BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 Rt. 88, Brick PERMIT NO. 11-2951

# CONSTRUCTION PERMIT APPLICATION

C-11-6032419

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

## I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rt. 88, Brick Bldg. 6 Unit 21 (24)
2. Name of Owner in Fee: Super Intermediate CO
   Tel. ( ) _____ e-mail _____
   Address PO BOX 4900 - Dept 124 Scottsdale AZ 85261
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Spirit Halloween Tel. ( ) _____
   Address 6826 Black Horse Pike e-mail _____
   EHT, NJ, 08234
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Paul Reese
   Tel. (609) 289-2191 FAX: ( ) _____

COMMERCIAL

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

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 75 ✓ | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ | | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ 1 | | |
| 11. Cert. of Occupancy | 75 | | |
| 12. Other | 14 | | |
| 13. TOTAL | $ | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories 1 | |
| 2. Height of Structure 11 ft. | |
| 3. Area — Largest Floor 7,000 sq. ft. | |
| 4. New Building Area _____ sq. ft. | |
| 5. Volume of New Structure _____ cu. ft. | |
| 6. Max. Live Load _____ | |
| 7. Max. Occupancy Load _____ | |
| 8. If Industrialized Building: State Approved ____ HUD ____ | |
| 9. Total Land Area Disturbed _____ sq. ft. | |
| 10. Flood Hazard Zone _____ | |
| 11. Base Flood Elevation _____ ft. | |
| 12. Wetlands yes ____ no ____ | |

## IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

## IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☐ Building | | [illegible] | 8/29/11 | 9/20/11 KA | | | 9/29/11 | | KA |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | Eng | Exempt | | 9/9/11 | ECC | | | |
| TOTAL COST | | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____
Proposed _____

## III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

**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(f)1.ix:

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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 Paul Reese

Address 56 Aspen Ct
Galloway, NJ, 08205

Telephone ( 609 ) 289-2191

Signature P. Reese

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: 9-13-11 SK,28

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☒ Zoning Officer | SK | 9/16/11 | | | | | | | ZA-11-00968 |
| ☐ Planning Board | | | | | | | | | |
| ☐ Zoning Board | | | | | | | | | |
| ☐ Sewer Authority | | | | | | | | | |
| ☐ Water Authority | | | | | | | | | |
| ☐ Police Department | | | | | | | | | |
| ☐ Health Department | | | | | | | | | |
| ☐ Soil Conservation | | | | | | | | | |
| ☐ N.J. Department of Community Affairs | | | | | | | | | |
| ☐ N.J. Department of Transportation | | | | | | | | | |
| ☐ N.J. Department of Environmental Protection | | | | | | | | | |
| ☐ Utility Dig No. | | | | | | | | | |
| ☐ | | | | | | | | | |
| ☐ | | | | | | | | | |

**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 ISSUED | DATE EXPIRED | DATE REISSUED | DATE EXPIRED |
|---|---|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | | | |
| ☐ Temporary Certificate of Compliance | No. | | | | |
| ☐ Continued Certificate of Occupancy | No. | | | | |
| ☑ Certificate of Compliance | No. | | | | |
| ☐ Certificate of Occupancy | No. | | | | |
| ☐ Certificate of Approval | No. | | | | |
| ☐ Lead Abatement Clearance Certificate | No. | | | | |

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/29/2012
Control Number C-11-003249
Permit Number 11-2951
Permit Issue Date 9/30/2011
Certificate Number 11-2951

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 1930 ROUTE 88 Spirit Halloween Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: CENTRO NP LAUREL SQ OWNER LLC

Owner Address: 420 LEXINGTON AVE NEW YORK NY 10170

Telephone:

Contractor CENTRO NP LAUREL SQ OWNER LLC

Address 420 LEXINGTON AVE NEW YORK NY 10170

Telephone: Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Spirit Halloween

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

Construction Official

Fee: $0.00
Check Number:
Collected By:

*Date Printed: 12/29/2012* U.C.C. F260 (rev. 08/05)

# CONSTRUCTION PERMIT

Date Issued 9/20/11
Control # C-11-003249
Permit # 11-3451

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Spirit Halloween Brick Township, NJ
Owner in Fee CENTRO NP LAUREL SQ OWNER LLC
420 LEXINGTON AVE NEW YORK NY 10170
Telephone:

Contractor CENTRO NP LAUREL SQ OWNER LLC
Address 420 LEXINGTON AVE NEW YORK NY 10170
Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP Spirit Halloween

**Note: If constuction 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** $500

Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $75 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee | $1 |
| CO Fee | |
| Other | $0 |
| Total | $76 |
| Check No. | 1026 |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

# BUILDING SUBCODE
## TECHNICAL SECTION

Dist Mgr
Paul Reese
609-289-2191

Date Received 9/30/11
Control #
Date Issued
Permit # 11-2951

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt. 88, Brick, NJ
Laurel Square

Owner in Fee: Super Intermediate Co

Tel. ( ) e-mail

Address PO Box 4900-Dept 124, Scottsdale AZ 85261
street municipality zip code

Contractor: Spirit Halloween Tel. (609) 289-2191

Address 6826 Black Horse Pike e-mail
EHT, NJ, 08234

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

**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.

Sign here:

Print name here: Paul Reese

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK Assembly of temporary retail fixtures, ~~Sign installation~~

COMMERCIAL

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | 9/29/11 | ~~KK~~ |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10/13/11
Approved by: ~~KA~~

