CAD-1149 5

BLOCK 1149 LOT 5 QUALIFICATION CODE ______ ADDRESS (SITE) PATH MARK 1930 RT 88 BRICKTOWN NJ PERMIT NO. 99-2595

RECEIVED MAY 19 1999 DIV OF INSPECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT APPLICATION

John Sheehan 973-697-4701 X32 ZNA

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

I. IDENTIFICATION

1. Propsed Work Site at: PATH MARK 1930 RT 88 BRICKTOWN NJ
2. Name of Owner in Fee: PATH MARK STORES INC Tel. (732) 499-3000 EXT 3150
   Address 200 MILIK ST CARTERET NJ (street / municipality / zip code)
3. Ownership in Fee: Public ______ Private X
4. Principal Contractor: KITE CONST INC. Tel. (973) 697-4701 EXT 28
   Address PO BOX 447 TIDLAND RD OAK RIDGE NJ 07438
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 222-032-227 FAX: ( )
5. Architect or Engineer PATH MARK STORES. Tel. (SAME AS ABOVE
   Address SAME AS ABOVE
6. Responsible Person in Charge of Work JOHN SHEEHAN
   Tel. (973) 697-4701 EXT 32 FAX-(973) 697-6448

Interior alteration — COMMERCIAL

Plans in sleeper vault

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1315		
2.	Electrical	205		
3.	Plumbing	165		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1.88		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 1516.88		

OK # 45274

NO FEE REQUIRED

APPROVED BY ______ DATE ______

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

COMMERCIAL

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	20,000				6-2-99	FM	9/13/99		OK
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☒ Plumbing	2,200				5-26-99	DN		9/10/99	
7. ☒ Electrical	30,000				7-7-99	MM	9/21/99		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		EWG	5/26/99		5/26/99				
TOTAL COSTS	52,200								

OPTIONAL (for office use only) applies to the columns from "Plans Rec'd by" to "Re-viewer".

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: Food Store Chain
3. Change in Use Group, Indicate Former:

IMPORTANT — MANDATORY FEE — COMMERCIAL

B.T. - COMMERCIAL

LDS BR 10413680

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.

(X) Check if contractor.

Agent Name KLAE CONST. INC.

Address PO BOX 447 TIOLAND RD.
OAK RIDGE NJ 07438

Telephone (973) 697-4791 EXT 25 ANN

Signature John J. Sheehan JOHN J. SHEEHAN

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 09/24/99
Control #
Permit # 99-2595

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 PATHMARK
INTERIOR RENOVATION

Owner in Fee/Occupant PATHMARK STORES INC

Address 200 MILIK ST
CARTERET, NJ -

Telephone (732)499-3000

Contractor KLAE CONSTRUCTION INC

Address P O BOX 447 TIDLAND RD
OAK RIDGE, NJ 07438-

Telephone (973)697-4701 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2032227

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group M

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

INTERIOR PAINTING, REPLACMENT OF REFIRGERATED FOO CABINETRY, ADJUST EXISTING SHELVING, CLEAN EXISTING CEILING GRRID AND

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 0
Paid [X] Check No. 45274
Collected by: CS

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/24/99
Control #
Permit # 99-2595

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 5 Qual
Work Site Location 1930 RT 88 PATHMARK
INTERIOR RENOVATION
Owner in Fee/Occupant PATHMARK STORES INC
Address 200 MILIK ST
CARTERET, NJ -
Telephone (732)499-3000
Contractor KLAE CONSTRUCTION INC
Address P O BOX 447 TIDLAND RD
OAK RIDGE, NJ 07438-
Telephone (973)697-4701 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2032227

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group M
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR PAINTING, REPLACMENT OF REFIRGERATED FOO CABINETRY, ADJUST EXISTING SHELVING, CLEAN EXISTING CEILING GRRID AND

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

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

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF 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.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 0
Paid [X] Check No. 45274
Collected by: CS

CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/24/99
Control #
Permit # 99-2595

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 5 Qual
Work Site Location 1930 RT 88 PATHMARK
INTERIOR RENOVATION
Owner in Fee/Occupant PATHMARK STORES INC
Address 200 MILIK ST
CARTERET, NJ -
Telephone (732)499-3000
Contractor KLAE CONSTRUCTION INC
Address P O BOX 447 TIDLAND RD
OAK RIDGE, NJ 07438-
Telephone (973)697-4701 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2032227

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group M
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

INTERIOR PAINTING, REPLACMENT OF REFIRGERATED FOO CABINETRY, ADJUST EXISTING SHELVING, CLEAN EXISTING CEILING GRRID AND

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

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

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

Fee $ 0
Paid [X] Check No. 45274
Collected by: CS

CONSTRUCTION OFFICIAL
N.J.A.C. 5:23-2.20
N.J.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/13/99
Control #
Permit # 99-2595

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 PATHMARK
INTERIOR RENOVATION
Owner in Fee PATHMARK STORES INC
Address 200 MILIK ST
CARTERET, NJ
Telephone (732)499-3000

Contractor KLAB CONSTRUCTION INC
Address P O BOX 447 TIDLAND RD
OAK RIDGE, NJ 07438-
Telephone (973)697-4701
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2032227

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR PAINTING, REPLACMENT OF REFIRGERATED FOOD CASES, FORMICA CABINETRY, ADJUST EXISTING SHELVING, CLEAN EXISTING CEILING GRRID AND TILES

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 $ 84.400

J. Curiano / cwl
Construction Official

07/13/99
Date

PAYMENTS (Office Use Only)	
Building	1,315
Electrical	225
Plumbing	65
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	68
Cert. of Occupancy	0
Other 2PA	15
Total 1088	~~1,673~~
Check No.	45274
Cash	
Collected By	CS

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/20/99
Date Issued 7/13/99
Control # C20-1149
Permit # 99-2595

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
INTERIOR RENOVATION
Owner in Fee PATHMARK STORES INC
Address 200 MILIK ST
CARTERET, NJ -
Tele.(732)499-3000
Contractor KLAE CONSTRUCTION INC
Address P O BOX 447 TIDLAND RD
OAK RIDGE, NJ 07438-
Tele.(973)697-4701 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2032227

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-3-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 9/13/99
Approved By: J. Chrissler

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 M Proposed M
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 $ 52,200
3. Total (1+2)$ 52,200

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

INTERIOR PAINTING, REPLACMENT OF REFIRGERATED FOOD CASES, FORMICA CABINETRY, ADJUST EXISTING SHELVING, CLEAN EXISTING CEILING GRRID AND TILES

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,315
[ ] 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
Minimum Fee	$ 0
TOTAL FEE	$ 1,315
DCA Training Fee	$ 42

Paid [ ] Check #
Collected by:

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 05/20/99
Date Issued 7/13/99
Control # C20-1149
Permit # 99-259

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
INTERIOR RENOVATION
Owner in Fee PATHMARK STORES INC
Address 200 MILIK ST
CARTERET, NJ -
Tele.(732)499-3000
Contractor KLAE CONSTRUCTION INC
Address P O BOX 447 TIDLAND RD
OAK RIDGE, NJ 07438-
Tele.(973)697-4701 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2032227

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-3-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL
[ ] 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 H 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 $ 52,200
3. Total (1+2)$ 52,200

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

INTERIOR PAINTING, REPLACMENT OF REFRIGERATED FOOD CASES, FORMICA CABINETRY, ADJUST EXISTING SHELVING, CLEAN EXISTING CEILING GRRID AND TILES

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	1,315
[ ] 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	$ 1,315
	DCA Training Fee	$ 42

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-13-99
Date Issued
Control #
Permit # 99-25-95

