

CONSTRUCTION PERMIT APPLICATION

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

1. Proposed Work Site at: Talkmark Store

2. Name of Owner in Fee: New Plan Realty Tel. (212) 869-3000

Address 1120 Avenue of the Americas 12th floor N.Y. N.Y. 10036

street municipality zip code

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 Grice Place Phila PA

6. Responsible Person in Charge of Work Ward Woodley - Kasco Const. Co

Tel. (215) 362-5800 FAX (215) 643-1284

1.	Building	\$	13,140						
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		45						
10.	Subtotal								
11.	Cert. of Occupancy								
12.	Other								
13.	TOTAL	\$	30,144						

NO FEE REQUIRED

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	_____

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

- ☐ Partial Releases
- ☐ Prototype Processing

[illegible]

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

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:

3. Change in Use Group, Indicate Former:

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

LDS BR 10502140

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: _____

VII. 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 _____	Barrier Free _____	Other _____
Electrical _____		Flood Hazard _____	
Plumbing _____		As Built Elevation Cert. _____	
Fire Protection _____		Other _____	
Mechanical _____			

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

UCC NEW JERSEY
CONSTRUCTION
PERMIT

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

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 68 PATHMARK

Corner in Fee NEW PLAN REALTY

Address 1120 AVE OF THE AMERICAS

Telephone NEW YORK, NY 10036-

(212)869-3000

Contractor KASCO CONSTRUCTION CO

Address 111 UPPER ST RD

Telephone MONTGOMERY, PA 18936-0279

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

Federal Emp. No. 23-1627312

- Is hereby granted permission to perform the following work:
- ☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
- (Subchapter 8 only)

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 [Signature] Date 07/07/99

U.C.C. #170 (rev. 3/96)

NO. 5	07/99	0
CHANGE	000334005	15.15
CHECK		0.00
TOTAL		1484.00
ENG P.R.		15.00
ZONE/LOT		15.00
D.C.A.		45.00
ELECTRIC		35.00
BUILDING		1374.00
LOT	5 #	0.00
BLOCK	1149 #	0.00
992506**		
0010		

PAYMENTS (Office Use Only)	
Building	1,374
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	45
Cart. of Occupancy	0
Total	1,454
Check No.	1360
Cash	
Collected By	NOM

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/28/99
Date Issued 04/17/99
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 PEAN REALTY

Address 1120 AVE OF THE AMERICAS

NEW YORK, NY 10036-

Tele. (212) 869-3000

Contractor NASCO CONSTRUCTION CO

Address 111 UPPER ST RD

MONTGOMERY, PA 19336-0279

Tele. (215) 362-5800

Fax (215) 643-1284

Lic. No. or Bldg. Reg. No. 5173-1220-

Federal Emp. No. 23-1627312

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☐ No Plans Req.

☒ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

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.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

**TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION**

Date Received 04/28/99
Date Issued 7/17/99
Control # C30-5
Permit # 99-2524

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1090

Block 143 Lot 5 Quad
Work Site Location 1930 RT 88 PAFENMARK

FACADE

Owner in Fee NEW PLAIN REALTY
Address 1120 AVZ 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. of Bldgs. Reg. No. 5173-1230-
Federal Exp. No. 23-1627312

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure
☒ All	6-28-99	EM	Foundation	Approval
☐ Foundation			Slab	Initial
☐ Frame			BarrierFree	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes	
☐ Elect ☐ Plumb ☐ Fire			Energy	
SUBCODE APPROVAL ☐ Elev			Mechanical	
☐ CO ☐ CCS ☐ CA			RCO	
Date:			Other	
Approved By:			Final	
			BarrierFree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ 0
No. of Stories	0	0	2. Alteration \$ 54,550
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 54,550
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	☐ 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

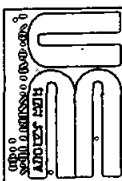
D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

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	HEIGHT (EXCEEDS 6')	FEES (Office Use Only)
☐ New Building		
☐ Addition		
☒ Alteration		1,374
☐ Roofing		
☐ Siding		
☐ Fence	0	
☐ Sign	0	
☐ Pool		
☐ Asbestos Abatement Subchapter 8		
☐ Lead Haz. Abatement NJAC 5:17		
☐ Other		
Other		
☐ Demolition		

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 1,374
DCA Training Fee \$ 44
N.C.C. F110 (rev. 3/96)



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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 BRICK 1938 STATE HWY 88

Owner in Fee/Occupant PATTHAK STORES INC (NEW BLIN
Address 280 TILKIN ST CARLEST 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)

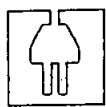
PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☒ No Plans Required			Type:	Failure
Joint Plan Review Required:			Rough	Failure
☐ Building ☐ Plumbing			Temp. Serv.	Approval
☐ Fire ☐ Elevator			Constr. Serv.	Initial
☐ Elec. Plans Approved			TCO	
Date: <u>6-30-89</u>			Other Sign	<u>91094VW</u>
Approved by: <u>[Signature]</u>			Service	
			Final	
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued	
☐ CO ☐ CCO ☒ CA			Final Cut-In-Card Date Issued	
Date: <u>9-10-89</u>				
Approved by: <u>[Signature]</u>				

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

☒ Licensed Electrical Contractor ☐ Exempt Applicant



D. TECHNICAL SITE DATA

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

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

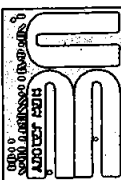
- TOTAL NUMBERS**
- Pool Permit/with UV Light
 - Storage Pool/Spa/Hot Tub
 - KW Elec. Range/Receptacle
 - KW Green Surface Unit
 - KW Elec. Water Heater
 - KW Elec. Dryer/Receptacle
 - KW Dishwasher
 - HP Garbage Disposal
 - KW Central A/C Unit
 - HP/KW Space Heater/Air Handler
 - KW Baseboard Heat
 - HP Motors 1/+ HP
 - KW Transformer/Generator
 - AMP Service
 - AMP Subpanels
 - AMP Motor Control Center
 - KW Elec. Sign/Outline Light

DISCONNECT OLD SIGN
RECONNECT NEW SIGN

Comply with 600 N.J.C.

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

FEE (Office Use Only)



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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 BRICK 1936 STATE HWY 88

Owner/Property Occupant PARHAM STREETS INC (NOW PLIN)

Address 200 TINKER ST

City CARTERSVILLE State GA Zip 30080-1194

Field 0332 494-3141

Contractor BREAKER ELECTRIC, INC.

Address 1889 RT. 9 UNIT 61

City TOMS RIVER, NJ Zip 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 INSPECTIONS

☒ No Plans Required Type: Rough Failure Failure Approval Initial

Joint Plan Review Required: Temp. Serv. Constr. Serv. TCO Other Service Final

[] Building [] Plumbing

[] Fire [] Elevator

[] Elec. Plans Approved

Date: 6-30-85

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved by:

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



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

D. TECHNICAL SITE DATA

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/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

KW Elec. Sign/Outline Light

DISCONNECT OLD SIDE

RECONNECT NEW SIDE

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

Documentation Fee \$

TOTAL FEE \$

Comply with Part 600 N.E.C.

