BLOCK 446.05 LOT 3 ADDRESS (SITE) 580 BRICK BLVD PERMIT NO. 28956

RECEIVED

OCT 9 1996

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

ONLINE

OFFICIAL

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

I. IDENTIFICATION

1. Proposed Work-site at: 580 BRICK BLVD. / PICK QUIK PAPER
2. Name of Owner in Fee: RIVIERA CO. Tel. (908) 477-2000
   Address 550 BRICK BLVD (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: SAME Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. 006586 Exp. Date 5/97
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer RON SEIBRING Tel. (908) 518-9444
   Address MANASQUAN N.J.
6. Responsible Person in Charge of Work JOHN KRUG Tel. (908) 477-2000

5-1-97 per Patty from mun. no CC is needed on / meter for whole strip mall-

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	910.-		
2. Electrical		125-		
3. Plumbing		35.		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	1070-		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		29-		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZPA		15		
13. TOTAL	$	1114.00		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16' ft.	
3. Area—Largest Floor	30,000 sq. ft.	
4. New Building Area	— sq. ft.	
5. Volume of New Structure	— cu. ft.	
6. Construction Classification	2C	
7. Total Land Area Disturbed	0 sq. ft.	
8. Flood Hazard Zone	NONE	
9. Base Flood Elevation	NONE ft.	
10. Wetlands yes	sq. ft.	
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load	767	

II. PROPOSED WORK

Tenant Fit Up

	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	36,000

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
JJ		10-15-96			12/9/96		CH
			11/7/96	JK	12/		
		10-30-96	11/7/96	JRR	12/4/96		RW
		10-30-96	11-8-96	JK	12/3/96		CH
				Elec TO	final	30 days up 11-9-96	CH
EWG	10/4/96		10/14/96	JKW			

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: Retail
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10206570

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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	COMMENTS
☐ 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	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	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. 2895	12/10/96	1-10-97		
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No. 2895	5/1/97			
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 12-10-96
Control #
Permit # 2895-96

IDENTIFICATION

Block 446.05 Lot 3
Work Site Location 580 Brick Blvd.

Owner in Fee Riviera Co.
Address 550 Brick Blvd.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

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

Tenant fit-up "PICK QUIK PAPER"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **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.

XXXX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than January 10, 19 97 or the owner will be subject to a fine or order to vacate: Pending compliance with O. C. Electrical.

J Cuciazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 11/8/96
Control #
Permit # 2895-96

IDENTIFICATION Block 4605 Lot 3

Work Site Location 580 Beid Blvd Clark Pick Road

Owner in Fee Killeen Company

Address Same

Tele. (908) 477-2000

Contractor Same

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No. or Social Security No.

is hereby granted permission to perform the following work:

[✓] BUILDING [X] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

tenant fit up

PAYMENTS (Office Use Only)	
Building	910
Plumbing	125
Electrical	
Fire Protection	35
Other	
Other	
DCA Training Fee	29
Cert. of Occ.	
Other	240 - 15
Total	1114
Check No.	2325
Cash	
Collected By:	[illegible]

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 $ 36,000

J. Guianza
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

Pick-Quik Papers

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/8/96
Control #
Permit # 2895 96

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

Block 446.5 Lot 3
Work Site Location 580 Bridge BLVD
Owner in Fee RIVIERA CO.
Address 550 Bridge BLVD
Tele. (908) 477-2000
Contractor SAME
Address
Tele. (___)
Lic. No. or Bldrs. Reg. No. 006586
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Reworking Bathrooms and walls and ceiling - Pick quik Papers

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/7/96	
[ ] 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			11/13/96	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final	12-3-96 NOT READY		12-9-96	

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

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	1	
Height of Structure	15 Ft.	
Area—Largest Floor	6000 Sq. Ft.	
New Bldg. Area/All Floors	12 Sq. Ft.	
Volume of New Structure	38000 Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

13
16

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 36,000
3. Total (1+2) $ 36,000

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
Date Issued
Control #
Permit #

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

Block 4210.5 Lot 3
Work Site Location 550 BRACE BLVD

Owner in Fee RIVIERA CO.
Address 550 BRACE BLVD

Tele. (408) 477-2000
Contractor SAME
Address

Tele. (___)
Lic. No. or Bldrs. Reg. No. 006716
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Remodeling Bathrooms and walls and ceilings - Re quire Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/11/96	
[ ] 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				
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 1
Height of Structure 10 Ft.
Area—Largest Floor 1,111.11 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure 3002.4 Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 46,000
3. Total (1+2) $ 46,000

