BLOCK 1149 LOT 1 ADDRESS (SITE) 135-167 VAN ZILE Rd PERMIT NO. 556-97

RECEIVED
FEB 19 1997

CONSTRUCTION PERMIT APPLICATION

SANDY'S CLEANERS

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

I. IDENTIFICATION 135-167

1. Proposed Work-site at: RT 70 + VAN ZILE Rd BRICK N.J.
2. Name of Owner in Fee: BRICK PLAZA ASSOCIATES Tel. (___) ___
3. Address 1688 VICTORY BOULEVARD, STATEN ISLAND NY 10314 (street, municipality, zip code)
4. Ownership in Fee: Public ___ Private ___
5. Principal Contractor: DRY CLEANING SPECIALIST Tel. (908) 714-1722
6. Address PO Box 736 BRICK N.J. 08723
7. License No. OR, if new home, Builder Reg. No. ___ Exp. Date ___
8. Federal Emp. No. ___ Social Security No. ___
9. Architect or Engineer ___ Tel. (___) ___
10. Address ___
11. Responsible Person in Charge of Work JOHN MORGAN Tel. (908) 714-1722

TENANT FIT-UP

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	135		
2. Electrical				
3. Plumbing		115		
4. Fire Protection		35		
5. Elevator Devices				
6. Subtotal	$	285-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		4-		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other 2PA		$15		
13. TOTAL	$	304.00		

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 ___ sq. ft. / no ___	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	4300

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	2/19/97		3-20-97	EM	7/8/97		
			3/13/97 3-20-97		7/17/97		
					7/16/97		
GWG	3/6/97		3/6/97				

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

LDS BR 10413206

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

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

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

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

(X) Check if contractor.

Agent Name DRY CLEANING SPECIALIST INC

Address PO Box 736
BRICK N.J. 08723

Telephone (908) 714-1722

Signature John Morgan Date 12-11-96

OFFICE DATE RECEIVED: ____________

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☐ Planning Board								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☐ Other								
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition

Building ____________
Electrical ____________
Plumbing ____________
Fire Protection ____________
Mechanical ____________

Name of Code & Edition

Energy ____________
Barrier Free ____________
Flood Hazard ____________
As Built Elevation Cert. ____________
Other ____________

Other ____________

X. CERTIFICATES ISSUED **(office use only)**

DATE EXPIRED

☐ Temporary Certificate of Occupancy No. ______ ______ ______
☐ Temporary Certificate of Occupancy No. ______ ______ ______
☐ Continued Certificate of Occupancy No. ______ ______
☐ Certificate of Occupancy No. ______ ______
☑ Certificate of Approval No. 556 7-11-97
☐ None

CERTIFICATE

Date Issued 7-11-97
Control #
Permit # 556-97

IDENTIFICATION

Block 1149 Lot 1
Work Site Location 135-167 Van Zile Road

Owner in Fee Brick Plaza Associates
Address 1689 Victory Blvd.
Staten Island, NY 10314
Tele. ( )
Contractor Dry Cleaning Specialist
Address P.O. Box 736
Brick, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R 2 hrs.
Maximum Live Load
Description of Work/Use:

Tenant fit-up "SANDYS CLEANERS"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX☐XX **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

Brick 4

(Sandy's Cleaners)

PERMIT UPDATE

Date Update Issued 970616
Control #
Permit # 901973
Date Permit Issued 970318

IDENTIFICATION Block 1149 Lot 1
Work Site Location 139 Van Zile Rd
Brick N.J. 08723
Owner in Fee Sandys Cleaners
Address
Tele. (____)

Contractor FRANK SAVANNAH
Address 405 ½ 14TH AVE
Belmar NJ 07719
Tele. (908) 280-5815
Lic. No. or Bldrs. Reg. No. 3249
Federal Emp. No.
or Social Security No.

Is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK: 200 AMP Service

Estimated Cost of Work $ 2000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	35
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	2.
Cert. of Occ.	
Other	
Total	37.
Check No.	3130
Cash	
Collected By:	

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

SANDY'S CLEANERS

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/20/97
Date Issued
Control #
Permit # 556-97

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

Block 1149 Lot 1
Work Site Location Channel Plaza
VAN ZILE Rd + RT 70
Owner in Fee BRICK PLAZA ASSOCIATES
Address 1688 VICTORY BOULEVARD
STATEN ISLAND N.Y.
Tele. ( )
Contractor DRY CLEANING SPECIALIST
Address PO BOX 788
BRICK NJ 08723
Tele. (908) 714-1722
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

APPROVED

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.

John Morgan
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Framing, Sheetrock

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	3-20-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Footing				
Foundation				
Slab				
Frame			5/19/97	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7/8/97	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only) FEE

$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3500.00
3. Total (1+2) $

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

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/20/97
Date Issued
Control #
Permit # 556-97

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

Block 1149 Lot 1
Work Site Location Channel Plaza
VAN ZILE Rd + RT 70
Owner in Fee Brick Plaza Associates
Address 1688 Victory Boulevard
STATEN ISLAND NY
Tele. ( )
Contractor Dry Cleaning Specialist
Address PO Box 736
BRICK NJ 08723
Tele. (908) 714-1722
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

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.

John Morgan
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Framing, Sheetrock

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[✓] No Plans Req.	3-20-97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other _____
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 3500.00
3. Total (1+2) $

U.C.C. Form F-110B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

John Mocsan
908-714-1782
Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAR 18 97 0 0 1 9 7 3

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

Block 1149 Lot 1
Work Site Location RT 70 + VAN ZILE Rd

Owner in Fee BRICK PLAZA ASSOCIATES
Address 1688 VICTORY BOULEVARD
STATEN ISLAND NY
Tele. (____)
Contractor Frank Savanyuk
Address 405 1/2 14TH AVE
BELMAR N.J.
Tele. (908) 280-5815
Lic. No. 3249
Federal Emp. No. _____ or Social Security [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Dry Cleaning Mark Utility Co. JCP&L GPU
Est. Cost of Elec. Work $ 1500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved NOTED
Date: 970219
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] TCO [ ] CA
Date: 7/10/97
Approved By: [signature] 6994

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Temporary				
Constr. Serv.				
TCO			7/10/97	[signature] 6994
Other 7/8/97	[signature] 6994			
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 7/10/97 [signature] 6994

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature—Contractor Seal

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

COMMERCIAL

NO.	SIZE	ITEM	FEE (Office Use Only)
16		Fixtures (1)	35
53		Receptacles (2)	
33		Switches (3)	
99		Total 1 + 2 + 3	
		Kw Range	
		Kw Oven(s)	
		Kw Surface Unit	
		hp Dishwasher	
		hp Garbage Disposal	
		Kw Dryer	
		Kw A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		hp Whirlpool/spa	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
		Kw Water Heater(s)	
1		Kw Central heat: Steam Boiler oil, gas or elec.	7
		Kw Baseboard Heat Units	
		Thermostats	
		hp Heat Pump	
1	3/4	hp Pump(s)	
		Amp Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
4	3/4	hp Motors—Fractional H.P.	
3		hp Motors—All Others	21
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
1	60A	Other Dry Clean Mark	7

	Administrative Surcharge	$ _____
Paid [ ] Check # 2978	Minimum Fee	$ 70
	DCA Training Fee	$ 1
Collected by: _____	TOTAL FEE	$ 71

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

pd by Dry Cleaning
PO Box 736 Brick

3

2-19-97
DISCONNECTS PER NEC 422-21(b)
PANEL LOCATION

7/8/97 [illegible]
(#1) [illegible] Breaker Lockout For AIR Compressor
(#2) Needs Support on BX Lines Above T-BAR Ceiling
(#3) Fuse Size For DRY Cleaning Machine & Extractor Machines

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/20/97
Date Issued
Control #
Permit # 556-97

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

Block 1149 Lot 1
Work Site Location RT 70 + VAN ZILE Rd

Owner in Fee BRICK PLAZA ASSOCIATES
Address 1688 VICTORY BOULEVARD
STATEN ISLAND NY
Tele. ( )
Contractor DRY CLEANING SPECIALIST
Address PO BOX 736
BRICK NJ
Tele. (908) 714-1722
Lic. No.
Federal Emp. No. / or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 3/13/97
Approved by: JL
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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.

John Moyan
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER GAS BOILER STEAM	1	35

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

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Channel PLAZA
DRY cleaners

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/20/97
Control # 556-97
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 1
Work Site Location RT 70 + VAN ZILE Rd
BRICK N.J
Owner in Fee BRICK PLAZA ASSOCIATES
Address 1688 VICTORY BOULEVARD
STATEN ISLAND NY 10314
Tele. ( )
Contractor NIELSEN Plumbing
Address 241 Cherry Quay Rd.
Boicte N.J. 08721
Tele. (908) 920 1695
Lic. No. 8568
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-20-97
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CCO [ ] CCO DCA
Approved By: [signature]
Date: 7-7-97

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment	6-16-97		7-7-97	[signature]
Gas Piping			6-13-97	[signature]
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	10
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	10
	Hose Bibb	
1	Water Heater	3.5
	Fuel Oil Piping	
1	Gas Piping	2.5
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	3.5
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other Return tank	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 115
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-1308 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

6-16-97- No gas Meter

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/20/97
Control # 556-97
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 1
Work Site Location RT 70 + VAN ZILE Rd
BRICK N.J.
Owner in Fee BRICK PLAZA ASSOCIATES
Address 1688 VICTORY BOULEVARD
STATEN ISLAND NY 10314
Tele. ( )
Contractor NIELSEN Plumbing
Address 241 Cherry Quay Rd.
Brick N.J. 08723
Tele. (908) 920 1695
Lic. No. 8568
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ 800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-20-97
Approved by: BJL

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By: BJL
Date: 3-20-97

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
1	Floor Drain	10
	Sink	
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	10
	Hose Bibb	
1	Water Heater	35
	Fuel Oil Piping	
1	Gas Piping	25
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
1	Backflow Preventer	35
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other Return TANK	

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ 115
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-1308 — 1 White = Inspector Copy, 2 Canary = Office Copy, 3 Pink = Office Copy, 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: February 21, 1997 1997 - 1131

Block 1149 Lot 1 Zone B-3, H.D.

Property Address: 135-167 Van Zile Road, Aldi Plaza

Owner: Brick Plaza Associates (Phone):

Applicant: John Morgan (Phone): (908) 714-1722

Mailing Address: P.O. Box 736, Brick, N.J. 08723

Existing Use: Vacant unit (former bank)

Proposed Use: Dry cleaning store.

Proposed Construction (if any): Interior alteration for tenant fit-up.

Conditions: An additional zoning permit is required for any sign.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

NIELSEN
Plumbing & Heating
241 Cherry Quay Road, Brick, New Jersey 08723 · 908-920-1695

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Plumbing & Heating
241 Cherry Quay Road, Brick, New Jersey 08723 - 908-920-1695

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #. _____

Fee: _____ Date 3-12-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Buck Alley
(City, County, Township, etc.)

BUILDING LOCATION Rt 70 & Van Zile.
(Street address)

BUILDING DESCRIPTION Tennant

REVIEWED BY BJK

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

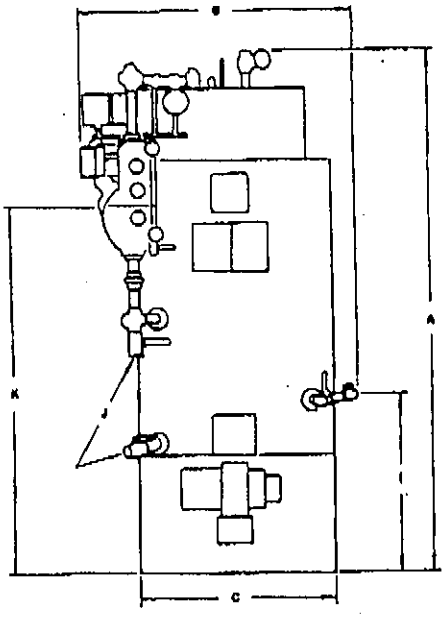
No.	DESCRIPTION	Code Section
	No Boiler Brochure	
	Boiler not listed on permit.	
	D.W.V. drawing does not match floor	
	plan Plumber was called BJK	3-12-97

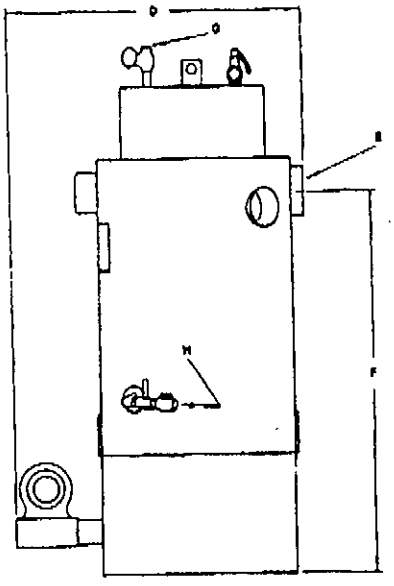
BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

Old Channel Plaza Block 1149 Lot 1
-Standys Cleaners

SPECIFICATIONS AND DATA

Underwriters' Laboratories, Inc. LISTED





BOILER SIZE H.P.	6	10	15	20	25
Gas Input BTU per Hour	252,000	420,000	630,000	840,000	1,050,000
Oil Input Gals. per Hour	2.00	3.00	4.50	6.00	7.50
Output BTU per Hour	201,600	336,000	504,000	672,000	840,000
Output lbs. Steam per Hour (212°F)	207	345	517	690	862
Water Capacity—gals.	16	27	37	43	59
Hand Hole Sizes	(3) 3x4	(3) 3x3-3/4"	(3) 3x3-3/4"	(4) 3x3-3/4"	(4) 3x3-3/4"
A Boiler Height—Includes Piping	70"	78"	84"	88"	92"
Boiler Diameter					
B Left to Right (Pkgd Incdg MM)	34"	36"	40"	41"	42"
C Left to Right (Less Trim & Piping)	27"	30"	34"	37"	40"
D Burner to Flue Outlet (Ft. to Bk.) Approx.* *varies with burner type	47"	48"	54"	58"	62"
E Flue Outlet Dia.	6"	8"	10"	10"	12"
F Centerline Flue Outlet to Floor	48-1/4"	55"	60"	63-1/2"	65-1/2"
G Steam Outlet IPS	3/4"	3/4"	1"	1"	1-1/4"
H Feedwater Inlet IPS	1/2"	1/2"	1/2"	3/4"	3/4"
I Centerline Feedwater Inlet to Floor	22-3/8"	24-3/8"	24-3/8"	27-3/8"	28-3/8"
J Blowdown Outlets IPS	1"	1"	1"	1"	1"
K Normal Water Line to Floor	46-3/4"	54-1/2"	60-1/2"	65"	69"
Boiler Crated Dimensions					
Left to Right	38"	41"	43"	44"	44"
Front to Rear	53"	56"	62"	66"	66"
Height	73"	81"	86"	95"	95"
Approx. Floor Space	3'x5'	3'x5'	3-1/4'x5'	3-1/2'-x5-1/2'	4'x6'
Approx. Shipping Wt. Skidded & Crated	1500 lb	1800 lb	2300 lb	2900 lb	3300 lb

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APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[ ] Other		
[X] Final	7-29-97	

U.C.C. Form F-224A