COPIES

U.C.C. F120

(rev. 3/85)

1 White = Inspector Copy

3 Pink = Office Copy

2 Canary = 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

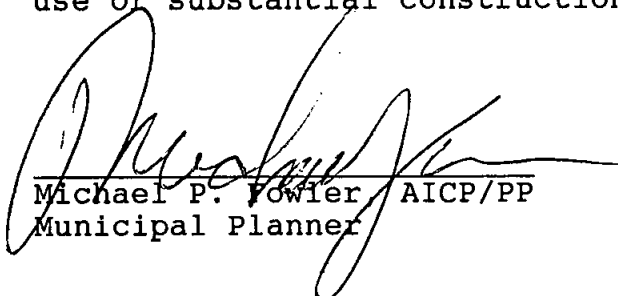
Proposed Use: Same

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

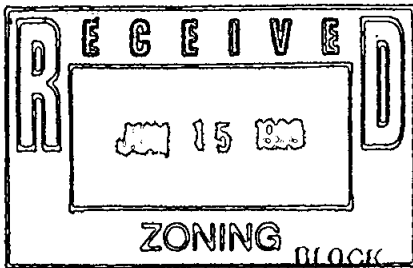
Conditions:

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



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

LOT 5, 5.01

PROPERTY ADDRESS 1930 State Highway 88

NAME OF OWNER New Plan Realty

NAME OF APPLICANT Ward Woolley

OWNER'S PHONE (212) 869-3000

APPLICANT'S COMPLETE ADDRESS 111 Upper State Road Montgomeryville PA

APPLICANT'S PHONE NUMBER (215) 362-5800

APPLICANT'S 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 ☒

All Dimensions

Deck or Garage

Fence

☐ Attached

☐ Detached

Type _____

200' x 9'-3" +/- (EXISTING)
HT-9'3"

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

[Signature]

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1149 LOT 5901 SITE ADDRESS 1930 State Hwy 88
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Ext. Removation
APPLICANT Kayro Construction Co. PHONE NUMBER 215-362-5800
APPLICANT ADDRESS 111 Upper State Rd CITY & STATE Montgomery PA
PERMIT # C30-9 NAME OF BUSINESS Pat. K.

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 \$ 8 Date 6-21-99

Estimated Required Fee \$ 8

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.

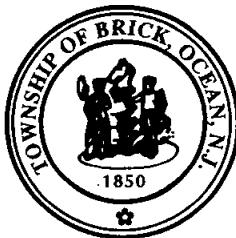
NO FEE REQUIRED

APPROVED BY KT DATE 6-22-99

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

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 S 501 SITE ADDRESS 1930 St. Hwy 88
Exterior Renovation & S.G.A.
TYPE OF SITE Commercial TYPE OF BUSINESS Pathmark
(Residential/Commercial)
APPLICANT Koko Const. Co. CITY & STATE Montgomery, 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:

\$ 17,500

Frederick R. Millman, CTA, Tax Assessor
6/21/99
Date

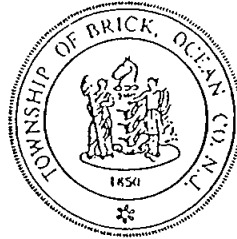
☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

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



Joseph C. Scarpelli, Mayor

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Kathy M. Russell
Frederick J. Underwood, Sr.

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)

Kasco Construction Co.
of 111 Upper State Road Montgomeryville PA
(address) 18936-027

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: [Signature]

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: Rte 89 Pottstown - Road/Side 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 Quintana - Pottstown Street

BY: *Wendy Wally*
DATE: 6/1/99

KASCO
CONSTRUCTION CO., INC.

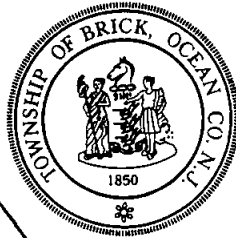
111 UPPER STATE ROAD • MONTGOMERYVILLE, PENNSYLVANIA 18936-0279 • 215 643-8110
MAILING ADDRESS: POST OFFICE BOX 279
FACSIMILE: 215 643-1284

TELECOPY TRANSMITTAL**DATE:**6/1/99**RE:**Rt 88 - Pathmark Permit Application**TRANSMITTAL TO:**Township of BirchLisa Ann Tavelakcio**FAX NUMBER:**732-262-8954**NUMBER OF PAGES:**2**(Including transmittal form)****TELECOPY SENT BY:**Ward Wooley**COMMENTS:**cc Donna Christinger - 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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

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

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

OK
6/10/99
SK
25

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

CHANDLER BROOK ROAD BRICK, N.J. 08701

Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.