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | | Dates (Month/Day) | | |
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | * 10/4/11 | MW |
| Other | | | | |
| Final | * 10/3/11 | LW | 10/12/11 | MW |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present Proposed
No. of Stories 1
Height of Structure 11 ft.
Area — Largest Floor 7,000 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

**Constr. Class** Present Proposed

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ 7,300
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 270 Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

* No Plans

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

10/4/11 KW Rec TCO (5 Days)

(4) New Emerg ~~5~~ - Note: (2) are remote heads

~~Remove~~ Display at Front door

R

10/3/11

**Community Development and Land Use**
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

# Receipt

Payment Date 09/30/2011
Transaction # PMT-11-06528
Receipt #

**Issued To** PAUL REESE

Description 1930 ROUTE 88
TENANT FIT UP - SPIRIT HALLOWEEN

Date Printed 09/30/2011
Check Number 1106

| | |
|---|---|
| Cash | $0.00 |
| Check | $50.00 |
| Charge | $0.00 |
| Total Paid | $50.00 |

09/30/11 1:40PM 001558#9514
XX01 SERV.001
#06528
ZPA $50.00
CHECK $50.00

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 9/30/11
Control #

Date Issued
Permit # 11-2951

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

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 Rt 88, Brick, NJ
Laurel Square

Owner in Fee: Super Intermediate Co

Tel. ( ) e-mail

Address PO Box 4900-Dept RLH, Scottsdale AZ 85261
street municipality zip code

Contractor: Spirit Halloween Tel. (609) 289-2191

Address 6836 Black Horse Pike e-mail
EHT, NJ, 08234

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [✓] Interior | 1/27/11 | BH |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present Proposed
No. of Stories 1
Height of Structure 11 ft.
Area — Largest Floor 7200 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

**Constr. Class** Present Proposed

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ 7500
3. Total (1+ 2) $

U.C.C. F110
(rev. 11/09)

**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.

Sign here:

Print name here: Paul Reese

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK Assembly of temporary retail fixtures, ~~Sign installation~~

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[X] Sign 270 Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)

| | |
|---|---|
| | $ |
| Administrative Surcharge | $ |
| Minimum Fee | $ |
| State Permit Surcharge Fee | $ |
| TOTAL FEE | $ |

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 9/20/11
Control #
Date Issued
Permit # 11-3951

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

Block 1001 Lot 5 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. ( ) e-mail

Address [illegible]
street municipality zip code

Contractor: [illegible] Tel. ( ) [illegible]

Address [illegible] e-mail

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [ ] Interior | | |

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present Proposed
No. of Stories 1
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

**Constr. Class** Present Proposed

If Industrialized Building:
State Approved HUD

**Est. Cost of Bldg. Work:**
1. New Bldg. $
2. Rehabilitation $ 1,200
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.

Sign here:

Print name here:

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK [illegible]

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

U.C.C. F110
(rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

RECEIVING CLERK KP
DATE REC'D 8/29/11

# ZONING PERMIT APPLICATION

PERMIT # ZP-00874
DATE ISSUED 9/30/11

BLOCK: 1149 LOT: 5 QUALIFIER: — SITE ADDRESS: 1930 Rt 88, Brick, NJ
Laurel Square, Bldg B, unit 21 (21)

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Super Intermediate Co
COMPLETE ADDRESS: PO Box 4900-Dept 12H
Scottsdale, AZ 85261
PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: Spirit Halloween
APPLICANT ADDRESS: 6826 Black Horse Pike
EHT, NJ, 08234
PHONE # 609-645-3300 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Paul Reese
PHONE# 609-289-2191 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: Last use was
EXISTING USE: Spirit Halloween
PROPOSED USE retail

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Tenant Fit-Up for "Spirit Halloween"

ZONING REVIEW:
DATE REVIEWED: 9-13-11 DATE DENIED: 9-13-11 DATE APPROVED: 9-16-11 INTLS: SK, ZR - SK, ZR (SEE BACK PAGE)

# TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

**NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED**

**01/2010**

*245 Attachment 5*

**Township of Brick**

## SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
**Township of Brick**
**Ocean County, New Jersey**

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

| Zone | Minimum Lot Size | | | | | | Minimum Required Yard Depth | | | | | | Maximum Lot Coverage by Building | Maximum Building Height | | | | Minimum Floor/ Building Area (square feet) 2 stories/1 story | Maximum Allowable Impervious Coverage |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Interior Lots | | | Corner Lots | | | Principal Building | | | | Accessory Building | | | | | | | | |
| | Area (square feet) | Width (feet) | Depth (feet) | Area (square feet) | Width (feet) | Depth (feet) | Front Yard (feet) | Side Yard, Each (feet) | Both Sides Combined (feet) | Rear Yard (feet) | Side Yard (feet) | Rear Yard[3] (feet) | | Stories | Eaves (feet) | Feet | Ridge (feet) | | |
| R-R | 40,000 | 150 | 150 | 40,000 | 150 | 150 | 50 | 25 | | 50 | 25 | 25 | 25% | – | 25 | | | – | |
| RR-2 | See § 245-90. | | | | | | | | | | | | | | | | | | |
| RR-3 | See § 245-103. | | | | | | | | | | | | | | | | | | |
| R-20 | 20,000 | 100 | 125 | 25,000 | 100 | 125 | 40 | 15 | – | 40 | 10 | 10 | 25% | – | 25 | 35 | 38.5 | – | |
| R-15 | 15,000 | 100 | 115 | 17,250 | 100 | 115 | 35 | 12 | – | 35 | 10 | 10 | 25% | – | 25 | 35 | 38.5 | – | |
| R-10 | 10,000 | 90 | 100 | 10,500 | 100 | 100 | 30 | 6 | 20 | 20 | 5 | 5 | 30% | – | 25 | 35 | 38.5 | – | |
| R-7.5 | 7,500 | 75 | 90 | 9,000 | 75 | 90 | 25 | 6 | 15 | 15 | 5 | 5 | 30% | – | 25 | 35 | 38.5 | – | |
| R-5 | 5,000 | 50 | 75 | 6,000 | 50 | 75 | 20 | 5 | 12 | 15 | 5 | 5 | 35% | – | 25 | 35 | 38.5 | – | |
| O-P | 15,000 | 100 | 150 | 15,000 | 100 | 150 | 50 | 10 | – | 50 | 20 | 50 | 35%[2] | 2 | – | 35 | 38.5 | 1,500 | 70% |
| B-1 | 10,000 | 100 | 90 | 12,500 | 100 | 125 | 30 | 10 | – | 20 | 10 | 20 | 30%[2] | 2 | – | 35 | 38.5 | 1,000 | 60% |
| B-2 | 20,000 | 125 | 125 | 20,000 | 125 | 125 | 50 | 10 | – | 50 | 10 | 50 | 30%[2] | 2 | – | 35 | 38.5 | 2,000 | 65% |
| B-3 | 2 acres | 200 | 200 | 2 acres | 200 | 200 | 75 | 30 | – | 50 | 20 | 50 | 25%[2] | – | – | 35 | 38.5 | 2,000 | 65% |
| B-4 | 5 acres | 300 | 300 | – | – | – | 100 | 50(150[1]) | – | 100(150[1]) | 20 | 50 | 25% | 3 | – | 35 | 38.5 | 30,000 | 70% |
| M-1 | 5 acres | 300 | 300 | 5 acres | 300 | 300 | 100 | 50 | – | 150 | 75 | 150 | 30%[2] | – | – | 35 | 38.5 | 5,000 | 65% |
| R-M | 25 acres | 350 | 200 | – | – | – | 50 | 50 | – | 30 | 30 | 30 | 20% | – | 25 | 35 | 38.5 | – | 65% |
| O-P-T | 40,000 | 150 | 150 | 40,000 | 150 | 150 | 50 | 20 | – | 50 | 20 | 50 | 25%[2] | 2 | – | 35 | 38.5 | 2,000 | 50% |
| H-S | See § 245-261. | | | | | | | | | | | | | – | – | – | – | | 70% |

NOTES:
1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

# OFFICE USE ONLY

RECEIVED
SEP 13 2011

ZONING REVIEW:

DATE REVIEWED: 9-13-11 / 9-16-11 DATE DENIED: 9-13-11 / — DATE APPROVED: — / 9-16-11 INTLS: / /

| DATE: | COMMENTS: | INITIALS: |
|---|---|---|
| 9-13-11 | INCOMPLETE - MAIL AND BUILDING UNIT NUMBERS REQUIRED | |
| 9-13-11 | LETTER OF DENIAL ISSUED | |
| | | |
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Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-11-00968
Application Date: 09/16/2011
Project Number:
Permit Number:
Fee: $50

# Zoning Permit

Worksite Location: **1930 ROUTE 88**
**Laurel Square, Building , Unit 21 (24).**
**Brick Township, NJ 08724**

Block: **1149**
Lot: **5**
Qualifier:
Zone: **B-3**

Owner: **Super Intermediate Company**
Address: **PO Box 4900**
**Department 124**
**Scottsdale, AZ 85261**

Applicant: **Paul Reese; Spirit Halloween**
Address: **6826 Black Horse Pike**
**Egg Harbor Township, NJ 08234**

Application Approved Date: 09/16/2011

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store --Spirit Halloween store.
Nonconforming Use is:

Work Description:
**Rehabilitation - Alterations for a tenant fit-up for a new retail business, "Spirit Halloween" store.**

