477-3000
260 Ext. Bill Sutton
For Joe Evaristo

Zoning John Kinney

)WNSHIP OF BRICK

Brick Plaza Cleaners

COMMERCIAL CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

I. IDENTIFICATION

1. Proposed Work at: 566 Brick Blvd.
2. Owner Name: Brick Plaza Cleaners Tel. ( )
   Address 566 Brick Blvd.
3. Principal Contractor: RAR Equipment Co. Tel. 201 777 6434
   Address 72-74 Park Pl. Passaic, NJ 07055
   Lic. No. or Builder Reg. No. 157.32.3158 Federal Emp. No.
4. Architect or Engineer: Asfour Associates Tel. 201 345.4824
   Address 100 Hamilton Plaza Paterson
5. Responsible Person in Charge of Work Raymond Rusco Tel. 201 777 6434
   RAR

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☐ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: Comm. alter. E/O

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☐	Building/ Structural	$
2. ☐	Plumbing	
3. ☐	Electrical	700.
4. ☐	Fire Protection	
5. ☐	Other	
6. ☐	Other	
✓	TOTAL COST	$ 700

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.:
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units ____

If other than new construction, enter no. of dwelling units:

Before Construction: ____

After Construction: ____

Net Gain (or loss): ____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☑ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ____

State Specific Use: dry cleaners

If Change in Use Group, Indicate Former: radio shack

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ____
15. Height of Structure ____ Ft.
16. Area–Largest Floor ____ Sq. Ft.
17. Bldg. Area–All Fls. ____ Sq. Ft.
18. Volume of Structure ____ Cu. Ft.
19. Total Land Area Disturbed ____ Sq. Ft.

LDS BR 10510951

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE JULY 1, 1989

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 RAF EQUIPMENT CO TEL. 201 777-6434

ADDRESS 72-74 PARK PLACE

PASSAIC, N.J. 07055

SIGNATURE _____

BLOCK NO. 446-D05 LOT NO. 3 SUBDIVISION _____ PERMIT NO. 6113

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	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. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection	_____		_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING			1-10-90	WK	
	Footings/Foundations					
	Framing					
	Architectural 2			1/9/90	JC	
	Other _____			1/12/90		
☒	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			1-12-90		
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
	ALL CONSTRUCTION					
✓	BUILDING				2-13-90 WK	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
✓	PLUMBING				2-13-90 JS	$25. due
	ELECTRICAL				2-15-90 WK	
✓	FIRE PROTECTION				2-13-90 JC	
	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☒ Certificate of Continued Occupancy No. 6113	11-19-90
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 52.50
PLUMBING	60.00
ELECTRICAL	.
FIRE PROTECTION	70.—
OTHER _____	.
SUBTOTAL	$ 182.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.—
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 207.50

DATE 1-12-90 Collected By Pato

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			.
OTHER			.
OTHER			.
– LESS: Refunds			(.)
TOTAL COLLECTED AFTER PERMIT ISSUED			$.

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

AHBT PRELIMINARY APPROVAL

AHBT FINAL APPROVAL

Called 2/19/97

BLOCK 446,05 LOT 3 ADDRESS (SITE) 580 Brick Blvd. PERMIT NO. 299-97

RECEIVED JAN 24 1997

CONSTRUCTION PERMIT APPLICATION

Riviera Plaza

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

DIV. OF INSPECTIONS

I. IDENTIFICATION

1. Proposed Work-site at: 580 Brick Blvd. Forbes Liquor Store
2. Name of Owner in Fee: Riviera Inc. Tel. (908) 477-2000
   Address 550 Brick Blvd (street) Brick (municipality) 08723 (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 William Kurze Tel. ( ) ____
   Address 35 Kittybrook Dr. Toms River
6. Responsible Person in Charge of Work John Krug Tel. (908) 477-2000

Tenant Fit-up.

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	760		
2. Electrical				
3. Plumbing		75		
4. Fire Protection		35		
5. Elevator Devices				
6. Subtotal	$	870		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		24		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other		15		
13. TOTAL		909		

894

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories ____
2. Height of Structure ____ ft.
3. Area—Largest Floor 7500 sq. ft.
4. New Building Area ____ sq. ft.
5. Volume of New Structure ____ cu. ft.
6. Construction Classification ____
7. Total Land Area Disturbed ____ sq. ft.
8. Flood Hazard Zone ____
9. Base Flood Elevation ____ ft.
10. Wetlands yes ____ sq. ft. no ____
11. Max. Live Load ____
12. Max. Occupancy Load ____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☒ New Building	
4. ☒ Addition	30,000
5. ☒ Alteration	
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	30,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
CAS	1/24/97						
			2-18-97	FM	4/4/97		OK
			2-19-97	KE	4/3/97		OK
			2-19-97		4/2/97		OK
					Elec ok 4/24/97		
ENG	2/4/97		N/A				

III. DO YOU WANT: (optional) 1 ☐ Partial Releases 2. ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: Liquor Store.
3. Change in Use Group, Indicate Former:

Elec Fail 4/21

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

Elec F. 4/9/97

IMPORTANT
A.H.B.T. - MANDATORY FEE - COMMERCIAL

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 JOHN KRUG

Address 550 BRUCE BLVD.

