Beauty Barn

BLOCK 701 LOT 7, 15, 16 ADDRESS (SITE) Unit 1J (Vornado) PERMIT NO. 64

# COMMERCIAL

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: RTE 70 + CHAMBERS BRIDGE RD.
2. Name of Owner in Fee: LARRY WOLF Tel. ( )
   Address 1050 STEPHEN AVE ELIZABETH N.J. 07208
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: GEO MEYER Tel. (201-) 289-6600
   Address 1150 STEPHEN AVE ELIZ NJ 07208
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person In Charge of Work ____ Tel. ( ) ____

CCV

✓

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 15 — | / | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | 40 | / | |
| 5. Other | | / | |
| 6. Subtotal | $ 55 | / | |
| 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 | $ 80 — | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories 1 (existing) | |
| 2. Height of Structure ____ ft. | |
| 3. Area—Largest Floor 1800 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 ____ | |

## II. PROPOSED WORK

FIT-UP - C/O

| | Est. Cost |
|---|---|
| 1. ☐ Minor Work (single trade) | |
| 2. ☐ Small Job ($5,000 and no prior approvals) | |
| 3. ☐ New Building | |
| 4. ☐ Addition | |
| 5. ☑ Alteration ✓ C/O | |
| 6. ☑ Fire Protection | |
| 7. ☐ Plumbing | |
| 8. ☐ Electrical | |
| 9. ☐ Asbestos Abatement | |
| 10. ☐ Demolition | |
| TOTAL COSTS | 3000. |

COMM

**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 |
|---|---|---|---|---|---|---|---|
| 1-25-90 | | | | | | | |
| | | | 1-24-90 | | | | |
| 1-25-90 | 1-25-90 | | 1-25-90 | | | | |

## 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: C&S + HMA SALES
2. Use Group: BUSINESS
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS BR 10110205

**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 Peter N. McCoy

Address 1030 Stelton Rte 1
Edison N.J. 07818

Telephone ( 201 ) 287-6600

Signature Peter N. McCoy Date 1/25/90

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 | 1/29/90 | comm alt | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

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

| | Name of Code & Edition | | Name of Code & Edition | |
|---|---|---|---|---|
| Building | 2-2-90 ws | Energy | | Other |
| Electrical | 2-6-90 | Barrier Free | | |
| Plumbing | 11-16-89 JS | Flood Hazard | | |
| Fire Protection | 2-22-90 JE | As Built Elevation Cert. | | |
| Mechanical | | Other | | |

X. CERTIFICATES ISSUED (office use only)

| | | | DATE EXPIRED |
|---|---|---|---|
| ☑ Temporary Certificate of Occupancy | No. 64 | Comp of Date | |
| ☐ Temporary Certificate of Occupancy | No. | | |
| ☐ Continued Certificate of Occupancy | No. | | |
| ☑ Certificate of Occupancy | No. 64 | 5-7-90 | |
| ☐ Certificate of Approval | No. | | |

"BEAUTY BARN"

# CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 64

## IDENTIFICATION

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

Owner in Fee Larry Wolf
Address 1050 Sherman Ave.
Elizabeth, NJ
Tele. ( )
Contractor George Meyer
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

**Home Warranty No.** none
**Use Group** B 2 hours
**Maximum Live Load**
**Description of Work/Use:**

Retail sales - Beauty supplies

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

## CERTIFICATE OF OCCUPANCY/APPROVAL

XX☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cirzo
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

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 2-1-90
Control #
Permit # 64-90

IDENTIFICATION Block 701 Lot 7-8-15-16

Work Site Location Rt. 70 + Chambers Bridge Rd Contractor G. Meyer

Address

Owner in Fee Larry Cook

Address 10 Fox Hollow Ave. Tele. ( )

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

Tele. ( ) Federal Emp. No.

or Social Security No. BLOCK 0.00

**is hereby granted permission to perform the following work:**

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alter. & c/o

| PAYMENTS (Office Use Only) | 701 # L7.8.15 | 16 # |
|---|---|---|
| Building | BUILDING | 15.00 |
| Plumbing | FIRE | 40.00 |
| Electrical | PLAN RVW | 5.00 |
| Fire Protection | C / O | 20.00 |
| Other | TOTAL | 80.00 |
| Other | CHECK | 80.00 |
| DCA Training Fee | CHANGE | 0.00 |
| Cert. of Occ. | 01/31/90 NO. 5 0012A005 | 11:24 |
| Other | | |
| Total | | |
| Check No. | | |
| 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 $** 2000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

Unit 1 J.