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 PATH MARK
1930 RT 88 BRICKTOWN NJ
Owner in Fee/Occupant PATH MARK STORES INC
Address 200 MILLIK ST
CARTERET NJ
Tele. (732) 499-3000 - Ext 3144
Contractor Q+S Electric Co
Address 279 Hamburg Tpke
Riverdale NJ 07457
Tele. (973) 838-7550 Fax (973) 838-7550
Lic. No. 5862
Federal Emp. No. 22-2234063

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. JCP+L
Est. Cost of Elec. Work $ 30,000

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: 7799
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/20/99
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/20/99	

Dates (Month/Day)

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)
48		Lighting Fixtures	
11		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
59		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	
20	5KW	Refrig Display Cases	
		.....	

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/99
Date Issued 09/10/99
Control #
Permit # 99-2595+A

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
FLOOR DRAINS
Owner in Fee PATHMARK STORES INC
Address 200 MILIK ST
CARTERET, NJ -
Tele.(908)925-7100 Fax ( )
Contractor MONARCH PLUMBING INC
Address 701 N STILES ST
LINDEN, NJ 07036-
Tele.(908)925-7100
Lic. No. or Bldrs. Reg. No. 6161
Federal Emp. No. 22-1694391

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 $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-10-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 9-10-99

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
4	Floor Drain MOVING existing	40
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 [X] Check # 45708 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 40
DCA Training Fee $ 0

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

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7-13-99
Date Issued
Control #
Permit # 99-25-95

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 Pathmark Stores inc Bricktown NJ 1930 Rt. 88
Owner in Fee Pathmark Stores inc.
Address 200 milk street Carteret NJ 07008
Tele. (732) 499-3146
Contractor Monarch Plumbing inc.
Address 701 N. Stiles st. Linden NJ 07036
Tele. (908) 925-7100 Fax (908) 925-7100
Lic. No. 6161
Federal Emp. No. 221 694 391

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed
Building Sewer Size 6" Public Sewer Private Septic
Water Service Size 2½" Public Water Private Well
Est. Cost of Plumbing Work $ 2,200.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 5-26-99
Approved by: DN

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough	7/27/99		8/24/99	DN
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D: TECHNICAL SITE DATA (List of all fixtures.)

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

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

UNOFFICIAL COPY

UCC/PRO F-130 (REV3/96)
Professional Printing
(609) 468-7933

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 09/10/99
Date Issued 09/10/99
Control #
Permit # 99-25954A

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

Block 1144 Lot 5 Qual

Work Site Location 1940 RT 88 PAINMARK
FLOOR DRAINS

Owner in fee PAINMART STORES INC
Address 300 MILLS ST
CARTERET, NJ
Tele (908)925-7100 Fax ( )
Contractor MONARCH PLUMBING INC
Address 701 N STILES ST
LINDEN, NJ 07036-
Tele.(908)925-7100
Lic. No. or Bldrs. Reg. No. 6161
Federal Emp. No. 22-1694391

B. PLUMBING CHARACTERISTICS

Use Group Present N Proposed N
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9-12-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CO [ ] CA
Approved By:
Date: 9-10-99

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	Fee (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
4	Floor Drain MOVING existing	40
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	Grease Trap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [X] Check # 45708	Minimum Fee	$ 0
Collected by: CS	TOTAL FEE	$ 40
	UCC Training Fee	$ 0

N.J.C. Plan Rev. (96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/10/99
Date Issued 09/10/99
Control #
Permit # 99-2595 4A

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTOR, NOTIFY THIS OFFICE. CALL UTILITIES DIG NO: 1-800-272-1000
Block 1134 Lot 5 Qual
Work Site Location 1930 RT 88 PATHMARK
FLOOR DRAINS
Owner in Fee PATHMARK STORES INC
Address 200 MILIK ST
CARTERET, NJ
Tele.(908)975-7100 Fax ( )
Contractor MONARCH PLUMBING INC
Address 701 W STILES ST
LINDEN, NJ 0703-
Tele.(908)925-7100
Lic. No. or Bldrs. Reg. No. 6361
Federal Emp. No. 22-1694391