**An additional Zoning Permit is required for any sign or any other additional work.**

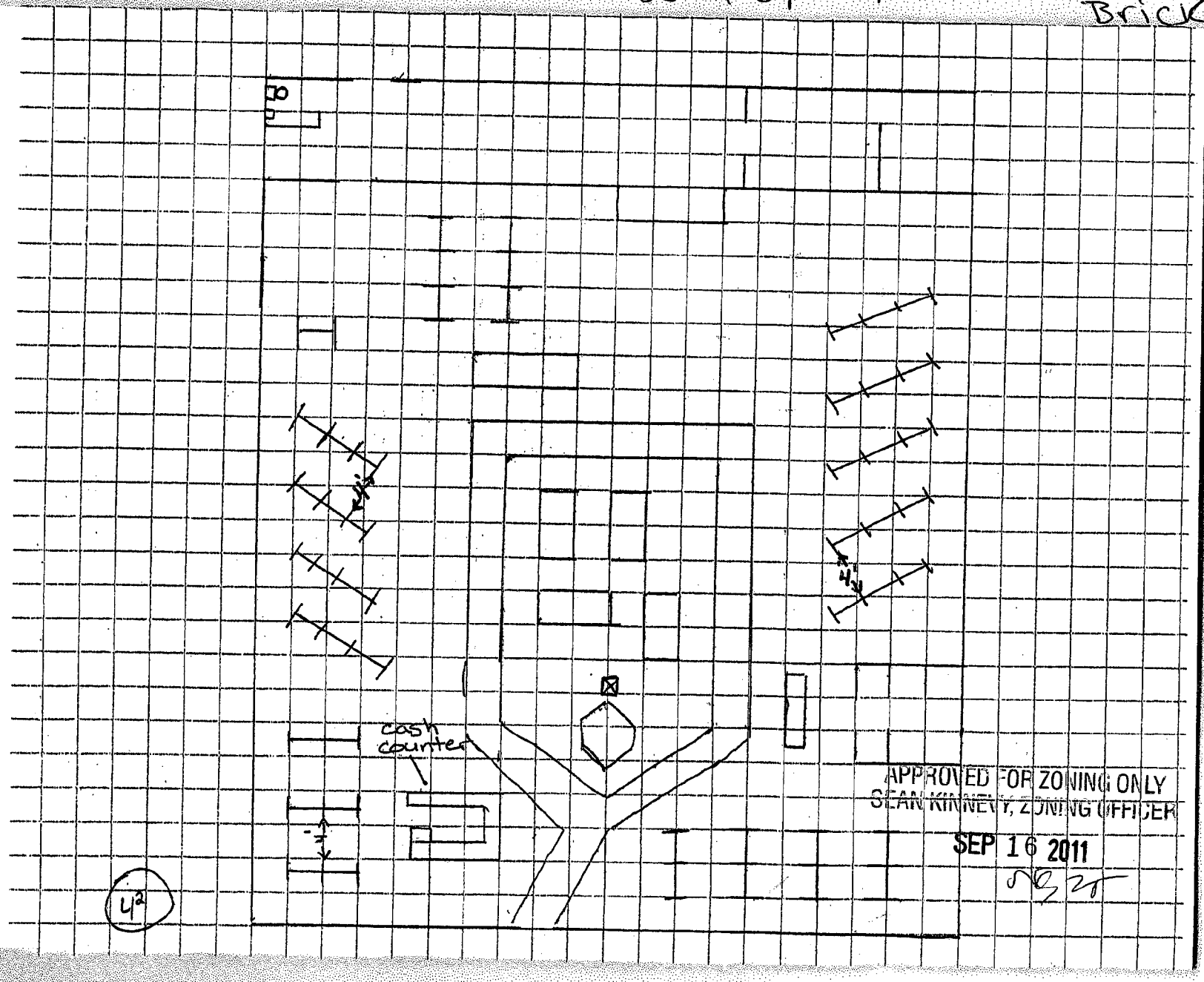
Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 09/16/2011 Date

**Michael P. Fowler, Township Planner** — 9/16/11 Date

2011-Spirit Halloween 1930 Rt. 88 Brick NJ

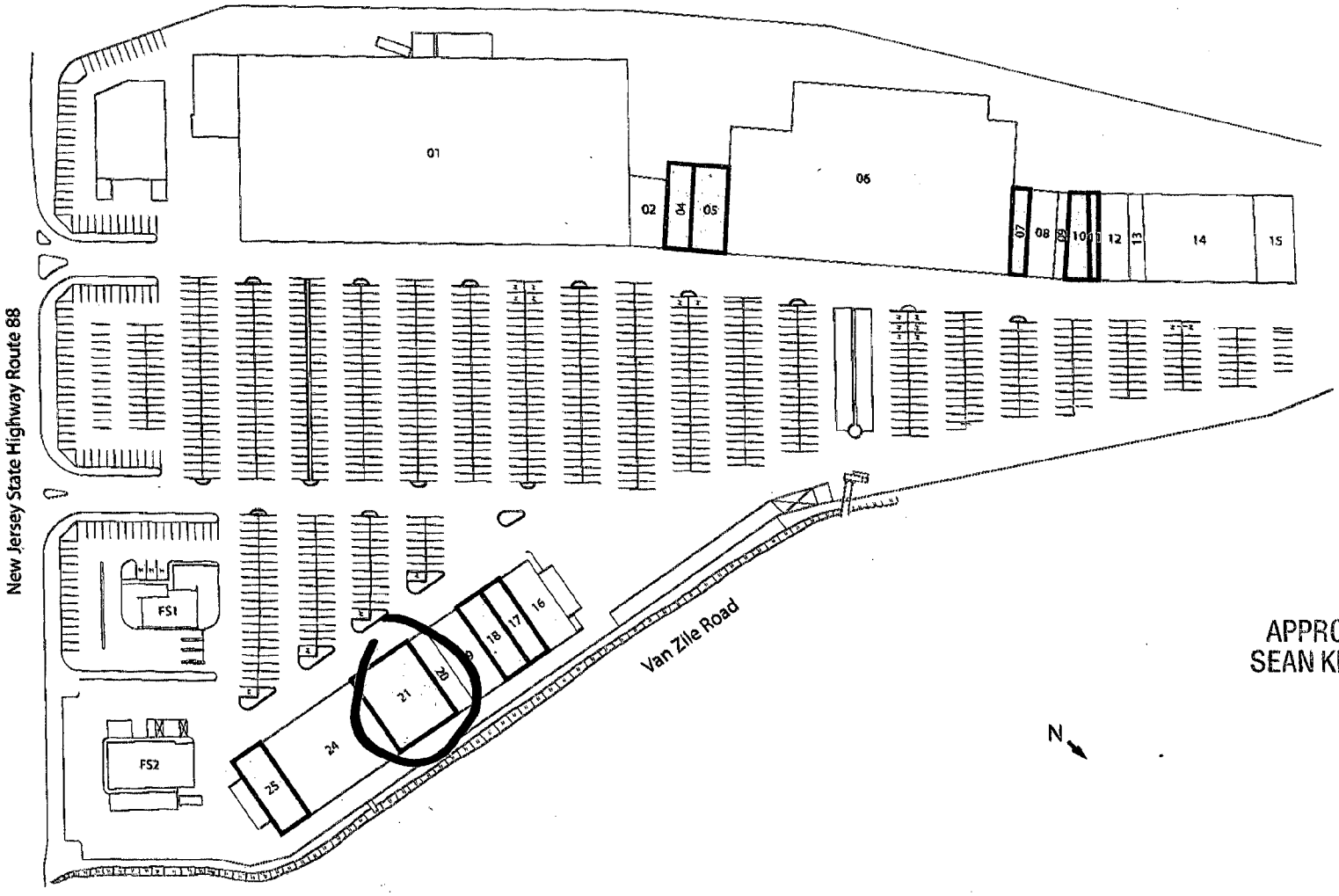



APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
SEP 16 2011

Spirit Halloween
Bldg B, unit 21 (24)

**Laurel Square**
1980 Route 88, Brick, NJ
**GLA:**246,235 Sq. Ft.
**Major tenants:** Kmart, Pathmark

Centro
Properties Group




| Unit | Retailer | Sq. Ft. |
|---|---|---|
| **01** | **Kmart** | **84,500** |
| 02 | Chase Bank | 3,450 |
| **04** | **Available** | **3,000** |
| **05** | **Available** | **4,000** |
| **06** | **Pathmark** | **53,158** |
| **07** | **Available** | **2,000** |
| 08 | Nick Catone's Mixed Martial Arts Academy | 3,200 |
| 09 | Nail Salon | 1,514 |
| **10** | **Available** | **2,240** |
| **11** | **Available** | **1,300** |
| 12 | Photo Center | 3,500 |
| 13 | Odyssey Hair Salon | 1,600 |
| **14** | **Fashion Bug** | **12,800** |
| 15 | Payless ShoeSource | 4,500 |
| 16 | Leslie's Swimming Pool Supplie | 4,000 |
| **17** | **Available** | **2,700** |
| **18** | **Available** | **3,300** |
| 19 | Cash Converters | 4,600 |
| 20 | Image Sun Tanning | 2,400 |
| **21** | **Available** | **8,000** |
| **24** | **Brick Fitness** | **13,000** |
| **25** | **Available** | **4,000** |
| EX6 | Pathmark | 3,200 |
| EXP6 | Pathmark | 3,000 |
| FS1 | The Provident Bank | 2,275 |
| FS2 | Fins, A Tropicali Restaurant | 5,000 |

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

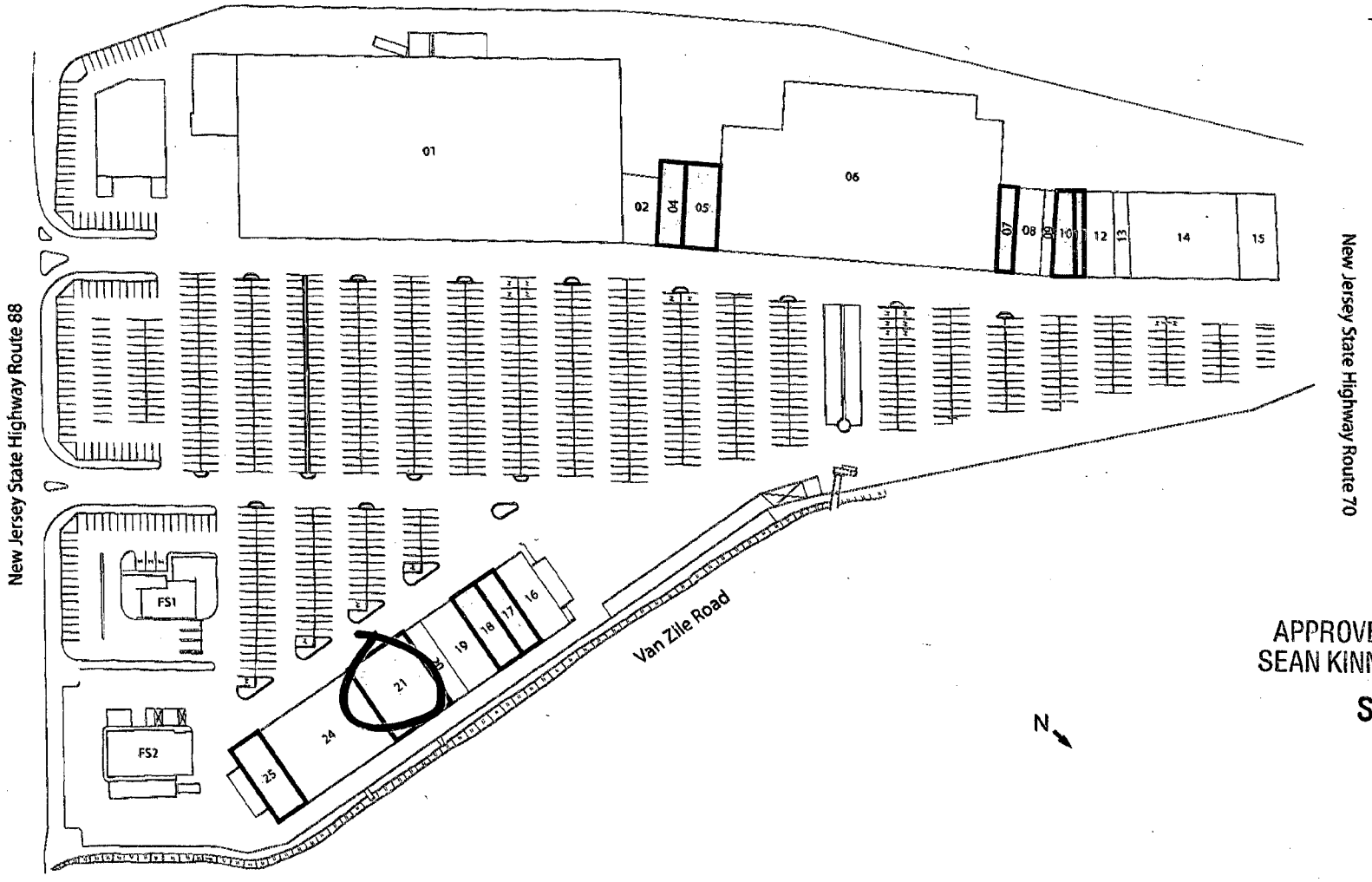
SEP 16 2011

**Craig Sherby** (610) 834-7287 | craig.sherby@centroprop.com | Mid-Atlantic Regional Office | (610) 825-7100 | www.centroprop.com

Spirit Halloween
Bldg "B", unit 21 (24)

**Laurel Square**
1980 Route 88, Brick, NJ
**GLA:**246,235 Sq. Ft.
**Major tenants:** art, Pathmark

Centro Properties Group

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| **07** | **Available** | **2,000** |
| 08 | Nick Catone's Mixed Martial Arts Academy | 8,200 |
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| FS1 | The Provident Bank | 2,275 |
| FS2 | Fins, A Tropicali Restaurant | 5,000 |

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
SEP 16 2011

**Craig Sherby** (610) 834-7287 | craig.sherby@centroprop.com | Mid-Atlantic Regional Office | (610) 825-7100 | www.centroprop.com

Brick Township
Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1027 Fax(732) 262-2941

Application Date: 09/13/2011
Application Number: ZA-11-00968
Permit Number:
Project Number:
Fee: $50

# Denial of Application

Date: 09/13/2011

Resubmitted
9-16-11 SKS

To: Paul Reese; Spirit Halloween
6826 Black Horse Pike
Egg Harbor Township, NJ 08234

RE: 1930 ROUTE 88
Block: 1149 Lot: 5 Qual: Zone: B-3

Dear Paul Reese; Spirit Halloween,

Your request is hereby denied based upon the following requirements:

Your application is incomplete.

Two (2) copies of a map of the property showing the proposed location of the store.

The building number and the the unit number must be on the application form and the maps OK

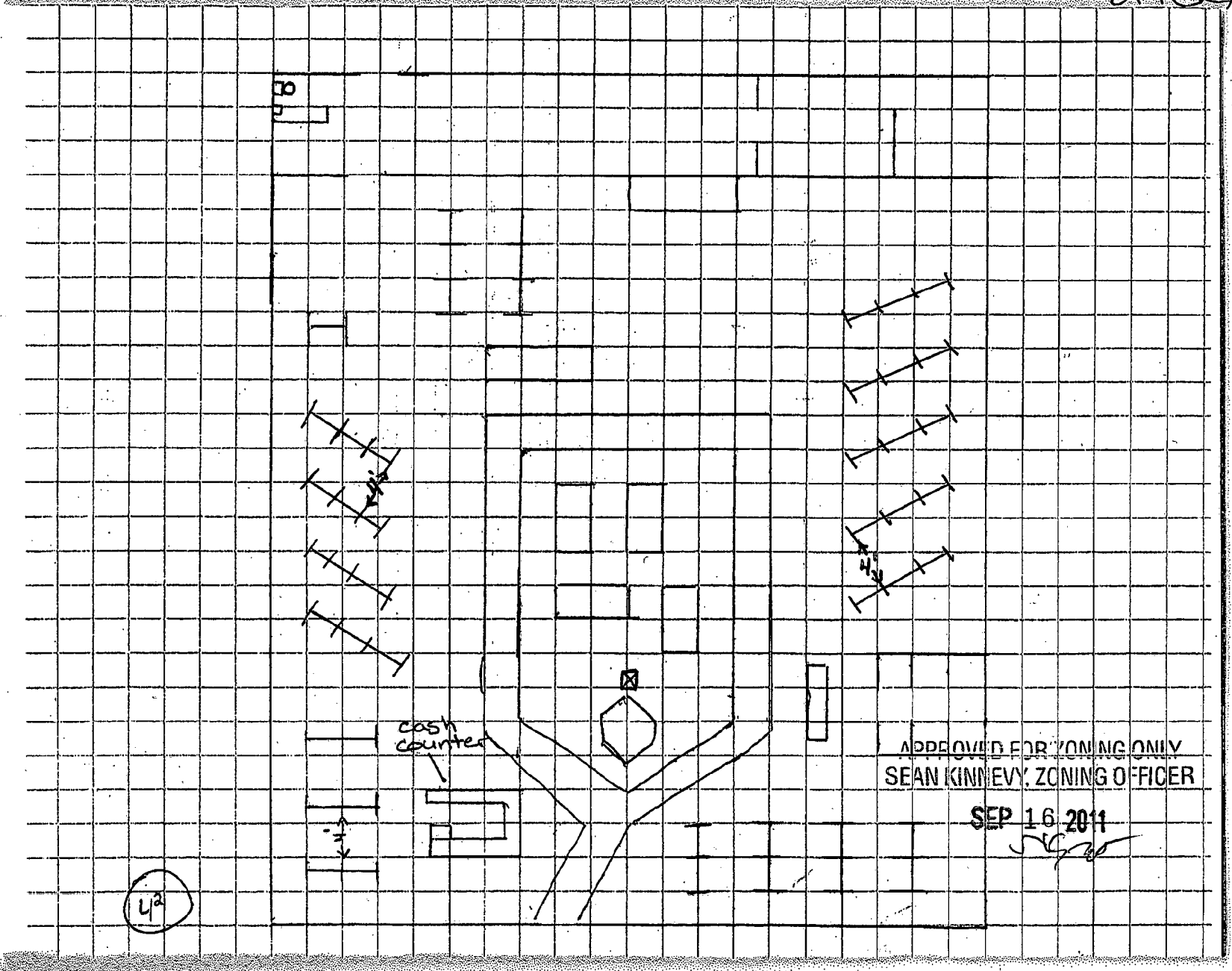
Sincerely,

Sean Kinnevy

Zoning Officer Sean Kinnevy

Paid Cash Receipt #

2011-Spirit Halloween 1930 Rt. 88 Brick, NJ



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

spoke w/ Paul
9/21/11

# Subcode Official Review

To: 420 LEXINGTON AVE NEW YORK, NY 10170

CC:

Spirit Halloween

RESUBMIT
9/26/11 LS

RE: Building Subcode
Block: 1149 Lot: 5 Qual:
1930 ROUTE 88
Permit Number: Control Number: C-11-003249
Last Submit Date: Monday, September 19, 2011

Date: Tuesday, September 20, 2011

Dear CENTRO NP LAUREL SQ OWNER LLC,

The following comments were made during the Plan Review process:

Merchandise fixture details, materials, height.

Exit doors, lights.

Sincerely,

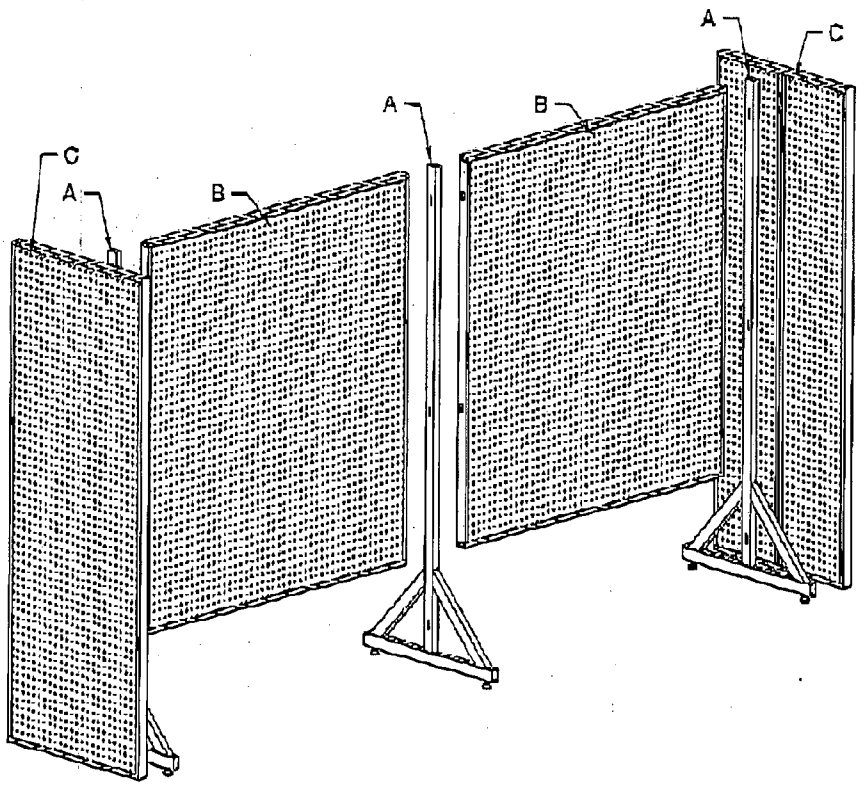
KAnderson 9/20/11

Kenneth Anderson, Subcode Official

Arthur Mary Jane x 1021
Spirit Hallowe'en
1250 Rt 88
Brick, NJ
Block-1149 Lot: 5

## Components

A. 60" T-Leg
#82012
B. 48" x 48" Center Panel
#82013 & #82007
C. 24" x 60" End Panel
#82014, #82009 & #82008



Georgia-Pacific

PEGBOARD MSDS

**Dealer HBD**
Conway, NC

## Specifications

**G-P Dealer HBD:** A phenolic bond multipurpose, high-quality, smooth two sides (S2S) hardboard panel manufactured primarily from hardwood fibers which are consolidated under heat and pressure in a hot press to form a panel with a multitude of uses.