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received
Date Issued 2-1-90
Control #
Permit # 64-90

FINAL 2-2-90

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

Block 701 Lot 78 15 16
Work Site Location RTE 70 + CITIMARKETS FRINGE PO.
Owner in Fee ~~[illegible]~~ / PERRY WOLF
Address 1050 SHERMAN AVE.
EDG N.J. 07208
Tele. (201) - 289-6600
Contractor CERO MEYER
Address 1050 SHERMAN AVE EDG. N.J. 07017
Tele. (201) - 289-6606
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 [signature]

**D. TECHNICAL SITE DATA**
DESCRIPTION OF WORK

Comm. alteration & C/O
FIT-UP shelf counters etc.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial | INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|---|---|---|
| [ ] No Plans Req. | | | | Dates (Month/Day) | | | |
| [X] All | 1-29-90 | [illegible] | Footing | | | | |
| [ ] Footing | | | Foundation | | | | |
| [ ] Foundation | | | Slab | | | | |
| [ ] Frame | | | Frame | | | | |
| [ ] Other | | | Insulation | | | | |
| Joint Plan Review Required: | | | Finishes: | | | 2-2-90 | [signature] |
| [ ] Elec. [ ] Plumb. [ ] Fire | | | Energy | | | | |
| SUBCODE APPROVAL | | | Mechanical | | | | |
| [ ] CO [ ] CCO [ ] CA | | | TCO | | | | |
| Date: | | | Other | | | | |
| Approved By: | | | Final | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group B Present B Proposed B
Constr. Class Present — Proposed —
No. of Stories 1 (existing)
Height of Structure — Ft.
Area—Largest Floor 1800 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) $ —

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration & C/O
[ ] Roofing
[ ] Siding
[ ] Other —
[ ] Demolition
[ ] Miscellaneous
[ ] Fence — Height
[ ] Sign — Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other —

**(Office Use Only)**
FEE $ —

Administrative Surcharge $ —
Paid [✓] Check # 1324 Minimum Fee $ —
Collected by: Palo TOTAL FEE $ 80.—

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

Unit 1 J.

# BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-1-90
Control #
Permit # 64-90

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

Block 701 Lot 78 15 16
Work Site Location PIE 70 + [illegible] MAENS · RAPINES PD.

Owner in Fee [illegible] / PERRY UNGLE
Address 1050 SHERMAN AVE
FLR NJ 07035
Tele. (201) - 289-6600
Contractor LEON LUTHER
Address 1050 SHERMAN AVE FLR. N.J. 07035

Tele. (201) 289-6606
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

Comm. alteration & C/O
FIT. UP Shell Condition

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [X] All | 1-29-90 | |
| [ ] 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 B Present B Proposed B
Constr. Class Present Proposed
No. of Stories 1 (mezzanine) 0
Height of Structure Ft.
Area—Largest Floor 1800 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) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration & C/O
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other

**(Office Use Only)**
FEE
$

Administrative Surcharge $
Paid [✓] Check # 1324 Minimum Fee $
Collected by: Pat TOTAL FEE $ 80.-

U.C.C. Form F-110A
1 White = Inspector's Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Unit 1J.

# FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-1-90
Control #
Permit # 64-90

**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 RTE 70 + CHAMBERS BRIDGE RD.

Owner in Fee BARRY WOLF
Address 1050 SHERMAN AVE
ELIZ. NJ. 07208
Tele. (201) 289-6600
Contractor GERO MEYER
Address 1050 SHERMAN AVE
ELIZ. NJ. 07208
Tele. (201) 289-6600
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group B Present B Proposed B
Constr. Class. Present _____ Proposed _____
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:
[X] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 1-25-90
Approved by: [signature]
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 2-2-90
Approved by: [signature]

| INSPECTIONS: Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Suppression Test | | | 2-2-90 | [signature] |
| Fire Alarm Test | ~~1-25-90~~ | | 2-2-90 | [signature] |
| Smoke Test | | | 2-2-90 | [signature] |
| 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]
SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work** Comm. alter. & c/o

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 | | |

Administrative Surcharge $ 40
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

Unit 1J.

# FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-1-90
Control #
Permit # 64-90.

**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 Rte 70 + Hurffmans Mill Rd.
Owner in Fee Perry Unit
Address 1050 Sierrin Dr. Rte
Elm. NJ. 07062
Tele. (761) 758-6600
Contractor Gene Meyer
Address 1050 Sierrin Dr
Elm, NJ. 07062
Tele. (761) 759-6600
Lic. No.
Federal Emp. No. or Social Security No.

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group B Present B Proposed B
Constr. Class. Present Proposed
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:
[X] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 8-25-90
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.

Gene Meyer
SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work** Comm. alter. & c/o

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 | | |

Administrative Surcharge $ 40.—
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

TOWNSHIP OF BRICK

1J Beauty Barn

# PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 1021
DATE ISSUED 6-13-89
REVISION DATE

Block 701 Lot 7, 8, 8.2, 15
Subdivision 8.16

## A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Vornado, Inc.
Address 174 Passaic Street
Garfield, NJ 07026
Tel. (201) 773-4000
Work Site Address Rte. 70 & Chambers Bridge Road

Contractor Frank C. Gibson Inc.
Address 34 E. Main St. Box 191
Freehold, NJ 07728
Tel. (201) 462-0282
Lic.No./Bus. Permit 3281
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
*(Complete for Minor Work and Small Job Only)*

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

## B. TECHNICAL SITE DATA

*List all fixtures*

TYPE OF WORK:

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

| Fee | |
|---|---|
| COLUMN 1 | $ |
| COLUMN 2 | $ |
| SUBTOTAL | $ |
| Minimum Plumbing Fee (If applicable) | $ |
| Total Plumbing Fee *(Greater of Minimum or Subtotal)* | $ |

## C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ _____

## D. COMMENTS

ALL FEES INDICATED ON MASTER TECH. SEC.

☐ Partial Releases ☐ Prototype Processing

# PLAN REVIEW AND INSPECTION – PLUMBING

| DATE | JOB CONDITION/COMMENTS |
|---|---|
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## JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 6-6-89
Approved By: J.W. Sylvan

### INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 11-16-89
Inspected By: J.W. Sylvan

### INSPECTIONS

| Type | Failure Dates | | | Approval Date |
|---|---|---|---|---|
| ☒ Slab | | | | 6-21-89 |
| ☒ Rough | | | | 10-10-89 |
| ☐ Water | | | | |
| ☐ Sewer | | | | |
| ☐ Energy | | | | |
| ☐ Mechanical | | | | |
| ☐ TCO | | | | |
| ☒ Other GAS PIPE | | | | 8-30-89 |

U.C.C. Form F-130 (8/83)

# CUT-IN-CARD

MUNICIPALITY B.J.