U.C.C. Form F-110B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

RIVIERA PLAZA
STORE #12-16
12-16

READY FOR INSP.
NEXT TO GOLF DAY

ELECTRICAL SUBCODE TECHNICAL SECTION

10/10

Date Received
Date Issued
Control # OCT 8 96 0 0 9 1 3 7
Permit #

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

Block 446.05 Lot 3
Work Site Location 580 Brick Blvd.
Brick N.J.
Owner in Fee RIVIERA INC. — PIC-QUICK PAPERS
Address 580 Brick Blvd.
Brick
Tele. (____) 477-2000
Contractor EUREKA ELEC. SERVICE
Address PO Box 75 OSBORNVILLE
Brick N.J.
Tele. (____) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No. ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed RENOVATION
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as RETAIL STORE Utility Co. ____
Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 4.29.97
Approved By: B. Kochevar

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	12/29/96 5437		10/10/96	5437 OVER
Temporary	1/29/97 5437			
Constr. Serv.	12/6/96 5437			
TCO	12/4/96 5437		12/10/96	5437 30 DAYS
Other	12/4/96 5437			
Service				
Final	2/21/97 5437		4.29.97	

Temp. Cut-in-Card Date Issued ____
Final Cut-in-Card Date Issued 4.29.97

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge		$ ____
Paid [✓] Check # 9416	Minimum Fee	$ 60
RF	DCA Training Fee	$ 4
Collected by: ____	TOTAL FEE	$ 64

U.C.C. Form F-120B

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

10/10/96 ALL THREE AJK STORES HAVE STOP WORK ORDER AND NEED PERMITS – STOP WORK IS FROM BRICKTOWN. THIS PERMIT LISTED ALL STORES 11–16 NOT APPROVED. ONE STORE WITH SPACES 12–16 APPROVED FOR ROOM.

12/4/96 ① ALL EXISTING FIXTURES 5433 ABOVE REAR DOORS, UNITS 12–16 BROKEN

② ACCESS CEILING

③ HOLE FILLERS FOR ALL PANELS & BOXES

(MES.) → ④ PROPERLY LABEL ALL PANELS AND SERVICE EQUIPMENT & INDICATE LOCATIONS X-3 & UNITS

⑤ SEPERATE NEUTRALS AND GROUNDS FOR SUB PANELS

NONE ~~⑥~~ SIGN ?

NEED → ⑦ DONT SEE GROUNDING SYSTEM – SHOW

12/6/96 PROPERLY

– ① INSTALL GROUNDING SYSTEM (SEE 2) WATER PIPE, STEEL FOR EACH SERVICE AND LABEL PROPERLY ④ LEFT INSTRUCTIONS

② IF ONE WATER METER, THEN ONE H-C JUMP 5433

12-9-96 (5) Label panels (3)

12/16/96 ONLY HAS MAGIC MARKER ON PANEL ROOM DOORS – "ELEC ROOM SOUTH", "ELECROOM NORTH".

① SAME – LABEL 3 PANELS – SUBPANELS IN STORE 12-16 AND 3 MAINS AND SERVICES WITH REFERENCE TO EACH OTHER. (EXAMPLE – ONE OF THREE SERVICES FEEDING STORE 12–16 PIC QUICK PAPERS, OTHERS LOCATED ——.) MUST BE PER PLACARDS. REFER TO EACH OTHER AND LOCATIONS.

1/29/97 IS SAME

2/21/97 SAME IN NORTH PANEL ROOM, SOUTH PANEL ROOM L

2/26/97 SAME

Brick
Riviera Plaza
Store #11-16

Ready for Insp.
Next to Golf Day

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 8 9600 9137

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

Block 446.05 Lot 3
Work Site Location 580 Brick Blvd.
Brick N.J.
Owner in Fee Riviera Inc. — PIG-Quick Papers
Address 580 Brick Blvd.
Brick
Tele. (___) 477-2000
Contractor Eureka Elec. Service
Address Po Box 75 Osbornville
Brick N.J.
Tele. (___) 255-2822
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No. ___

11-29-94 Issued Passed

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed Renovation
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as Retail Store ... Utility Co. ___
Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. 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 am authorized to make this application and perform the work listed on this application.

Signature—Contractor-Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Paid [ ] Check # 9416
RF
Collected by: ___

Administrative Surcharge	$ ___
Minimum Fee	$ 60
DCA Training Fee	$ 4.—
TOTAL FEE	$ 64.—

U.C.C. Form F-120B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Quik Pick

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/8/96
Date Issued
Control #
Permit # 2895-96

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

Block 446.5 Lot 3
Work Site Location 580 Brick Blvd

Owner in Fee Riviera Co.
Address 550 Brick Blvd
908 477-2000
Tele. ( )
Contractor Stone
Address
Tele. ( )
Lic. No. 006186
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
[2] Fire Plans Approved
Date: 11/7/96
Approved by: JAM

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 12/4/96
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Tenant Finish			12/4/96	
Other				
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 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		35
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 Exit Signs Emergency Lites		

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

U.C.C. Form F-140B
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4 Gold = Applicant Copy

PICK-QUIK PAPERS

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11/8/96
Date Issued
Control #
Permit # 2895-96

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

Block 4446.5 Lot 13
Work Site Location 580 BRICK BLVD

Owner in Fee RIVIERA CO.
Address 550 BRICK BLVD

Tele. (908) 477-2000
Contractor Pinelend Plbg + Htg
Address 807 Manotoking Rd
Brick NJ
Tele. (___) 477 0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No. ___

* REPLACE EXISTING PLUMBING FOR BATHS TO MEET A.D.A. REQUIREMENTS.

B. PLUMBING CHARACTERISTICS

Use Group Present STORE Proposed ___
Building Sewer Size EXISTING 4" Public Sewer ✓ Private Septic ___
Water Service Size " 1" Public Water ✓ Private Well ___
Estimated Cost of Plumbing Work $ ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-7-96
Approved by: JPC

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Approved By: BR
Date: 12-3-96

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab	___	___	11-15-96	JPC
Rough	___	___	11-15-96	JPC
Water	___	___		
Sewer	___	___		
Fixtures	___	___	12-3-96	BR
Gas Equipment	___	___	___	___
Gas Piping	___	___	___	___
Solar	___	___	___	___
TCO ___	___	___	___	___
___	___	___	___	___
___	___	___	___	___

Partial

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.

William R Dwyer #1722
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
* 4	Water Closet	40
___	Urinal/Bidet	___
___	Bath Tub	___
* 2	Lavatory	20
___	Shower	___
2	Floor Drain	20
___	Sink	___
___	Dishwasher	___
1	Drinking Fountain	~~40~~
___	Washing Machine	___
___	Hose Bibb	~~35~~
1	Water Heater	___
___	Fuel Oil Piping	___
___	Gas Piping	___
___	Steam Boiler	___
___	Hot Water Boiler	___
___	Sewer Pump	___
___	Interceptor/Separator	___
___	*Backflow Preventer*	___
___	Greasetrap	___
___	Water Cooled A/C or Refrigeration Unit	___
___	Sewer Connection	___
___	Water Service Connection	___
___	Active Solar System	___
3	Other Vents	~~30~~

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

U.C.C. Form F-130B

1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

12-3-96 Double Drinking ptn not in

11-14-96 not, [illegible] ptn,

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 11-1-96
Date Issued 11-15-96
Control #
Permit #

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

Block 446.5 Lot 13
Work Site Location 580 BIRCH BLVD

Owner in Fee RIVIERA CO.
Address 550 BIRCH BLVD

Tele. (408) 477-2100
Contractor Pinecrest Plbg + HTG
Address 807 MANZANITA Rd
BRICH NT
Tele. (___) 477 0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No. ———

* REMOVE EXISTING PLUMBING FOR SHOWER TO MEET A.D.A. REQUIREMENTS.

B. PLUMBING CHARACTERISTICS

Use Group Present STORE Proposed ———
Building Sewer Size EXISTING 4" Public Sewer ✓ Private Septic ———
Water Service Size " 1" Public Water ✓ Private Well ———
Estimated Cost of Plumbing Work $ ———

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-7-96
Approved by: JPR

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 # 1722

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
* 2	Water Closet	40
___	Urinal/Bidet	___
___	Bath Tub	___
* 2	Lavatory	20
___	Shower	___
2	Floor Drain	20
___	Sink	___
___	Dishwasher	___
1	Drinking Fountain	#0
___	Washing Machine	___
___	Hose Bibb	35 ✓
1	Water Heater	___
___	Fuel Oil Piping	___
___	Gas Piping	___
___	Steam Boiler	___
___	Hot Water Boiler	___
___	Sewer Pump	___
___	Interceptor/Separator	___
___	Backflow Preventer	___
___	Greasetrap	___
___	Water Cooled A/C or Refrigeration Unit	___
___	Sewer Connection	___
___	Water Service Connection	___
___	Active Solar System	___
3	Other Vents	30

Paid [ ] Check # ———
Collected by: ———

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

U.C.C. Form F-130B

1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 9, 1996 1996 - 1474

Block 446.05 Lot 3 Zone B-2, G.B.

