BLOCK 1149 LOT 5 QUALIFICATION CODE C13-5 ADDRESS (SITE) 1930 Rt. 88 LAUREL SQ. S.C. RT 70 PERMIT NO. 98-3685

RECEIVED
AUG 1 1 1998
DIV. OF INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

Application Completes: Sections I, II, III (optional), IV, VI, and VII 1930 Rt. 88

I. IDENTIFICATION

1. Propsed Work Site at: LESLIES SWIMMING POOL SUPPLIES LAUREL SQUARE S.C. RTE 70 & 80 BRICK, NJ
2. Name of Owner in Fee: LESLIES SWIMMING POOL Tel. (800) 233-8063
   Address 20630 PLUMMER ST. CHATSWORTH CA 91311 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: THE CONSTRUCTION CORP. Tel. (915) 426-2144
   Address H.C.R. 14 BOX 118 FORT DAVIS, TX 79734
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 75-2634462 FAX: (915) 426-2271
5. Architect or Engineer JEFF TAYLOR Tel. (770) 307-3817
   Address 20 LEE STREET WINDER, GA 30680
6. Responsible Person in Charge of Work STEVE BARR / THE CONST. CORP.
   Tel. (915) 426-2144 FAX (915) 426-2271

Interior Clean out & Tenant Fit up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 510		
2.	Electrical			
3.	Plumbing			20
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	16		1
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other ZPA	$50		21
13.	TOTAL	$ 556		

FA TO

VI. BUILDING/SITE CHARACTERISTICS

			(office use)
1.	Number of Stories	1	
2.	Height of Structure	16 ft.	
3.	Area — Largest Floor	4,000 sq. ft.	
4.	New Building Area	sq. ft.	
5.	Volume of New Structure	cu. ft.	
6.	Construction Classification	2C	
7.	Total Land Area Disturbed	NA sq. ft.	
8.	Flood Hazard Zone		
9.	Base Flood Elevation	ft.	
10.	Wetlands yes / no		
11.	Max. Live Load	40	
12.	Max. Occupancy Load	27	

AMBIT PRELIMINARY APPROVAL
NOT FOR CONSTRUCTION - PRELIMINARY
MANDATORY IMPORTANT

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ Alteration	20,000				9-16-98 FA		11/20/98		GW
5.	☐ Fire Protection									
6.	☒ Plumbing	5,000						11-23-98		GW
7.	☒ Electrical	6,000						11-19-98		MH
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		GW	8/21/98		8/21/98				
	TOTAL COSTS	31,000								

OPTIONAL (for office use only)

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: RETAIL
2. Use Group: M
3. *Change in Use Group, Indicate Former:*

LDS BR 10211198

11/13 needed

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 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 DURKE SEWELL / THE GA GROUP INC.

Address 20 LEE STREET WINDER, GA. 30680

Telephone (770) 307-3817

Signature Durke Sewell

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

OFFICE DATE RECEIVED: _____

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									
☐ 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.	3685	11/23/98		
☐ Lead Abatement Clearance Certificate	No.				

CERTIFICATE

Date Issued 11-23-98
Control #
Permit # 98-3685

IDENTIFICATION

Block 1149 Lot 5
Work Site Location 1930 Rt. 88

Owner in Fee Leslies Swimming Pools
Address 20630 Plummer St.
Chatsworth, Ca 91311
Tele. ( )
Contractor The Construction Corp.
Address H.C.R. 14, Box 118
Fort Davis, Tx. 79734
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Tenant fit-up "Leslies Swimming Pool Supplies"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXXXX ☑ **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:

J Guiazza
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
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/22/98
Control #
Permit # 98-3685

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 LESLIES SWIMMING
TENANT FIT UP/CLEAN OUT
Owner in Fee LESLIES SWIMMING POOL SUPPLIES
Address 20630 PLUMMER ST
CHATSWORTH, CA 91311-
Telephone (800)233-8063

Contractor THE CONSTRUCTION CORP
Address H C R 14 BOX 118
FORT DAVIS, TX 79734-
Telephone (915)426-2144
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 75-2634462

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT INTERIOR FIT-UP W/ CONSTRUCTION OF OFFICE AND 1-HR AREA SEPARATION BETWEEN SALES AREA AND STOCK UP-DATE EXISTING RESTROOM TO CONFORM W/ CABO A117.1

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 $ 20,000

Construction Official

10/22/98
Date

PAYMENTS (Office Use Only)

Building	510
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	16
Cert. of Occupancy	0
Other FP	30
Total	~~526~~
Check No.	3029
Cash	
Collected By	AJP

U.C.C. F170 (rev. 3/96)

0004
3685*#
BLOCK 1149 # 0.00
LOT 5 # 0.00
PLUMBING 20.00
B.C.A. 1.00
TOTAL 21.00
CHECK 21.00
CHANGE 0.00
11/13/98 NO. 5 0021A005 14:17

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 11/13/98
Control #
Permit # 98-3685+B
Permit Issued 10/22/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 LESLIES SWIMMING
PLUMBING
Owner in Fee LESLIES SWIMMING POOL SUPPLIES
Address 20630 PLUMMER ST
CHATSWORTH, CA 91311-
Telephone (800)233-8063

Contractor LUISI CONST & PLUMBING
Address 516 CRESTVIEW TERR.
PT P LEASANT, NJ 08742-
Telephone (732)899-2569
Lic. No. or Bldrs. Reg. No. 3977
Federal Emp. No. 22-3275090

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
MOVING EXISTING WATER CLOSET/LAV TO NEW LOCATION IN EXISTING BATHROOM

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	20
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	21
Check No.	999
Cash	
Collected By	TL

Estimated Cost of Work $ 1,300

Construction Official

11/13/98
Date

U.C.C. P190 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

UP Data
98-3685+A
10-27-98 ms

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
Work Site Location 1530 Rt 58 Barrack W S
Owner in Fee Leslie's Pool Mart
Address 2G30 Plummer St.
Chatsworth Ca. 91311
Tele. (___) 800-233-8063
Contractor Edward Arbill Air Conditioning - Refrigeration
Address 628 Zienge Hwy
Salem N.J. 08079
Tele. (609) 339-4330
Lic. No. 8095
Federal Emp. No. _____ or Social Security No. 157-44-2866

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ✓
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Retail Utility Co. _____
Est. Cost of Elec. Work $ $8,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
~~[X]~~ No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10 29 98
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11 19 98
Approved By: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough Partial	___	___	11 9 9	[signature]
Temporary	___	___	___	___
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	___	___
Final	___	___	11 19 98	[signature]

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Edward J Arbill
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
45		Fixtures (1)	___
10		Receptacles (2)	___
6		Switches (3)	___
61		Total 1 + 2 + 3	___
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
___		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
1	___ Kw	Water Heater(s)	___
2	___ Kw	Central heat: oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
1		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
___	___ Amp	Service Entrance	___
___	___	Other	___

Administrative Surcharge	$ 54.-
Minimum Fee	$ ___
DCA Training Fee	$ 6.-
TOTAL FEE	$ 60.-

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-120B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/30/98
Date Issued ~~01/01/54~~
Control # 11-13-98
Permit # 98-3685+B

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 Qual
Work Site Location 1930 RT 88 LESLIES SWIMMING
PLUMBING
Owner in Fee LESLIES SWIMMING POOL SUPPLIES
Address 20630 PLUMMER ST
CHATSWORTH, CA 91311-
Tele.(732)899-2569 Fax ( )
Contractor LUISI CONST & PLUMBING
Address 516 CRESTVIEW TERR.
PT P LEASANT, NJ 08742-
Tele.(732)899-2569
Lic. No. or Bldrs. Reg. No. 3977
Federal Emp. No. 22-3275090

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[Y] Plumb. Plans Approved
Date: 11-13-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By: 11/23/98
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11-17-98	
Rough			11-17-98	
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 20
	DCA Training Fee	$ 1

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/13/98
Date Issued 10/22/98
Control # C13-5
Permit # 98-365

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 Qual
Work Site Location 1930 RT 88 LESLIES SWIMMING
TENANT FIT UP/CLEAN OUT
Owner in Fee LESLIES SWIMMING POOL SUPPLIES
Address 20630 PLUMMER ST
CHATSWORTH, CA 91311-
Tele.(800)233-8063
Contractor THE CONSTRUCTION CORP
Address H C R 14 BOX 118
FORT DAVIS, TX 79734-
Tele.(915)426-2144 Fax (915)426-2271
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 75-2634462

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 INTERIOR FIT-UP W/ CONSTRUCTION OF OFFICE AND 1-HR AREA SEPARATION BETWEEN SALES AREA AND STOCK UP-DATE EXISTING RESTROOM TO CONFORM W/ CABO A117.1

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-16-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 10-20-98
Approved by: J. Chmela

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame			10/29/98	JC
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			11/20/98	JC
BarrierFree				

Separation wall

B. BUILDING CHARACTERISTICS

	Present	M	Proposed	M
Use Group				
Constr. Class	Present		Proposed	
No. of Stories			0	
Height of Structure			0 Ft.	
Area Largest Floor			0 Sq. Ft.	
New Bldg. Area/All Floors			0 Sq. Ft.	
Volume of New Structure			0 Cu. Ft.	
Total Land Area Disturbed			0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK			FEE (Office Use Only)
[ ] New Building			$ 0
[ ] Addition			0
[X] Alteration			510
[ ] Roofing			0
[ ] Siding			0
[ ] Fence	0	Height (exceeds 6')	0
[ ] Sign	0	Sq. Ft.	0
[ ] Pool			0
[ ] Asbestos Abatement Subchapter 8			0
[ ] Lead Haz. Abatement NJAC 5:17			0
[ ] Other			0
Other			0
[ ] Demolition			0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 510
	DCA Training Fee	$ 16

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: August 17, 1998 1998 - 1378

Block 1149 Lot 5 Zone B-3, H.D.

Property Address: 1930 Route 88, Laurel Square

Owner: Steve Berezney (Phone): (215) 331-2000

Applicant: Durke Sewell (Phone): (770) 307-3817

Existing Use: Vacant retail unit (#20).

Proposed Use: Swimming pool supply store (Leslie's).

Proposed Construction (if any): Interior alterations; 4,000 square feet.

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 1149 LOT 5

PROPERTY ADDRESS LAUREL SQUARE SC. RTE 70 & 88 BRICK, NJ

NAME OF OWNER STEVE BEREZNEY OWNER'S PHONE (215) 331-2000

NAME OF APPLICANT DURKE SEWELL

APPLICANT'S COMPLETE ADDRESS 20 LEE STREET, WINDER, GA. 30680

APPLICANT'S PHONE NUMBER (770) 307-3817 APPLICANT'S BUSINESS NAME THE GA GROUP INC.

FAX: (770) 307-3818

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☒ Commercial (please describe) VACANT RETAIL SPACE
- ☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot
- ☐ Single Family Dwelling
- ☐ Condo or Apartment
- ☒ Commercial (please describe) RETAIL SALES SWIMMING POOL SUPPLIES
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION TENANT INTERIOR FIT-UP.

All Dimensions 40 W 100 L 16 H

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ H _____

CONDITIONAL

CHECKLIST:

- ☐ All information completed above
- ☐ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant Durke Sewell Date 8-3-98

Reviewed by Zoning Officer Date 8/17/98

☒ Approved ☐ Rejected

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

August 24, 1998

Construction Corp.
H.C.R. 74, Box 118
Fort Davis, TX 79734

RE: Mandatory Development Fee
Block 1149, Lot 5; Leslies Swimming Pool Supplies, 1930 Rt. 88

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on August 11, 1998, for the above block and lot at $20,000.00, resulting in an estimated fee of $200.00.

Therefore, you are required to submit half of the estimated fee ($100.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. The balance is to be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

TOWNSHIP OF BRICK

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

Department of Engine

Municipal Enginee
(908) 262-1038
Fax: (908) 920-48

DATE: _____

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 1149 Lot: 5

Dear Sir;

I, DURKE SEWELL (Name) of 20 LEE ST. WINDER, GA 30680 (Address) request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours

Durke Sewell
Applicant's signature Phone #:

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved X DATE: 8/21/98 BY: _____

Rejected DATE: _____ BY: _____

REMARKS: Interior Work only
No Site Work!