LOCATION Chambers Bridge + 70 UTILITY CO PP

BLK 701 LOT 7-16

OWNER Beauty Barn OCCUPANT

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

☒ FINAL ☐ TEMPORARY

This approval void after _____ days

SERVICE _____ RANGE _____ WATER HEATER _____

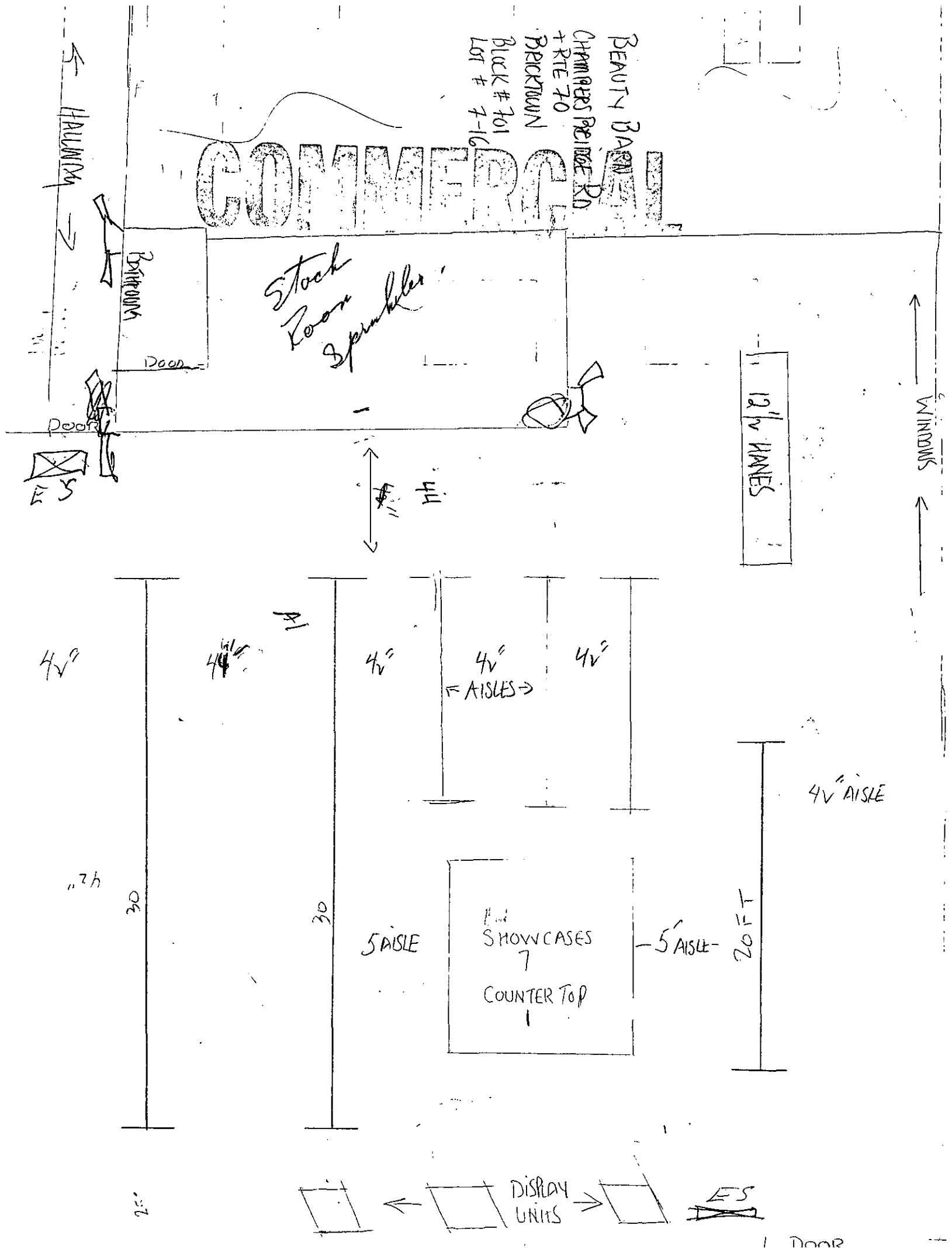
AIR COND _____ ELECT HEAT _____ MISC _____

COMMENTS Interior finish

DATE 900206 PERMIT # 449 INSPECTOR [signature]

Elec. 104

Insp. Lic # 2113


COMMERCIAL
BEAUTY BARN
CHAMBERS BRIDGE RD
+ RTE 70
BRICKTOWN
BLOCK # 701
LOT # 7-16
HALLWAY
BATHROOM
DOOR
Stock Room Sprinkler
DOOR
12½ HANES
WINDOWS
4½'
4½'
4½'
4½'
4½'
AISLES
4½' AISLE
30
30
5 AISLE
SHOWCASES
7
COUNTER TOP
1
5' AISLE
20 FT
DISPLAY UNITS
ES
DOOR