BRUCE, N.J.

Telephone (908) 477-2002

Signature John Krug Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ 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. 299	4-4-97			
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☑ Certificate of Occupancy	No. 299	4/28/97			
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 4-28-97
Control #
Permit # 299-97

IDENTIFICATION

Block 446.05 Lot 3
Work Site Location 580 Brick Blvd.

Owner in Fee Riviera, Inc.
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 E ~~2 hours~~
Maximum Live Load
Description of Work/Use:

Tenant fit-up "FORBES LIQUOR STORE"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XXXXX☑ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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

J. Riviera
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 4-4-97
Control #
Permit # 299-97

IDENTIFICATION

Block 446.05 Lot 3
Work Site Location 580 Brick Blvd.

Owner in Fee Riviera, Inc.
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 "FORBES LIQUOR STORE"

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.

XXX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than 4-7, 19 97 or the owner will be subject to a fine or order to vacate:

Pedding compliance with O. C. Electrical Bureau.

A. Curiazzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 11/19/90
Control #
Permit # 6113

IDENTIFICATION

Block 446-D05 Lot 3
Work Site Location 566 Brick Blvd.
Brick, N.J.
Owner in Fee Brick Plaza Dry Cleaners
Address 566 Brick Blvd.
Brick, N.J.
Tele. ( )
Contractor R.A.F.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warrantly No. N/A.
Use Group
Maximum Live Load
Description of Work/Use:

Commercial Alteration & C/O

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.

XX CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

Arthur J. Cerza
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 2/20/97
Control #
Permit # 299-97

IDENTIFICATION Block 446.05 Lot 3

Work Site Location 580 BRICK BLVD

Owner in Fee Riviera Inc.

Address 550 Brick Blvd. Brick, NJ

Tele. ( )

Contractor None

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 [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Tenant fit-up

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 $ 30,000.-

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	760.-
Plumbing	75.-
Electrical	
Fire Protection	35.-
Other	
Other	
DCA Training Fee	20
Cert. of Occ.	
Other	30.- 15.-
Total	909.-
Check No.	
Cash	
Collected By:	

LOT 0.00
BUILDING 760.00
PLUMBING 75.00
FIRE 35.00
E.C.A. 4.00
SURCHARGE 5.00
TOTAL 909.00
CHECK 909.00
CHANGE 0.00
02/20/97 NO. 5 00135000 10:14

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

CONSTRUCTION PERMIT

Date Issued 1-12-90
Control #
Permit # 6113-90

IDENTIFICATION Block 446 D-5 Lot 3

Work Site Location 566 Brick Blvd. Contractor RAF Equipment

Address

Owner in Fee Brick Wash Cleaners

Address Riviera Playa Tele. ( )

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

Tele. ( ) Federal Emp. No.

or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Comm. alter. & C/O

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 $ 7000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS **(Office Use Only)**

Building	52.50
Plumbing	60.00
Electrical	70.00
Fire Protection	5.00
Other	20.00
Other	207.50
DCA Training Fee	207.50
Cert. of Occ.	0.00
Other	16:54
Total	
Check No.	
Cash	
Collected By:	

BUILDING
PLUMBING
FIRE
PLAN RVW
C / O
TOTAL
CHECK
CHANGE
01/12/90 NO. 5 00053005

Forbes - Liquor Riviera Plaza

PERMIT UPDATE

Date Update Issued 4-2-97
Control #
Permit # 29997.
Date Permit Issued

IDENTIFICATION Block 446.05 Lot 3
Work Site Location 580 Birch Blvd.

Owner in Fee Riviera Inc
Address
Tele. ( )

Contractor Patrick J Kierwin Inc
Address 78 Post Rd
Brick NJ
Tele. (908) 295-2167
Lic. No. or Bldrs. Reg. No.
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: A/C Condensate.

Estimated Cost of Work $ ~~600~~ 600-

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	
Plumbing	35-
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35-
Check No.	2016
Cash	
Collected By:	I Auto

U.C.C. Form F-1908

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

Brick

PERMIT UPDATE

Date Update Issued 970407
Control # 900728
Permit #
Date Permit Issued JAN 30 97

IDENTIFICATION Block 446.05 Lot 3
Work Site Location 580 Brick Blvd. Brick N.J.
Owner in Fee Riviera Const - Forbes Liquors
Address 580 Brick Blvd. Brick N.J.
Tele. (___) 477-2000

Contractor Eureka Elec. Service
Address P.O. Box 75 Osbornville Brick N.J.
Tele. (___) 255-2822
Lic. No. or Bldrs. Reg. No. 4873
Federal Emp. No. 221814013
or Social Security No. ___

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Change Sub-Panel and Feeders from 1/0 to 3/0

Estimated Cost of Work $ 500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35.-
Check No.	9604
Cash	
Collected By:	

U.C.C. Form F-190B

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

Brick

PERMIT UPDATE

Date Update Issued 970409
Control # 900728
Permit #
Date Permit Issued JAN 30 97

IDENTIFICATION Block 446.05 Lot 3
Work Site Location 580 Brick Blvd. Brick N.J.
Owner in Fee Riviera Cont. Forbes Liquors
Address 580 Brick Blvd. Brick N.J.
Tele. (___) 477-2000

Contractor Eureka Elec. Service
Address P.O. Box 75 Osbornville Brick NJ
Tele. (___) 255-2822
Lic. No. or Bldrs. Reg. No. 4873
Federal Emp. No. 221814013
or Social Security No. ___

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Rewiring for 2 - HVAC units 5 ton each

Estimated Cost of Work $ 200.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	14.-
Check No.	9605
Cash	
Collected By:	

U.C.C. Form F-190B

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

Brick

PERMIT UPDATE

Date Update Issued 970224
Control #
Permit # 900728
Date Permit Issued 970130

IDENTIFICATION Block 446.05 Lot 3
Work Site Location 580 Brick Blvd.
Brick N.J.
Owner in Fee Riviera Const - Forbes Liquors
Address 580 Brick Blvd.
Brick N.J.
Tele. (___) 477-2000

Contractor Eureka Elec. Service
Address P.O. Box 75 Osbornville
Brick N.J.
Tele. (___) 255-2822
Lic. No. or Bldrs. Reg. No. 4872
Federal Emp. No. 221814013
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 2 - 4hp. 3φ compressors for refrigeration units. Road Sign

Estimated Cost of Work $ 600.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	14. —
Check No.	9560
Cash	
Collected By:	

U.C.C. Form F-190B

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

Brick

PERMIT UPDATE

Date Update Issued 970422
Control #
Permit # 900728
Date Permit Issued 970130

IDENTIFICATION Block 446.05 Lot 3
Work Site Location 580 Brick Blvd.
Brick N.J.
Owner in Fee Riviera Const - Forbes Liquors
Address 580 Brick Blvd.
Brick N.J.
Tele. (___) 477-2000

Contractor Eureka Elec. Service
Address P.O. Box 75 Osbornville
Brick N.J.
Tele. (___) 255-2822
Lic. No. or Bldrs. Reg. No. 4872
Federal Emp. No. 221814013
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: 300amp Sub-Panel for Cooler Blower Units

Estimated Cost of Work $ 700.00

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	35. —
Check No.	9611
Cash	
Collected By:	

U.C.C. Form F-190B

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 6113
DATE ISSUED 1-12-90
REVISION DATE
Block 496.05 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* When changing contractors, notify this office

Owner BRICK PLAZA CLEANERS
Address RIVIERA PLAZA, BRICKTOWN, N.J.
Tel. 201-244-1018

Contractor RAG Construction Co.
Address 72-76 Passaic Ave. PASSAIC, N.J.
Tel. (201) 777-6432

Work Site Address
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Retail Store To Dry Cleaners

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

No. of Stories _____ Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

BUILDING SUBCODE TECHNICAL SECTION

UC — NEW JERSEY — UNIFORM CONSTRUCTION CODE

PERMIT NO. 6113
DATE ISSUED 1-12-90
REVISION DATE
Block 446.05 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner BRK PLAZA CLEANERS	Contractor KAF EQUIPMENT CO
Address RIVIERA PLAZA	Address 72-74 PARK PLACE
BRICKTOWN, N.J	PASSAIC, N.J.
Tel. 201 244-1018	Tel. 201 777-6434
Work Site Address	Lic. No.
	Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Radio Shack to Dry Cleaners.

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other ______
- ☐ Demolition
- ☐ Miscellaneous ✓
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other ______

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: ______ Present ______ Proposed

No. of Stories ______ Total Building Area—All Floors ______ Sq. Ft.

Height of Structure ______ Ft. Volume of Structure ______ Cu. Ft.

Area—Largest Floor ______ Sq. Ft. Total Land Area Disturbed ______ Sq. Ft.

Estimated Cost of Building Work: $ ______

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-110 (8/83) GREEN - Office Copy, WHITE - Applicant Copy, MANILA TAG - Inspector's Copy

PLAN REVIEW AND INSPECTION — BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	10-90	wk
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 2-13-90

Inspected By:

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☐ Frame				
☐ Architectural				
☐ Insulation				
☒ Finishes				2-13-90
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-20-97
Control #
Permit # 299-97

CONFIDENTIAL

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. Forbes Liquor Store Riviera Plaza
Owner in Fee Riviera, Inc.
Address 580 Brick Blvd
Tele. (908) 477-7000
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 John Grey

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Refit Store, for New Tenant

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[N] No Plans Req.	2-19	KMM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			3-10-97	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			4/14/97	

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

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
New Bldg. Area/All Floors 4500 Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 30,000
3. Total (1+2) $ 30,000

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 2-20-97
Control #
Permit # 299-97

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. Toms River
Owner in Fee [illegible] Inc.
Address 580 Brick Blvd Toms River
Tele. (908) 477-7022
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 006780
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[✓] No Plans Req.	1-14	[illegible]					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

(Dates (Month/Day) apply to the Failure, Failure, Approval columns.)

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class Present ______ Proposed ______
No. of Stories ______
Height of Structure ______ Ft.
Area—Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors 4500 Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 30,000
3. Total (1+2) $ 30,000

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Refit Store. For New Tenant.