THE GA GROUP

TRANSMITTAL

20 Lee Street
Winder, GA 30680

770/307-3817
Fax 770/307-3818

To: TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD.
BRICK, NJ. 08723
TEL: 732-262-1027

Attn:

Date: 8-3-98
Job No.: 98033.00
Project: LESLIES
LAUREL SQUARE S.C.
ROUTE 70 & 88
BRICK, NJ 08723

We are sending you the following:

Copies	Date	Sheet No.	Description
2	CURRENT	ALL	COMPLETE SET OF PLANS
1	CURRENT	---	PERMIT APPLICATION

Remarks

FOR YOUR REVIEW...

ARCHITECTURE
INTERIORS
ILLUSTRATION

By:

Signed: Clarke Lewell

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date _____

JURISDICTION: Bristol Township
(City, County, Township, etc.)

BUILDING LOCATION: _____
(Street address)

BUILDING DESCRIPTION: Pool

REVIEWED BY: Mario

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Alarm Tech	
	called artist on 10/28	

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 9-10-98

JURISDICTION Building (City, County, Township, etc.)

BUILDING LOCATION Laurel Square Rt. 88 (Street address)

BUILDING DESCRIPTION Tennent Fit up

REVIEWED BY F M.

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Supply type and Ammount of materials stored at site.	
	09-14-98 Owner in fee called - was notified of regulations	
	Spoke to Builder 9/10/98 FM	

06/93

Luisi Construction & Plumbing, Inc.

AIR CONDITIONING ■ HEATING

3 Generations of Experience

516 CRESTVIEW TERRACE ■ POINT PLEASANT, NEW JERSEY 08742

(908) 899-2569 ■ (800) 894-2569 ■ PAGER (908) 286-7269

Steven Luisi
President

Peter F. Luisi
Lic. #3977

10/29/98

Dan,

It's an existing bathroom - I'm moving the fixtures to conform to handicapped specs., there's no floor drain, do I need one?

Thanx,

Steve

COMMERCIAL

TOWNSHIP OF BRICK

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

COMMERCIAL

Department of Administration & Financ
Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date: 10/29/98

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 1149 or 149 Lot: 5

I, Luisi Const. & Plumbing Inc. (name) of 516 Crestview Terr. Pt. Pleasant NJ 08742 (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

2. Proof that the property is not located in a Flood Hazard Area.

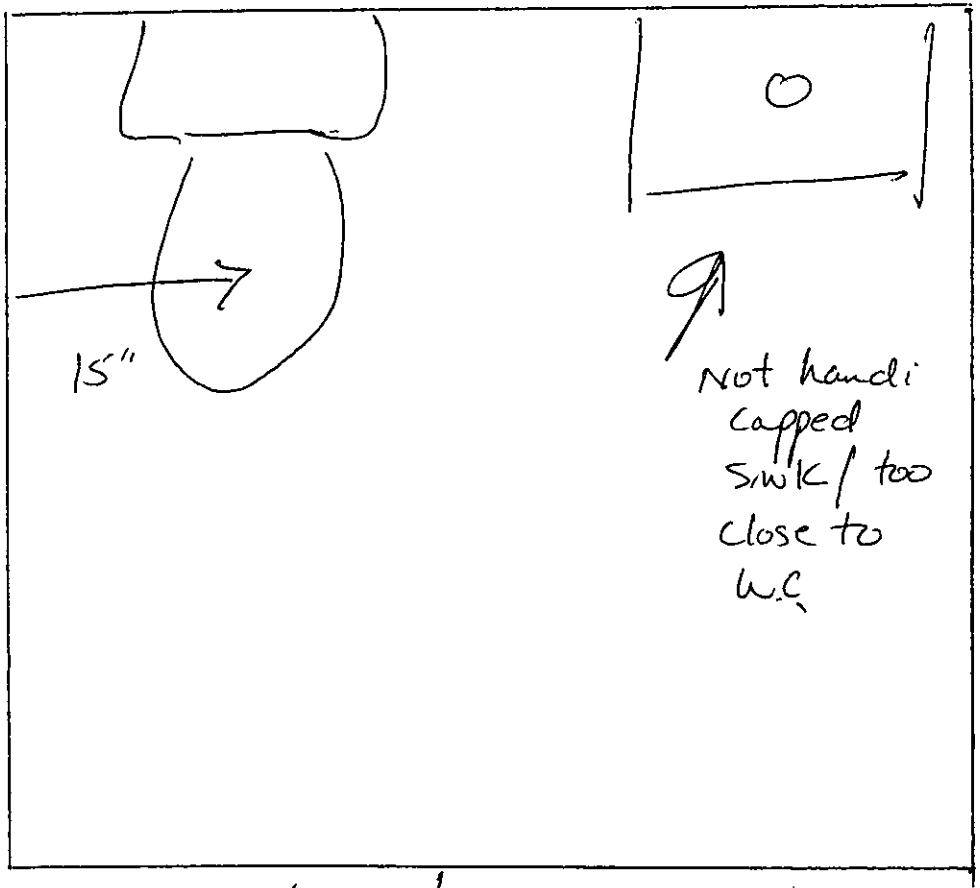
Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved Date: _____ By: _____

