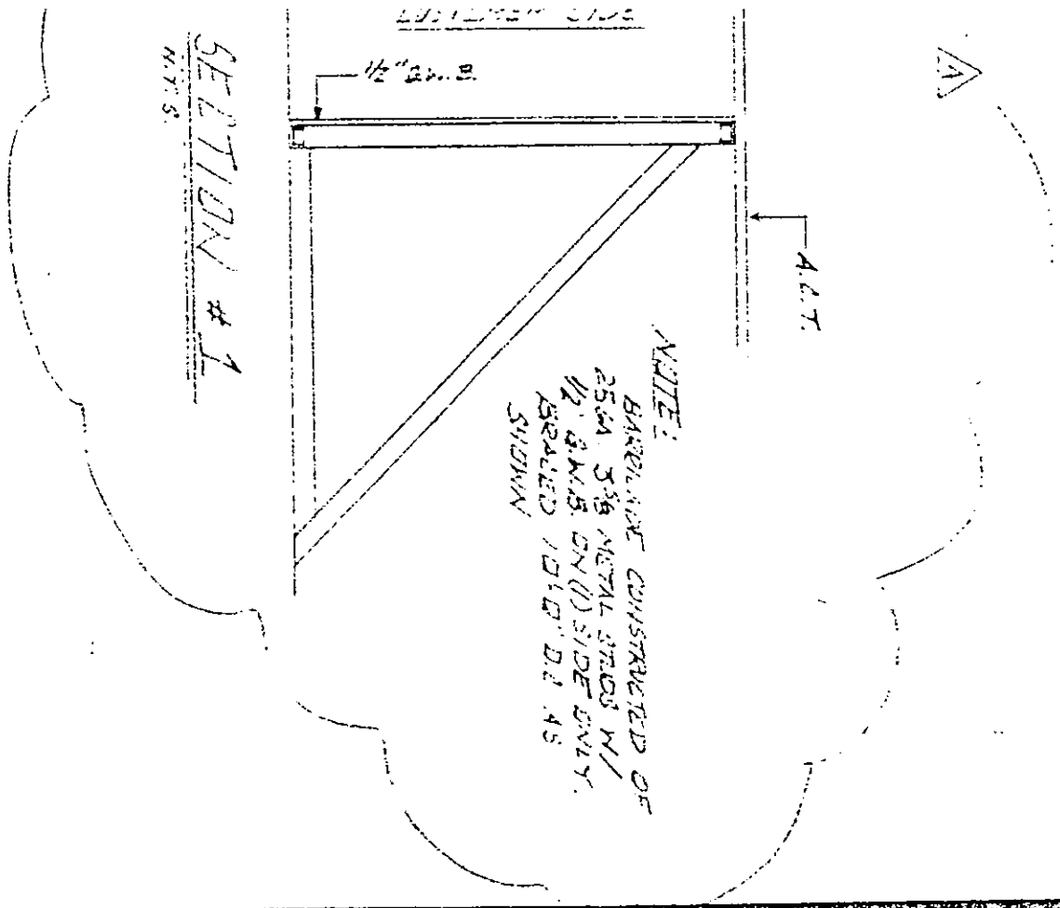
file



METAL FURRING STRIPS
INSUL. (TYP.)
ELEC. PANEL
ELEC. BSBRD. HTR.
CLG MTD HTR
ET ROOMS (T.W.D.)
WALLS P2
CEILING P2
TICKET ROOM
PAINT WALLS P2
WORKTABLE
SALES DESK
DETAIL B DWG. A-5
FITT
CARPE
PAINT
W2
WCR
DOOR TO BE CLOSED
FINISH W/ G.W.B. &
PAINT ON E.B. SIDE
MALL ELECTRIC ROOM
A3
33'-5"
12'-1 1/2"
4'-5"
20'-2"
16'-1 1/2"
5'-0" x 8'-6"
8'-6"
11'-0"
7'-6"
7'-5"
4'-0"
14'-5"
14'-4"
20'-10"
20" (TYP.)
10'-0"
13'-8"
20"
8"
35'-7 1/2"
36'-7 1/2"
12"



STORE NO.	0291
DATE	01/07/94
SCALE	1/8"=1'-0"
DRAWN BY	J.A.F.
CHECKED BY	

NO.	DATE	REVISION DESCRIPTION	BY
1	2/2/94	REVISED STORE LAYOUT AND STOREFRONT	J.F.
2	3/18/94	ENLARGED TOILET ROOMS	J.F.T.
3	4/19/94	REVISED TICKET ROOM LAYOUT ADDED DOORS #18,19	J.F.
4	5/9/94	INDICATE TEMPORARY BARRICADE REQ'D	J.F.

NOTE: CONTRACTOR AND SUBCONTRACTORS TO CHECK AND VERIFY ALL EXISTING CONDITIONS AND DIMENSIONS IN FIELD BEFORE WORK IS STARTED.

SEAL

5/10/94

FASHI

CHARMING SH
STORE DESIGN

450 WINKS LANE, BENSAL