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 $ 600

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTION TYPE	Dates (Month/Day) Failure Failure Approval Initial
[X] No Plans Required		
Total Plan Review Required:	Slab	
[ ] Bldg [ ] Elec	Rough	
[ ] Fire [ ] Elevator	Water	
[ ] Plumb. Plans Approved	Sewer	
Date: 9-10-99	Fixtures	
Approved By:	Gas Equip	
SUBCODE APPROVAL	Gas Piping	
[ ] CO [ ] CCO [X] CA	Solar	
Approved By:	TCO	
Date: 1-10-95		

D. TECHNICAL SITE DATA (List all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
4	Floor Drain MOVING existing	40
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 [X] Check # 45708	Minimum Fee $	0
Collected by:	TOTAL FEE $	40
	DCA Training Fee $	0

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS 1730 RT 80
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS retail Jeans John Shack
APPLICANT Klein Const Co PHONE NUMBER 973 697 4741 x 22
APPLICANT ADDRESS PO Box 447 Tallman Rd CITY & STATE Oak Ridge NJ
PERMIT # C20-1149 NAME OF BUSINESS Pathmark

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 $ Ø Date 7-8-99

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

______
Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY KT DATE 7-8-99

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: 7-7-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88

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

APPLICANT Klar Const CITY & STATE Oak R. dge NJ

☒ 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:

$ N/A

Frederick R. Millman, CTA, Tax Assessor

7/8/99
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

CLIVE SAMUELS & ASSOCIATES, INC.
CONSULTING ENGINEERS

C20-1149

June 30, 1999

Mr. Marcel Renson
Electrical Subcode Official
401 Chamberbridge Road
Bricktown NJ 08723

RE: Pathmark Store - 1930 Highway #88 / Bricktown, NJ

Dear Mr. Renson:

In response to your concern about the branch circuits for the new refrigeration cases at the above Pathmark store, the following is a breakdown of circuits with the maximum over current protection and wire sizes required.

Bakery Department

12'10" "SHVSS" Self contained display case will require one (1) 120V circuit with 30A circuit breakers and #10 AWG wire.

Meat Department

A total of 56" of "M5" 5 deck meat display cases will require the following circuits:

32' of "M5" ([2] 12' cases and [1] 8' case)
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for fans.
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.

24' of "M5" ([2] 12' cases)
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for fans.
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.

Deli Department

32' of "C2" ([4] 8' cases) of 4 deck deli display cases
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for fans.
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.

Seafood Department

5'2" of "RGPML-72" fish display case
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for fans.
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.

TWO RESEARCH WAY
PRINCETON,NJ 08540
609 . 520 . 1600
FAX 609. 520. 0974

Produce Department

24' of "D6L" ([1] new 12' case and (1) relocated 12' case)
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for fans.
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.

Frozen Food Department

12' of "GF6" ([2] 6' cases) multi deck frozen food display case
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for fans.
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.
(2) 208V, 3ph circuits with 20A circuit breakers and #12 AWG wire for defrost heaters (1 circuit per case).

8 Doors of "RL" ([2] 4 door cases) reach-in frozen food display cases
(2) 120V circuits with 20A circuit breakers and #12 AWG wire for fans and anti sweat heaters (1 circuit per case).
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.
(2) 208V, 1ph circuits with 30A circuit breakers and #10 AWG wire for defrost and drain heaters (1 circuit per case).

