BLOCK 670 LOT ~~9.02 9.03~~ 9.04 QUALIFICATION CODE C22.70 ADDRESS (SITE) ~~930~~ 940 CEDAR BRIDGE AVE PERMIT NO. 02-1764

Jim Kerney

CONSTRUCTION PERMIT APPLICATION

2nd Flr. Bldg. 5 Store Defalcos

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

I. IDENTIFICATION

1. Propsed Work Site at: TOWN HALL SHOPPES ~~930~~ 940 CEDAR BRIDGE AVE
2. Name of Owner in Fee: PARAMOUNT REALTY Tel. ( )
   Address 1195 RT 70 SUITE 2000 LAKEWOOD N.J. 08701
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: ABATARE BUILDERS Tel. (732) 477-7751
   Address 92 MANTOLOKING RD BRICKTOWN N.J.
   License No. OR, if new home, Builder Reg. No. 015352 Exp. Date 3/03
   Federal Employee No. 22-282-3210 FAX: (732) 477-6788
5. Architect or Engineer BARLO & ASSOCIATES Tel. (732) 477-7751
   Address 92 MANTOLOKING ROAD BRICKTOWN
6. Responsible Person in Charge of Work JOSEPH A. LONGO
   Tel. (732) 477-7751 FAX (732) 477-6788

Tenant Fit-up Bldg. only. other subs to follow

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 2510		
2.	Electrical	100		
3.	Plumbing	20		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	110		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 2740		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1 & 2	
2.	Height of Structure ____ ft.	
3.	Area — Largest Floor 10,000 sq. ft.	
4.	New Building Area 10,000 sq. ft.	
5.	Volume of New Structure 138,280 cu. ft.	
6.	Construction Classification 5B UNPROTECTED	
7.	Total Land Area Disturbed ____ sq. ft.	
8.	Flood Hazard Zone ____	
9.	Base Flood Elevation ____ ft.	
10.	Wetlands yes ____ no ____	
11.	Max. Live Load ____	
12.	Max. Occupancy Load ____	

II. PROPOSED WORK

		Est. Cost	Plans Received	Date Rejected	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☒ Alteration	100,000				5-16-02	FM			
5.	☐ Fire Protection									
6.	☑ Plumbing					5-22-02	DBS	7/14/02		
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	100,000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-3) CABO
5. ☐ One-Family (R-4) 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: B - BUSINESS
3. Change in Use Group, Indicate Former:

COMMERCIAL

IMPORTANT ANY FEE - COMMERCIAL

A.I.

NO FEE REQUIRED

APPROVED BY [illegible] DATE 5/1/02

LDS BR 10305740

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

(✓ Check if contractor.

Agent Name ABATAIR BUILDERS INC.

Address 92 MANTOLOKING RD

BRICKTOWN N.J. 08723

Telephone (732) 477-7751

Signature Joseph A. Longo President

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
Building	_____	Energy	_____	Other	_____
Electrical	_____	Barrier Free	_____		_____
Plumbing	_____	Flood Hazard	_____		_____
Fire Protection	_____	As Built Elevation Cert.	_____		_____
Mechanical	_____	Other	_____		_____

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/31/2002
Control #
Permit # 02-1764

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 670 Lot 9.03 Qual
Work Site Location 940 CEDAR BRIDGE AVE
TENANT FIT UP
Owner in Fee/Occupant PARAMOUNT REALTY
Address 1195 ROUTE 70, S-2000
LAKEWOOD, NJ 08701-
Telephone ( ) -
Contractor ABATARE BUILDERS INC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3823210

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

SECOND FLOOR FIT-UP TO BLDG #5 AT TOWNHALL SHOPES
SHORE DEPALMA

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

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

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

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

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

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

Fee $ 10
Paid [X] Check No. 6446
Collected by: NIC

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/01/2002
Control #
Permit # 02-1764

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

Block 670 Lot 9.03 Qual
Work Site Locatio 940 CEDAR BRIDGE AVE
TENANT FIT UP
Owner in Fee/Occupant PARAMOUNT REALTY
Address 119 ROUTE 70, S-2000
LAK OD, NJ 08701-
Telephone ( ) -
Contractor ABATARE BUILDERS INC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2823210

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

TENANT FIT-UP 2ND FLOOR BLDG #5 OFFICE BLDG
SHORE DEPALMA

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

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

[X] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than October 1, 2002 or the owner will be subject to fine or order to vacate:
WHEN STRUCTURE RECEIVES C/O
OK C/O'd 4/30/03

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

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

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

Daniel F. Flynn

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

Fee $ 10
Paid [X] Check No. 6446
Collected by: NIC

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued
Control #
Permit #

IDENTIFICATION Block 670 Lot 9.01, 9.02, 9.03 9.04

Work Site Location TOWN HALL SHOPPES
990 CEDAR BRIDGE AVE

Owner in Fee PARAMOUNT REALTY

Address 1195 RT 70 SUITE 2000
LAKEWOOD N.J. 08701

Tel. ( )

Contractor ABATARE BUILDERS INC

Address 92 MANTOLOKING RD
BRICKTOWN N.J.

Tel. (732) 477-7751

Lic. No. or Bldrs. Reg. No. 015352

Fed. Emp. No. 22-282-3210

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SECOND FL. FIT-UP TO BLD. #5

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 $ 150,000

Construction Official

Date

PAYMENTS (Office Use Only)

Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occupancy
Other
Total
Check No.
Cash
Collected by

(see reverse side)

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

U.C.C. Form F-170D

CSE

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/22/2002
Control #
Permit # 02-1764

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 670 Lot 9.03 Qual

Work Site Location 930 CEDAR BRIDGE AVE
TENANT FIT UP
Owner in Fee PARAMOUNT REALTY
Address 1195 ROUTE 70, S-2000
LAKEWOOD, NJ 08701-
Telephone ( ) -

Contractor ABATARE BUILDERS INC
Address 92 HAMILOKING RD
BRICK, NJ 08723-
Telephone ( )
Lic. No. or Didrs. Reg. No.
Federal Exp. No. 22-2823210

In hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SECOND FLOOR FIT-UP TO BLDG #5 AT TOWNHALL SHOPPES
SHORE DEPALMA

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 $ 137,400

Construction Official — 05/22/2002 Date

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

PAYMENTS (Office Use Only)

Building	2,510
Electrical	100
Plumbing	20
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	110
Cert. of Occupancy	0
Other	
Total	2,740
Check No.	6606
Cash	
Collected By	KIC

05/22/02 10:55AM 000000H1929
XK06 SERV.006

#021764	
BUILDING	$2510.00
ELECTRIC	$100.00
PLUMBING	$20.00
DCA	$110.00
CHECK	$-2740.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 07/30/2002
Control 0
Permit 0 02-1764+A
Permit Issued 05/22/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 670 Lot 9.03 Qual

Work Site Location 990 CEDAR BRIDGE AVE
FIRE REVIEW
Owner in Fee PARAMOUNT REALTY
Address 1195 ROUTE 70, S-2000
LAKEWOOD, NJ 08701-
Telephone ( ) -

Contractor ABATARE BUILDERS INC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Telephone ( )
Lic. No. or Bidrs. Reg. No.
Federal Exp. No. 22-2823210

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIRE REVIEW PER REVIEW

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	4495
Cash	
Collected By	MJR

Estimated Cost of Work $ 1,000

Construction Official

07/30/2002
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/2002
Date Issued 5/21/02
Control # C22-70
Permit # 02-1764

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

Block 670 Lot ~~9~~ 9.03 Qual
Work Site Location 990 CEDAR BRIDGE AVE
TENANT FIT UP
Owner in Fee PARAMOUNT REALTY
Address 1195 ROUTE 70, S-2000
LAKEWOOD, NJ 08701-
Tele.( ) -
Contractor ABATARE BUILDERS INC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2823210

Conditional

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-16-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-29-02
Approved By: FM

INSPECTIONS Type	Dates (Month/Da) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			5/29/02	JK
BarrierFree				
Insulation			5/31/02	JK
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	7/19/02		7/29/02	JK
BarrierFree	Not Ready			

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100,000
3. Total (1+2) $ 100,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

SECOND FLOOR FIT-UP TO BLDG #5 AT TOWNHALL SHOPES SHORE DEPALMA

See Architects Note on Floor load

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,510
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 2,510
DCA Training Fee	$ 80

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/22/2002
Date Issued 5/21/02
Control # C22-70
Permit # 02-1764

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

Block 670 Lot ~~9~~ 9.03 Qual
Work Site Location 990 CEDAR BRIDGE AVE
TENANT FIT UP
Owner in Fee PARAMOUNT REALTY
Address 1195 ROUTE 70, S-2000
LAKEWOOD, NJ 08701-
Tele.( ) -
Contractor ABATARE BUILDERS INC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2823210

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

SECOND FLOOR FIT-UP TO BLDG #5 AT TOWNHALL SHOPES
SHORE DEPALMA

See Architects Note on Floor load

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	5-16-02	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,510
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 100,000
3. Total (1+2)$ 100,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 2,510
DCA Training Fee	$ 80

Paid [ ] Check #
Collected by:

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

5/22/02 ① 2ND FLOOR ?

② NO APPROVED PLANS ON JOB

③ FILE FOR ALL WORK - COMM, ECT

5/28/02 PERSSUILLING WILL CALL RE COLHAUN AREA - JOHN PERRY 01 1910 - IN STRUCTURE SOME ⊕ ON FLOOR MUST 9-12 TO TOP WILL CHECK OFF ADA. INSULATION INSTALLED SHEETROCK DONE SIDE

7-12-02

BOX OFF OFFICE CUBES SW/PS

NO WALLS SET UP YET

ELECTRICAL 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 670 Lot 9.01 9.02 9.03 9.04

Work Site Location TOWN HALL SHOPPES
990 CEDAR BRIDGE AVE

Owner in Fee/Occupant PARAMOUNT REALTY

Address 1195 RT 70 SUITE 2000
LAKEWOOD N.J. 08701

Tele. ( )

Contractor GROSSMAN ELECTRIC INC

Address 1787 BRIDGE BLVD
WALL, N.J. 07719

Tele. (732) 280-5927 Fax (732) 280-5927

Lic. No. 7642

Federal Emp. No. 22-3471346

B. ELECTRICAL CHARACTERISTICS

Use Group Present B-BUSINESS Proposed B-BUSINESS

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 35,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
177		Lighting Fixtures	
109		Receptacles	
46		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
9		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
341		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

COMMERCIAL

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

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

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

Shore DePalma

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 5/2/02
Date Issued
Control #
Permit # 02-1764

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

Block 670 Lot 9.01 9.02 9.03 9.04

Work Site Location TOWN HALL SHOPPES
990 CEDAR BRIDGE RD

Owner in Fee/Occupant PARAMOUNT REALTY

Address 1195 RT 70 SUITE 2000
LAKEWOOD N.J. 08701

Tele. (732) 886-1500

Contractor GROSSMAN ELECTRIC INC

Address 1781 BELMAR BLVD.
WALL N.J. 07719

Tele. (732) 280-5927 Fax (732) 280-5927

Lic. No. 7642

Federal Emp. No. 22-3471346

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 35,900.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 5102

Approved by: VR

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
177		Lighting Fixtures	
109		Receptacles	
46		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
9		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
341		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		.....	
		.....	

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/26/2002
Date Issued ~~01/01/1954~~
Control # 1-30-02
Permit # 02-~~1764~~+A

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

Block 670 Lot 9.03 Qual
Work Site Location 990 CEDAR BRIDGE AVE
FIRE REVIEW
Owner in Fee PARAMOUNT REALTY
Address 1195 ROUTE 70, S-2000
LAKEWOOD, NJ 08701-
Tele.(__) Fax (__)
Contractor ABATARE BUILDERS INC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2823210

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 7-30-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7/31/02
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other			7-31-02	

Alarms upper 01-215 x main Bldg

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other PLAN REVIEW		35
Other		0

Tenant Set-up 4

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

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/26/2002
Date Issued ~~01/01/1954~~ 7-30-02
Control #
Permit # 02-1764+A

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

Block 670 Lot 9.03 Qual
Work Site Location 990 CEDAR BRIDGE AVE
FIRE REVIEW
Owner in Fee PARAMOUNT REALTY
Address 1195 ROUTE 70, S-2000
LAKEWOOD, NJ 08701-
Tele.( ) Fax ( )
Contractor ABATARE BUILDERS INC
Address 92 HANTOLOKING RD
BRICK, NJ 08723-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2823210

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [X] New [ ] Existing [ ] HVAC
Type: [X] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 7-30-02
Approved By: KCB
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

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

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System	NUMBER	
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other PLAN REVIEW		35
Other		0

Tenant Fit up

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

Paid [ ] Check #
Collected by:

N.C.C. F140 (rev. 3/96)

Shore DePalma

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 5/21/02
Control #
Permit # 02-1764

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

Block 670 Lot 9.01 9.02 9.03 9.04

Work Site Location TOWN HALL SHOPPES
790 CEDAR BRIDGE AVE

Owner in Fee PARAMOUNT REALTY

Address 1195 RT 70 SUITE 200
LAKEWOOD N.J. 08701

Tele. (732) 886-1500

Contractor ALL STAR PLUMBING & HEATING

Address 1025 ROUTE 70 SUITE 1
BRIELLE NJ 08730

Tele. (732) 223-3511 Fax (732) 223-9885

Lic. No. 7112

Federal Emp. No. 154483286

B. PLUMBING CHARACTERISTICS

Use Group Present B-BUSINESS Proposed B-BUSINESS

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 4500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 5-22-02

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 7-24-02

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab				
Rough			5-23-02	COMMERCIAL
Water				
Sewer				
Fixtures			7-24-02	
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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
0	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	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	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other _____	
	Other _____	
	Other _____	

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

must meet all A.D.A.

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

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

Shore Dialma

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 12/2/02
Control #
Permit # 02.1144

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

Block 670 Lot 7.01 7.12 (6.03) 7.04

Work Site Location TOWN HALL HEDDE, MT CARMEL ER DITH AVE

Owner in Fee PARLIAMENT REALTY

Address 115 IT 70 SUITE 2070

CATHEDRAL N.J 08701

Tele. (732) 886-1500

Contractor ALL STAR PLUMBING & HEATING

Address 1025 ROUTE 70 SUITE 1

BRIELLE NJ 08730

Tele. (732) 223-9511 Fax (732) 223-9885

Lic. No. 7117

Federal Emp. No. 15-1123786

B. PLUMBING CHARACTERISTICS

Use Group Present B- BUSINESS Proposed B- BUSINESS

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 5-22-02

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 12-6-02

Approved by: _____

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's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

must meet A.P.A.

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
0	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
1	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	
	Sewer Connection	
	Water Service Connection	
1	Stacks	
	Other _____	
	Other _____	
	Other _____	

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 11 LOT _____ SITE ADDRESS 14 _____
TYPE OF SITE Residential / Commercial NAME OF BUSINESS _____
APPLICANT _____ PHONE NUMBER _____
APPLICANT ADDRESS _____ CITY & STATE _____

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ _____

_____ _____
Frederick R. Millman, CTA, Tax Assessor Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____
Frederick R. Millman, CTA, Tax Assessor Date

Prelininary Fee Required _____ Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # NO FEE REQUIRED

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

APPROVED BY _____ DATE 5/1/12

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.

_____
Office of Affordable Housing

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751
Fax:732-477-6788
E-mail: barloassoc@aol.com

May 10, 2002

Mr. Frank Mizer
Building Sub-Code Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Town Hall Shoppes
Office Building - 2nd Floor Fit-up
Block 670, Lot 9.03

Dear Mr. Mizer,

As per our discussion and your plan review comment, this letter is to notify you that we are revising the name of Room No. 214 on the above referenced project from "LIBRARY" to "REFERENCE" to better describe the use of the room and to correct any floor loading misconceptions the title "LIBRARY" may imply. The floor as designed meets code requirements for intended use.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates, P.A.

Paul L. Barlo, AIA, P.P.
NJ C7498

cc: Arch File

Plumbing Plan Review Record

Work site location: 940 Cedar Bridge

Building Description: _____

Reviewed: _____

Date: 5-13-02

Correction list

No.	Description	Code section
	1 more law required for the ladies room.	

Jim Tracy 732 477-7751

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 5-8-02

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

BUILDING LOCATION 940 Cedar Bridge
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
(1)	Building Design Does Not Allow For Excessive Loading Shown on Drwg A-1 Room 214 Noted As Library This Floor Load Exceeds Original Design Drawings Submitted By Your Office BOCA Table 1606 Also Notes 150 LBS VS 50	Table 1606
(2)	What will Be done To Re-inforce This Floor? So it will Accomodate either Library Load or Storage Load	
	Note: Barlow Design Dlg Orig (FM) Re-Sub when Plumbing Done	
	No Rehab Code Bldg Not C.O	

06/93

R. Stone & Co. Inc.
36 Washington Street
Suite 1
Toms River, NJ 08753
Telephone: (732)244-6771

Transmittal

Number	196
Date	07/26/02
From	Nicole Dawdy
Title	
To	
Title	
Telephone	
Fax	
Printed	07/26/02

To:
Brick Township Construction
401 Chambers Bridge Avenue
Brick, NJ 08723
Telephone 732-262-1082

Job:
Job Number 101000
Towne Hall Shoppes Site

We are sending you the following items:

- [ ] Certificates
- [ ] Shop drawings
- [ ] Change orders
- [ ] Specifications
- [ ] Prints
- [ ] Plans
- [ ] Samples
- [ ] Letter
- [X] Other — Report of Compliance

Sent via:

- [ ] Fax
- [X] Mail
- [ ] Email
- [ ] Other

Items are:

- [X] Attached
- [ ] Separate cover

Copies	Date	Ref. Number	Description
1	07/22/02		Report fo Compliance - Lots 9.01 & 9.03, Block 670

Action:

- [X] For your records
- [ ] For approval
- [ ] As requested
- [ ] For review & comment
- [ ] For corrections
- [ ] Other

Notes:

Signed: Nicole

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
(609) 971-7002 Fax (609) 971-3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: Town Hall Shops SCD NO.: 6576

BLOCK NO.(s) 670 LOT NO.(s) 9.01, 9.03

Final Compliance ☐ Conditional Compliance ☒

Block No.	Lot No.	Conditions
		This CONDITIONAL COMPLIANCE expires on 8/22/02. The applicant is required to notify this office when work is PROPERLY COMPLETED. A $75.00 re-inspection fee will be billed to the applicant for each day the required work is NOT properly completed.

TOTAL FEES DUE: $ 75.-

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: [signature]

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 7/22/02

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
(609) 971-7002 Fax (609) 971-3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: TOWN HALL SOPS SCD NO.: 6576

BLOCK NO.(s) 670 LOT NO.(s) 9.01, 9.03

Final Compliance ☐ Conditional Compliance ☒

Block No.	Lot No.	Conditions
		This CONDITIONAL COMPLIANCE expires on 8/22/02. The applicant is required to notify this office when work is PROPERLY COMPLETED. A $75.00 re-inspection fee will be billed to the applicant for each day the required work is NOT properly completed.

TOTAL FEES DUE: $ 75.-

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 7/22/02

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/98

A5703

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 940 Cedar Bridge Block 670 Lot 9.01

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

	FINALS		FINALS		FINALS
X	BUILDING	APPROVED	7/29/02	OK	
OK X	PLUMBING	APPROVED	7/24/02	OK	~~Not ready~~ Needed
Needed	FIRE	APPROVED	7/31/02	OK	
OK X	ELECTRIC	APPROVED	7/19/02	OK	
	ENGINEERING	APPROVED			
	O.C.SOIL ~~Other Bldg only~~	APPROVED	for outside OK Tony 8/22/02		
	COMMERCIAL OCCUPANCY CARD				
X	C.C. FROM B.T.M.U.A. CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.				
X	AFFORDABLE HOUSING ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.		Approved 7/31/02 Pd in whole		

670

9.01

Thomas Palma 8-17-04

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
(609) 971-7002 Fax (609) 971-3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: BRICK

PROJECT: TOWN HALL SHOPS II SCD NO.: 6576

BLOCK NO.(s) 670 LOT NO.(s) 9.03, 9.04

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions
		BUILDING #5 + #6 ONLY!

TOTAL FEES DUE: $ 135.00

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: _____

DATE: 4/29/08

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/98

A5703^

New Jersey Natural Resources Conservation Program

OCEAN COUNTY SOIL CONSERVATION DISTRICT

714 LACEY ROAD, FORKED RIVER, N.J. 08731
(609) 971-7002 Fax (609) 971-3391

REPORT OF COMPLIANCE

TO: CONSTRUCTION CODE OFFICIAL MUNICIPALITY: Brick

PROJECT: Town Hall Shops SCD NO.: 6576

BLOCK NO.(s) 670 LOT NO.(s) 9.02

Final Compliance ☑ Conditional Compliance ☐

Block No.	Lot No.	Conditions
		Bldg #3 + #4A only!
		Project Complete
		6.3.03 Paid 135.- ck# 753 ℗
		TOTAL FEES DUE: $ 135 —

This verifies that the soil erosion and sediment control measures for the above designated block and lot numbers are in compliance to the extent indicated above with the soil erosion and sediment control plan as certified by the Ocean County Soil Conservation District and required by Chapter 251, P.L. 1975 as amended, the Soil Erosion and Sediment Control Act, (N.J.S.A. 4:24-39 et. seq.).

AGENT RESPONSIBLE FOR PROJECT: _____

AUTHORIZED DISTRICT SIGNATURE: [signature]

DATE: 6/3/03

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/98

A5703^

INSPECTOR: Darren Nerings

DATE: 10/16/02 temp

JOB: Townhall shoppes SECTION: Floor Deplume

TYPE OF WORK: F 1

WEATHER: 60° rain

LOCATION: Cedar Cove Bridge rd

TEMPERATURE: 60°

BLOCK: 67 LOT: 9.02

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	X	
2. Grading	X	
3. Sidewalk	X	
4. Road Pavement	X	
5. Landscaping & Sodding	X	
6. Clean-up Procedures	X	
7. Note on going construction in immediate area	X	
8. Safety	X	

COMMENTS REFERENCING ITEM NUMBER:

RECOMMENDATIONS:

☐ TEMP. C.O.

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____

Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE - PLAN REVIEW

Contractor: ABATARE BUILDERS INC
Address: 62 MANCHOLOKING ROAD
BRICKTOWN 08723
Phone #: (732) 477-7751
Lis #: 015352
Federal Emp # or SSN 22-282-3210

Technical Data

Description of Work:

Heating Type: X Gas ___Oil ___Electric ___Solar
Heating System is X New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source CITY
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other: $35.00 PER Kevin 07-30-02

charge minimum fee - all else is on separate tech under R-5 storage and compressor

Estimated Cost of Fire Work_____

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

Signature: _____ PRESIDENT

Print Name: JOSEPH A. LOMBO

Permit # 02-1764 +A

Township of Brick
Counter Form
(PLEASE PRINT)

Update

Site Location: 990 CEDAR BRIDGE AVE
Block: 670 Lot: 9:03
Owner's Name: PARAMOUNT REALTY
Owner's Mailing Address: 1195 RT 70 SUITE-2000

Phone: (732) 886-1500

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

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

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____

_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 990 Cedar Bridge Ave
Block: 670 Lot: 9.01
Owner's Name: Paramount Realty
Owner's Mailing Address: 1195 Rt. 70 Suite 2000
Lakewood, NJ 08701
Phone: (_____)_____

BUILDING

Contractor: ABATARK BUILDERS INC
Address: 92 MANTOLOKING ROAD
BRICKTOWN N.J.
Phone# (732) 477-7751
Lis # 015352
Federal Emp # or SSN 22-282-3210

Technical Data

Description of Work:

SECOND FL. FIT-UP TO
BLD # 5 AT TOWNHALL SHOPPES
See drawings

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present: B Proposed: B
No of Stories: 2
Height of Structure:
Area of the largest floor: 10,000
Area of New Structure:
Volume of New Structure: 138,288
Total Land Disturbed:

Cost of Alteration: $ 100,000

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature: Joseph A. Lomo President

Please Print Name JOSEPH A. LOMO

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

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

Signature:

Please Print Name

CONTRACTOR'S SEAL