**Major Uses**
- Room Dividers
- Wallboard
- Utility Panels
- Perforated Panels
- Cluster Cores*

**Highlights**
- Durability
- Uniform Strength
- High Abrasion Resistance
- Good Moisture Resistance
- Smooth One or Two Sides

**Options**
- Handy Panels
- Perforated—¼" and 3/16" thicknesses—¾" holes o.c. 3/16" and ¼" thicknesses—5/16" holes o.c.
- Available in a variety of densities to match end-use applications

## Description

G-P Dealer HBD hardboard is made from wood fiber defiberized from chips in a mechanic double-disc refiner and combined with phenolic resin and moisture inhibitors. The dry-forming operation interlaces the fibers, creating a multidirectional mat.

This is then compressed under high temperature and pressure to produce smooth one or two sides hardboard panels. G-P Dealer HBD has a Flame Spread rating of Class C or Class III.

The two basic types:

| | Characteristics | Uses |
|---|---|---|
| Standard HBD | Standard density for utility applications | Drawer bottoms, case backs, dust stops |
| Service-Tempered HBD | Regular density, good machining, moisture-resistant | For machining, office furniture, where good machining surface, load ends. Good for perforated applications. |

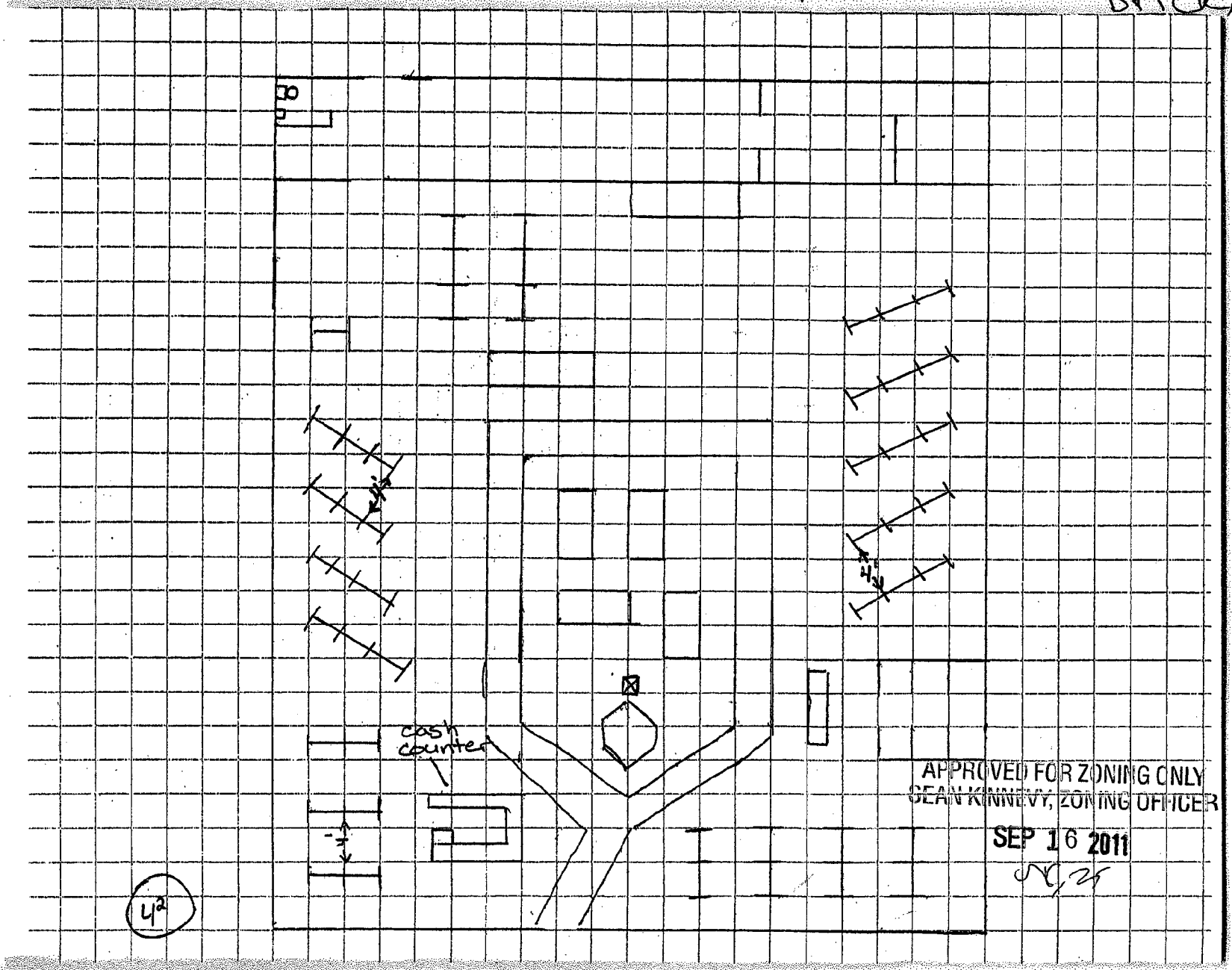
### Class 2: Standard HBD

A standard density configuration used for less demanding industrial applications. Physical and mechanical properties appreciably lower than Tempered HBD. Marginal edge machinability. Typical end uses include non-critical utility applications such as mirror backs, drawer bottoms, dust stops and cabinets. Not recommended for laminating.

### Class 3: Service-Tempered

This is a quality industrial panel with slightly lower physical properties than Tempered HBD. Unique physical properties are obtained by our manufacturing process. Used for office furniture, RTA, case goods, toys and industrial applications requiring a material with good strength, machinability and surface hardness.

2011-Spirit Halloween 1950 Rt. 88 Brick NJ



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Zoning Officer Sean Kinnevy