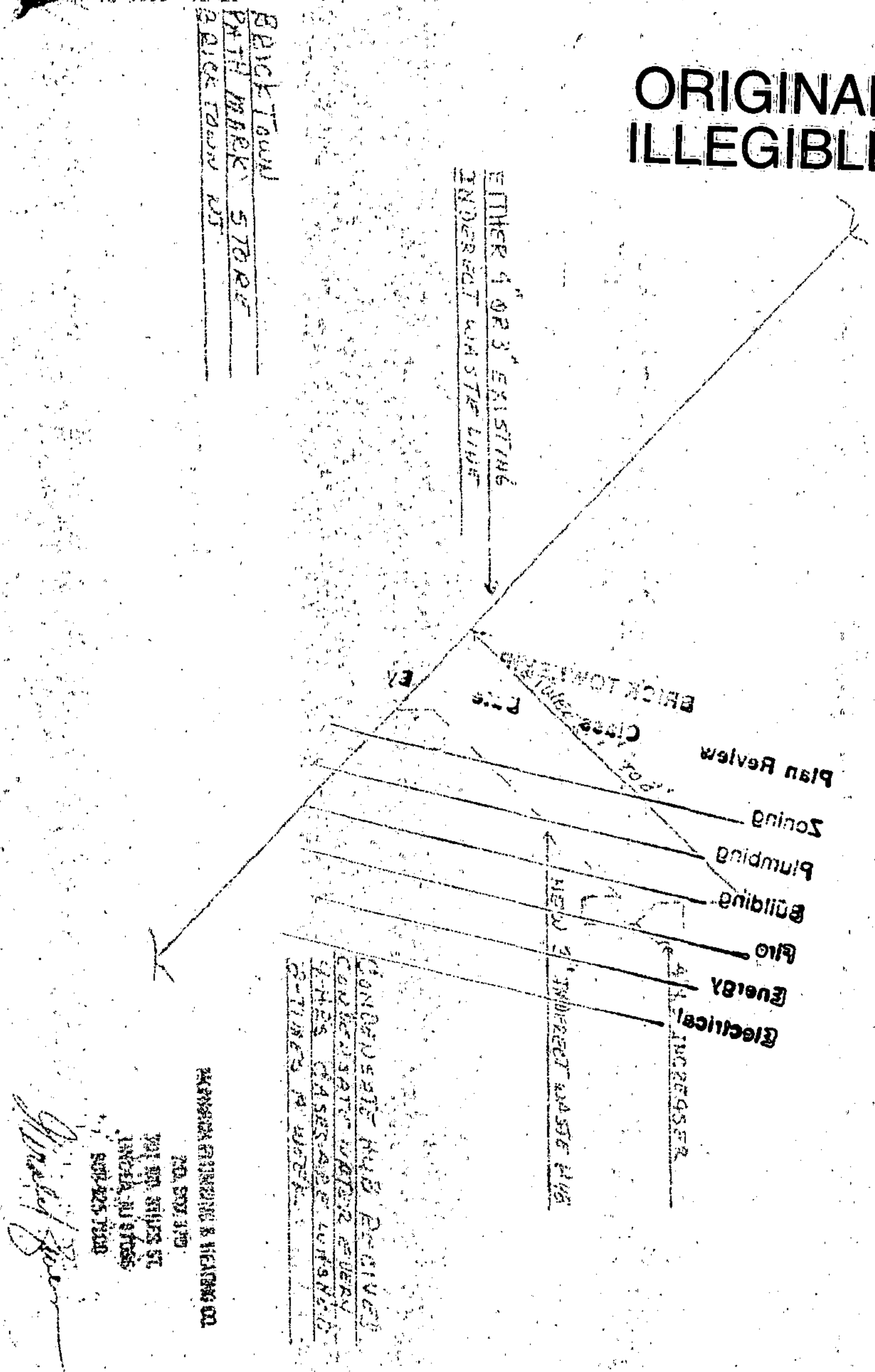
14 Doors of "RL" ([2] 5 door cases and [1] 4 door case) reach-in frozen food display cases
(3) 120V circuits with 20A circuit breakers and #12 AWG wire for fans and anti sweat heaters (1 circuit per case).
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.
(2) 208V, 1ph circuits with 30A circuit breakers and #10 AWG wire for defrost and drain heaters (1 per 5 door case).
(1) 208V, 1ph circuits with 30A circuit breakers and #10 AWG wire for defrost and drain heaters (4 door case).

Dairy Department

2 Bay bossy case and 16' of "D6RL1" ([2] 8' caes) Rear feed dairy display cases

(1) 120V circuit with 20A circuit breaker and #12 AWG wire for fans and anti sweat heaters.
(1) 120V circuit with 20A circuit breaker and #12 AWG wire for lights.

ORIGINAL ILLEGIBLE



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) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: 5/19/99

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

RE: Block: 1149 Lot: 5

I, John Sullivan (name) of Point Mont 1088 Brick (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 X Date: 5/26/99 By:

Rejected Date: By:

Remarks: No Exterior Site Work

Monarch
PLUMBING & HEATING
701 N. STILES ST., P.O. BOX 370
LINDEN, NEW JERSEY 07036
PHONE: 908 925-7100
FAX

ORIGINAL ILLEGIBLE

ensed Master Plumbers - Philip Kuznet #72 • Leonard Kuznet #1921 • Gerald Zweiman #6161

FAX TRANSMITTAL SHEET

DATE: 5/18/99 NUMBER OF PAGE(S)

TO: JOHN SHEEHAN COMPANY: KLAE CONST

FAX # 973-697-6448 PHONE # 973-697-4704

FROM: JOE OCCHIO

SUBJECT: BRICK TOWN P.M.

DRAWING FOR PLUMBING INSPECTOR

BASIC HUB DRAIN INSTALLATION

PLEASE FORWARD TO JOHN SHEEHAN

THANK YOU

JOE OCCHIO

COUNTER FORM
PLEASE PRINT

PLUMBING

CONTRACTOR: Monarch Plg
ADDRESS: N Stiles Ave
Linden NJ.
PHONE: 908-925-7100
LIC #: 6161
LIC. EXPIRATION DATE:
FEDERAL EMPL # (or S.S. #): 221694391

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
4	Other HUB DRAINS

JL 0045701

Estimated Cost of Plumbing Work: $
Signature:
Owner ○ Contractor ○
SUBCODE APPROVAL:
PLANS: Required ○ Approved ○
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

FIRE

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 Supervision
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:

UPDate 99-25-95
9-10-99 - ws

Site Location: 1930 RT 88 BRICKTOWN NJ Date Rec'd:
Block: 1149 Lot: 5 Date Issued:
Owner Id Fee: PATT MARC Control #:
Address: 200 MILK ST Permit #:
CARTERET NJ
State: NJ Zip: Phone: (732) 499-3150
SS #: Provide only if Applicant is owner

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

COUNTER FORM
PLEASE PRINT

BUILDING

CONTRACTOR: KLEE CONS. INC.
ADDRESS: PO BOX 447
OAK RIDGE NJ. 07438
PHONE:
LIC #:
EXPIRATION DATE:
FEDERAL EMPL #: (or S.S. #) 222-032-227

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

INTERIOR RENOVATION

* UPDATE FOR ADDITIONAL HUB DRAINS * FOR CASE WORK

TYPE OF WORK

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

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
Tot. Building Area (All Floors):
Volume of Structure: Total Land Disturbed:
Signature: KLEE CONST.
Estimated Cost of Building Work: 6000
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

ELECTRICAL

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 - Enter 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 o Contractor o
SUBCODE APPROVAL:
PLANS: Required o Approved o
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

Please note that the wire sizes indicated are the minimum allowable wire size required by N.E.C. 1999. Electrical Contractor shall calculate wire sizes for voltage drops.

If you have any questions or if I can be of further assistance, please call me.

Sincerely,

Carl H. Krasnicki

Carl H. Krasnicki
Clive Samuels & Associates, Inc.
/cw

cc: Donna Christensen / Pathmark Stores Inc.
Allan Samuels / CSA