BLOCK 1149 LOT 5,5.01 C30-5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 State Highway 88 PERMIT NO. 99-2506

RECEIVED
APR 26 1999
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: Pathmark Store
2. Name of Owner in Fee: New Plan Realty Tel. (212) 869-3000
   Address 1120 Avenue of the Americas 12th Floor (street) N.Y. (municipality) NY (zip code) 10036
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Kasco Construction Co Tel. (215) 362-5800
   Address 111 Upper State Rd Montgomeryville PA 18936-0279
   License No. OR, if new home, Builder Reg. No. 5173-1230-00 Exp. Date _____
   Federal Employee No. 23-1627312 FAX: (215) 643-1284
5. Architect or Engineer James C. Swann Tel. (215) 365-8282
   Address 6826 Orchis Place Phila PA
6. Responsible Person in Charge of Work Ward Woodley - Kasco Const. Co
   Tel. (215) 362-5800 FAX (215) 643-1284

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	1360	$	1374.-	
2. Electrical			35.-	
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. DCA Training Fee			4.-	
10. Subtotal				
11. Cert. of Occupancy				
12. Other			30	
13. TOTAL		$	1484	

NO FEE REQUIRED
APPROVED BY KT DATE 6-22-99

VI. BUILDING/SITE CHARACTERISTICS

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

Exterior Renovation + Sign.

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		OK	4/28/99		6-28-99	FG			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical	1 Serv				6 30 99 TO		9/17/99		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWC	6/17/99		6/17/99	DL			
TOTAL COSTS									

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

LDS BR 10502140

U.C.C. F100-1 (rev. 3/96)

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 Ward Woolley

Address 111 Upper State Road
Montgomeryville, PA 18936-0279

Telephone (215) 362-5800

Signature Ward Woolley

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.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/07/99
Control 0
Permit # 99-2506

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 PATHMARK
FACADE
Owner in Fee NEW PLAN REALTY
Address 1120 AVE OF THE AMERICAS
NEW YORK, NY 10036-
Telephone (212)869-3000

Contractor KASCO CONSTRUCTION CO
Address 111 UPPER ST RD
MONTGOMERY, PA 18936-0279
Telephone (215)362-5800
Lic. No. or Bldrs. Reg. No. 5173-1230-
Federal Emp. No. 23-1627312

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
EXTERIOR FACADE ALTERATION- REMOVE METAL SIDING AND INSTALL EIFS

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 $ 55,750

Construction Official

07/07/99
Date

U.C.C. PT10 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	1,374
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	45
Cert. of Occupancy	0
Other	
Total	1,454
Check No.	1360
Cash	
Collected By	NKM

07/06/99 NO. 5
0003A005 15:15
CHANGE 0.00
CHECK 1484.00
TOTAL 1484.00
ENG P.R. 15.00
ZONEPLOT 15.00
D.C.A. 45.00
ELETRICA 35.00
BUILDING 1374.00
LOT 0.00
5 #
1149 #
BLOCK 0.00
992506##
0010

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/28/99
Date Issued 5/7/99
Control # C30-5
Permit # 99-2506

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 PATHMARK
FACADE

Owner in Fee NEW PLAN REALTY

Address 1120 AVE OF THE AMERICAS
NEW YORK, NY 10036-

Tele.(212)869-3000

Contractor KASCO CONSTRUCTION CO

Address 111 UPPER ST RD
MONTGOMERY, PA 18936-0279

Tele.(215)362-5800 Fax (215)643-1284

Lic. No. or Bldrs. Reg. No. 5173-1230-

Federal Emp. No. 23-1627312

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

EXTERIOR FACADE ALTERATION- REMOVE METAL SIDING AND INSTALL EIFS

Supply Welding Inspection on 4X4 L Added to top Flange.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-25-99	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed H
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 $ 54,550
3. Total (1+2)$ 54,550

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK only 1 copy of Plans & they're in the jacket

	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,374
[ ] 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	$ 1,374
DCA Training Fee	$ 44

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/28/99
Date Issued 5/17/99
Control # C30-5
Permit # 99-2506

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 PATHMARK FACADE
Owner in Fee NEW PLAN REALTY
Address 1120 AVE OF THE AMERICAS NEW YORK, NY 10036-
Tele.(212)869-3000
Contractor KASCO CONSTRUCTION CO
Address 111 UPPER ST RD MONTGOMERY, PA 18936-0279
Tele.(215)362-5800 Fax (215)643-1284
Lic. No. or Bldrs. Reg. No. 5173-1230-
Federal Emp. No. 23-1627312

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-28-99	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed H
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 $ 54,550
3. Total (1+2)$ 54,550

Industrialized Building:
[ ] State Approved
[ ] HUD

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

EXTERIOR FACADE ALTERATION- REMOVE METAL SIDING AND INSTALL EIFS

Supply Welding Inspection on 4X4 L Added to top Flange only 1 copy of Plans & they're In the jacket

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,374
[ ] 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	$ 1,374
	DCA Training Fee	$ 44

