BLOCK 869-1 LOT 4 C12.69 ADDRESS (SITE) 1905 Rout 88 EAST BRICK PERMIT NO. 00-4766

RECEIVED
DEC 12 2000

CONSTRUCTION PERMIT APPLICATION

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

N/A

I. IDENTIFICATION

1. Proposed Work-site at: 1905 Rout 88 EAST BRICK NJ 08724
2. Name of Owner in Fee: COUSINS mall INC Tel. (___) ___
   Address 400 ASHTON ST (street) LINDEN (municipality) NJ 07036 (zip code)
3. Ownership in Fee: Public ___ Private ___
4. Principal Contractor: RON YEFET Tel. (___) ___
   Address 1905 Rout 88 EAST BRICK 08724
   License No. OR, if new home, Builder Reg. No. ___ Exp. Date ___
   Federal Emp. No. ___ Social Security No. ___
5. Architect or Engineer ___ Tel. (___) ___
   Address ___
6. Responsible Person in Charge of Work ___ Tel. (___) ___

RUSH

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	1		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	0		
13. TOTAL	$ 106		

MANDATORY FEE COMMERCIAL

VI. BUILDING/SITE CHARACTERISTICS

COMMERCIAL

	(office use only)
1. Number of Stories	
2. Height of Structure ___ ft.	
3. Area—Largest Floor ___ sq. ft.	0
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
1. ☐ 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	

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
CAS	12-11-00		12-15-00	FH			
		12/27/00	MN				
EAC	12/13/00		ENA				

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: Jewelry Store
2. Use Group:
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100B

LDS BR 10505023

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.

( ) Check if contractor.

Agent Name Ron yeflet Agent for Cousins Mall Inc.

Address 400 ASHTON ST

LINDEN NJ 07036

Telephone ( ) _____

Signature Ron yeflet Date 12-12-00

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	
☐ 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									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/21/2000
Control #
Permit # 00-4766

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee/Occupant COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Telephone ( ) -
Contractor RON YEFET
Address 1905 ROUTE 88 EAST
BRICK, NJ 08724-
Telephone (732)836-3030 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

TENANT FIT UP - PAINTING; INSTALL SLAT BOARD SHEE
INSTALL COMMERCIAL TILE OVER OLD FLOOR; REPLACE
PLASTIC BOARD SIGN (NOT

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

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

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

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

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

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

Fee $ 0
Paid [X] Check No. 1009
Collected by: CS

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/15/2000
Control #
Permit # 00-4766

12/15/00 2:49PM 000000H0930
XX01 SERV.001

H0004766

BUILDING	$35.00
ELECTRIC	$35.00
FIRE	$35.00
DCA	$1.00
CHECK	$106.00

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 869.01 Lot 4 Qual

Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Telephone ( ) -

Contractor RON YAFET
Address 1905 ROUTE 88 EAST
BRICK, NJ 08724-
Telephone (732)836-3030
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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 - PAINTING; INSTALL SLAT BOARD SHEETS ON EXISTING WALL; INSTALL COMMERCIAL TILE OVER OLD FLOOR; REPLACE PLASTIC BOARD SIGN (NOT REPLACING OLD CONSTRUCTION SIGN) FOR EXOTIC LLC OLD GEARS TRAINS STORE

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 $ 1,450

J Cervasio/ins
Construction Official

12/15/2000
Date

PAYMENTS (Office Use Only)

Building	35
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	106
Check No.	1009
Cash	
Collected By	CS

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 12/21/2000
Control #
Permit # 00-4766+A
Permit Issued 12/15/2000

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 869.01 Lot 4 Qual

Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Telephone ( ) -

Contractor HENRY LINDNER P & H
Address 355 CHESTNUT ST
LAKEWOOD, NJ 08701-
Telephone (732)364-7059
Lic. No. or Bldrs. Reg. No. 4865
Federal Emp. No. 13-8423412

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REPLACE SINK

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	10
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	10
Check No.	
Cash	X
Collected By	NMM

12/21/00 9:35AM 00000041003
XX06 SERV.006
#004766
PLUMBING $10.00
XXXTOTAL $10.00
CASH $10.00
CHANGE $0.00

Estimated Cost of Work $ 250

Construction Official nmm

12/21/2000
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/12/2000
Date Issued 12/15/2000
Control # C12-69
Permit # 00-4766

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.( ) -
Contractor RON YEFET
Address 1905 ROUTE 88 EAST
BRICK, NJ 08724-
Tele.(732)836-3030 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/15/00	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 12-19-00
Approved By: KM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12-19-00	KM
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 900
3. Total (1+2) $ 900

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP - PAINTING; INSTALL SLAT BOARD SHEETS ON EXISTING WALL; INSTALL COMMERCIAL TILE OVER OLD FLOOR; REPLACE PLASTIC BOARD SIGN (NOT REPLACING OLD CONSTRUCTION SIGN) FOR EXOXTIC LLC OLD GENES TRAINS STORE

Exit Lights To Be installed.
Isle widths must meet code.

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	32
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 3
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check # Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

4/11cr

Date Received 12/12/2000
Date Issued 12/15/2000
Control # C12-69
Permit # 00-4766

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.( ) -
Contractor RON YEFET
Address 1905 ROUTE 88 EAST
BRICK, NJ 08724-
Tele.(732)836-3030 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.		
[ ] All	12/15/00	[illegible]
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
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 $ 900
3. Total (1+2)$ 900

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP - PAINTING; INSTALL SLAT BOARD SHEETS ON EXISTING WALL; INSTALL COMMERCIAL TILE OVER OLD FLOOR; REPLACE PLASTIC BOARD SIGN (NOT REPLACING OLD CONSTRUCTION SIGN) FOR EXOTIC LLC OLD GENES TRAINS STORE

Exit Lights To Be installed.
Isle widths must meet code.

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	32
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 3
Collected by: TOTAL FEE	$ 35
DCA Training Fee	$ 1

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/15/2000
Date Issued 12/15/2000
Control #
Permit # 00-4766

COMMERCIAL

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.(732)901-4000 Fax ( )
Contractor B WEINSTEIN ELECTRIC LLC
Address 126 AUTUM RD
LAKEWOOD, NJ 08701-
Tele.(732)901-4000
Lic. No. or Bldrs. Reg. No. 145724
Federal Emp. No. 90-14000

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 450

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12 15 00
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12 19 00
Approved By:

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			12 19	

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	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
3		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 [X] Check # 1009 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 35
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/15/2000
Date Issued 12/15/2000
Control #
Permit # 00-4765

C3E

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

Block 869.01 Lot 4 Qual ____

Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP

Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.(732)901-4000 Fax (___)

Contractor B WEINSTEIN ELECTRIC LLC
Address 126 AUTUMN RD
LAKEWOOD, NJ 08701-
Tele.(732)901-4000
Lic. No. or Bldrs. Reg. No. 14572A
Federal Emp. No. 90-14000

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building occupied as ______ Utility Co. ______
Estimated Cost of Electrical Work $ 450

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS Type	Failure	Approval	Initial
[ ] No Plans Required	Rough			
Joint Plan Review Required:	Temp Serv			
[ ] Bldg [ ] Plumb	Const Serv			
[ ] Fire [ ] Elevator	TCO			
[ ] Elect Plans Approved	Other			
Date:	Service			
Approved By:	Final			

Dates (Month/Day)

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

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	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
6		Communications Points	
0		Alarm Devices/F.A.C. Panel	
9		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 1/4 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

Paid [X] Check # 1009
Collected by: CS

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

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 application and perform the work listed on this application.

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

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 12/15/2000
Date Issued 12/15/2000
Control #
Permit # 00-4766

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.(732)901-4000 Fax ( )
Contractor B WEINSTEIN ELECTRIC LLC
Address 126 AUTUM RD
LAKEWOOD, NJ 08701-
Tele.(732)901-4000
Lic. No. or Bldrs. Reg. No. 145724
Federal Emp. No. 90-14000

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
( ) Pole/Pad # ( ) Temporary ( ) Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 450

JOB SUMMARY (Office Use Only)

PLAN REVIEW
(X) No Plans Required
Joint Plan Review Required:
( ) Bldg ( ) Plumb
( ) Fire ( ) Elevator
( ) Elect Plans Approved
Date: 12/15/00
Approved By:

SUBCODE APPROVAL
( ) CO ( ) CCO ( ) CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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 an authorised 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	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
3		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
3		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 (E) Check # 1099 Minimum Fee $ 0
Collected by: CS TOTAL FEE $ 35
DCA Training Fee $ 0

D.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 12/12/2000
Date Issued / /
Control # C12-69
Permit # 00-4766

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.(732)836-3030 Fax ( )
Contractor RON YEFET
Address 1905 ROUTE 88 EAST
BRICK, NJ 08724-
Tele.(732)836-3030
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B 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 $ 100

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: 12-15-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-20-00
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			12-19-00	BB
Other				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/12/2000
Date Issued / /
Control # C12-69
Permit #

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele (732)836-3030 Fax ( )
Contractor RON YEFET
Address 1905 ROUTE 88 EAST
BRICK, NJ 08724-
Tele.(732)836-3030
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B 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 $ 100

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: 12-15-00
Approved By: CB
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

D. TECHNICAL SITE DATA

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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
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
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/21/2000
Date Issued 01/01/1954
Control #
Permit # 00-4766+A

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.(732)364-7059 Fax ( )
Contractor HENRY LINDNER P & H
Address 355 CHESTNUT ST
LAKEWOOD, NJ 08701-
Tele.(732)364-7059
Lic. No. or Bldrs. Reg. No. 4865
Federal Emp. No. 13-8423412

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[/] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-21-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink Replacement	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 10
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 12/21/2000
Date Issued 01/01/1954
Control #
Permit # 00-4766+A

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

Block 869.01 Lot 4 Qual
Work Site Location 1905 ROUTE 88 EAST-EXOTIX LLC
TENANT FIT UP
Owner in Fee COUSINS MALL INC
Address 400 ASHTON ST
LINDEN, NJ 07036-
Tele.(732)364-7059 Fax ( )
Contractor HENRY LINDNER P & H
Address 355 CHESTNUT ST
LAKEWOOD, NJ 08701-
Tele.(732)364-7059
Lic. No. or Bldrs. Reg. No. 4865
Federal Emp. No. 13-8423412

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 250

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 12-21-00
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 12-21-00

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			12-21-00	
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink Replacement	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 10
DCA Training Fee $ 0

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

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

COMMERCIAL

Date: 12-12-00

Block: 869.1 Lot: 4

Property Address: 1905 Rout 88 east BRick NJ 08724

I, EXOTIX (name) of 1905 Rout 88 EAST BRic NJ 08724 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Ron Yelat
Applicant's Signature

The following shall be submitted with this request:

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

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

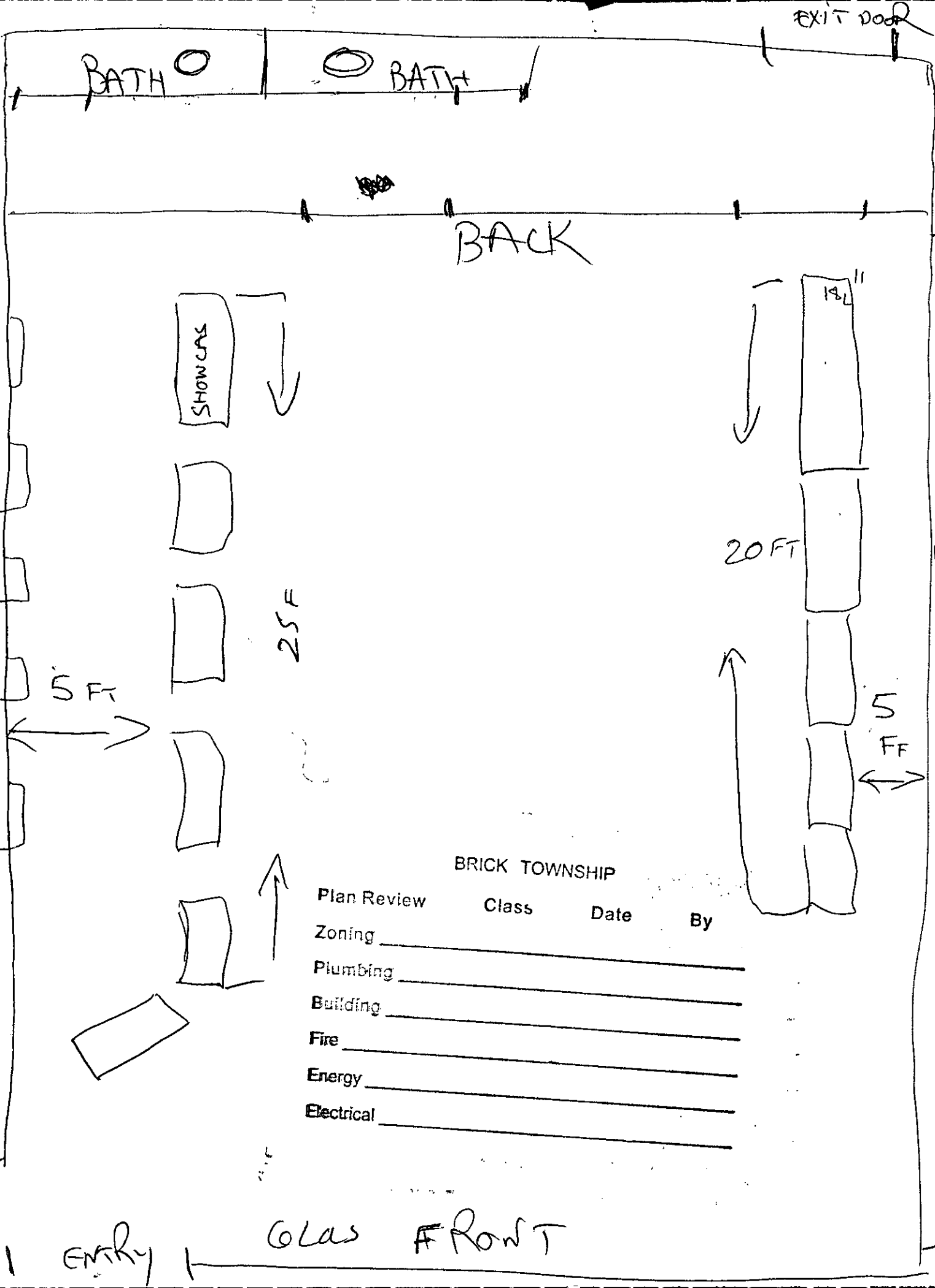
Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 12/13/00 Signed: [signature]

Rejected on: _____ Signed: _____

Comments:


EXIT DOOR
BATH
BATH
BACK
SHOWCASE
19'-11"
20 FT
40 FT
25 FT
5 FT
5 FT
BRICK TOWNSHIP
Plan Review
Class
Date
By
Zoning
Plumbing
Building
Fire
Energy
Electrical
ENTRY
GLASS FRONT

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

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

APPLICANT _____ CITY & STATE _____

☐ 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

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 1905 Rt 88 Block 869.01 Lot 4

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
BUILDING	APPROVED	12/19/00 OK
PLUMBING	APPROVED	N/A
FIRE	APPROVED	12/20/00
ELECTRIC	APPROVED	12/19/00 OK
ENGINEERING	APPROVED	
O.C.SOIL	APPROVED	
COMMERCIAL OCCUPANCY CARD		
C.C. FROM B.T.M.U.A		N/A

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING Paid

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.

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1905 Rout 88 EAST BRICK NJ 08724
Block: 869.10 Lot: 4
Owner's Name: ~~Ron yefet~~ Cousins Mall INC - 400 Ashton St. Lincoln NE.
Owner's Mailing Address: ~~1905 Rout 88 EAST BRICK NJ 08724~~

Phone: (732) 836 3030

BUILDING

Contractor: Ron yefet
Address: 1905 Rout 88 EAST BRICK NJ 08724
Phone#: 732-836 3030
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

* PANTING
* INSTALL "SLAT BOARD" SHEETS ON EXSISTING WALL
INSTALL COMMERCIAL TILE OVER OLD FLOOR.

* SIGN: Replace plastic BOARD (NOT Replacing OLD CONSTRACTION SINE.

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: 900
Total Cost of Building Work:

Signature: Ron yefet
Please Print Name: Ron yefet

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
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	AMI
Motor Control Center	AMI
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

ntractor:_____
ldress:_____
_____
one #:_____
: #:_____
deral Emp # or SSN_____

Technical Data

ctures — Quantity

ater Closets_____
inals/Bidets_____
th Tub_____
vatory_____
ower_____
oor Drain_____
nk_____
ishwasher_____
rinking Fountain_____
ashing Machine_____
ose Bib_____
as Piping_____
uel Oil Piping_____
ater Heater_____
team Boiler_____
ot Water Boiler_____
ewer Pump_____
terceptor/Separator_____
ackflow Preventer_____
reasetrap_____
ater Cooled A/C or Refrig. Unit_____
eptic Tank Closure_____
ewer Service Connection_____
ater Service Connection_____
ctive Solar System_____
uxiliary Meter_____
prinkler Heads_____
ump Pump_____
ther:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: Ron Yelet
Address: 1905 Route 88 EAST
Brick NJ 08724
Phone #: 732-836-3030
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: ✓ Emergency Signs Exit Lite

Estimated Cost of Fire Work -0-

Signature: ✓ Ron Yelet

Print Name: ✓ Ron Yelet

Counter Form
PLEASE PRINT

X **PLUMBING**

Contractor: HENRY LINDNER
Address: 355 CHESTNUT STR
LAKEWOOD NJ 08701
Phone #: 732 364-7059
Lis #: X865
Federal Emp # or SSN [redacted]

FIRE

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

Technical Data

Fixtures — Quantity

Water Closets
Urinals/Bidets
Bath Tub
Lavatory
Shower
Floor Drain
Sink 1
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:

NOTE: REPLACED EXISTING LAVATORY & REINSTALLATION AT SAME LOCATION.

Estimated Cost of Plumbing Work 350 —

Signature: Henry Lindner

Please Print Name: Henry Lindner

CONTRACTOR'S SEAL

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:

update - 00-4766

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1905 Route 88 East
Block: 869.01 Lot: 4
Owner's Name: Cousin's Mall Inc.
Owner's Mailing Address: 400 Ashton St.
Linden NJ 07036
Phone: ( )

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Siding
___Fence
___Pool
___Demolition
___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

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
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:

Signature:

Please Print Name

CONTRACTOR'S SEAL

EXOTIX, LLC 12/00
1905 ROUTE 88, EAST
BRICK, NJ 08724

1008

55-2/212
BRANCH 95364

DATE 12-15-00 (R.Y)

PAY TO THE ORDER OF Township of BRICK $ 40.00

fourty dolar. DOLLARS

FIRST UNION® First Union National Bank
firstunion.com
Org. 075 R/T 021200025

FOR Permit Ronen Yekt

[redacted]

Kathy M. Russe
Tony R. Shupir

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

Date: 12-15-00

Business/Development: Exotix LLC

Owner/Applicant: Exotix,

Property Address: 1905 Rt. 88 East

Block: 869.01 Lot: 4

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 1008

Final Fee $ 40.00

Less Deposit $ -0-

Final Payment $ 40.00

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

12-15-00

Date

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

DEPARTMENT OF ADMINISTRATION & FINANCE

DIVISION OF INSPECTIONS
Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
http://www.twp.brick.nj.us

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: EXOTIX

Site Address: 1905 Routh 88 EAST BRICK 08724

Block: 8609.1 Lot: 4

Owner's Name: RON yefet

Owner's Address: 1905 Rout 88 EAST

City: BRICK State: NJ ZipCode: 08724

Tenant's Name: RON yefet IBRAHim RAZZUK

Tenant's Address: 1905 Rout 88 EAST

City: BRICK State: NJ Zip Code: 08724

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

RON YEFET (Signature) 12-12-00 (Date)

Sworn and subscribed before me on this 12- day of 12 2000.

Carol Ann Sisto
(Notary's Signature)

CAROL ANN SISTO
NOTARY PUBLIC OF NEW JERSEY
MY COMMISSION EXPIRES JULY 19, 2005

(est. 10/06/00)

C12-69

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1905 Rout 88 EAST Brick NJ 08724
Block: 8609.01 Lot: 4
Owner's Name: Cuisenn Mall INC
Owner's Mailing Address: 100 ASHTON ST
LINDEN NJ 07036
Phone: (____)_____

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_____

ELECTRICAL

Contractor: B. Weinstein Electric LLC
Address: 126 Autumn RD Lakewood NJ 08701
Phone#: 901 4000
Lis #: [redacted]
Federal Emp # or SSN_____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	3
Communication Points	
Alarm Devices/FAC Panel	
Total	3

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	AMI
Motor Control Center	AMI
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 450

Signature: [signature]

Please Print Name: Ben Weinstein

CONTRACTOR'S SEAL

Carol 26021024

Counter Form
PLEASE PRINT

PLUMBING

ntractor:_____
ldress:_____
_____
one #:_____
: #:_____
deral Emp # or SSN_____

Technical Data

ctures Quantity

ater Closets_____
inals/Bidets_____
th Tub_____
vatory_____
ower_____
oor Drain_____
nk_____
ishwasher_____
rinking Fountain_____
ashing Machine_____
ose Bib_____
as Piping_____
el Oil Piping_____
ater Heater_____
eam Boiler_____
ot Water Boiler_____
ewer Pump_____
terceptor/Separator_____
ackflow Preventer_____
reasetrap_____
ater Cooled A/C or Refrig. Unit_____
eptic Tank Closure_____
ewer Service Connection_____
ater Service Connection_____
ctive Solar System_____
uxiliary Meter_____
prinkler Heads_____
ump Pump_____
ther:

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: Ron Yeh

Print Name: Ron Yeh