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>

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

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 Tavalaiaccio
Lisa Rose Tavalaiaccio
Control Person

Approval

J. Curiazza
Construction Code Official

/ajp

6/1/99 - Ward Wally called from Kasso.
We'll be submitting in the next couple of
weeks for corrected drawings. Architect on vacation
6/15/99 - Resubmit

This form must be handed in with permit application or a permit will not be issued.

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

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

Kasco Construction Company, Inc. 111 Upper State Street, Montgomery, AL 36102
Contractor's Name, Address, Phone 18936-0279

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 $\pm$ SF METAL SIDING

Name, address and phone of party responsible for removal of debris:

Kaseo Construction Co Inc 111 UPPER STATE RD. MONTGOMERYVILLE PA

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 submission 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
Printed/Typed Name Signature Date 4-28-99

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

COUNTER FORM
PLEASE PRINT

up Date
99-0773
4-28-99,

APR 28 1999

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

Pathmark Store

Site Location: <i>1930 State Highway 88</i>	Date Rec'd.: _____
Block: <i>1149</i> Lot: <i>5, 5.01</i>	Date Issued: _____
Owner in Fee: <i>New Rign Realty</i>	Control #: _____
Address: <i>1120 Avenue of the Americas 12th Floor</i>	Permit #: _____
<i>New York, NY 10036</i>	
State: _____ Zip: _____	Phone: <i>(212) 869-3000</i>
SS #: _____	Provide only if Applicant is owner

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR: <i>Kasco Construction Co</i>	CONTRACTOR: <i>Kasco Construction Company</i>
ADDRESS: <i>111 Upper State Road</i>	ADDRESS: <i>Montgomeryville, PA 18936-0279</i>
PHONE: _____	PHONE: <i>215 362 5800</i>
LIC #: _____	LIC #: <i>5173-1230-00</i>
LIC EXPIRATION DATE: _____	LIC EXPIRATION DATE: _____
FEDERAL EMP. # (or S.S. #): _____	FEDERAL EMP. # (or S.S. #): <i>23-1627312</i>
TECHNICAL SITE DATA (LIST ALL FIXTURES)	TECHNICAL SITE DATA
NO. FIXTURE/EQUIPMENT	DESCRIPTION OF WORK:
_____ 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	<i>Facade renovation - remove metal siding and install E.T.F.S.</i> <i>200'-0" 2" 9'-3"</i>
Estimated Cost of Plumbing Work: \$ _____	TYPE OF WORK
Signature: _____	☐ New Building ☐ Addition ☒ Alteration ☐ Roofing ☐ Siding ☒ Other: <i>Facade</i> ☐ Other: _____
Owner ☐ Contractor ☐	☐ Fence: _____ Height (6' or More) ☐ Sign: _____ Sq. Ft. ☐ Pool (In Ground) ☐ Pool (Above Ground) ☐ Asbestos Abatement ☐ Demolition
SUBCODE APPROVAL: _____	BUILDING CHARACTERISTICS
PLANS: Required ☐ Approved ☐	USE GROUP Present: _____ Proposed: _____
Approved by: _____	CONSTR. CLASS Present: _____ Proposed: _____
Date: _____	No. of Stories: _____
CONTRACTOR AFFIX SEAL:	Height of Structure: _____
	Area - Largest Floor: _____
	New Building Area / All Floors: _____
	Volume of Structure: _____ Total Land Disturbed: _____
	Signature: <i>Wendy Wally</i>
	Estimated Cost of Building Work: <i>\$54,550</i>
	New Building (1): \$ _____
	Alteration (2): \$ _____
	TOTAL (1+2): \$ _____
	SUBCODE APPROVAL: _____
	PLANS: Required ☐ Approved ☐
	Approved by: _____
	Date: _____