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-7-99
Date Issued
Control #
Permit # 99-2506

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, 5.01
Work Site Location PATHMARK 1930 STATE HWY 88 BRICK
Owner in Fee/Occupant PATHMARK STORES INC (NOW PLAN REALTY)
Address 200 MILIK ST CARTARET NJ 07008-1194
Tele. (732) 499-3141
Contractor BREAKER ELECTRIC, INC.
Address 1889 RT. 9 UNIT 61
TOMS RIVER, NJ 08755
Tele. (732) 244-9779 Fax (732) 244-9879
Lic. No. 8743
Federal Emp. No. 22-2802926

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[N] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6 30 99
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other Sign			9 10 99	[initials]
Service				
Final				

Dates (Month/Day)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9 10 99
Approved by: [signature]

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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 with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
		DISCONNECT OLD SIGN	
		RECONNECT NEW SIGN	

COMMERCIAL

Comply with ART. 600 N.E.C.

Sign

Administrative Surcharge $ ______
Minimum Fee $ ______
DCA Training Fee $ ______
TOTAL FEE $ ______

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 7-7-99
Date Issued
Control #
Permit # 99-2506

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, 5.01
Work Site Location PATHMARK 1930 STATE HWY 88
BRICK
Owner-in Fee/Occupant PATHMARK STORES INC (NEW PLAN Realty)
Address 200 MIENK ST
CARTARET NJ 07008-1194
Tele. (732) 499-3141
Contractor BREAKER ELECTRIC, INC.
Address 1889 RT. 9 UNIT 61
TOMS RIVER, NJ 08755
Tele. (732) 244-9779 Fax (732) 244-9879
Lic. No. 8743
Federal Emp. No. 22-2802926

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1,200

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6 30 99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		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/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
1		KW Elec. Sign/Outline Light	
		DISCONNECT OLD SIGN	
		RECONNECT NEW SIGN	
		Comply w/ NEC	
		Administrative Surcharge	$
		Minimum Fee	$
		DCA Training Fee	$
		TOTAL FEE	$

COPY

U.C.C. F120 (rev. 3/96)

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: June 15, 1999 No. 1999-0948

Block 1149 Lot 5-5.01 Zone: B-3, H.D.

Property Address: 1930 Route 88 Laurel Square

Owner: New Plan Realty Phone: 212-869-3000

Applicant: Ward Wolley Phone: 215-362-5800

Existing Use: Pathmark Food Store

Proposed Use: Same

Proposed Construction: Facade renovation, 200' x 9'3" including replacement of facade sign, "Super Center Pathmark"

Conditions:
The sign area may not exceed 15% of total facade area.
The sign may not exceed above the roof line.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis 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 P. Kinnevy
Zoning Officer

RECEIVED
JUN 15
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1149 LOT 5, 5.01

PROPERTY ADDRESS 1930 State Highway 88

NAME OF OWNER New Plan Realty OWNER'S PHONE (212) 869-3000

NAME OF APPLICANT Ward Woolley

APPLICANTS COMPLETE ADDRESS 111 Upper State Road Montgomeryville PA 18936-6279

APPLICANTS PHONE NUMBER (215) 362-5800 APPLICANTS BUSINESS NAME Kasco Construction Company, Inc.

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☒ Commercial (please describe) Food Store
- ☐ Other (please describe)

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☒ Commercial (please describe) Food Store
- ☐ Other (please describe)

PROPOSED CONSTRUCTION X Facade renovation. 200' x 9'-3" +/- (Existing)

All Dimensions L 200 W 2" HT 9'3"

Deck or Garage ☐ Attached ☐ Detached

Fence Type ft

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

COMMERCIAL

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 Ward Woolley Date 11/9/98

Reviewed by Zoning Officer Date 5-4-99

6/15/99

☒ Approved ☐ Rejected

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 59.01 SITE ADDRESS 1930 State Hwy 88
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS Ext. Renovation ward woolley & signs
APPLICANT Kargo Construction Co. PHONE NUMBER 215-362-5800
APPLICANT ADDRESS 111 Upper State Rd CITY & STATE Montgomeryville PA
PERMIT # C30-5 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 % (marked)

Estimated Assessment $ Ø Date 6-21-99

Estimated Required Fee $ Ø

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.

NO FEE REQUIRED ______

APPROVED BY KT DATE 6-22-99

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 6-18-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5.01 SITE ADDRESS 1930 St. Hwy 88
Enter. & Renovation & Sign

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Pathmark

APPLICANT Kaso Const. Co. CITY & STATE Montgomeryville, Pa

☒ 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:

$ 0.00

Frederick R. Millman, CTA, Tax Assessor

6/21/99
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

C.

TOWNSHIP OF BRICK

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

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

Date: 11/9/98

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

RE: Block: 1149 Lot: 5, 5.01

I, Ward Woolley (name) of Kasco Construction Co. 111 Upper State Road Montgomeryville PA 18936-027 (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,

Ward Woolley
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 X Date: 6/17/99 By:

Rejected Date: _____ By: _____

Remarks: _____

KASCO CONSTRUCTION CO., INC.