Property Address: 580 Brick Boulevard; Riviera Plaza

Owner: Lake Riviera Co. (Phone): 477-2000

Applicant: Monte Smith; Lake Riviera Co. (Phone): Same

Use: Vacant Unit in Retail Building

Proposed Construction (if any): Interior alteration for 8,000 square foot retail store, "Pick Quik Paper".

Conditions:

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 no 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

BLOCK 446.05
LOT 3

LOCATION: BRICK BLVD
CHINESE REST., Spaces 3,4, 5

VIOLATION(S): NO PERMIT FOR DEMOLITION OR
CHINESE RESTAURANT

1ST NOTICE: 10/03/96 **DUE:** IMMEDIATE
2ND NOTICE: **DUE:**
3RD NOTICE: **DUE:**

INSP'S INITIALS: GERALD GRACE

COMPLIANCE DATE: Complied

CERTIFICATE OF COMPLIANCE

BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
Residential/Commercial

APPLICANT _____ PHONE NUMBER _____

APPLICANT ADDRESS _____ CITY & STATE _____

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: -0- Date 10/15/96

Required Deposit on Estimate $ -0- Date 10/15/96

Check # _____ Receipt # _____

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

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

Table 602
FIRERESISTANCE RATINGS OF STRUCTURE ELEMENTS[k]

Structure element (Note a)		Type of construction Section 602.0									
		Noncombustible					Noncombustible/Combustible			Combustible	
		Type 1 Section 603.0		Type 2 Section 603.0			Type 3 Section 604.0		Type 4 Section 605.0	Type 5 Section 606.0	
		Protected		Protected		Unprotected	Protected	Unprotected	Heavy timber Note c	Protected	Unprotected
		1A	1B	2A	2B	2C	3A	3B	4	5A	5B
1 Exterior walls	Loadbearing	4	3	2	1	0	2	2	2	1	0
	Nonloadbearing	← Not less than the fireresistance rating based on fire separation distance (see Section 705.2) →									
2 Fire walls and party walls (Section 707.0)		4	3	2	2	2	2	2	2	2	2
		← Not less than the fireresistance rating required by Table 707.1 →									
3 Fire separation assemblies (Section 709.0)	Fire enclosure of exits (Sections 1014.11, 709.0 and Note b)	2	2	2	2	2	2	2	2	2	2
	Shafts (other than exits) and elevator hoistways (Sections 709.0, 710.0 and Note b)	2	2	2	2	2	2	2	2	1	1
	Mixed use and fire area separations (Section 313.0)	← Not less than the fireresistance rating required by Table 313.1.2 →									
	Other separation assemblies (Note i)	1	1	1	1	1	1	1	1	1	1
		← Note d →									
4 Fire partitions (Section 711.0)	Exit access corridors (Note g)	← Not less than the fireresistance rating required by Section 1011.4 →									
		← Note d →									
	Tenant spaces separations (Note f)	1	1	1	1	0	1	0	1	1	0
		← Note d →									
5 Dwelling unit separations (Sections 711.0, 713.0 and Notes f and j)			1	1	1	1	1	1	1	1	1
		← Note d →									
6 Smoke barriers (Section 712.0 and Note g)		1	1	1	1	1	1	1	1	1	1
7 Other nonloadbearing partitions		0	0	0	0	0	0	0	0	0	0
		← Note d →									
8 Interior loadbearing walls, loadbearing partitions, columns, girders, trusses (other than roof trusses) and framing (Section 715.0)	Supporting more than one floor	4	3	2	1	0	1	0	see Sec. 605.0	1	0
	Supporting one floor only or a roof only	3	2	1½	1	0	1	0	see Sec. 605.0	1	0
9 Structural members supporting wall (Section 715.0 and Note g)		3	2	1½	1	0	1	0	1	1	0
		← Not less than fireresistance rating of wall supported →									
10 Floor construction including beams (Section 713.0 and Note h)		3	2	1½	1	0	1	0	see Sec. 605.0 Note c	1	0
11 Roof construction, including beams, trusses and framing, arches and roof deck (Section 714.0 and Notes e, l)	15′ or less in height to lowest member	2	1½	1	1	0	1	0	see Sec. 605.0 Note c	1	0
				← Note d →							
	More than 15′ but less than 20′ in height to lowest member	1	1	1	0	0	0	0	see Sec. 605.0	1	0
		← Note d →									
	20′ or more in height to lowest member	0	0	0	0	0	0	0	see Sec. 605.0	0	0
		← Note d →									

Note a. For fireresistance rating requirements for structural members and assemblies which support other fireresistance rated members or assemblies, see Section 715.1.

Note b. For reductions in the required fireresistance rating of exit and shaft enclosures, see Sections 1014.11 and 710.3.

Note c. For substitution of other structural materials for timber in Type 4 construction, see Section 2304.2.

Note d. For fireretardant-treated wood permitted in roof construction and nonloadbearing walls where the required fireresistance rating is 1 hour or less, see Sections 603.2 and 2310.0.

Note e. For permitted uses of heavy timber in roof construction in buildings of Types 1 and 2 construction, see Section 714.4.

Note f. For reductions in required fireresistance ratings of tenant separations and dwelling unit separations, see Sections 1011.4 and 1011.4.1.

Note g. For exceptions to the required fireresistance rating of construction supporting exit access corridor walls, tenant separation walls in covered mall buildings, and smoke barriers, see Sections 711.4 and 712.2.

Note h. For buildings having habitable or occupiable stories or basements below grade, see Section 1006.3.1.

Note i. Not less than the rating required by this code.

Note j. For Use Group R-3, see Section 310.5.

Note k. Fireresistance ratings are expressed in hours.

Note l. 1 foot = 304.8 mm.

TOWNSHIP OF BRICK

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

PLAN REVIEW

PLAN REVIEW #

DATE 10-30-96

Name PICK QUICK

Address 580 BRICK BLVD

Block 446.5 Lot 3

TOWNSHIP OF BRICK
PLAN REVIEW RECORD

INITIAL		DATE
	BUILDING SUBCODE	
	ELECTRICAL SUBCODE	
	PLUMBING SUBCODE	
	FIRE PROTECTION SUBCODE	

NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
1.	TYPE OF HOT WATER HEATER		
2.	ISOMETRIC DRAWINGS SHOWING SIZE AND TYPE OF PIPE FOR DRAINAGE/VENT SYSTEM AND WATER PIPING.		

JACK HOFFMAN - DCA

PURSUANT TO N.J.A.C. 5:23-2.15 (e) 1. iv.

NOTE:
ON 10-31-96 I MADE AN INSPECTION OF THIS SPACE AND DETERMINED THAT THE SANITARY DRAINAGE SYSTEM UNDER SLAB IS EXISTING!

PLBG Not Approved

11-1-96
PLBG SUBCODE OFFICIAL

BOCA®
PLAN REVIEW RECORD

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

ıation: _____
: _____

Plan Review #: _____
Date 10/24/88

ISDICTION BRICK
(City, County, Township, etc.)

LDING LOCATION PICK QUICK
(Street address)

LDING DESCRIPTION PAPER SUPPLY RETAIL STORE

IEWED BY FIRE — UPR

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	RATING OF TENANT SEPARATION WALLS	
2	SMOKE DECTECTOR ACTIVATES DOOR CLOSING — HOW ARE THEY TO BE USED AS TEXIT 2. OR ARE THERE PROVISIONS FOR SECOND MEANS OF EGGRESS (EXPLAIN).	
3	RATING OF NEW WALL BETWEEN MECHANICAL ROOM AND OFFICE	
4	EXIT SIGNS AT EXIT ACCESS	
4	STAMP ADDENDA TO PLANS — EACH	PAGE
5	ADD EXIT SIGN AT EXIT DOOR AND TO WOMEN'S TOILET	

lan review accomplished as indicated in this record is limited to those code sections specifically identified herein.
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BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

FIRE NOT APPROVED

3/87

BOCA®
PLAN REVIEW RECORD

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

Valuation: _____
Fee: _____

Plan Review #: _____
Date 10-15-96

JURISDICTION _____ (City, County, Township, etc.)

BUILDING LOCATION Pick a vick (Street address)

BUILDING DESCRIPTION Paper Supply Store

REVIEWED BY _____

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
1.	Complete all forms correctly (Occupant Load)	
2. X	~~all drawings must be sealed by Arch.~~	
3.	Tenant separation walls are New ~~and must be included on drawing~~ with rating and UL listing #	709.0 OK.
4.	drawings show doors closing wheel Power is interupted Explain Second means of Egress from Space	
5.	Emergency Lighting	1024.4
6.	Occupant Load calculations & Staff	
	~~Seal~~	

BLDG NOT APPROVED

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date _____

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

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION RIVERIA PLAZA
(Street address)

BUILDING DESCRIPTION PICK QUIK PAPERS" Fit up

REVIEWED BY _____ 11/7/96

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

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Bld Tech incomplete (characteristics)	
	- Bld Jacket incomplete occ. load	
	- Arch letter (Nov. 5th) not sealed	
	- Type of closures on Bathroom doors	
	Exit sign adj. to women's toilet	

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

Ronald A. Sebring Associates
Architecture
Planning
Design

Ronald A. Sebring
Registered NJ, FLA, & PA

Stacey A. Fore Catron
Registered NJ

November 5th, 1996

Township of Brick
401 Chambersbridge Road
Brick, New Jersey 08723

Re: Pick Quick Papers
Riviera Plaza
Brick, N.J.

RECEIVED
NOV 6 1996
DIV. OF INSPECTION

Listed below are responses to the plan review comments for the above referenced Project.

Plumbing Subcode:

1. We will be using Model EL JF6, 6 gallon electric water heater by A.O. Smith.

2. Please find attached isometric drawing of the supply, waste and vent.

Subcode Fire:

1. No rating is required for tenant separation walls for 2C construction (BOCA, table 602)

2. Openings, not doors, will be provided in the masonry wall. The openings will have exit signs as required on the 2000 sf side of the masonry wall.

3. Plan has been revised providing correct designation of the space as an "Electric Meter Room". The wall between the electric meter room and office is existing 2 x 4 wood stud. A layer of 5/8" type "X" gypsum board will be applied on the store side of all walls of the electric meter room.

4. Exit signs are now shown on the floor plan at exit access.

Building Subcode:

1. All forms shall be filled out correctly.

2. No rating is required for tenant separation walls for 2C construction (BOCA, table 602). The construction of these walls has been included on the floor plan.

2329 State Highway 34, Suite 303 · Manasquan, New Jersey 08736 908-528-9444 fax: 908-528-5123

3. Openings, not doors, will be provided in the masonry wall, allowing exit access.

4. Emergency lighting has been added to the floor plan.

5. The occupant load of 267 includes both customers and staff.

If you have any questions, please do not hesitate to contact me.

Very truly yours,

Stacey A. Fore Catron, R.A.

SAC:jke
cc: Riviera Realty

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
(908) 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

NJ ‖ C E R T I F I C A T E A P P L I C ' N (1 of 2) ‖ UCCARS

Permit#: 96-2895 Block: 446.05 Lot: 3
Date Permit Issued: 11/08/96

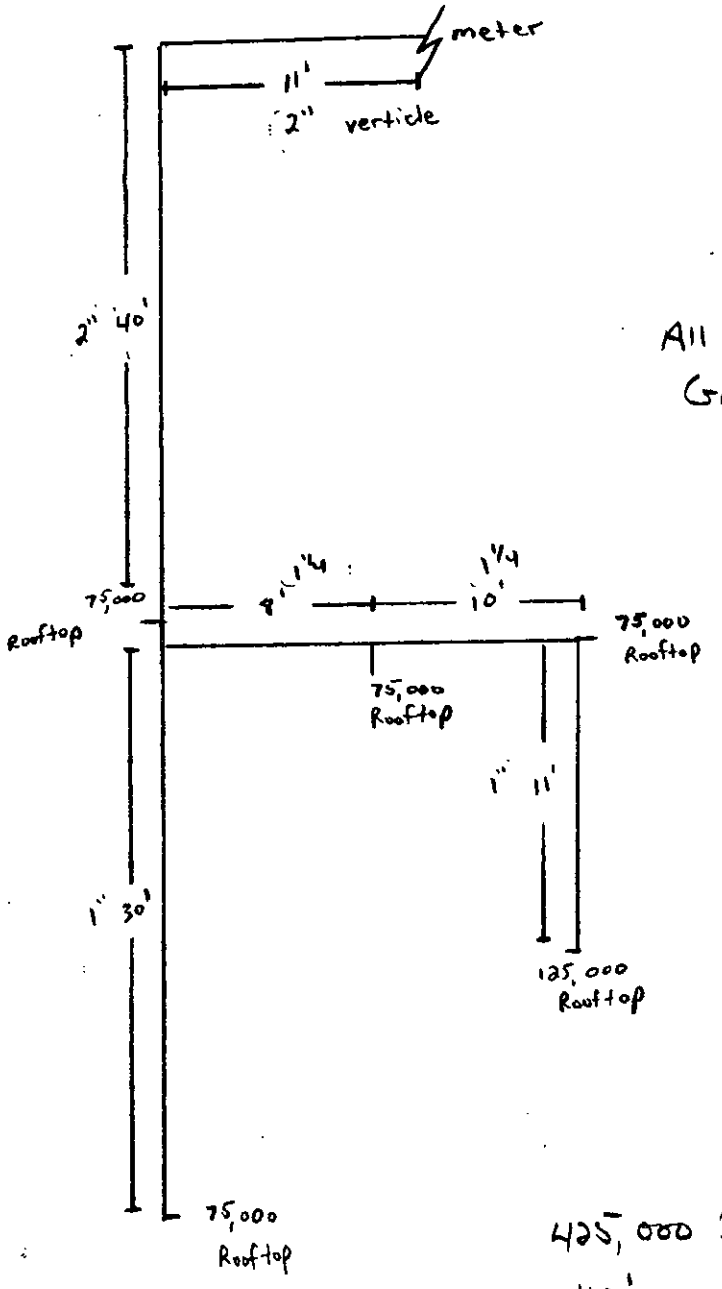
Worksite Location - Number: 580 Street: BRICK BLVD
PICK QUIK PAPER
Owner - Name (last, first): LAKE RIVIERA CO
Address: SAME
City: BRICK State: NJ Zip: 08723-
Exempt from Fees? N Telephone: / -
Contractor - Federal Emp ID: 47-72000 SS#: - -
Name: RIVIERA CO Lic: 006586
Address: 580 BRICK BLVD Tel: / -

X CO TCO CC Certif#: 96-2895 Sale: 0 Issued: 05/01/97
CA CCO TCC Ent Manual Fee: 0 Rental: 0
Description of Work/Use: QUICK PICK PAPERS

<F2> create new Certificate, <F10> continue

RIVIERA 5/14

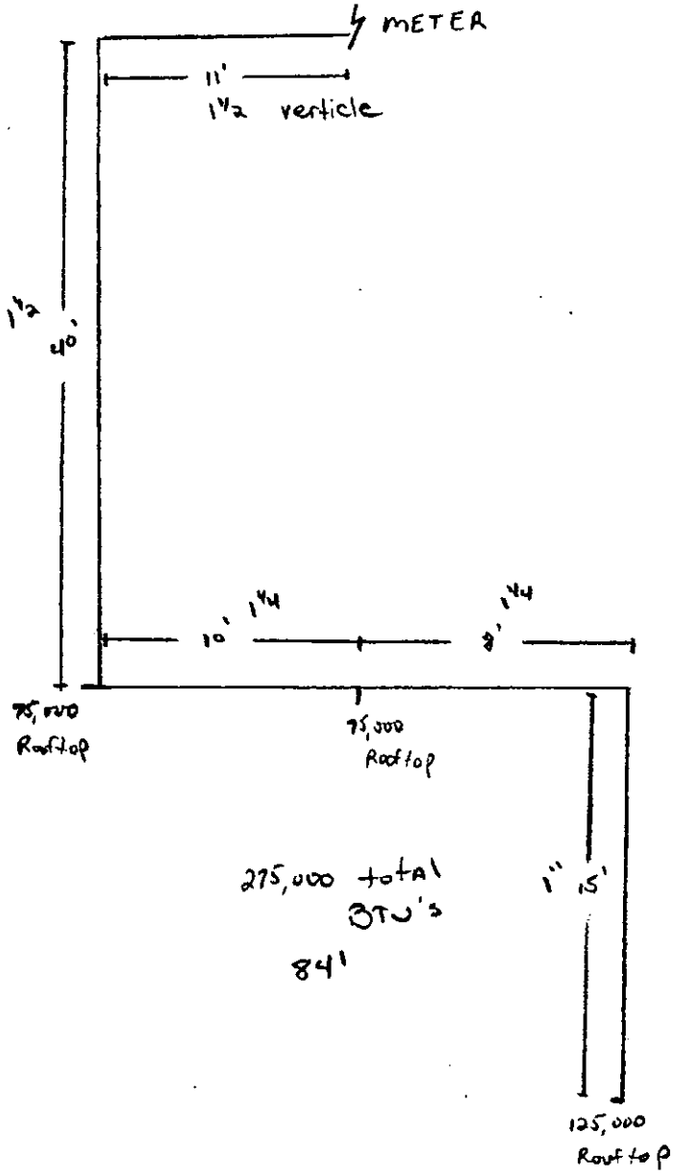
RECEIVED
DEC 1 1 1996
DIV. OF INSPECTION



