BLOCK 1149 LOT 5 C28-49 QUALIFICATION CODE C28-49-1 ADDRESS (SITE) 1930 RT. 88 (STORE 22) PERMIT NO. 99-4000

CONSTRUCTION PERMIT APPLICATION

"Cash Converters"

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

I. IDENTIFICATION

1. Propsed Work Site at: 1930 Rt. 88 (STORE 22)
2. Name of Owner in Fee: BRAD KOREY Tel. (732) 303-8548
   Address 295 Concord Ct., Freehold, NJ 07728 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: KEVIN CARON Tel. (732) 679-5401
   Address 19 EXETER ST
   License No. OR, if new home. Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. [redacted] S.S.# FAX: ( )
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work KEVIN CARON
   Tel. (732) 679-5401 FAX ( ) N/A
   pager 525-6612

Tenant fit up

V. FEE SUMMARY (for office use only)

			+A Update	+B Update
1.	Building	$ 260		
2.	Electrical	40 ✓		
3.	Plumbing			
4.	Fire Protection	35	65	65
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	16	2	2
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 351.00	67	67

+C 35 35

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure @ 14 ft.	
3.	Area — Largest Floor 4600 sq. ft.	
4.	New Building Area ~~64,400~~ sq. ft.	
5.	Volume of New Structure 64,400 cu. ft.	
6.	Construction Classification	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone	
9.	Base Flood Elevation	
10.	Wetlands yes ____ no X	
11.	Max. Live Load	
12.	Max. Occupancy Load 46	

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Resubmission Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		JET	9/28/99		9-29-99	FM			
3. ☐ Addition									
4. ☒ Alteration	10,015.00								
5. ☐ Fire Protection					9-30-99	RB			
6. ☐ Plumbing									
7. ☒ Electrical	9600.00				10 6 99	Un	3-1-00 to 3/29/00		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	19,615.00								

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: 0
2. Use Group:
3. Change in Use Group, Indicate Former:

IMPORTANT — CALL FOR MANDATORY INSPECTIONS — A.B.T. — FINAL

LDS BR 10314207

Left Mess — 10/20 — 3/2/00

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. (X) I further certify that I will perform or supervise the following work:
C.1. (X) Building C.2. (X) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. (X) 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 X Kevin Carson Date 9/27/99

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 X _____

Address _____

_____

Telephone (_____) _____

Signature _____

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 05/30/2000
Control #
Permit # 99-4000

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 5 Qual
Work Site Location 1930 RT 88 CASH CONVERTERS
TENANT FIT UP
Owner in Fee/Occupant KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Telephone (732)303-8548
Contractor KEVIN CARON
Address 19 EXETER T
OLD BRIDGE, NJ 08857-
Telephone (732)679-5401 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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:

TENANT FIT UP FOR STORE 22 - CASH CONVERTERS

[ ] 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 _____, ___.

J. Cuccia

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

Fee $ 0
Paid [X] Check No. 1034
Collected by: AJP

Commercial

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/19/99
Control #
Permit # 99-4000

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 CASH CONVERTERS
TENANT FIT UP
Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Telephone (732)303-8548

Contractor KEVIN CARON
Address 19 EXETER T
OLD BRIDGE, NJ 08857-
Telephone (732)679-5401
Lic. No. or Bldrs Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP FOR STORE 22 - CASH CONVERTERS

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 $ 19,665

Construction Official

10/19/99
Date

PAYMENTS (Office Use Only)

Building	260
Electrical	40
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	16
Cert. of Occupancy	0
Other	
Total	351
Check No.	1034
Cash	
Collected By	AJP

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 12/28/1999
Control #
Permit # 99-4000+B
Permit Issued 10/19/1999

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 CASH CONVERTERS
SPRINKLER HEADS
Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Telephone (732)303-8548

Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Telephone (732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
RELOCATE 2 AND ADD 7 ADDITIONAL SPRINKLER HEADS FOR ADDITIONAL WALLS INSTALLED BY TENANT

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	1584
Cash	
Collected By	CS

Estimated Cost of Work $ 2,575

J. Carcagno / CR
Construction Official

12/28/1999
Date

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

0004
4000*# 0.00
BLOCK 1149 # 0.00
LOT 5 # 65.00
FIRE 2.00
D.C.A. 67.00
TOTAL 67.00
CHECK 0.00
CHANGE 13:25
10/21/99 NO. 5 0026A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/21/99
Control #
Permit # 99-4000+A
Permit Issued 10/19/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 CASH CONVERTERS
TENANT FIT UP
Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Telephone (732)303-8548

Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Telephone (732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SPRINKLER HEADS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	65
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	67
Check No.	1545
Cash	
Collected By	TL

Estimated Cost of Work $ 2,575

Construction Official

10/21/99
Date

U.C.C. F190 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 03/29/2000
Control #
Permit # 99-4000+C
Permit Issued 10/19/1999

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 CASH CONVERTERS
COMMON.PTS/RECEPTACLES
Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Telephone (732)303-8548

Contractor F H ELECTRICAL SERVICE
Address 27 MONMOUTH AVE
FREEHOLD, NJ 07728-
Telephone (732)683-1569
Lic. No. or Bldrs. Reg. No. 13498
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALARM DEVICES AND RECEPTACLES

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1181
Cash	
Collected By	CS

Estimated Cost of Work $ 50

J Gurney C/A — 03/29/2000

Construction Official — Date

U.C.C. F199 (rev. 3/95)

11-23-99 LOCKED NO FRAMING ~~SOLD~~

12-3-99 KOCKED NO SUCCESS (FM)

3-2-00 - All shelves & displays not set up yet JL

3-16-00 NOT READY TKG ISLES - GRILL COVERS ETC

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/28/99
Date Issued 10/19/99
Control # C28-49
Permit # 99-4000

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 CASH CONVERTERS
TENANT FIT UP
Owner in Fee KORBY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Tele.(732)683-1569 Fax ( )
Contractor P M ELECTRICAL SERVICE
Address 27 MONMOUTH AVE
FREEHOLD, NJ 07728-
Tele.(732)683-1569
Lic. No. or Bldrs Reg. No. 13498
Federal Emp. No. [redacted]

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 9,600

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 10 6 99
Approved By: MM

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9 26
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough			11/22/99	MM
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final	11/30/99 MM		3200 MM	

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

LOCKED 11-15-99 TO

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and an 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

NO.	SIZE	ITEM	FEE (Office Use Only)
4		Lighting Fixtures	
20		Receptacles	
4		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
38		TOTAL NUMBERS	40
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA Training Fee $ 8

U.C.C. P120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/29/2000
Date Issued ~~01/01/1934~~
Control # 3-29-2000
Permit # 99-4000+C

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 CASH CONVERTERS
Comm. Pts. ~~ALARM DEVICE~~/RECEPTACLES
Owner in Fee KOREY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Tele.(732)683-1569 Fax ( )
Contractor P M ELECTRICAL SERVICE
Address 27 MONMOUTH AVE
FREEHOLD, NJ 07728-
Tele.(732)683-1569
Lic. No. or Bldrs. Reg. No. 13498
Federal Emp. No. [redacted]

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 50

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 3-29-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3 2900
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			3-29-00	MW

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	1164
13		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
1		Communications Points	
1		Alarm Devices/F.A.C. Panel	
14		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 09/28/99
Date Issued 10/1/99
Control # C28-49
Permit # 99-4000

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 CASH CONVERTERS
TENANT FIT UP
Owner in Fee KORBY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Tele.(732)679-5401 Fax ( )
Contractor KEVIN CARON
Address 19 EXETER T
OLD BRIDGE, NJ 08857-
Tele.(732)679-5401
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 50

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 9-30-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-20-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Init
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final	12-29	3-6	3-20-00	
Other				

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this applic[redacted]ature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other EMER/EXIT LITES		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

12-2-99

- no entry
- ✓ sprinkler coverage of walls

3-2-00 - Clear sprinkler heads,
- Add 1 over bath rooms by H.W. heater
- Add exhaustion plates,
- Show Aisle Layout

3/29/00 O.K.

3-16-00

No Answer

Doors locked.

COMMERCIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/08/99
Date Issued 10/28/99
Control # C28-49-1
Permit #

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 CASH CONVERTERS
FIRE SPRINKLER HEADS
Owner in Fee NEW PLAN REALTY TRUST
Address UNKNOWN
NEW YORK, NY
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

OWNER COPY

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,575

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-15-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 3-20-00
Approved By: KMB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			3-20-00	CB
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity 0 Fuel

	NUMBER	FEE (Office Use Only)
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	17	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Update Relocate Heads

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/21/1999
Date Issued ~~01/01/1954~~
Control # 12-28-99
Permit # 99-4000+B

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

Block 1149 Lot 5 Qual
Work Site Location 1930 RT 88 CASH CONVERTERS
SPRINKLER HEADS
Owner in Fee KORBY, BRAD
Address 295 CONCORD DR
FREEHOLD, NJ 07728-
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [X] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,575

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 12-31-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final			3-20-00	DJ
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		See Attached
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	9	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

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

U N I F O R M C O N S T R U C T I O N C O D E

Construction Permits Application
5:23-2.15(e) (viii) (1x)

Owner/Agent: BRAD KOREY

Property Address: 1930 RT. 88

Town: BRICK Zip: 08723

Block: 1149 Lot: 5

☒ Waive architecturals for commercial interior work

☐ Other

OWNER/AGENT PROCEED AT OWN RISK ☒

Signature:

Owner/Agent: BRAD KOREY

Building Sub-code Official:
Frank Mizer

Construction Official:
Joseph Curiazza

(e) Plans, plan review, plan approval:

1. Plans and specifications: The application for the permit shall be accompanied by no fewer than two copies of specifications and of plans drawn to scale, with sufficient clarity and detail dimensions to show the nature and character of the work to be performed. Plans submitted shall only be required to show such detail and include such information as shall be reasonably necessary to assure compliance with the requirements of the code and these regulations. When quality of materials is essential for conformity to the regulations, specific information shall be given to establish such quality; and this code shall not be cited, or the term "legal" or its equivalent be used, as a substitute for specific information.

i. Site diagram: There shall also be filed a site plan showing to scale the size and location of all the new construction and all existing structures on the site, distances from lot lines and the established street grades; accessible route(s) for buildings required by N.J.A.C. 5:23–7.1 to be accessible; and it shall be drawn in accordance with an accurate boundary line survey. In the case of demolition, the site plan shall show all construction to be demolished and the location and size of all existing structures and construction that are to remain on the site or plot.

ii. Building plans and specifications shall contain: Foundation, floor, roof and structural plans; door, window and finish schedules; sections, details, connections and material designations.

iii. Electrical plans and specifications shall contain: Floor and ceiling plans; lighting, receptacles, motors and equipment; service entry location, line diagram and wire, conduit and breaker sizes.

iv. Plumbing plans and specifications shall contain: Floor plan; fixtures, pipe sizes and other equipment and materials; isometric with pipe sizes, fixture schedule and sewage disposal.

v. Mechanical plans and specifications shall contain: Floor or ceiling plans; equipment, distribution location, size and flow; location of dampers and safeguards; and all materials.

vi. Engineering details and specifications: The construction official and appropriate subcode official may require adequate details of structural, mechanical, plumbing and electrical work, including computations, stress diagrams and other essential technical data to be filed. All engineering plans and computations shall bear the seal and signature of the licensed engineer or registered architect responsible for the design. Plans for buildings shall indicate how required structural and fire-resistance rating will be maintained for penetrations made for electrical, mechanical, plumbing and communication conduits, pipes and systems.

(1) Plumbing plans for class III structures may be prepared by persons licensed pursuant to "The Master Plumber Licensing Act", N.J.S.A. 45:14C–1 et seq. Electrical plans for class III structures may be prepared by persons licensed pursuant to "The Electrical Contractors Licensing Act", N.J.S.A. 45:5A–1 et seq.;

(2) Whenever the licensing board pursuant to either of the above Acts shall provide for a seal evidencing that the holder is licensed, such shall be acceptable to the enforcing agency in lieu of affidavit;

(3) Mechanical plans for class III structures may be prepared by mechanical contractors.

vii. Work area: For reconstruction work in an existing structure, the work area shall be clearly delineated on the plans.

viii. Architect's or engineer's seal: The seal and signature of the registered architect or licensed engineer who prepared the plans shall be affixed to each sheet of each copy of the plans submitted and on the first or title sheet of the specifications and any additional supportive information submitted. The construction official shall waive the requirement for sealed plans in the case of a single family home owner who had prepared his own plans for the construction, alteration or repair of a structure used or intended to be used exclusively as his private residence, and to be constructed by himself, providing that the owner shall submit an affidavit attesting to the fact that he has prepared the plans and provided further that said plans are in the opinion of the construction official, and appropriate subcode official, legible and complete for purposes of ensuring compliance with the regulations.

ix. The construction official upon the advice of the appropriate subcode official may waive the requirement for plans when the work is of a minor nature.

x. Building, electrical, plumbing and mechanical work required to be shown may be shown on a single set of plans or a single drawing so long as the drawings are clear and legible.

2. Examination of plans: All plans submitted and any amendments thereto accompanied by the required documentation and application, and upon payment of the fee established by the enforcing agency, shall be numbered, docketed and examined promptly after their submission for compliance with the provisions of the regulations.

3. Plan review:

i. Department or other State agency review: When a review and release of plans by the Department or other State agency designated by the Department pursuant to N.J.A.C. 5:23–3 is required, the owner or agent of the owner shall file an application for construction plan release for each project, along with three sets of plans, specifications and such other supporting information as the Department or other designated reviewing agency may require on forms obtained from the Department or such reviewing agency. The plans, specifications and other supporting information shall conform to the requirements of (e) above.

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.
517 Green Grove Road
P.O. Box 607
NEPTUNE, NEW JERSEY 07754-0607

(732) 922-3399
FAX (732) 918-8668

LETTER OF TRANSMITTAL

TO BRICK TOWNSHIP

DATE 12/17/99	JOB NO. 3573
ATTENTION Fire Subcode official	
RE: Cash Converters ((LAURELTON SQUARE))	

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications

☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
3	12/15/99	SP-1	Rev #1 Revised Sprinkler Plan (PE sealed)
1	—	—	Permit update form

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval

☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution

☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints

☐ For review and comment ☐ _____

☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please call this office with your approval and or comments.

Thank You

COPY TO _____

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS 1950 [illegible]

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

APPLICANT [illegible] PHONE NUMBER [illegible]

APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

PERMIT # C 2049 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable — Fee Required ______ Date ______
Down Payment ______ Date ______
Balance ______ Date ______
Paid In Full ______ Date ______

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 230000.00 Date 10-7-99

Estimated Required Fee $ 230.00

Required Deposit on Estimate $ 115.00 Date ______

Check # ______ Receipt # ______

Actual Assessment $ ______ Date ______

Actual Required Fee $ ______

Minus Deposit of Estimate $ ______

Balance Due $ ______ Date ______

Check # ______ Receipt # ______

Amount Paid In Full $ ______

Fees Imposed To Date ______

Fees Reached $15,000 ______ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
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: 10-6-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88
Tenant F.T.P.

TYPE OF SITE Commercial TYPE OF BUSINESS Cash Couriers
(Residential/Commercial)

APPLICANT Kevin Cason CITY & STATE Freehold NJ
Bind Korby

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

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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

October 13, 1999

Brad Korby
295 Concord Dr.
Freehold, NJ 07728

RE: Mandatory Development Fee
Block 1149, Lot 5 ~ 1930 Rt 88 ~ Cash Converters

To Whom It May Concern:

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

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on September 28, 1999, for the above block and lot at $23,000.00, resulting in an estimated fee of $230.00.

Therefore, you are required to submit one half of the estimated fee ($115.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

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

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

MandDevCommLtr2/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/08/99
Date Issued 10/12/99
Control # C28-49-1
Permit #

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 CASH CONVERTERS
FIRE SPRINKLER HEADS
Owner in Fee HBW PLAH REALTY TRUST
Address UNKNOWN
NEW YORK, NY -
Tele.(732)922-3399 Fax ( )
Contractor ALLIED FIRE & SAFETY
Address 517 GREEN GROVE RD
NEPTUNE, NJ 07754-
Tele.(732)922-3399
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1904087

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [I] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 2,575

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-19-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPH Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	17	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Update Relocate Heads

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA Training Fee	$	2

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS 1950 Rt 58
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Tenant F.I.P.
APPLICANT Brad Kolb PHONE NUMBER 677-5401
APPLICANT ADDRESS 295 Chestnut CITY & STATE Fanwood NJ
PERMIT # C 250 99 NAME OF BUSINESS Kolb Computers

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 $ 230000.00 Date 10-7-99
Estimated Required Fee $ 2300.00
Required Deposit on Estimate $ 1150.00 Date _____
Check # _____ Receipt # _____
Actual Assessment $ 230000.00 Date 1-21-00
Actual Required Fee $ 2300.00
Minus Deposit of Estimate $ 1150.00
Balance Due $ 1150.00 Date 2-11-00
Check # 1117 Receipt # 5500
Amount Paid In Full $ 1150.00

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

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 10-6-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS 1930 RT 88
Tenant F:TUP

TYPE OF SITE Commercial TYPE OF BUSINESS Cash Converters
(Residential/Commercial)

APPLICANT Kevin Caron / Brad Korby CITY & STATE Freehold NJ

X A. 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:

$ 23,000 22

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor

10/7/99

Date

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

$ 23,000 42

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor

1/20/00

Date

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

99-4000 -

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 1930 Rt 88 Block 1149 Lot 5

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

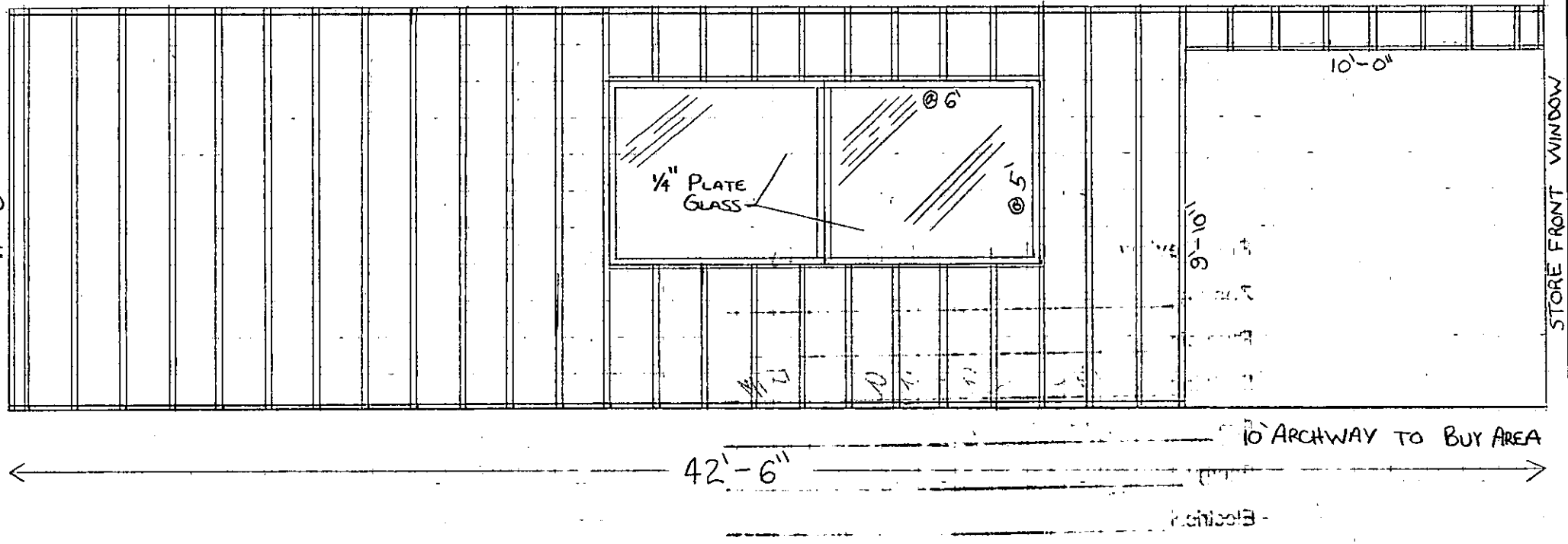
	FINALS	FINALS	FINALS
X	BUILDING	APPROVED	3/31/00 OK
	PLUMBING	APPROVED	NONE
	FIRE	APPROVED	3/20/00 OK
	ELECTRIC	APPROVED	3/20/00 OK also 4000C
	ENGINEERING	APPROVED	
	O.C.SOIL	APPROVED	
	COMMERCIAL OCCUPANCY CARD		

C.C. FROM B.T.M.U.A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING..... OK 2/11/00
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

MATERIALS: $3\frac{5}{8}$" 25 guage METAL TRACK (SHOT TO CONCRETE SLAB - SCREWED TO DROP CIELING)
$3\frac{1}{2}$" 25guage METAL STUDS
2x4 DOUGLASS FIR (LINING FOR WINDOWS)
$\frac{1}{2}$" SHEETROCK (BOTH SIDES)
1 x PINE (TO SECURE GLASS)

WALL SECTION



SCALE - 1/4" = 1'

BRICK TOWNSHIP

Plan Review Class Date By

Zoning _____

Plumbing _____

Building 9-29-99 FM

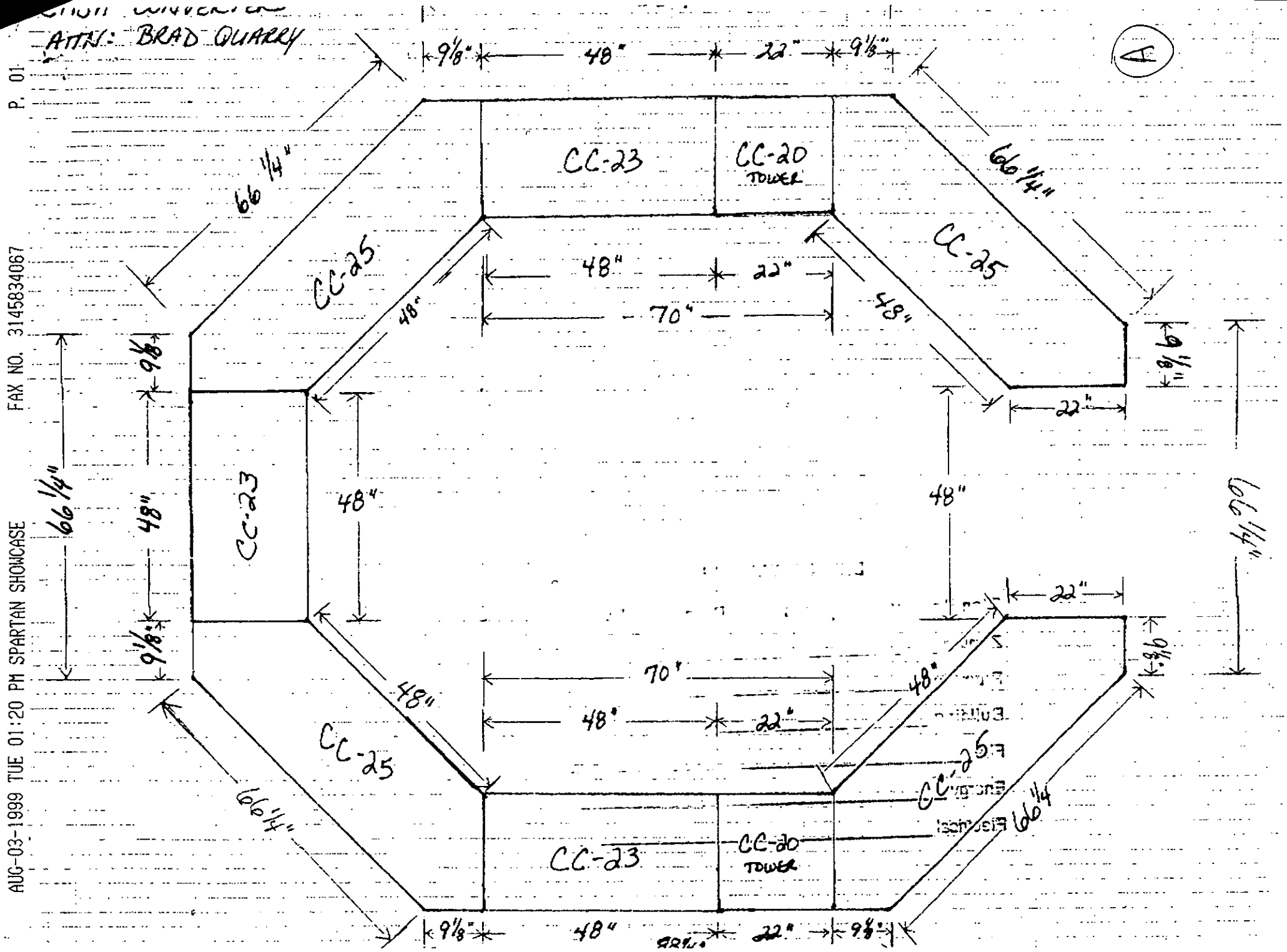
Fire 9-30-99 BB

Energy _____

Electrical _____

ATTN: BRAD QUARRY

FAX NO. 3145834067



BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		9-29-99	FM
Fire		9-30-99	GB
Energy			
Electrical		10699	MW

C28-49

ALLIED FIRE & SAFETY EQUIPMENT CO., INC.
517 Green Grove Road
P.O. Box 607
NEPTUNE, NEW JERSEY 07754-0607

(732) 922-3399
FAX (732) 918-8668

LETTER OF TRANSMITTAL

TO BRICK TOWNSHIP
FIRE SUBCODE OFFICIAL

DATE 10/4/99 | JOB NO. 3573
ATTENTION FIRE SUBCODE OFFICIAL
RE: LAURELTON SQUARE
(CASH CONVERTERS & 99¢ PLUS STORE)

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
3	—	SP-1	FIRE SPRINKLER PLANS (PE Sealed)
1	—	—	Permit Application

RECEIVED
OCT - 7 1999

THESE ARE TRANSMITTED as checked below:

☒ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☐ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19 _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS Please call this office upon your review with the appropriate permit fee

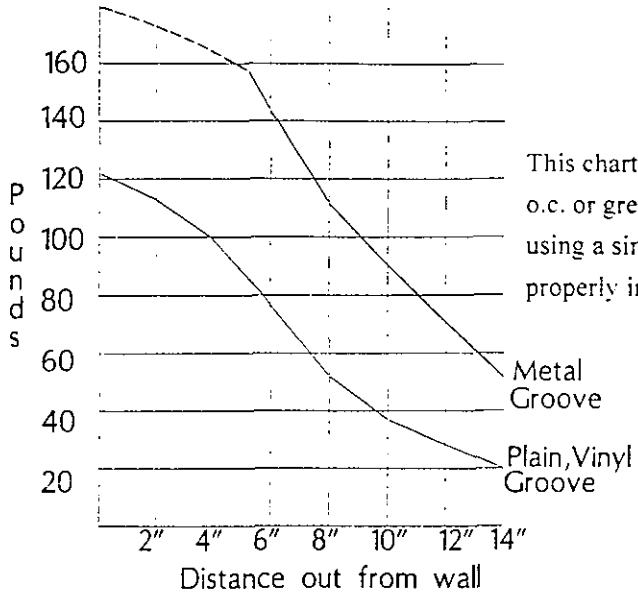
COPY TO _____

SIGNED: _____

If enclosures are not as noted, kindly notify us at once.

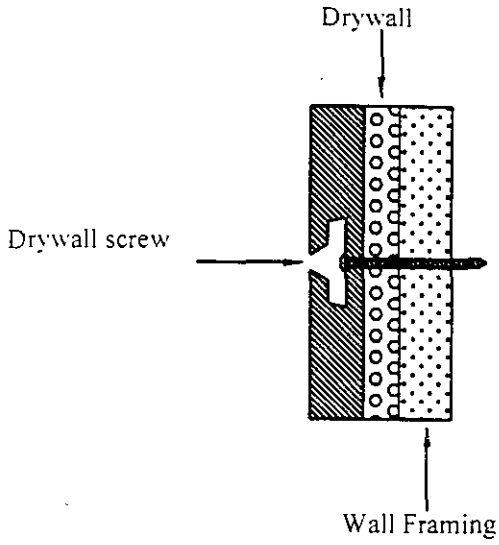
Slatwall Specifications

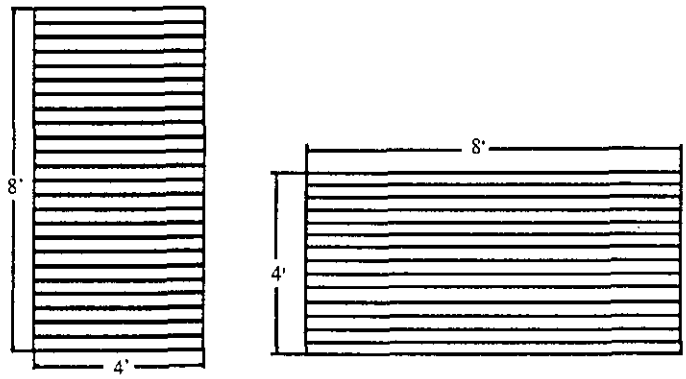
Recommended Load Levels Chart



This chart is based on 3" o.c. or greater grooves, using a single bracket on properly installed panels.

Installation diagram

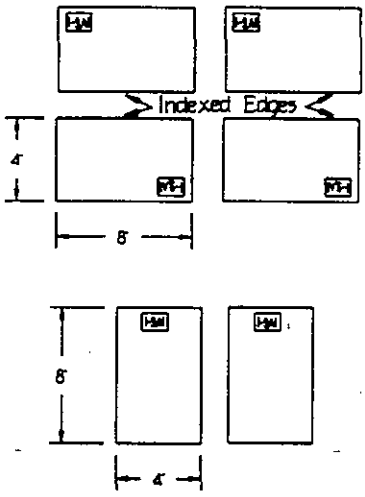




vertical cut panel

stock cut panel

Mounting Diagram (keep stickers aligned)



Slatwall Panel Fire Rating Chart

Type	Groove	Flame Spread	Rating
Paintable	plain	116	C
Veneer	plain	170	C
HPL	plain	100	C
HPL	metal	120	C
HPL	vinyl	150	C
Melamine	plain	175	C
Melamine	metal	170	C

nasfm

ISP

SPCSHT 4/98

Slatwall Specifications

• *Board*

Slatwall is produced from a 48 lb. medium density fiberboard (MDF) and has an internal bond strength of 110 lbs. per square inch. MDF has a linear expansion of .30% and a moisture content of 6-8%. The tolerance on the squareness of the board guaranteed by the manufacturing mill is 1/8" when measured across the diagonals of the board. The screw holding capability for the face is 350 lbs. and 275 lbs. for the edges. These boards meet, or exceed, all NPA & ANSI standards for MDF products. 150 lb. MDF board is also available, as well as other plywoods, veneers, and superior fire-rated panels.

• *Painted Panels*

Painted panels are produced using organic lacquer paint applied approximately 2-4 mls. thick (wet). This finish meets all EPA requirements and cures in approximately twenty-four hours. Other epoxy, acrylic, latex, and fire-retardant finishes are available on request.

• *Melamine Panels*

This product is a post-impregnated melamine paper adhered under heat and pressure directly to MDF board. It provides an excellent alternative to the high pressure laminates for vertical applications at a lower cost.

• *High Pressure Laminate*

Wilsonart, Formica, Nevamar, Pionite, Micarta and other brands of high pressure laminates are available. These products meet the NEMA performance standards and come in vertical (.030") thickness as well as standard and post-forming grades (.050")

• *Mirror Acrylic*

This product is an .080" thick acrylic polymer sheet with a silver colored backer and adhered with a polyvinyl acetate (PVA) glue to an 11/16" MDF board. It comes with a paper mask to protect the surface.

• *Veneers*

The wood veneers are rotary cut in a .035" thickness. These panels have a veneer backer to achieve balance. Other veneer species and special cuts are available on request.

• *Formaldehyde*

Slatwall formaldehyde emission measures .3 parts per million (PPM) or less. This complies with the EPA standards set forth for these materials.

• *Adhesives*

The adhesive used in the cold press line is a CL-4400 cross-linking resin emulsion. This produces a type II water resistant bond for use with hardboards, particleboards, wood and other similar materials, and meets all EPA requirements. The adhesive used with the melamine line is JOWATHERM EXP 085-006 and has no ingredients listed as carcinogens or potential carcinogens by ASHA, I.A.R.C. monographs, or the national toxicology program.

• *Installation*

Install over existing plaster or drywall. Install directly onto studs for new construction. Panel adhesive is recommended for permanent installation. Drywall screws of the proper length work best. Drive screws through the back of the groove. Cutting to size should be done from the back of the panel. Follow mounting instructions as shown on opposite page.

• *Crating*

Panels are placed on a skid for shipment via common carrier. A crate is then formed around this skid to protect corners and edges from damage.

• *Inserts*

The mill aluminum inserts used in slatwall are an extruded 6061 or 3003 wrought aluminum alloy with a metallic silver mill finish. As shown in the load level chart, mill aluminum more than doubles the strength of the panel. The vinyl inserts are a polyvinyl chloride (PVC). Color is gained by pigmenting the PVC.

• *Manufacturing Specifications & Tolerances*

Board length and width +/- .0625", squareness +/- .125" diagonally • groove dimensions - groove .25", lip .25", back .25", opening .375".

MATERIAL SAFETY DATA SHEET
Disclaimer

Slatwall Display Panels and Fixtures
Effective: June 1, 1997

WMW Whse is in receipt of Material Safety Data Sheets from various suppliers in compliance with OSHA regulations covering potentially hazardous materials that may be developed in the re-manufacturing or use of various products manufactured by WMW Whse. This data has been combined herewith for your convenience. We believe that the information and data is accurate and has been compiled from reliable sources. However, WMW Whse or its suppliers do not warrant in anyway, expressed or implied, concerning the accuracy or completeness of the information and data herein. It is the responsibility of the user to comply with local, state, and federal regulations concerning the use of these products. It is further the responsibility of the buyer to research, understand and adapt safe methods of installing, storing, handling, and disposal of these products.

SECTION 1: IDENTIFICATION

Products: Slatwall display panels and fixtures manufactured with laminates, Lumber components, Medium Density Fiberboard, and/or Particleboard.

Product Names: Ranger, Williamette, Plum Creek, Montana de Fibra, Louisiana Pacific, Georgia Pacific, Korpine, and Korton.
Distributor: WMW Whse; 200 Balsam Road, Sheboygan Falls, WI 53085 (414) 467-2402.
Date Revised: June 1, 1997

SECTION 2: INGREDIENTS and HAZARDS

Under some conditions the following hazardous chemicals or components may be released from fiberboard, particleboard, and/or products manufactured from same. Wood dust may also be developed from machining various wood products.

Component	CAS#	OSHA Exposure Limit	ACGIH TLV Ceiling
Formaldehyde	50-00-D	0.75 PPM 8 hr TWA Pel 2 PPM STEL	0.3 ppm
Wood Dust	N/A	5 mg/cu m 8 hr TWA 10 mg/cu m STEL	5 mg/cu m 8 hr TWA 10 mg/cu m STEL

Particleboard and Medium Density Fiberboard certified as meeting the HUD Manufactured and Home Construction and Safety Standards 24 C.F.R. Part 3200 does not emit excess of 0.3 PPM formaldehyde when tested in accordance with FTM 2-1983, Large Scale Test Method for Determining Formaldehyde Emissions from Wood Products.

SECTION 3: PHYSICAL CHARACTERISTICS

Boiling Point:	N/A	Specific Gravity: (Water = 1):	1	Vapor Pressure:	N/A
Odor:	No distinctive odor	Melting Point:	N/A	Reactivity in Water:	N/A
Appearance:	Straw yellow to light brown. Various species of lumber have various natural colors.				

SECTION 4: FIRE & EXPLOSION DATA

Flash Point:	N/A
Auto Ignition Temperature:	400-500 degrees Fahrenheit.
Flammable Limits:	Formaldehyde LEL 7%, UEL 73%
Fire Extinguisher Media:	Water spray.

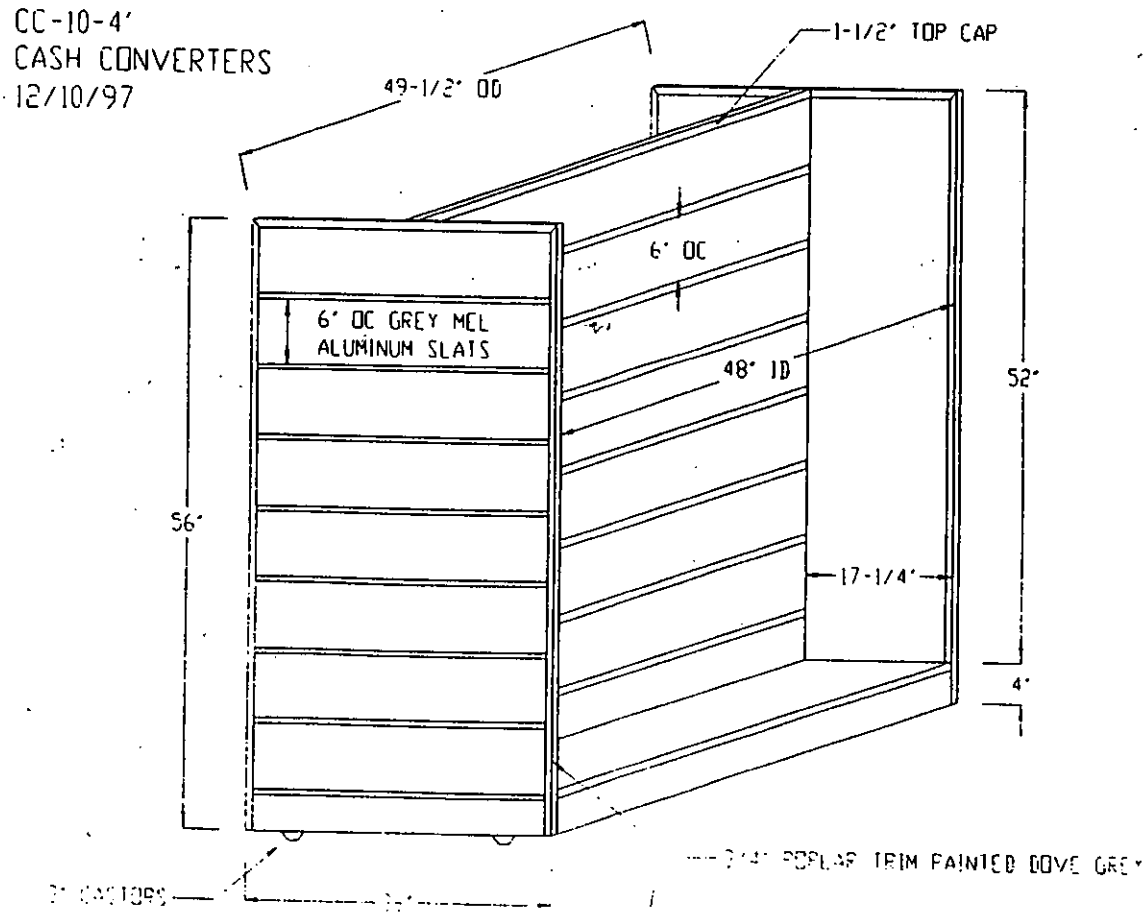
Special Fire Fighting Procedures: Fire fighting procedures for wood products are well known.

Unusual Fire and Explosion Hazards: Wood Products do not constitute an explosion hazard. Sawing, sanding and/or machining can produce wood dust as a by-product which may present a severe explosion hazard if a dust cloud contacts an ignition source. According to data contained in HFPA Standards. 0.040 ounce per cubic foot is the minimum explosive concentrate for wood flour.

SECTION 3 DRAWINGS

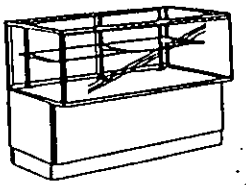
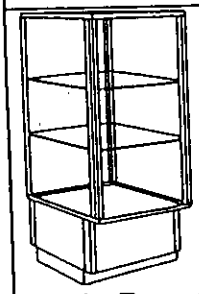
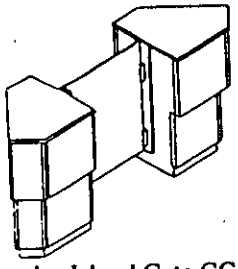
The following section shows all fixtures used in a Cash Converter store and a brief description of their use. The need for the quantity and type of fixtures will depend upon your store layout. Your Development Agent can help suggest the setup of the areas of your store and submit the design to the corporate office for approval. You will then be provided with a recommended order for the fixtures based upon the floor plans. Optional and additional fixtures can then be purchased as you see necessary at a later date.

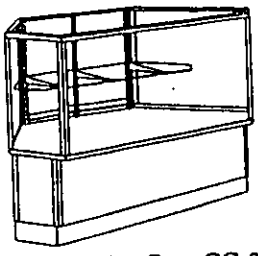
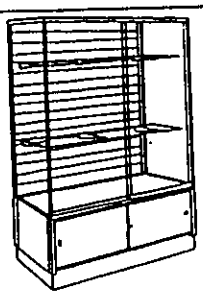
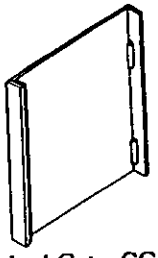
Item # CC-10 4' Gondola with Casters 56"H x 36"D x 49 1/2"L (Randal Displays, Inc.)
Location Salesfloor
Use: Merchandising of stock on the salesfloor (off the perimeter.) They can be positioned in any area, and are designed to allow ease of movement in order to allow a "new look" to the store at the manager's discretion.
Comments Accessories for this item are CC-10a, CC-10b, CC-10c.



F101 - Spartan Showcase Fixtures Work Sheet

STAN 972-6909

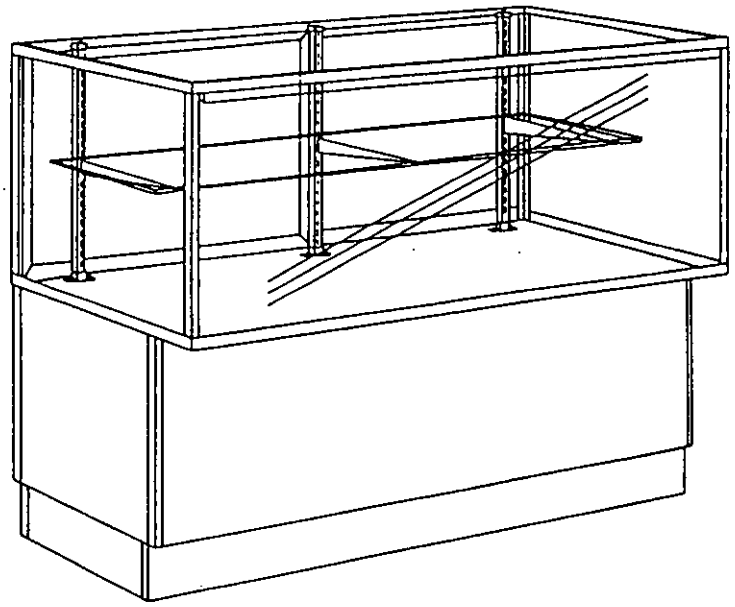
Fixture	Qty	Price	Extension
 4' Jewelry case CC-23 Includes 1 Glass Shelf		$ 491	
 Jewelry Tower CC-20 Includes 2 Glass shelves		$ 586	
 Jewelry Island Gate CC-26		$ 405	
Column 1			

Fixture	Qty	Price	Extension
 45° Jewelry Case CC-25 Includes 1 Glass Shelf		$ 684	
 Gen. Merchandiser CC-22 Includes 2 Glass Shelves		$ 683	
 Standard Gate CC-35		$ 80	
Column 2			

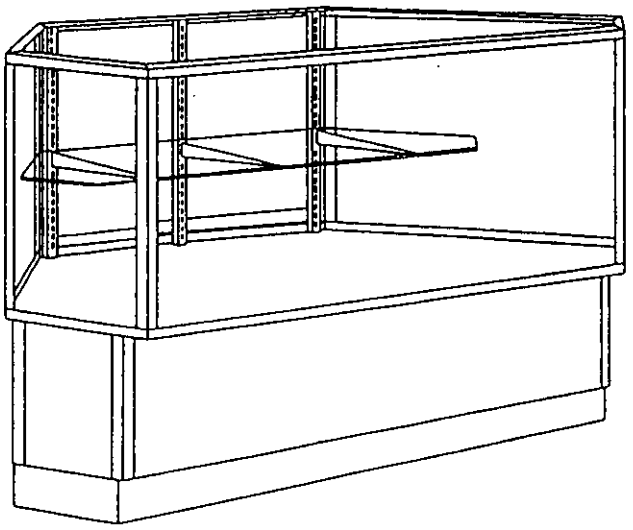
Instructions: Please enter the quantities of fixtures and accessories. Copy the column totals to the last page and mail or fax to Capitol Hardware

Subject to change without notice
Revision 02/05/98

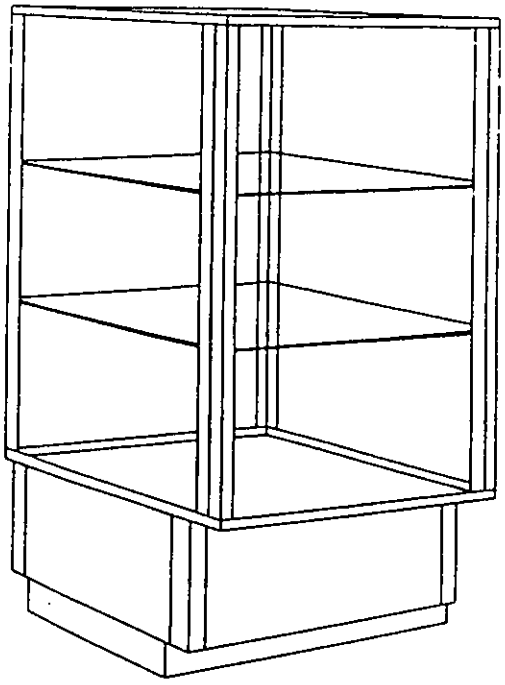
Item # CC-23 Jewelry Display Case 40"H x 22"D x 48"W (Spartan Showcase, Inc.)
Location Jewelry Area
Use Merchandising of Jewelry
Comments Storage area underneath. Comes with a ¼" thick glass shelf. All glass cases will be keyed-alike in your store



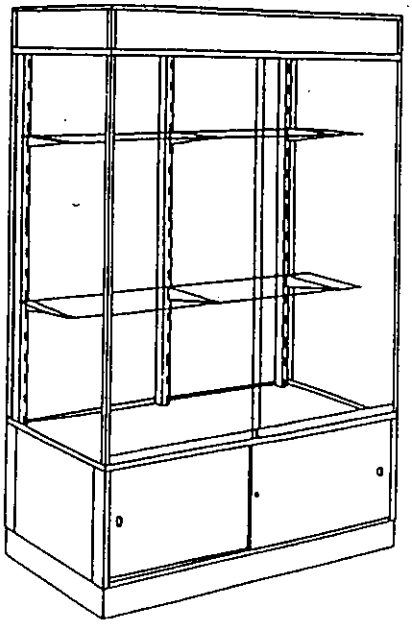
Item # CC-25 45° Jewelry Display Case 40"H x 22"D x 48"W * (Spartan Showcase, Inc.)
Location Jewelry Area
Use Merchandising Jewelry.
Comments Storage Area Underneath. Comes with a ¼" thick glass shelf. Will be keyed-alike all display cases in your store. *48" is based upon the measurement of the back of the fixture.



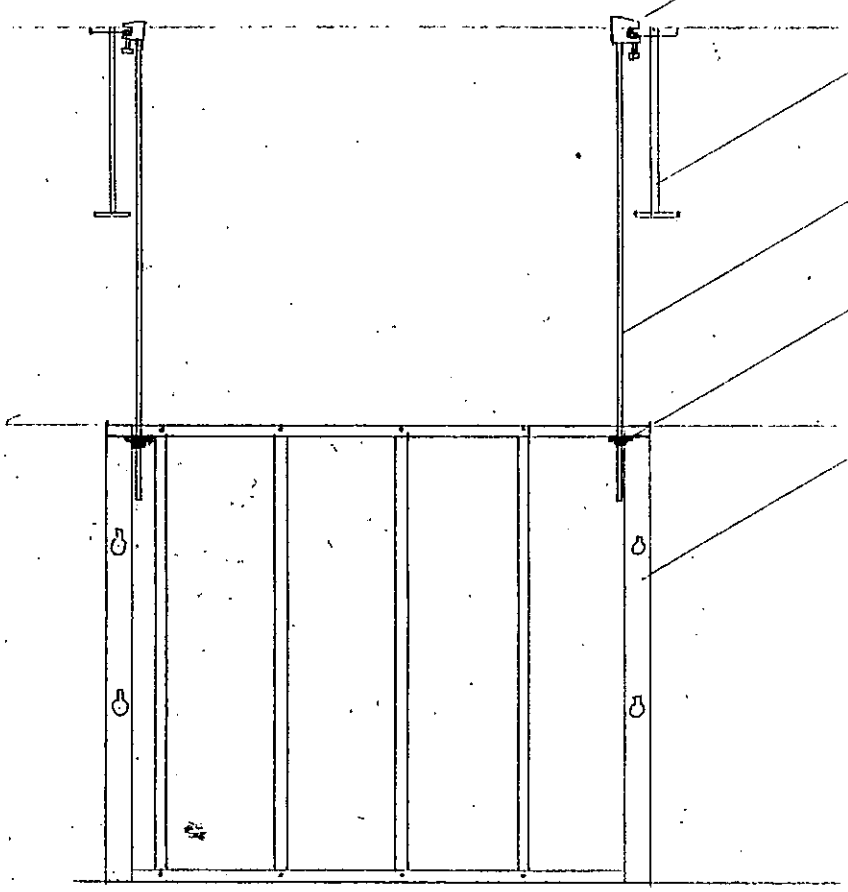
Item# CC-20 Jewelry Display Tower 72"H x 22"D x 24"W (Spartan Showcase Inc.)
Location Jewelry Area
Use Merchandising of Jewelry.
Comments Fixture will come with 4 levelers installed and vertically installed fluorescent lighting. 2 adjustable shelves will also be included. All glass cases will be keyed-alike in your store.



Item# CC-22 General Merchandise Cabinet 84"H x 14"D x 48" W (Spartan Showcase, Inc.)
Location Salesfloor Perimeter.
Use To merchandise High Security or High Ticket Items.
Comments Fixture will come with 4 levelers installed and vertically installed fluorescent lighting. All glass cases will be keyed-alike in your store.



SOFFIT SECTION



ATTN: FRANK MIZER
FOR CASH CONVERTERS
BLOCK 1149 LOT 5
PERMIT # 99-4000

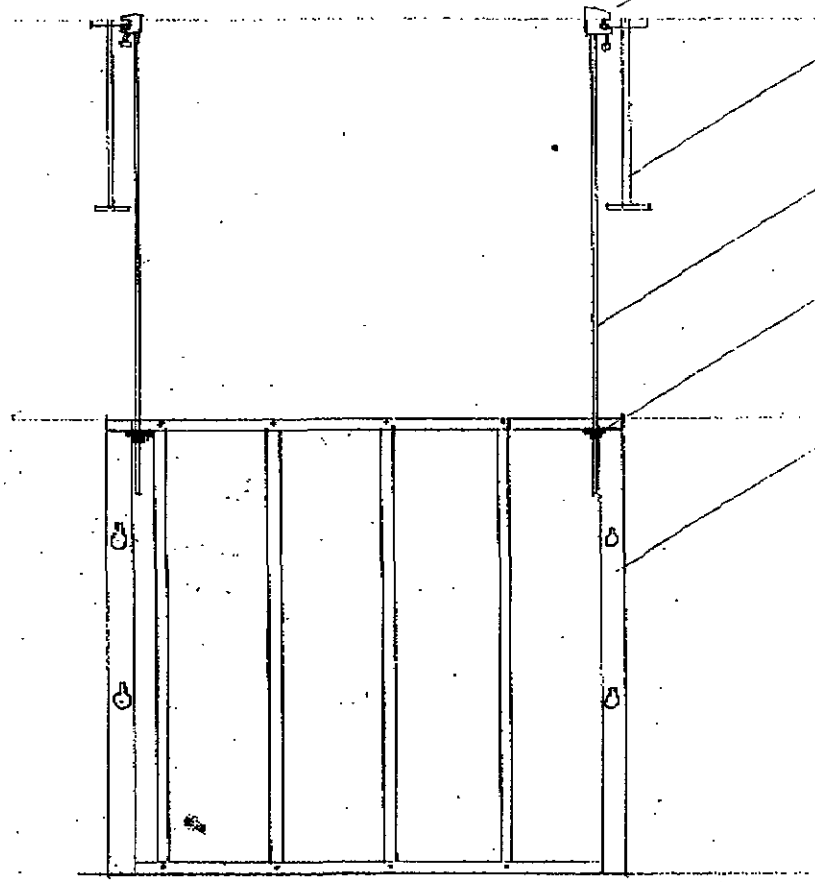
99-4000 + A
99-4000 + B

C7-91

99-2941

1930 Route 88

SOFFIT SECTION



ATTN: FRANK MIZER
FOR CASH CONVERTERS
BLOCK 1149 LOT 5
PERMIT # 99-4000

System wire Gray
What does it run at "volts"

Suspend all wires

Alarm Sys. has no permit
if only one item is upgraded you need a permit.

Add plugmolds to permit. "Update"

Box Extentions for existing ~~...~~ outlets.

Open box under cash register.

1-610-777-2411

TOWNSHIP OF BRICK

TOWNSHIP OF BRICK

MARCEL RENSON
Electrical Subcode Official

Township of Brick
401 Chambers Bridge Road
Brick, N. J. 08723
Phone (732) 262-4628
Fax (732) 262-8954

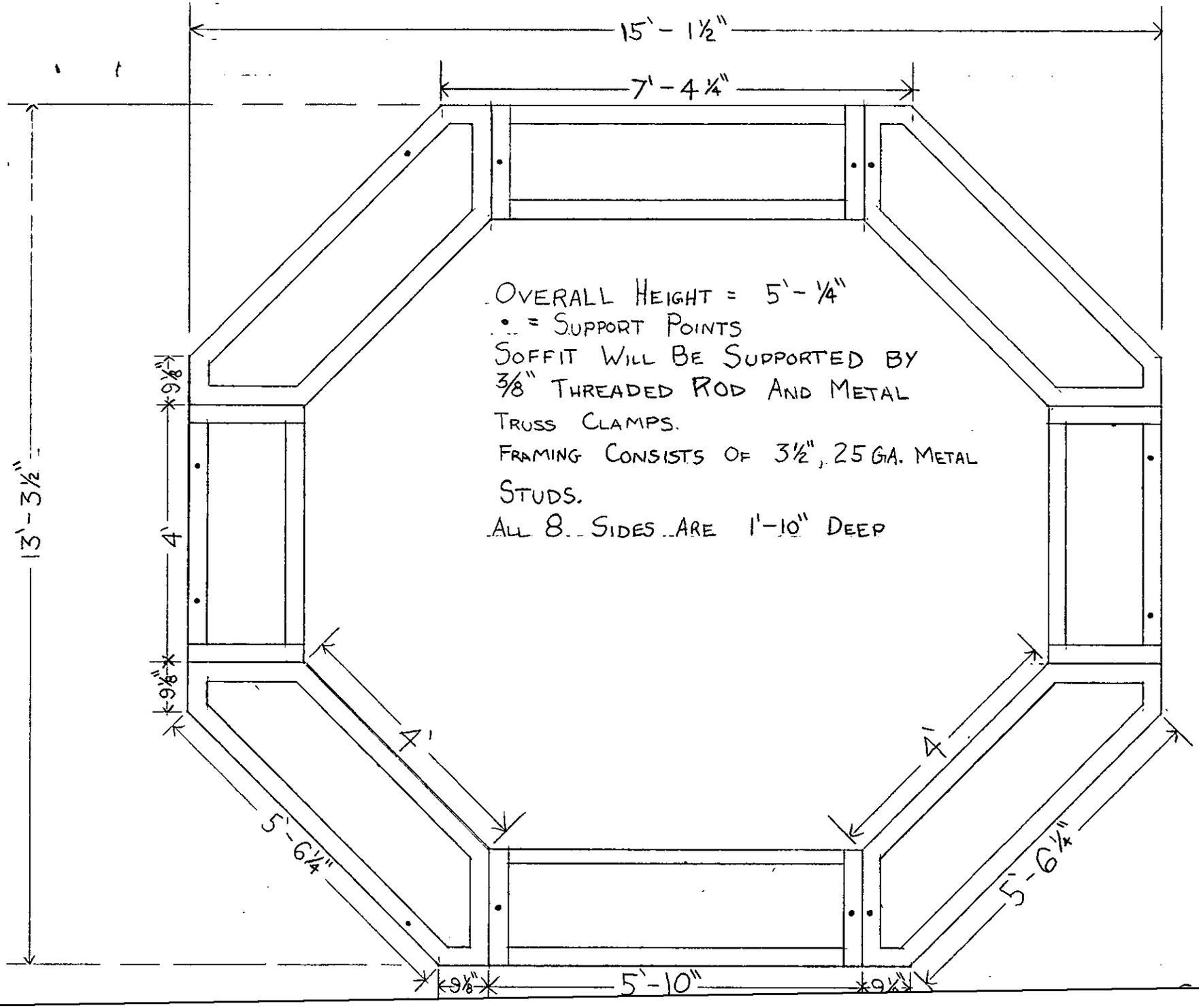
Am
8:30 - 9:30
3:30 - 4:30

Date / Inspector
Comments (1) Box extensions (2) plugmold
(3) Open box (4) ...

get permit
addendum
What don't close
Circuit T.V.

PLANS FOR HANGING SOFFIT

BLOCK 1149 LOT 5
CASH CONVERTERS



OVERALL HEIGHT = 5'-¼"
• = SUPPORT POINTS
SOFFIT WILL BE SUPPORTED BY 3/8" THREADED ROD AND METAL TRUSS CLAMPS.
FRAMING CONSISTS OF 3½", 25 GA. METAL STUDS.
ALL 8 SIDES ARE 1'-10" DEEP

Note:
Must be Hung OFF top chord OF TRUSS OR Bar JOIST.
FM

12-23-99

SECTION 3 DRAWINGS

The following section shows all fixtures used in a Cash Converter store and a brief description of their use. The need for the quantity and type of fixtures will depend upon your store layout. Your Development Agent can help suggest the setup of the areas of your store and submit the design to the corporate office for approval. You will then be provided with a recommended order for the fixtures based upon the floor plans. Optional and additional fixtures can then be purchased as you see necessary at a later date.

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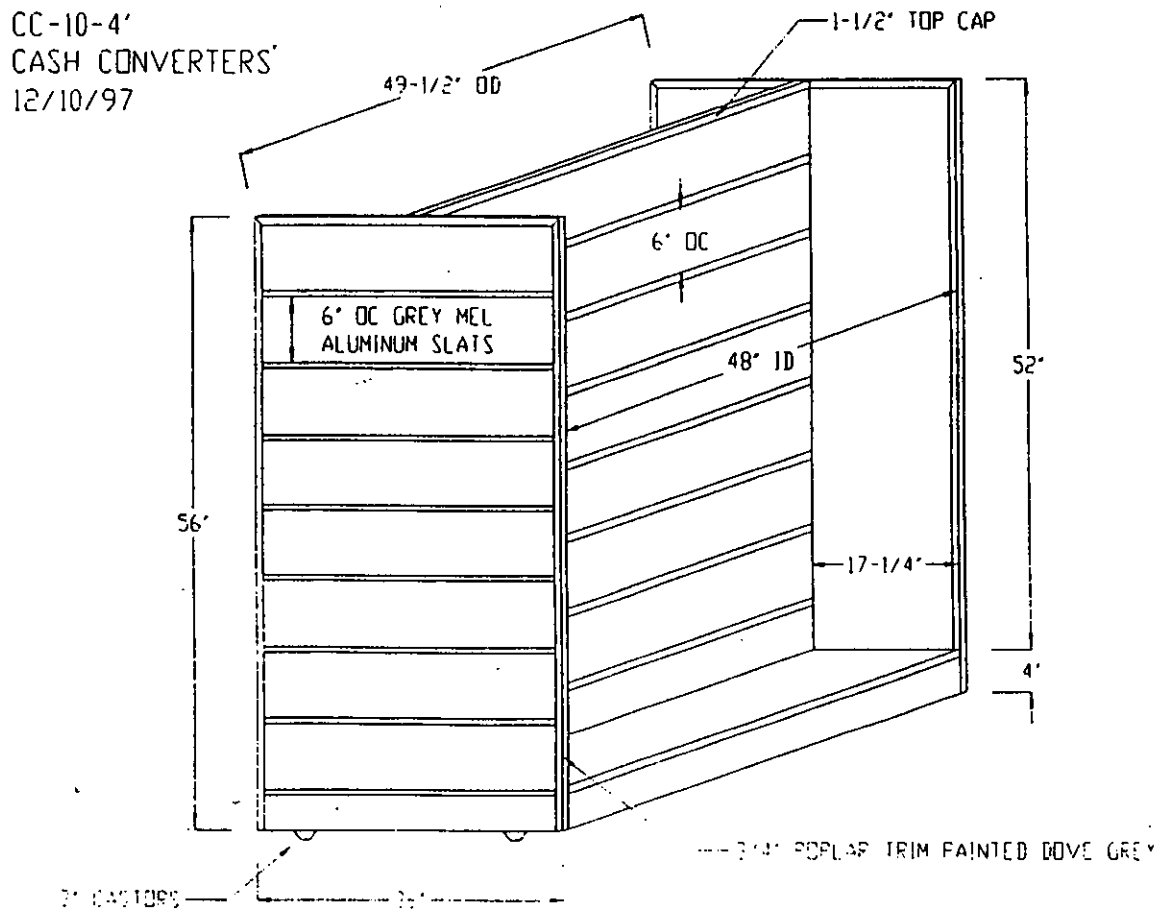
Use: Merchandising of stock on the salesfloor (off the perimeter.) They can be positioned in any area, and are designed to allow ease of movement in order to allow a "new look" to the store at the manager's discretion.
Comments Accessories for this item are CC-10a, CC-10b, CC-10c.



update TA

COUNTER FORM
PLEASE PRINT

RECEIVED
OCT - 7 1999

ELECTRICAL SUBCODE

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

TECHNICAL DATA (LIST ALL FIXTURES)

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

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

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: ALLIED FIRE & SAFETY
ADDRESS: 517 Green Grove Rd
Neptune NJ 07754
PHONE: 732-922-3399
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): 221-904-087

TECHNICAL DATA (DESCRIPTION OF WORK)

Revise existing sprinkler system to provide proper coverage for new tenant spaces

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

Water Supply Source: City Supply
Method of Valve Supervision: existing
Local Alarm Supervision: existing
Central Supervsion: existing
Proprietary Supervision: —

Flammable Liquip Storage Tanks Capacity: N/A Fuel:
Combustable Liquid Storage Tanks Capacity: N/A Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
Wet Sprinkler Heads	17
Dry Sprinkler Heads	—
Total	17

Smoke Detectors
Heat Detectors: N/A
Total

Stand Pipes
Kitchen Hood Exhaust Systems: N/A

Pre-Engineered Systems
Co2 Suppression
Halon Suppression: N/A
Foam Suppression
Dry Chemical
Wet Chemical

Gas or Oil Fired Appliance: N/A
Other
Other
Estimated Cost of Fire Protection Work: $ 2575.00
Signature:
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:

COUNTER FORM
PLEASE PRINT

THE LAURELTON SQUARE
CASH CONVERTERS

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

Site Location: 994 PLUS STORE Date Rec'd.:
Block: 5 Lot: 1149 Date Issued:
Owner in Fee: New Plan excell Realty Control #:
Address: 19 N. Middletown Rd Permit #:
Nanuet NY 10954

State: Zip: Phone: (914) 623-4950
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

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

BUILDING CHARACTERISTICS

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

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

RESELL OF NEW JERSEY
D/B/A CASH CONVERTERS
PH. 732-458-8808
1930 RT. 88
BRICK, NJ 08724

1032

55-7011/2212

PAY TO THE ORDER OF Township Of Brick

DATE 10-14-99

$ 115 00

One Hundred Fifteen 00 DOLLARS

Pamrapo Savings Bank
LAUREL SQUARE SHOPPING PLAZA
1930 ROUTE 88, BRICKTOWN, NJ 08724

FOR Affordable housing fee

[redacted]

Re: Affordable Housing Fees

Date: Oct 15, 1999

Business/Development: Cash Converters

Owner/Applicant: ~~Blue Kelly~~ Resell of New Jersey

Property Address: 1930 Rt 88

Block: 1149 Lot: 5

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
~~Residential~~
Inclusionary Development Fee

Check Number 1032

Estimated Fee $ 230.00

Deposit Amount $ 115—

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $ _____

Less Deposit $ _____

Final Payment $ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received In Treasurer's Office by:

Marilyn Shemko
Signature

10/15/99
Date

Recd 12/21/99 JGT

COUNTER FORM
PLEASE PRINT

Permit Update

99-4000+6

ELECTRICAL SUBCODE	FIRE SUBCODE
CONTRACTOR:	CONTRACTOR: ALLIED FIRE & Safety
ADDRESS:	ADDRESS: POBox 607
	Neptune NJ 07754
PHONE:	PHONE: 732-922-3399
LIC. #: EXP. DATE:	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):	FEDERAL EMPL. # (or S.S. #): 221-904-087
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)
DESCRIPTION QTY SIZE	Relocate (2) and Add (7) additional sprinkler heads for additional walls installed by tennent
ITEMS	
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Motors - Fract. HP	Heating Sys: ☐ New ☒ Existing
Emergency & Exit Lights	Location of Furnace / Boiler
Communications Points	
Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS	
Pool Permit w/UW Lights	Water Supply Source existing City Supply
Storable Pool/Spa/Hot Tub	Method of Valve Supervision existing tapers
KW Elec. Range / Receptacle KW	Local Alarm Supervision existing
KW Oven / Surface Unit KW	Central Supervsion existing
KW Elec. Water Heater KW	Proprietary Supervision existing
KW Elec. Dryer / Receptacle KW	
KW Dishwasher KW	Flammable Liquip Storage Tanks Capacity: — Fuel:
HP Garbage Disposal HP	Combustable Liquid Storage Tanks Capacity: — Fuel:
KW Central A/C Unit KW	L.G.P. Storage Tanks Capacity: — Fuel:
HP/KW Space Heater/Air Handler HP/KW	
KW Baseboard Heat KW	DESCRIPTION NUMBER
HP Motors 1/+ HP	Wet Sprinkler Heads 9 Additional / 31 total
KW Transformer/Generator KW	Dry Sprinkler Heads —
AMP Service AMP	Total 9 Additional / 31 Total
AMP Subpanels AMP	
AMP Motor Control Center AMP	Smoke Detectors —
AMP Elec. Sign/Outline Light KW	Heat Detectors —
Other	Total —
Other	
Other	Stand Pipes —
Other	Kitchen Hood Exhaust Systems —
Estimated Cost of Electrical Work: $	
Signature (print name):	Pre-Engineered Systems —
Estimated Cost of Electrical Work: $	Co2 Suppression —
Signature (print name):	Halon Suppression —
Owner ☐ Contractor ☐	Foam Suppression —
SUBCODE APPROVAL:	Dry Chemical —
PLANS: Required ☐ Approved ☐	Wet Chemical —
Approved by:	
Date:	Gas or Oil Fired Appliance —
	Other —
CONTRACTOR AFFIX SEAL:	Other —
	Estimated Cost of Fire Protection Work: $ $2575—
	Signature:
	Owner ☐ Contractor ☒
	SUBCODE APPROVAL:
	PLANS: Required ☐ Approved ☐
	Approved by:
	Date:

COUNTER FORM
PLEASE PRINT

Permit UPDATE

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

Site Location: 1930 RT 88 Date Rec'd.:
Block: 1149 Lot: 5 Date Issued:
Owner in Fee: CASH CONVERTERS Control #:
Address: 1930 RT 88 Permit #:
LAURELTON SQUARE, BRICK, NJ
State: Zip: Phone: (732) 922-3399
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐

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

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TYPE OF WORK

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

BUILDING CHARACTERISTICS

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

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

COUNTER FORM
PLEASE PRINT

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

Site Location: 1930 Rt. 88 (STORE 22) Date Rec'd.:
Block: 1149 Lot: 5 Date Issued:
Owner in Fee: BRAD KOREY Control #:
Address: Permit #:
State: NJ Zip: Phone: (732) 303-8548
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

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

TECHNICAL SITE DATA (LIST ALL FIXTURES)

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

Estimated Cost of Plumbing Work: $
Signature:

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

BUILDING SUBCODE

CONTRACTOR: KEVIN CARON
ADDRESS: 19 EXETER ST.
OLD BRIDGE, NJ 08857
PHONE: (732) 679-5401
LIC.#:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): [redacted]

TECHNICAL SITE DATA

DESCRIPTION OF WORK:

TENNENT FIT-UP

WILL BUILD @ 97' of 11'-6" HIGH PARTITION WALL, from slab to DROP CIELING. WILL install 3/4" slat wall on most of the perimeter of store. Will build soffit @ 40" from Drop Cieling to Specs. included in plan.

TYPE OF WORK

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

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: @ 14
Area - Largest Floor: 4600 sq ft.
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature: Kevin Caron

Estimated Cost of Building Work: 10,015.00
New Building (1): $
Alteration (2): $ 10,015.00
TOTAL (1+2): $ 10,015.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: X P.M. Electrical Service
ADDRESS: 24 Monmouth Ave.
Freehold NJ. 07728
PHONE: 0732 683 1569
LIC. #: 13498 EXP. DATE: 3/2000
FEDERAL EMPL. #: (or S.S. #) [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	4	
Receptacles	30	
Switches	4	
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/UW Lights		
Storable Pool/Spa/Hot Tub		
KW Elec. Range / Receptacle	KW	
KW Oven / Surface Unit	KW	
KW Elec. Water Heater	KW	
KW Elec. Dryer / Receptacle	KW	
KW Dishwasher	KW	
HP Garbage Disposal	HP	
KW Central A/C Unit	KW	
HP/KW Space Heater/Air Handler	HP/KW	
KW Baseboard Heat	KW	
HP Motors 1/+ HP	HP	
KW Transformer/Generator	KW	
AMP Service	AMP	
AMP Subpanels	AMP	
AMP Motor Control Center	AMP	
AMP Elec. Sign/Outline Light	KW	
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ X 9600.00
Signature (~~print name~~): X Joseph P. Michalski
Estimated Cost of Electrical Work: $
Signature (print name): Joseph P. Michalski
Owner ☐ Contractor ☐

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: X Kevin Caron
ADDRESS: 19 Exeter St
Old Bridge NJ, 08857
PHONE: (732) 679-5401
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #): [redacted]

TECHNICAL DATA (DESCRIPTION OF WORK)

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

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

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

Estimated Cost of Fire Protection Work: $ X $50.00
Signature: X Kevin Caron
Owner ☐ Contractor ☐

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

RESELL OF NEW JERSEY
D/B/A CASH CONVERTERS
PH. 732-458-8808
1930 RT. 88
BRICK, NJ 08724

55-7011/2212

DATE 2-2-00

PAY TO THE ORDER OF Township of Brick (affordable housing trust) $ 115 00

One hundred Fifteen 00 DOLLARS

Pamrapo Savings Bank
LAUREL SQUARE SHOPPING PLAZA
1930 ROUTE 88, BRICKTOWN, NJ 08724

FOR Block 1149 Lot 5 1930 Rt 88 Cash Converters

[redacted]

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

Date: 2-11-00

Business/Development: CASH CONVERTERS

Owner/Applicant: BRAD KORBY

Property Address: 1930 Route 88

Block: 1149 Lot: 5

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number 1117

Final Fee $ 230.00

Less Deposit $ 115.00

Final Payment $ 115.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

2/11/00
Date

AHBT FINAL APPROVAL

Township of Brick
Counter Form
(PLEASE PRINT)

[redacted]
99-4000 #C
UPdate.
CS

Site Location: 1930 Route 88
Block: 1149 Lot: 5
Owner's Name: Brad Morey
Owner's Mailing Address: 1936 rt 88
Brick NJ 08724
Phone: (732) 458-8808

RECEIVED
FEB 2 2000
DIV. OF INSPECTION

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

X ELECTRICAL

Contractor: PM Electric
Address: 27 monmouth ave
freehold nj 07728
Phone#: 683-1569
Lis #: 17498
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	(13) Power Plug molds
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	(1) 12v Closed Circuit + f.c
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $850.00

Signature: agent for - Brad Morey
Please Print Name: Brad Morey

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____