CONFIRMATION

111 UPPER STATE ROAD • MONTGOMERYVILLE, PENNSYLVANIA 18936 • AREA CODE 215 643-5110
FAX 215 643-1284

THE FOLLOWING CONFIRMS OUR UNDERSTANDING OF OUR CONVERSATION OF: 6/1/99 - 1030A
REGARDING: 12th & Pattmark - Facade/Sign Renovations

UNLESS YOU ADVISE IMMEDIATELY, SAME ACCURATELY REFLECTS YOUR UNDERSTANDING.

A two week extension is given to the terms of your 5/25/99 notice.

cc Donna Quintiso - Pattmark Stores

BY: [signature]
DATE: 6/1/99

KASCO
CONSTRUCTION CO., INC.

111 UPPER STATE ROAD • MONTGOMERYVILLE, PENNSYLVANIA 18936-0279 • 215 643-6110
MAILING ADDRESS: POST OFFICE BOX 279 FACSIMILE: 215 643-1284

TELECOPY TRANSMITTAL

DATE: 6/1/99

RE: Rt. 88 - Pathmark Permit Application

TRANSMITTAL TO: Township of Brick
Lisa Ann Iavelaccio

FAX NUMBER: 732-262-8954

NUMBER OF PAGES: 2
(Including transmittal form)

TELECOPY SENT BY: Wade Woolley

COMMENTS:

cc: Donna Christiansen - 732-499-3143

NOTE: KASCO CONSTRUCTION CO., INC. FAX NO. – 215-643-1284

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

May 4,1999

Ward Wooley
Kasco Construction Company, Inc.
111 Upper State Road
Montgomeryville, PA 18936-0279

Re: Block: 1149 Lot(s): 5-5.01
1930 Route 88-Pathmark
Zoning Permit Application

Dear Mr. Wooley,

Your zoning permit application for a facade sign on the referenced property can not be approved because Section 190-163 A.(7) of the Township Code prohibits signs or advertising structures from projecting higher than the roof-line of the building.

Please submit revised plans in conformance with the ordinance requirements.

Very truly yours,

Sean Kinnevy

Sean P. Kinnevy
Zoning Officer

OK 6/10/99 SK

c: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

[illegible] BROOK ROAD [illegible]

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Kasco Construction Co.
111 Upper State Rd.
Montgomeryville, PA 18936-0279
1930 Rt. 88 - Parkmark

5/25/99

On May 4, 1999, your application for a facade sign permit has been rejected or denied. You have been contacted by either phone or mail in regards to why the application has been rejected. If the information is not supplied within 14 days of this letter, we will consider the application null and void and it will be filed appropriately for a period of six (6) months.

If you have any questions or need an extension for any particular reason, please contact me at 732-262-1026.

Sincerely,

Lisa Rose Tavalaiccio
Control Person

_____ Approval

J. Curiazza
Construction Code Official

/ajp

6/1/99 - Ward Wally called from Kasco. Will be submitting in the next couple of weeks for corrected drawings. Architect on vacation

6/15/99 - Resubmit

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Pathmark Store 1930 State Highway 88 — 1149 — 5, 5.01
Work Site Address — Block — Lot

New Plan Realty 1120 Avenue of the Americas 12th Floor New York NY 10036
Owner's Name, Address, Phone

Kasco Construction Company, Inc 111 Upper State Rd Montgomeryville PA 18936-0279
Contractor's Name, Address, Phone

Construction Commercial - Facade Renovation
Describe type (Single -family home, etc.)

Demolition metal siding
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material 300# SF METAL SIDING

Name, address and phone of party responsible for removal of debris:
KASCO CONSTRUCTION Co Inc 111 UPPER STATE RD MONTGOMERYVILLE PA 18936

Size of dumpster: 20 CY

Destination of discarded debris: OCEAN COUNTY LANDFILL

Hauler's DEP Permit No.: 3751

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

PAUL L. KASOFF — 4.28.99
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

RECEIVED
APR 2 6 1999
TOWNSHIP OF BRICK
DIV. C

COUNTER FORM
PLEASE PRINT

Up Date
99-0773
4-28-99,

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

Pathmark Store

Site Location: 1930 State Highway 88 Date Rec'd.:
Block: 1149 Lot: 5, 5.01 Date Issued:
Owner in Fee: New Plan Realty Control #:
Address: 1120 Avenue of the Americas 12th Fl Permit #:
New York, NY 10036

State: Zip: Phone: (212) 869-3000
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: Krasco Construction Co
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: Krasco Construction Company
ADDRESS: 111 Upper State Road
Montgomeryville, PA 18936-0279
PHONE: 215 362 5800
LIC #: 5173-1230-00
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 23-1627312

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Facade renovation - remove metal siding and install E.I.F.S.
200'-0" 2" 9'-3"

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☒ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☒ Other: Facade ☐ 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: $54,550
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date: