3C

VORNADO / RAFTERS

TOWNSHIP OF BRICK

RECEIVED AUG 18 1989 DIV. OF INSPECTION

Page 1

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: RAFTERS, BRICKTOWN CENTRE BRICKTOWN, N.J.
2. Owner Name: REYNOLDS Tel. (201) 367-5600
   Address 1000 AIRPORT RD LAKEWOOD, NJ. 08701
3. Principal Contractor: J&D CONTRACTORS INC. Tel. (215) 344-7110
   Address 211 CARTER DRIVE, SUITE C, WEST CHESTER, PA. 19382
   Lic. No. or Builder Reg. No. — Federal Emp. No. 23-2535679
4. Architect or Engineer: — Tel. ( )
   Address
5. Responsible Person in Charge of Work — Tel. ( )

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration & C/O
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
	TOTAL COST	$ 18,000

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☑ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units —

If other than new construction, enter no. of dwelling units:

Before Construction: —
After Construction: —
Net Gain (or loss): —

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☑ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other

State Specific Use: RETAIL CLOTHING

If Change in Use Group, Indicate Former: —

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other —

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories —
15. Height of Structure — Ft.
16. Area–Largest Floor — Sq. Ft.
17. Bldg. Area–All Fls. — Sq. Ft.
18. Volume of Structure — Cu. Ft.
19. Total Land Area Disturbed — Sq. Ft.

LDS BR 10110208

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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 J&D CONTRACTORS TEL.(215) 344-7110

ADDRESS 211 CARTER DRIVE SUITE C

WEST CHESTER, PA. 19382

SIGNATURE Wayne Slyon 8/28/89

BLOCK NO. 701 LOT NO. 7, 8, 15 & 16 SUBDIVISION _____ PERMIT NO. _____

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	8/28/89		8-30-89	LM	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____			8/28/89	gl	
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

CC ✓

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
✓	BUILDING		11-3-89	WS
	Footings/Foundations			
	Framing			
	Architectural			
✓	Other Energy			
✓	PLUMBING		10-20-89	8" main gasket
✓	ELECTRICAL		11-8-89	Virgin
✓	FIRE PROTECTION		11-3-89	JE
✓	OTHER Land			Temp OK till 11-30-89

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED: — Date Issued

- ✓ ☐ Temporary Certificate of Occupancy — Date Expired 11-30-89 — Date Issued 11-8-89
- ☐ Temporary Certificate of Occupancy — Date Expired _____ — _____
- ✓ ☒ Certificate of Occupancy — No. 5330 — 5-7-90
- ☐ Certificate of Continued Occupancy — No. _____ — _____
- ☐ Certificate of Approval — No. _____ — _____
- ☐ None

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 135.00
PLUMBING	.00
ELECTRICAL	.00
FIRE PROTECTION	40.00
OTHER _____	.00
SUBTOTAL	$ 175.00
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00
D.C.A. TRAINING FEE .0006 x _____	= .00
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.00
OTHER _____	.00
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 200.00

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.00
OTHER			.00
OTHER			.00
– LESS: Refunds			(.00)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ .00

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ .00
COLLECTED AFTER PERMIT (VB)	.00
TOTAL	$ .00

Reynolds/Rafters

CERTIFICATE

Date Issued 5-7-90
Control #
Permit # 5330

IDENTIFICATION

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

Owner in Fee Reynolds
Address 1000 Airport Rd.
Lakewood, NJ
Tele. ( )
Contractor J & D Contractors, In c.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Retail sales - Clothing

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

CERTIFICATE OF OCCUPANCY/APPROVAL

x☒ **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. Craig
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK

Rafters 3C

CERTIFICATE

CERT. NO. 5330

DATE ISSUED 11-8-89

Block 701 Lot 7, 8, 15&16

Subdivision

IDENTIFICATION

Owner Reynolds

Address 1000 Airport Rd. Lakewood, N.J.

Tel. ( )

Work Site Address Rt. 70 & ChambersBridge Rd

Agent

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☐ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ 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.

B. ☐ 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.

C. ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than Nov. 30, , 19 89 or the owner will be subject to a fine or order to vacate:

TCO extended to December 31, 1989

Pending final Ocean County Soil and completion of entire building.

D. DESCRIPTION OF WORK:

Business

USE GROUP B

FIRE GRADING 2 Hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE Retail Sales

FINAL COST OF CONSTRUCTION: $ 18,000.

Arthur J. Cuozzo

CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant's Copy Goldenrod = Tax Assessor's Copy

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit # 5330

IDENTIFICATION Block 701 Lot 7 8 15 + 16

Work Site Location Rt 70 + Chapin Bdge Rd Contractor Same

Owner in Fee "Reynolds" Dr. & Cty. Address

Address 211 Carter Drive Suite C **0005** 5330**#
West Chester, Pa. 19382 Tele. ( ) Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. (215) 344-7110 Federal Emp. No. BLDR 0.00

or Social Security No. 701 # 0.00
LOT

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alts & c/o

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 : 18,000-

A. J. Ciszo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only) 781516 #		
Building	BLDG PERMIT	1 75.00
Plumbing	FIRE	40.00
Electrical	PLAN RVW	5.00
Fire Protection	C / O	10.00
Other	TOTAL	2 30.00
Other	CHECK	2 30.00
DCA Training Fee	CHANGE	0.00
Certificate of Occ.	NO. 5 00009A005	09:26
Other		
Total		
Check No.		
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 3330
DATE ISSUED 9/7/89
REVISION DATE
Block 701 Lot 7, 8, 15, 16
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner REYNOLDS
Address 1000 AIRPORT RD
LAKEWOOD, NJ. 08701
Tel. (201) 367-5600

Contractor J&D CONTRACTOR
Address 211 CARTER DRIVE
WEST CHESTER, PA. 19382
Tel. (215) 344 7114

Work Site Address RAFFEN
BRICKTOWN CENRE, BRICKTOWN NJ

Lic. No.
Federal Emp. No. 23-2535679

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

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Alteration
&
C/O

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

	Fee Basis	Fee
		$
SUBTOTAL		$
Minimum Building Fee (if applicable)		$
Total Building Fee *(Greater of Minimum or Subtotal)*		$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 18,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE		JOB CONDITION/COMMENTS
10-26-89	FINISH ~~FINAL~~	NOT C.O. OK TO STOCK ONLY

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	8-30-89	VAS
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date:

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				11-3-89
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE SUBCODE TECHNICAL SECTION

PERMIT NO. 5330
DATE ISSUED 9/7/89
REVISION DATE ____
Block 701 Lot 7, 8, 15-16
Subdivision ____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner: REYNOLDS
Address: 1000 AIRPORT RD. LAKEWOOD, NJ. 08701
Tel. (201) 367-5600
Work Site Address: RAFTERS BRICKTOWN CENTRE, BRICKTOWN, NJ.

Contractor: J&D CONTRACTOR
Address: 211 CARTER DRIVE WEST CHESTER, PA. 19382
Tel. (215) 344-7110
Lic. No. ____
Federal Emp. No. 23-2535679

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

B1. SPRINKLERS — FEE
TYPE: ☐ Wet ☐ Dry ☐ Other ____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: ____ No. of Spare Heads: ____
☐ Valves Supervised – Method: ____
Water Supply – Source: ____ Size: ____
FD Connection Location: ____
Estimated Cost of Work: $ ____ $ ____

B2. SPECIAL SUPPRESSION SYSTEMS
TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other ____
Manual Pull: ☐ Yes ☐ No
Locations: ____
Estimated Cost of Work: $ ____ $ ____

B3. ALARM — FEE
TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ ____ $ ____

B4. STAND PIPES
Pipe Size: ____ Pump Size: ____
Water Source: ____ Size: ____
FD Connection Location: ____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ ____ $ ____

B5. OTHER
exit light w/ battery $ 40
emergency light backup $
fire ext $

Subtotal $ ____
Minimum Fire Protection Fee (If Applicable) $ ____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 40

C. FIRE PROTECTION CHARACTERISTICS
USE GROUP ____ Present ____ Proposed
Heating Systems – Location: ____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other ____
Fuel Storage Tank – Location: ____ Fuel Type: ____ Capacity: ____
Total Estimated Cost of Fire Protection Work: $ ____

D. COMMENTS
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS
10/24/89	Insp. Smoke detectors & Sprinklers Working found 0 Ceiling tile & Water Gong for Sprinkler Alarm missing. it is up to Construction official if Stock Can be put in Bldg only.
	Work Completed in Store
11-3-89	Insp Formed Store Complex with Fire Doors S.D. & Emergency Lites & Exit Signs Working Racks to be Code. permit #20 —

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 9-5-89
Approved By: JE

INSPECTIONS FINAL

☑ CO ☐ CCO ☐ CA
Date: 11-3-89
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☑ Fire Suppression Test				9/28/89
☑ Fire Alarm Test				11-3-89
☑ Smoke Test				11-3-89
☑ TCO	10/24/89			
☐ Other Found				11-3-89
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 11-2-89

NAME Vornado, Inc.

ADDRESS 650 Hwy. 70 Brick New Jersey 08723

PROPERTY LOCATION 636 Hwy. 70 Rafters

Account No. G783227 Block 701 Lot 7

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

Unit 3C

For the Authority

Sewer connection fee's will be reevaluated after one year of water usage and recalculated if 72,000 min. is exceeded.

INSPECTOR: K Thaler

DATE: 5-1-90

JOB: Tornado Center SP# 1676

SECTION: Sky Manor

TYPE OF WORK: CO Insp

LOCATION: Rt 70 / Chambersbridge Rd

WEATHER: Sunny

TEMPERATURE: 70's

BLOCK: 701

LOT: 7-8

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area	✓	
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

OK TLS
5/8/90

RECOMMENDATIONS:

☐ TEMP. C.O.

☒ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

5-8-90

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

Vornado
properties

October 26, 1989

TOWNSHIP OF BRICK
Ocean County, New Jersey
401 Chambers Bridge Road
Brick, NJ 08723

RE: CALDOR/SHOP-RITE SHOPPING CENTER
BRICKTOWN, NEW JERSEY

Dear Sir:

We are requesting permission to stock the Reynolds (Rafters) store in the above captioned shopping center.

We will not hold the Township responsible in any way and the store will not be opened for "business" until a Certificate of Occupancy is issued.

Very truly yours,

VORNADO, INC.

James J. Fallon
Director of Design and Construction

JJF/rpe

Ed Rugded Pres.
Reynolds (Rafters)

174 Passaic Street
Garfield, N.J. 07026
(201) 773-4000