TYPE OF WORK:	(Office Use Only) FEE
[ ] New Building	$
[ ] Addition	
[ ] Alteration	
[ ] Roofing	
[ ] Siding	
[ ] Fence ______ Height (6' or over)	
[ ] Sign ______ Sq. Ft.	
[ ] Pool	
[ ] Asbestos Abatement	
[ ] Other ______	
[ ] Other ______	
[ ] Demolition	

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge $
Minimum Fee $
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

Brick
Riviera Plaza

will call for insp. BOB

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 39 97 0 0 0 7 2 8

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.Y.
Owner in Fee Riviera Const. — Forbes Liquors
Address 580 Brick Blvd. Brick N.Y.
Tele. ( ) 477-2000
Contractor Eureka Elec. Service BOB
Address P.O. Box 75 Oceanville Brick N.Y.
Tele. ( ) 255-2832
Lic. No. 4872
Federal Emp. No. 221814013 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present M-3 Proposed Liquor Store
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Store Utility Co.
Est. Cost of Elec. Work $ 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved AS NOTED *
Date: 9/9/28
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/24/97
Approved By: B. Kreiss

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			3/6/97	5433
Temporary				
Constr. Serv.				
TCO				
Other CALLED			3/21/97	5433
Service	4/7/97			
Final	4/3/97 5433		4/24/97	

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 4/24/97

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
80		Fixtures (1)	
20		Receptacles (2)	
10		Switches (3)	
110		Total 1 + 2 + 3	55
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	4.5 Kw	Water Heater(s)	7
	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 Exhaust Fans	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [ ] Check # 9530
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 62
DCA Training Fee	$ 3
TOTAL FEE	$ 65

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

* will need update for Alt. Equip

3/6/97 (1) FILE FOR SUBPANEL & WALK-IN BOXES (2)
(PROPOSED PER GC)

3/24/97 FILE PERMITS FOR ALL WORK —
SIGNS, SUB PANEL, ALARMS, ECT
→ PARTIAL CEILING OK — FRONT AREA
PLUS OFFICE + BATHS — TO INSTALL
CEILING. H2O HEATER — NOT INSTALLED
JOB NOT READY AND
4/3/97 (1) NEED ALARM PERMIT & SUBPANEL
(2) SEAL RACEWAY EXITS ON WALK-IN BOXES
(3) LABEL ALL ROOF EQUIPMENT (I)
CONTRACTOR STATES 4 ROOF TOP UNITS INVOLVED — LOOKS LIKE MORE
4/4/97 ROOF — (1) LABEL ALL EQUIPMENT — ALL DISCONNECTING
MEANS ID TO SHOW BREAKERS, SAME FOR GFI
(2) GFI ON ROOF HAS NO POWER. STORE —
(3) NEW SUBPANEL NEEDS PERMIT
(4) NEW SUBPANEL FEED IS 1/0 CU WITH 200A MAIN
NEEDS 3/0
(5) NEED EQUIPMENT LIST AND LOAD CAL
(6) REQUIRED CLEARANCES FOR PANEL
(7) SIGN BACKORDERED BUT NO PROBLEM
(8) PERMIT FOR ALL WORK DONE

INSPECTION NOT COMPLETED DUE TO BOB FROM
EUREKA ELECTRIC SHOUTING FOR THE INSPECTOR TO GET
OFF HIS JOB AND THROWING OBJECTS IN THE DIRECTION
OF THE PANEL WHILE THE INSPECTOR WAS STANDING
IN FRONT OF. NOTIFIED BRIDGETOWN C/O KING COUNTY
5433
4/9/97 (1) EQUIPMENT LIST
(2) GROUND BLOCK
(3) LOAD CALCULATION
(4) MAX COOLER UNIT 15 AMPS — WAS DOUBLED CIRCUITS
(5) REMOVE OLD WIRING — ROOF

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # APR 4 97 0 3 2 6 4 8
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 FORBES' LIQUOR
Address 580 BRICK BLVD
BRICK, N.J.
Tele. (908) 477-5376
Contractor CHECKPOINT ALARM
Address 3 LAWRENCE DR.
BRICK, N.J.
Tele. (908) 899-7660
Lic. No.
Federal Emp. No. 222-203-820 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 500 -

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: 4.24.97
Approved By: B. Kelly Esq.

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			4.24.97	BK/MC
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 4.24.97 BK/MC PP

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 [X] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
1		Burglar Alarms (PANEL)	
2		~~Intercoms Panels~~ INFRA-RED	
4		~~Smoke Detectors~~ DOOR CONTACTS	
	___ 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	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

Administrative Surcharge $
Paid [X] Check # 10763 Minimum Fee $
RF DCA Training Fee $
Collected by: TOTAL FEE $ 35. -

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

Brick
Riviera Plaza

Will call for Insp.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # JAN 30 97 0 0 0 7 2 8

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 Const. — Forbes Liquors
Address 580 Brick Blvd Brick N.J.
Tele. ( ) 477-2000
Contractor Eureka Elec. Service
Address P.O. 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 M-2 Proposed Liquor Store
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Store Utility Co.
Est. Cost of Elec. Work $ 4000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved ASNT44 #
Date: 97 2 8
Approved by:

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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)
80		Fixtures (1)	55
20		Receptacles (2)	
10		Switches (3)	
110		Total 1 + 2 + 3	
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
	Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	hp	Whirlpool/spa	
		Pool Bonding	
	hp	Pool Filter Motor	
		Pool Lights	
1	45 Kw	Water Heater(s)	7
	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 Gens	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [ ] Check # 9530
Collected by:

Administrative Surcharge	$
Minimum Fee	$ 62
DCA Training Fee	$ 3
TOTAL FEE	$ 65

U.C.C. Form F-120B RF

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

* Will need update for refrequint

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 6163
DATE ISSUED 1-12-90
REVISION DATE
Block 446.05 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner BRICK PLAZA CMAC
Address RIVIERA PLAZA BRICKTOWN, NJ
Tel. 201-244-1018
Work Site Address

Contractor RAF EQUIPMENT
Address 72-74 PARK PL. PASSAIC, NJ. 07055
Tel. 201-777-6636
Lic. No.
Federal Emp. No. 157-32-3158

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: 1 No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location: Furnace Room
Estimated Cost of Work: $

FEE $ 20

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $ 1

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

Emergency Lites & Exit Signs Batting Back up.	$ 40
Sprinkler in Furnace Room	$
Doors open in Egress Ways.	$
Subtotal	$
Minimum Fire Protection Fee (If Applicable)	$
Total Fire Protection Fee (*Greater of Minimum or Subtotal*)	$ 70

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP B Present Proposed
Heating Systems – Location: Boiler Room
Type: ☒ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

Fire Extinguishers.

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 6143
DATE ISSUED 1-12-90
REVISION DATE
Block 446.06 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner BRICK PLAZA CLUB
Address RIVER PLAZA BRICKTOWN, N.J.
Tel. 201 244-1015
Work Site Address

Contractor KAF EQUIPMENT
Address 72-74 PARK PL. PASSAIC, N.J. 07055
Tel. (201) 777-6434
Lic. No.
Federal Emp. No. 157-32-3150

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: 1 No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location: Entrance Room
Estimated Cost of Work: $

FEE $ 30

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

FEE $

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

Entrance doors & Exit Doors Butler Bank up. Sprinklers in Entrance Room — $ 40
Doors open in Egress way. — Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 70

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP B Present Proposed
Heating Systems – Location: Boiler Room
Type: ☑ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

Fire Extinguishers.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
2-13-90	Complies with Code

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 1-12-90
Approved By: JE

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA
Date: 2-13-90
Inspected By: JE

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☒ Smoke Test				2-13-90
☐ TCO				
☒ Other Final				2-13-90
☐ Other				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2/20/97
Control #
Permit # 299-97

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

Owner in Fee RENTOKA INC. Forbes Liquor Store
Address 550 BRICK BLVD Riverview Plaza
Tele. (908) 477-2000
Contractor SAME
Address
Tele. ( )
Lic. No. 006586
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

occupancy
111
total

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2-19-97 JC
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 4/3/97
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Fire Pump			4/3/97	JC
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.

John Kenny
SIGNATURE

D. TECHNICAL SITE DATA

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

COMMERCIAL

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
3 Emergency Lites Battery Backup		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
6 Exit Signs Battery Back-up		
Gas or Oil Fired Appliance		
OTHER Pressure Switches		35-
	Administrative Surcharge	$ 35-
Paid [ ] Check #	Minimum Fee	$
	DCA Training Fee	$
Collected by:	TOTAL FEE	$

Kira Davis

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # 2/20/97
Permit # 259-97

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 BLOCK BLVD

Owner in Fee RIVIERA INC. Forbes Liquor
Address 580 BLOCK BLVD Store

Tele. (908) 477-2000
Contractor SAME Newark
Address Plaza

Tele. (____)
Lic. No. 006786
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2-19-97
Approved by: KP
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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.

John Kang
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems	3	
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical	6	
Gas or Oil Fired Appliance		35-
OTHER		35-

Paid [ ] Check # _____
Collected by: _____

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

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

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

UNIFORM CONSTRUCTION CODE — NEW JERSEY

PERMIT NO. 6113
DATE ISSUED 1-12-90
REVISION DATE
Block 446.05 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner BRICKTOWN CLUB, GDR.
Address RIVIERA PLAZA BRICKTOWN, N.J.
Tel. ( )
Work Site Address 566 BRICK BLVD

Contractor MESTRE PLMG.
Address MAX MESTRE 55 Van Winkle Avenue PASSAIC, NEW JERSEY 07055 (201) 779-5562
Tel. 201 [illegible]
Lic.No./Bus. Permit
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
✓	Washing Machine	5.—		Grease Trap	
	Dishwasher			Interceptor	
✓	Commercial Dishwasher		✓	Backflow Device	25.—
✓	Water Heater	5.—		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		✓	Vent Stack	10.—
	Steam Boiler			Solar System	
	Water Util. Connection			Other 20 H.P.	
	Sewer Util. Connection			Other GAS FIRED BOILER	15.—
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 10.—		COLUMN 2	$ 50.—

Fee	
COLUMN 1	$ 10.—
COLUMN 2	$ 50.—
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 60.—

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 1-12-90
Approved By: J. D. Lyle

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: 2-13-90
Inspected By: J. D. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 6113
DATE ISSUED 1-12-90
REVISION DATE
Block 446.05 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner BRICKTOWN CLUB, GR. Contractor MESTRE PLMG.

Address RIVIERA PLAZA BRICKTOWN, N.J. Address MAX MESTRE 55 Van Winkle Avenue PASSAIC, NEW JERSEY 07055 (201) 779-5562

Tel. ( ) Tel. (201) 365-1037

Work Site Address 566 BRICK BLVD Lic.No./Bus. Permit

Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
✓	Washing Machine	5.-		Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher		✓	Backflow Device	25.-
✓	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		✓	Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other 20 H.P.	
	Sewer Util. Connection			Other GAS FIRED	15.-
	Hose Bibb			Other BOILER	
	Water Cooler			Other	
	COLUMN 1	$ 10.-		COLUMN 2	$ 50.-

Fee	
COLUMN 1	$ 10.-
COLUMN 2	$ 50.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 60.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____

Building Sewer— Material _____ Size _____

Water Service— Material _____ Size _____

Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

PERMIT NO. 6113
DATE ISSUED 1-12-90
REVISION DATE
Block 446.01 Lot 3
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner BRICKTOWN CLUB, LTD.
Address RIVIERA PLAZA
BRICKTOWN, N.J.
Tel. ( )
Work Site Address 566 BRICK BLVD

Contractor MESTRE PLMG.
Address
MAX MESTRE
55 Van Winkle Avenue
PASSAIC, NEW JERSEY 07055
Tel. (201) 779-5562
Lic.No./Bus. Permit
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent:

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: DRY CLEANING STORE

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	$		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
	Lavatory/Sink			Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
✓	Washing Machine	5.-		Grease Trap	
	Dishwasher			Interceptor	
✓	Commercial Dishwasher		✓	Backflow Device	25.-
✓	Water Heater	5.-		Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		✓	Vent Stack	10.-
	Steam Boiler			Solar System	
	Water Util. Connection			Other 20 H.P.	
	Sewer Util. Connection			Other GAS FIRED	15.-
	Hose Bibb			Other BOILER	
	Water Cooler			Other	
	COLUMN 1	$ 10.-		COLUMN 2	$ 50.-

Fee	
COLUMN 1	$ 10.-
COLUMN 2	$ 50.-
SUBTOTAL	$
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$ 60.-

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer— Material _____ Size _____
Water Service— Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

ADDITIONAL FEE $25.- GAS PIPING.

☐ Partial Releases ☐ Prototype Processing

U.C.C. Form F-130 (8/83) Green = Office Copy White = Applicant Copy Blue = Inspector Copy

PLAN REVIEW AND INSPECTION – PLUMBING

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved
Date: 1-12-90
Approved By: J. D. Lyle

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: 2-13-90
Inspected By: J. D. Lyle

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Slab				
☐ Rough				
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other _____				

U.C.C. Form F-130 (8/83)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2-20-97
Control #
Permit # 299-97

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 Forbes Liquor Store
Work Site Location 580 BRICK BLVD
Owner in Fee RIVIERA INC.
Address 550 BRICK BLVD
Tele. (908) 477-2000
Contractor FREELAND PLUMBING + HTG INC
Address 807 MANTOLOKING RD
BRICK NJ 08723
Tele. (908) 477-0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No. —

B. PLUMBING CHARACTERISTICS

Use Group Present STORE Proposed —
Building Sewer Size 4" (EXISTING)
Water Service Size 3/4" (EXISTING)
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2-19-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 2-27-97

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			3-20-97	
Rough			3-7-97	
Water				
Sewer				
Fixtures			4-2-97	
Gas Equipment				
Gas Final				
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.

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)
2	Water Closet	20
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	20
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	35
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 75.
Collected by: TOTAL $

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Forbes Liquor
Riviera Plaza

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # 299-97
Permit # 4-2-97

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

Block 4416.05 Lot 3
Work Site Location 580 Brick Blvd.

Owner in Fee Riviera Inc.
Address 550 Brick Blvd.

Tele. (908) 477-2000

Contractor
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-2-97
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

X Paid 0 [illegible]
Signature—Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	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	35.-
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Fee rec'd 4/2/97

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 2-20-97
Control #
Permit # 299-97

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

Owner in Fee RIVIERA INC.
Address 580 BRICK BLVD

Tele. (Cell) 477-2032
Contractor ~~PROFESSIONAL~~ PLUMBING + HTG INC
Address 807 MARLBORO RD
BRICK NJ 08723
Tele. (908) 477-0854
Lic. No. 1722
Federal Emp. No. 22-1853417 or Social Security No. ~~2~~

B. PLUMBING CHARACTERISTICS

Use Group Present Store Proposed ~~2~~
Building Sewer Size 4" (EXISTING)
Water Service Size 3/4" (EXISTING)
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date:
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 Equipment				
Gas Final				
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.

William R. Dwyer #1722
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

#722

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: January 29, 1997 1997 - 0060

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

Property Address: 580 Brick Boulevard

Owner: Riviera, Inc. (Phone): (908) 477-2000

Applicant: Joan Krug; Riviera, Inc. (Phone): Same

Mailing Address: 550 Brick Boulevard, Brick, N.J. 08723

Existing Use: Vacant unit in retail plaza (former dry cleaners).

Proposed Use: Retail liquor store.

Proposed Construction (if any): Interior alteration; 4,500 square feet.

Conditions: An additional Zoning Permit is required for any sign.

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

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION 566 BRICK BLVD UTILITY CO —

RIVIERA SHOPPING CENTER BLK 446-05 LOT 3

OWNER BRICK PLAZA CLEANERS OCCUPANT —

"Installation in the above premises has been inspected and is in accordance with N.E.C, utility and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ____ days

SERVICE ____ RANGE ____ WATER HEATER ____

AIR COND ____ ELECT HEAT ____ MISC ____

COMMENTS ____

DATE 7-15-90 PERMIT # 600238 INSPECTOR [signature]

Insp. Lic # 1427

Elec. 104

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

September 24, 1990

Brick Plaza Cleaners
566 Brick Blve.
Brick, New Jersey 08723

Dear Sir,

Your permit #6113, issued 1/12/90 for commercial alteration to an existing store remains incomplete. Our records indicate that there is an additional $25.00 due for gas piping that was never paid for, therefore, a Certificate of Approval cannot be issued.

Kindly remit a check in the amount of $25.00 in order for us to issue the C/A and finalize your file. Thank you in advance for your immediate attention.

Very truly yours,

Arthur J. Cierzo
Construction Official

AJC/tl

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: 1/21/97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 446.05 LOT 3 SITE ADDRESS 580 Brick Blvd.

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

APPLICANT Pinecrest Inc. CITY & STATE Brick N.J.

☑ 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:

$ 31,500

Frederick R. Millman, CTA, Tax Assessor

2-3-97

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

CERTIFICATE OF COMPLIANCE

BLOCK 446.05 LOT 3 SITE ADDRESS 100 Main Blvd.

TYPE OF SITE Commercial TYPE OF BUSINESS retail
Residential/Commercial

APPLICANT Rivian Tax. PHONE NUMBER 427-7000

APPLICANT ADDRESS Rivian Plaza CITY & STATE Rivia NJ

CASE # _____ NAME OF BUSINESS n/a

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: $ 21,000.00 Date 2/2/07

Required Deposit on Estimate $ 152.50 Date 2/2/07

Check # 2451 Receipt # 6737

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

CERTIFICATE OF COMPLIANCE

BLOCK 4416.05 LOT 3 SITE ADDRESS 520 Brick Blvd.

TYPE OF SITE Commercial TYPE OF BUSINESS Retail
Residential/Commercial

APPLICANT Ramona Tsoi. PHONE NUMBER 477-2000

APPLICANT ADDRESS Brick Blvd CITY & STATE Brick NJ

CASE # _____ NAME OF BUSINESS N/A

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: $31,500.00 Date 2/2/07

Required Deposit on Estimate $ 157.50 Date 2/2/07

Check # 2461 Receipt # 6737

Actual Assessment: $31,500.00 Date 4/1/07

Actual Required Fee: $ 315.00

Minus Deposit of Estimate $ 157.50

Balance Due $ 157.50

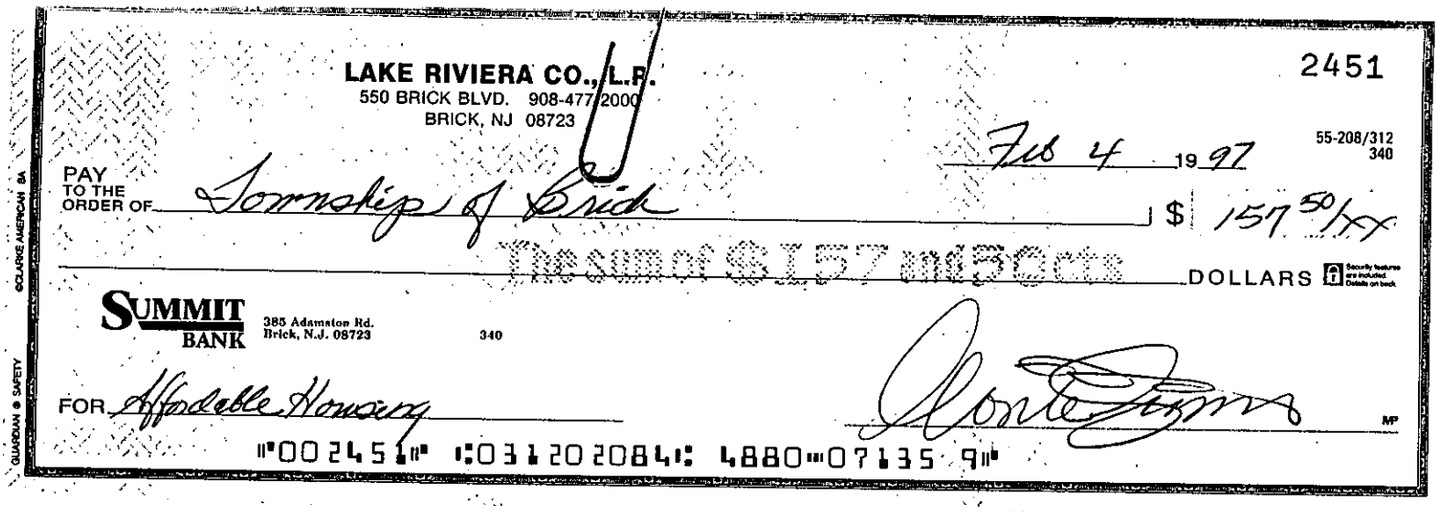
Amount Paid in Full $ 315.00 Date 4/1/07

Check # 358 Receipt # 6785

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

POOR QUALITY
DOCUMENT



LAKE RIVIERA CO., L.P.
550 BRICK BLVD. 908-477-2000
BRICK, NJ 08723

2451

55-208/312
340

Feb 4 1997

PAY TO THE ORDER OF Township of Brick $ 157.50/xx

The sum of $157 and 50 cts DOLLARS

SUMMIT BANK
385 Adamston Rd.
Brick, N.J. 08723
340

FOR Affordable Housing

⑈002451⑈ ⑆031202084⑆ 4880⑈07135 9⑈

QUARDIAN ● SAFETY ©CLARKE AMERICAN SA

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 2/4/97

Business/Development: Riviera Plaza

Owner/Applicant: Lake Riviera Co.

Property Address: 50 Riviera Plaza

Block: 346.05 Lot: 3

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial ✓
Residential
Inclusionary Development Fee

Check Number 2451
Estimated Fee 315.00

Deposit Amount $ 157.50

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check No.: _____
Final Fee: _____
Less Deposit: _____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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:

_____ 2/4/97
Signature Date

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: 1/31/97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 446.05 LOT 3 SITE ADDRESS 580 Brick Blvd.

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

APPLICANT Riviera Inc. CITY & STATE Brick NJ

☑ 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:

$ 31,500

Frederick R. Millman, CTA, Tax Assessor

2-3-97

Date

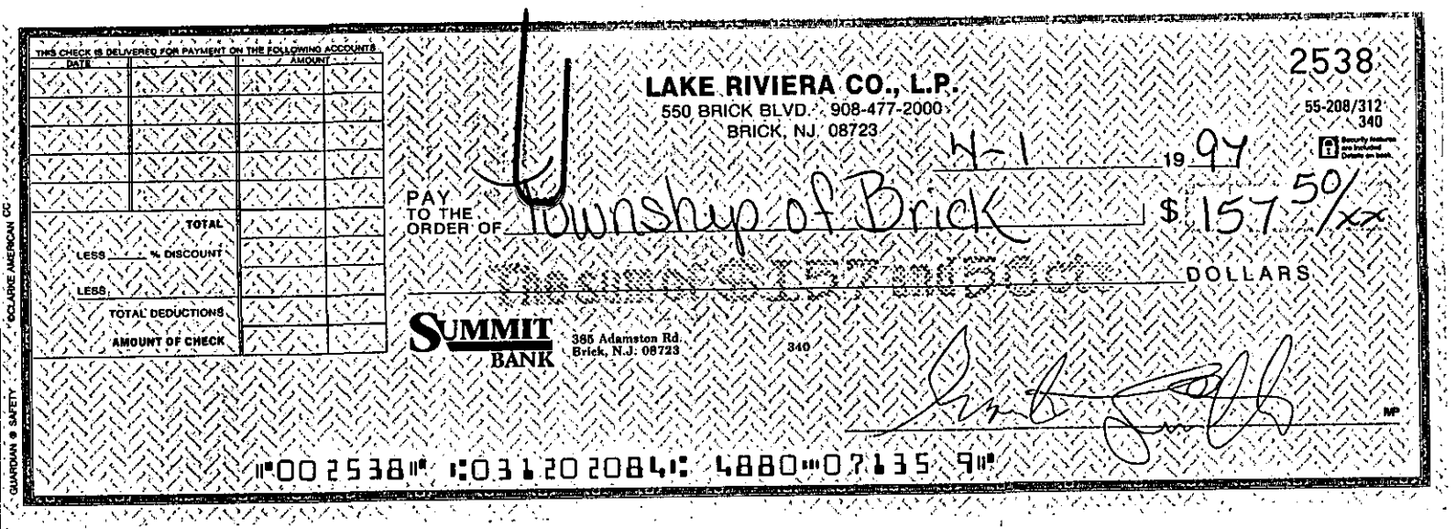
☑ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 31,500.

Frederick R. Millman, CTA, Tax Assessor

4/1/97

Date


THIS CHECK IS DELIVERED FOR PAYMENT ON THE FOLLOWING ACCOUNTS
DATE | AMOUNT
TOTAL
LESS ____ % DISCOUNT
LESS
TOTAL DEDUCTIONS
AMOUNT OF CHECK
LAKE RIVIERA CO., L.P.
550 BRICK BLVD. 908-477-2000
BRICK, NJ 08723
2538
55-208/312
340
4-1 19 97
PAY TO THE ORDER OF Township of Brick
$ 157 50/xx
DOLLARS
SUMMIT BANK
385 Adamston Rd.
Brick, N.J. 08723
340
MP
"002538" :031202084: 4880"07135 9"
QUARDIAN SAFETY
DCLARKE AMERICAN CO.

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 4/1/97

Business/Development: Riviera Plaza

Owner/Applicant: Lake Riviera CO LP

Property Address: 550 Brick Blvd.

Block: 446.5 Lot: 3

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 No.: 2538

Final Fee: 315

Less Deposit: 157.50

Final Payment $ 157.50

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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:

H Millard
Signature

4.2.97
Date