All GAS piping on Roof
GALVANIZED

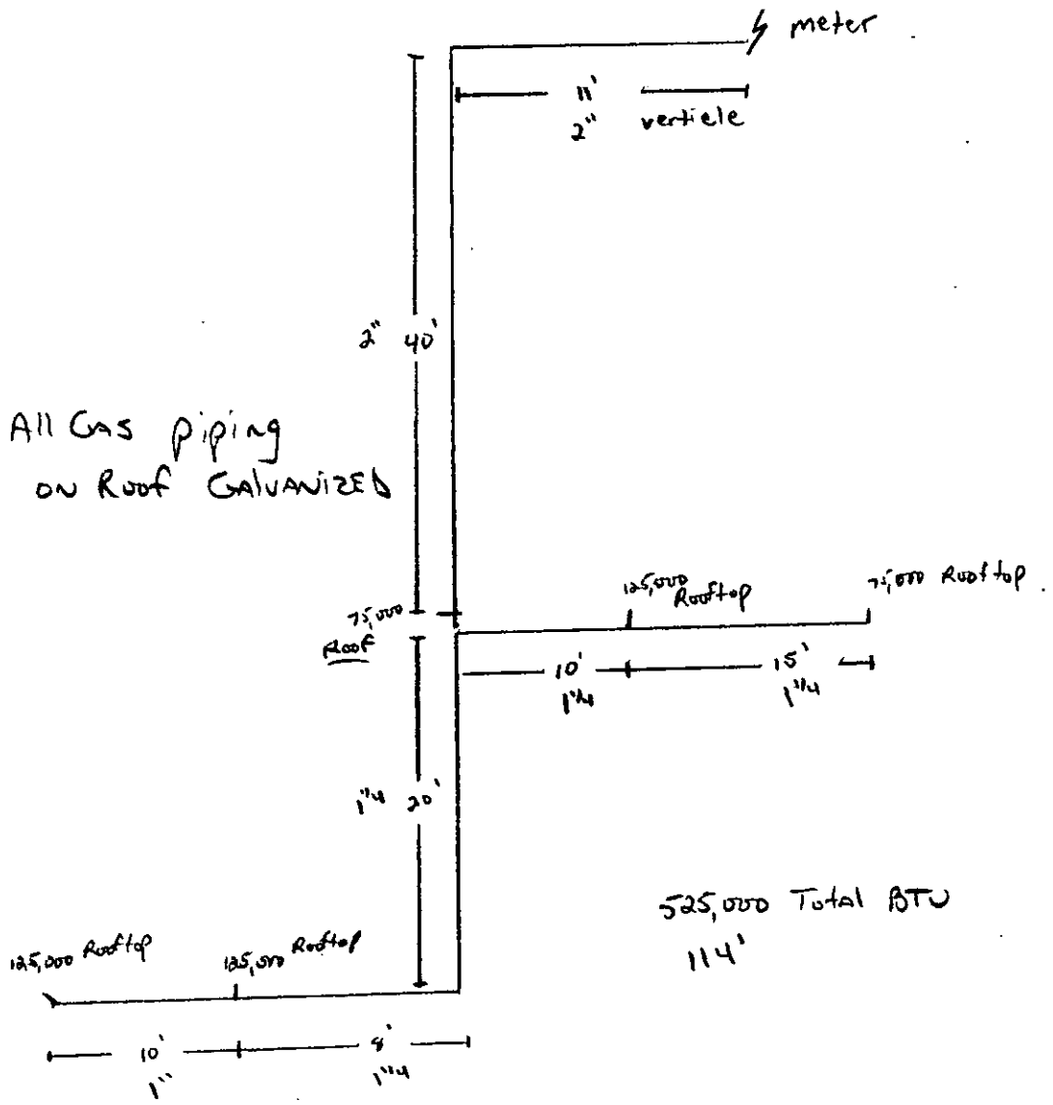
425,000 Btu total
110'

China Buffet



All Gas piping on Roof
Galvanized

for Store



All Gas piping on Roof Galvanized

525,000 Total BTU

114'

PERMIT # 2895-96

Quick Pick Paper Store