Rejected Date: _____ By: _____

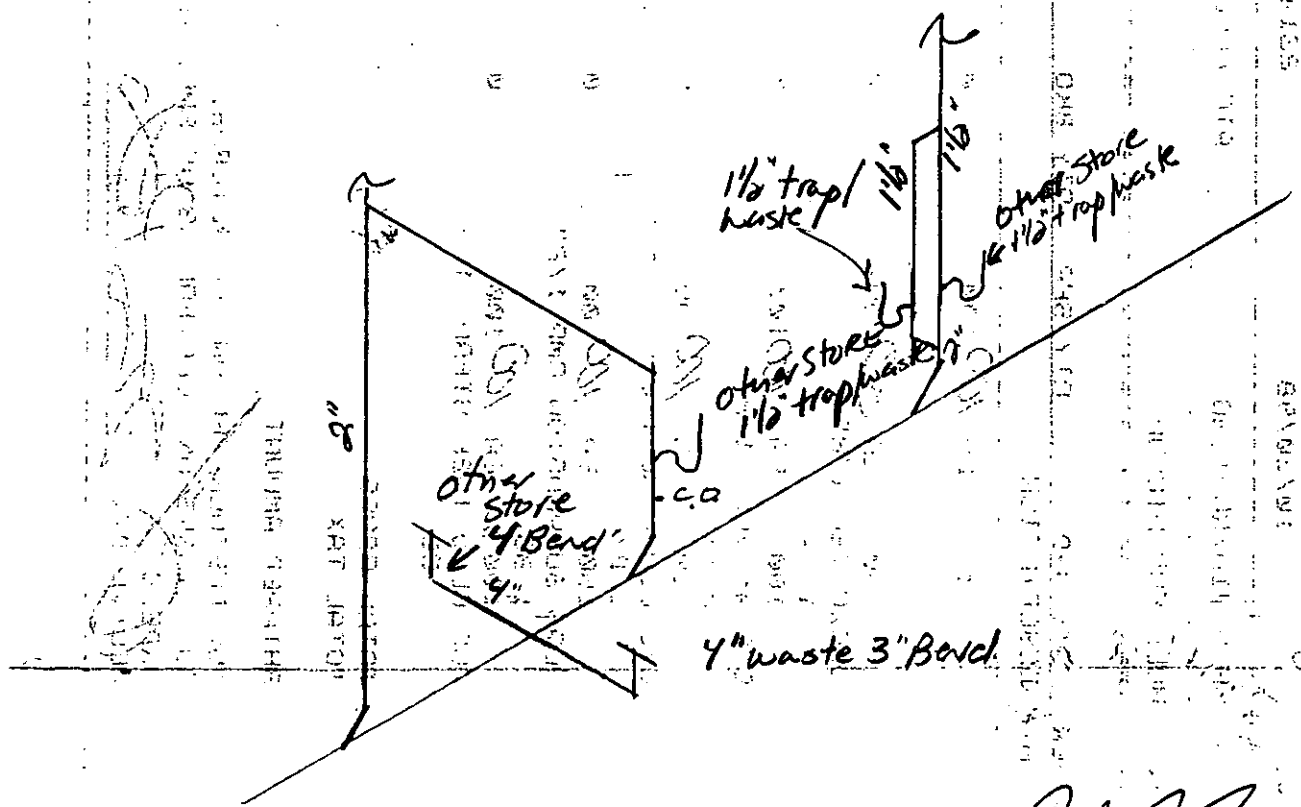
Remarks: _____



Existing

COMMERCI

Leslie Pools
1930 Rt. 88
Brick N.J.
Lot 5 Block 1149
Permit 98-3685



11-13-98

Luisi Const. & Plumbing Inc.
516 Crestview Terr.
Ft. Pleasant N.J.
08742 Lic. 8977
732-899-2569

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: _____

JURISDICTION Plumbing
(City, County, Township, etc.)

BUILDING LOCATION 1930 Rt 88
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY DN

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	Fixtures in Bathroom to be relocated so we need DWV sketch DN called 11-4-98	
	Re Submit 11/10/98	

06/93

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1111 LOT _____ SITE ADDRESS _____
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS _____

APPLICANT _____ PHONE NUMBER _____
APPLICANT ADDRESS _____ CITY & STATE _____
PERMIT # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

◊ Affordable
Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

◊ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $_____ Date _____

Estimated Required Fee $_____

Required Deposit on Estimate $_____ Date _____

Check # _____ Receipt # _____

Actual Assessment $_____ Date _____

Actual Required Fee $_____

Minus Deposit of Estimate $_____

Balance Due $_____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $_____

Fees Imposed To Date _____
Fees Reached $15,000 _____ 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.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8-24-09

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 11401 LOT [illegible] SITE ADDRESS [illegible]

TYPE OF SITE [illegible] TYPE OF BUSINESS [illegible]
(Residential/Commercial)

APPLICANT [illegible] CITY & STATE [illegible]

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

[redacted]

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS 1900 Block St
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER (215) 777 - 3161
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # [illegible] NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ [illegible] Date [illegible]

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ 10000 Date 11-1-05

Check # 2063 Receipt # 1574

Actual Assessment $ 2,000,000 Date 11-6-05

Actual Required Fee $ 20000

Minus Deposit of Estimate $ 10000

Balance Due $ 10000 Date 11-16-05

Check # 3130 Receipt # 1676

Amount Paid In Full $ 20000

Fees Imposed To Date _____
Fees Reached $15,000 _____ 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.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 8-24-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT. 88
Lawel Square

TYPE OF SITE RETAIL (Residential/Commercial) TYPE OF BUSINESS POOL SUPPLIES

APPLICANT Construction Corp. CITY & STATE FORT DAVIS, TX

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 20,000

BCM

Frederick R. Millman, CTA, Tax Assessor

8-24-98

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 20,000

BCM

Frederick R. Millman, CTA, Tax Assessor

1-6-98

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

3130

THE CONSTRUCTION CORPORATION
HCR 74, BOX 118
FORT DAVIS, TX 79734

88-1406/1123

DATE 11/11/98

PAY TO THE ORDER OF Township of Brick $ 100.00

One Hundred only DOLLARS

THIS CHECK IS DELIVERED IN CONNECTION WITH THE FOLLOWING ACCOUNT (S)

AFFORDABLE HOUSING TRUST FUND
LESLIE'S POOL SUPPLY
1930 RT. 88

[redacted]

FORT DAVIS STATE BANK
FORT DAVIS, TEXAS 79734

© HARLAND Style 12

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 11-16-98

Business/Development: Leslie's Pool Supplies

Owner/Applicant: Construction Corp.

Property Address: 1930 RT 88

Block: 1149 Lot: 5

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 3130

Final Fee $ 200.00

Less Deposit $ 100.00

Final Payment $ 100.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

11-16-98
Date

98-3685 + B update

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

1930 R1.88

Site Location: Laurel Square Annex | Date Rec'd.:
Block: 1149 or 149 Lot: 5 | Date Issued:
Owner in Fee: New Plan Realty | Control #:
Address: | Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: Luisi Const. & Plumbing Inc
ADDRESS: 516 Crestview Terr.
Ft. Pleasant NJ 08742
PHONE: 732-899-2569
LIC.#: 732-899-2743
LIC. EXPIRATION DATE: 6/99
FEDERAL EMP. # (or S.S. #): 22-32750-90

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
1	Water Closet
	Urinal / Bidet
	Bath Tub
1	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Both are existing moving them to a new location.

Estimated Cost of Plumbing Work: $ 1300.00
Signature: Peter J. Luisi

Owner ☐ Contractor ☑

SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

Peter J. Luisi

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervsion		
Proprietary Supervision		
Flammable Liquip Storage Tanks	Capacity:	Fuel:
Combustable Liquid Storage Tanks	Capacity:	Fuel:
L.G.P. Storage Tanks	Capacity:	Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

[redacted]

FORT DAVIS STATE BANK
FORT DAVIS, TEXAS 79734

2863

THE CONSTRUCTION CORPORATION
HCR 74, BOX 118
FORT DAVIS, TX .79734

88-1406
1123

DATE 9/1/98

PAY TO THE ORDER OF Township of Brick $100.00

One hundred only DOLLARS

MANDATORY DEVELOPMENT FEE
LESLIE'S POOL SUPPLY
BLK 1149, LOT 5 1930 RT. 88

THIS CHECK IS DELIVERED FOR PAYMENT ON THE ACCOUNTS LISTED

[redacted]

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 9-8-98

Business/Development: Leslie's Swimming Pool Supplies

Owner/Applicant: Construction Corp

Property Address: 1930 RT. 88

Block: 1149 Lot: 5

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 2863

Estimated Fee $ 200.00

Deposit Amount $ 100.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $ _____

Less Deposit $ _____

Final Payment $ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

9-8-98
Date

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

LAUREL SQUARE S.C.

Site Location: BETWEEN RTE 70 & 88 Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: LESLIES SWIMMING Control #:
Address: POOL SUPPLIES Permit #:
20630 PLUMMER STREET
CHATSWORTH
State: CA Zip: 91311 Phone: (800) 233-8003
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: THE CONSTRUCTION CORP.
ADDRESS: H.C.R. 14 Box 118
FORT DAVIS, TX. 79734
PHONE: 915/426-2144 FAX: 915/426-2271
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 75-2634462

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
TENANT INTERIOR FIT-UP W/ CONSTRUCTION OF OFFICE AND 1-HR AREA SEPARATION BETWEEN SALES AREA AND STOCK UP-DATE EXISTING RESTROOM TO CONFORM W/ CABO A117.1

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☒ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☒ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: M Proposed: M
CONSTR. CLASS Present: 2C Proposed: 2C
No. of Stories: 1
Height of Structure: 16'
Area - Largest Floor: 4,000 S.F.
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed: NA
Signature: Clarke Sewell

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $ 20,000.00
TOTAL (1+2): $ 20,000.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS

Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $

Signature (print name):

Estimated Cost of Electrical Work: $

Signature (print name):

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:

ADDRESS:

PHONE:

LIC. #.: EXP. DATE:

FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar

Heating Sys: ☐ New ☐ Existing

Location of Furnace / Boiler

Water Supply Source

Method of Valve Supervision

Local Alarm Supervision

Central Supervsion

Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:

Combustable Liquid Storage Tanks Capacity: Fuel:

L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust Systems	
Pre-Engineered Systems	
Co2 Suppression	
Halon Suppression	
Foam Suppression	
Dry Chemical	
Wet Chemical	
Gas or Oil Fired Appliance	
Other	
Other	

Estimated Cost of Fire Protection Work: $

Signature:

Owner ☐ Contractor ☐

SUBCODE APPROVAL:

PLANS: Required ☐ Approved ☐

Approved by:

Date: