BLOCK 1149 LOT 5 C4-95 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 Route 88, Store #21 Brick NJ 08723 PERMIT NO. 99-4208

CONSTRUCTION PERMIT APPLICATION

99¢ Store

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

I. IDENTIFICATION

1. Propsed Work Site at: 1930 Route 88, Store #21 Brick NJ 08723
2. Name of Owner in Fee: New Plan Realty Trust Tel. (212) 869-3000
   Address 1120 Avenue of the Americas New York NY 10036
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: RICHARD C. REILLY (732) 223-6600
   Address 400 LINDEN AVE BRIELLE, NJ
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 155-24-3219 FAX: (732) 223-6805
5. Architect or Engineer RICHARD GRASSO Tel. (732-) 528-5860
   Address 171 MAIN ST MANASQUAN NJ
6. Responsible Person in Charge of Work RICHARD C. REILLY
   Tel. (732) 223-6600 FAX (732) 223-6805

Tennant Fit Up

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35		
2. Electrical	35		
3. Plumbing 10%			
4. Fire Protection	35		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 105		

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									
2. ☐ New Building									
3. ☐ Addition									
4. ☒ Alteration	X350.00				11-4-99	FM	12/1/99		Ok
5. ☒ Fire Protection	X10.00				11-5-99	BB	12/3/99		
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☒ Elevator Devices					11/5/99	MM	11/30/99		
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	X360.00								

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

FINAL APPROVAL

LDS BR 10314205

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

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

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

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(✓) Check if contractor.

Agent Name RICHARD C. REILLY

Address 400 UNION AVE.
BRIELLE, NJ.

Telephone (732) 223-6600

Signature Richard C. Reilly

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			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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. 4708	1/6/2000			
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/06/2000
Control #
Permit # 99-4208

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 5 Qual
Work Site Location 1930 RT 88 STORE 21 99 STORE
TENANT FIT UP
Owner in Fee/Occupant NEW PLAN REALTY TRUST
Address 1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-
Telephone (212)869-3000
Contractor RICHARD C REILLY
Address 400 UNION AVE (RTE 71)
BRIELLE, NJ 08730-
Telephone (732)449-6616 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 #21 99 CENT STORE
GONDOLA SET UP (FREE STANDING SHELVING) AND SLOT WALL
PUT UP SIDE WALLS

[ ] 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. 104
Collected by: HP

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

0002 0.00
99-4208 0.00
BLOCK 1149 # 35.00
LOT 5 # 35.00
BUILDING 35.00
ELETRIC* 35.00
FIRE 105.00
TOTAL 105.00
CHECK 0.00
CHANGE 0002A005 16:13
11/05/99 NO. 5

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 11/05/99
Control #
Permit # 99-4208

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 RT 88 STORE 21 99 STORE
TENANT FIT UP
Owner in Fee NEW PLAN REALTY TRUST
Address 1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-
Telephone (212)869-3000

Contractor RICHARD C REILLY
Address 400 UNION AVE (RTE 71)
BRIELLE, NJ 08730-
Telephone (732)449-6616
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-5243219

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 (Subchapter 8 only) [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP FOR STORE #21 99 CENT STORE
GONDOLA SET UP (FREE STANDING SHELVING) AND SLOT WALL PUT UP SIDE WALLS

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 $ 380

J. Cupazza
Construction Official

11/05/99
Date

WP

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

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	105
Check No.	104
Cash	
Collected By	WP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/03/99
Date Issued 11-18-99
Control # C4-95
Permit # 99-4208

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 STORE 21 99 STORE
TENANT FIT UP
Owner in Fee NEW PLAN REALTY TRUST
Address 1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-
Tele.(212)869-3000
Contractor RICHARD C REILLY
Address 400 UNION AVE (RTE 71)
BRIELLE, NJ 08730-
Tele.(732)449-6616 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP FOR STORE #21 99 CENT STORE
GONDOLA SET UP (FREE STANDING SHELVING) AND SLOT WALL PUT UP SIDE WALLS
minimum Isle width 44"

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All — 11-4-99 — PM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 12-9-99
Approved By:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other	Elec. rel - 12/1/99			
Final	12/8/99			
BarrierFree	N/A			

COMMERCIAL

TYPE OF WORK

[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence 0 Height (exceeds 6')
[ ] Sign 0 Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other
Other
[ ] Demolition

FEE (Office Use Only)

	$ 0
	0
	13
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
	0
Administrative Surcharge	$ 0
Minimum Fee	$ 22
TOTAL FEE	$ 35
DCA Training Fee	$ 0

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 $ 360
3. Total (1+2)$ 360

Industrialized Building:
[ ] State Approved
[ ] HUD

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/03/99
Date Issued 11/18/99
Control # C4-95
Permit # 99-4208

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 STORE 21 99 STORE
TENANT FIT UP
Owner in Fee NEW PLAN REALTY TRUST
Address 1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-
Tele.(732)787-7549 Fax ( )
Contractor QUALITY ELECTRIC
Address 290 LAWRENCE
WEST RENTSBURG, NJ
Tele.(732)787-7549
Lic. No. or Bldrs. Reg. No. 4736
Federal Emp. No. 22-1983215

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 10

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 11 5 99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11 30 99
Approved By:

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough			11 22 99	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			11 30 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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
6		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
6		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

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 11/03/99
Date Issued 11/18/99
Control # C4-95
Permit # 99-4208

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 STORE 21 99 STORE
TENANT FIT UP
Owner in Fee NEW PLAN REALTY TRUST
Address 1120 AVENUE OF THE AMERICAS
NEW YORK, NY 10036-
Tele.( ) Fax ( )
Contractor KEN FORGASH
Address 440 ROUTE 130 SOUTH
EAST WINDSOR, NJ 08520-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 10

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
[X] Fire Plans Approved
Date: 11-5-99
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-3-99
Approved By: KR

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO			12-3-99	KR
Final		12-29		KR
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

Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	FBR (Office Use Only)
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	
Wet 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 FBR	$	35
DCA Training Fee	$	0

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 12-16-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1149 LOT 5 SITE ADDRESS [illegible]

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

APPLICANT [illegible] CITY & STATE [illegible]

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

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

$ [illegible]

[signature]
Frederick R. Millman, CTA, Tax Assessor

12/15/99
Date

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

$ [illegible]

[signature]
Frederick R. Millman, CTA, Tax Assessor

12/15/99
Date

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

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

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

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ _____ Date _____

Estimated Required Fee $ _____

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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

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

_____

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(908) 262-1038
Fax (908) 262-8954
http://gbshost.com/brick

Date: 11·3·99

Township Engineer
401 Chambers Bridge Road
Brick, NJ 08723

99¢ store

RE: Block: 1149 Lot: 5

Property Address: 1930 Rt 88 - Store #21

COMMERCIAL

I, _____ of _____.
(name) (address)

Request to be exempted from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in Chapter 190.31 of the Codified Ordinances of the Township of Brick.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit survey locating existing dwelling and proposed addition. Dimensions of addition should be included.

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

Note: Prior to approval, a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

OFFICE USE

Approved: _____ Signed: _____

Rejected: _____ Signed: _____

Comments: _____

ARAMA 99, LLC
1930 ROUTE 88
BRICK, NJ 08723

EXPLANATION	AMOUNT	

103

PAY Two hundred thirty five dollars — DOLLARS — CHECK AMOUNT

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NO		
12-31-99	Township of Brick		103	$	235.00

Sovereign Bank
"Success is confidence. We can help you get there."

[redacted]

ATURE INDICATES A COPY

Date: 12-31-99

Business/Development: 99 ¢ Store

Owner/Applicant: Arama 99, LLC

Property Address: 1930 Route 70 Store #21

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 103

Final Fee $ 235.00

Less Deposit $ 0

Final Payment $ 235.00

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

12/31/99
Date

COUNTER FORM
PLEASE PRINT

Brielle
400

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

Site Location: Laurel Square Shopping Center
Block: 1149 Lot: 5
Owner in Fee: New Plan Realty
Address: ~~1930 Route 88, Store #21~~ ~~Brick, NJ 08723~~ 1120 6th AVE ~~#100~~ New York city
State: NY Zip: 10036 Phone: (212) 869-3000
SS #: Provide only if Applicant is owner

Date Rec'd.:
Date Issued:
Control #:
Permit #:

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: Richard C. Riley
ADDRESS: 400 Union Ave. (Rte 71)
Brielle NJ 08730
PHONE: 732 449-6616
LIC.#: DWA
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): [redacted]

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Gondola Set up (Free Standing Shelving) + Slot wall put up on Side walls.

X Richard C. Riley

Sexart set up

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: X Richard C. Reilly

Estimated Cost of Building Work:
New Building (1): $
Alteration (2): $
TOTAL (1+2): $ ~~X~~ $ 360.00
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

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

TECHNICAL DATA (LIST ALL FIXTURES)

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

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

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR: X KEN FORGASH
ADDRESS: 99¢ PLUS / 440 Route 130 South East Windsor, NJ 08520
PHONE: 609-443-4665
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	
Strand 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 X Emergency Exit Lites	

Estimated Cost of Fire Protection Work: $ X 10.00
Signature: X
Owner ☐ Contractor ☑ (Tenant)
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Requested Insp Date	Permit No / Type of Inspection	Sub	Block / Lot	Worksite Location	Telephone	Actual Insp Date	P F N	Special Instructions	Comments
12/08/99	99-4208 FINAL	F	1149 5	1930 RT 88 STORE 21 99 STORE					

Kevin
Please do this one then was
I item that you had to go back for.
Sorry that it's Wed. but they
want to open -

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

BLOCK 1149 LOT 5

PROPERTY ADDRESS (number and street) LAUREL SQ Rt 70 Brick Township NJ

NAME OF PROPERTY OWNER NEW PLAN EXCEL-1120 6th AVE NYC

PERSONAL NAME OF APPLICANT

BUSINESS NAME OF APPLICANT RICHARD C. REILLY

MAILING ADDRESS OF APPLICANT 4 JOCELYN COURT BRICK, NJ

TELEPHONE NUMBER OF APPLICANT 732-223-6600

COMMERCIAL

PRESENT USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓Commercial(please describe) VACANT STORE

PROPOSED USE OF PROPERTY(check all that apply)

___Vacant Lot ___Single-family dwelling ___Multi-family Dwelling

✓Commercial(please describe) $.99 STORE

PROPOSED CONSTRUCTION

___All dimensions: _____Width _____Length _____Height

Deck or Garage: _____Attached _____Detached _____Height

Fence: Style_____ Material_____ Height_____

CHECKLIST:

___All information completed above

___Two (2) copies of the property survey map containing:

___All existing and proposed structures

___All dimensions of the lot and structures

___All setbacks from the structures to the property lines

___All adjacent streets and waterways

___If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the site map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

Signature of applicant Richard C. Reilly Date 11-3-99

Reviewed by Zoning Officer Date_____ ()Approved ()Rejected

COUNTER FORM
PLEASE PRINT

EXEMPT

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

Site Location: 1930 Hwy 88 Date Rec'd.:
Block: 1149 Lot: 5 Date Issued:
Owner in Fee: New Plan / Excel 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: X
ADDRESS:

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

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
X

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: X

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

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: QUALITY ELECTRIC
ADDRESS: 290 LAUREL AVE
WEST ATLANTIC CITY N.J.
PHONE: 732) 787-7549
LIC. #: 4736 EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 22-1983215

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	6	
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): JOHN FACCAS
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☑

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

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

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

TECHNICAL DATA (DESCRIPTION OF WORK)

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

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

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

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

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐

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