BLOCK 670 LOT 9.02 9.05 QUALIFICATION CODE C18-16 (PAD #4) 950C18-76-1 ADDRESS (SITE) 960 Cedar Bridge Ave PERMIT NO. 02-2628

Retail

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 960 Cedar Bridge Avenue (PAD #4)
2. Name of Owner in Fee: EIGHTEENTH VENTURE LLC Tel. (732) 886-1500
   Address 1195 ROUTE 70, SUITE 2000 LAKEWOOD, NJ 08701
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: KOFIELD CONSTRUCTION Tel. (732) 946-7905
   Address 53 MAIN STREET HOLMDEL, NJ 07733
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date
   Federal Employee No. 22-3671670 FAX: (732) 946-7474
5. Architect or Engineer Barlo AND ASSOCIATES Tel. (732) 477-7751
   Address 92 MANTOLOKING RD BRICK NJ 08723
6. Responsible Person in Charge of Work GREGG SONNENFELD
   Tel. (732) 946-7905 FAX (732) 946-7474

Retail Space - Three tenant Spaces required

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 1950		
2.	Electrical		470	35
3.	Plumbing		345	35
4.	Fire Protection	173		
5.	Elevator Devices	three 0		
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	1.25		
10.	Subtotal			
11.	Cert. of Occupancy	291		
12.	Other	30		
13.	TOTAL	$ 2569	817	70

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure 19'-0" ft.	
3.	Area — Largest Floor 5200 sq. ft.	
4.	New Building Area 5200 sq. ft.	
5.	Volume of New Structure 78,000 cu. ft.	
6.	Construction Classification 5B UNPROTECTED	
7.	Total Land Area Disturbed 6000 sq. ft.	
8.	Flood Hazard Zone N/A	
9.	Base Flood Elevation N/A ft.	
10.	Wetlands yes _____	
	no X	
11.	Max. Live Load 100 PSF	
12.	Max. Occupancy Load _____	

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☒ New Building	320,000	1.10		6-17-02 FAX					
3.	☐ Addition									
4.	☐ Alteration									
5.	☒ Fire Protection					7-30-02 FAX				
6.	☒ Plumbing	9000				8/8/02 FAX				
7.	☒ Electrical	26000				7-30-02 FAX				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		Gil	6/24/02		6/26/02				
	TOTAL COSTS	355,000								

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-4) CABO
5. ☒ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: RETAIL
2. Use Group: M
3. Change in Use Group, Indicate Former:

COMMERCIAL

LDS BR 10401395

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.

(X) Check if contractor.

Agent Name KOFIELD CONSTRUCTION LLC

Address 53 MAIN STREET
HOLMDEL, NJ 07733

Telephone (732) 946-7905

Signature _____

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 ERICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/14/2002
Control 0
Permit # 02-2628+A
Permit Issued 07/15/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 670 Lot 9.05 Qual

Work Site Location 950 CEDARBRIDGE AVE PAD 04
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500

Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Telephone (732)946-7905
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3671670

Is 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:
ACTUAL BUILDING REVIEW
FOOTING/FOUNDATION ALREADY ISSUED PER DAH

PAYMENTS (Office Use Only)

Building	0
Electrical	472
Plumbing	345
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	817
Check No.	1942
Cash	
Collected By	ERP

[illegible] 10:41AM 0000001[illegible]
[illegible] SEP-2002

0022628	
BUILDING	$472.00
BUILDING	-$472.00
ELECTRIC	$472.00
PLUMBING	$345.00
CHECK	$-817.00

Estimated Cost of Work $ 1

[signature]
Construction Official

08/14/2002
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/01/2002
Control 0
Permit # 02-2629+B
Permit Issued 07/15/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 670 Lot 9.02 Qual

Work Site Location 960 CEDARBRIDGE AVE PAD 03
SEWER EJECTOR PUMP
Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-1500

Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Telephone (732)363-6642
Lic. No. or Bldrs. Reg. No. 8019
Federal Ecp. No. 22-3143825

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SEWER EJECTOR PUMP FOR BLDG 03

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plubing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	70
Check No.	2437
Cash	
Collected By	ERP

10/01/02 8:01AM 000000#5202
#X07 SERV.007
#022629
ELECTRIC $35.00
PLUMBING $35.00
CHECK $70.00

Estimated Cost of Work $ 13,500

Construction Official 10/01/2002
Date

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/01/2002
Control #
Permit # 02-2628+B
Permit Issued 07/15/2002

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 670 Lot 9.05 Qual

Work Site Location 950 CEDARBRIDGE AVE PAD #4
SEWER EJECTOR PUMP
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500

Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Telephone (732)363-6642
Lic. No. or Bldrs. Reg. No. 8019
Federal Emp. No. 22-3143825

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SEWER EJECTOR PUMP FOR BLDG #4

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	70
Check No.	2437
Cash	
Collected By	ERP

10/01/02 [illegible]OAK 0000005201
307 SERV.007
#022628
ELECTRIC $35.00
PLUMBING $35.00
CHECK $70.00

Estimated Cost of Work $ 13,500

Construction Official

10/01/2002
Date

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/25/2002
Control #
Permit # 02-2628+C
Permit Issued 07/15/2002

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 670 Lot 9.05 Qual

Work Site Location 930 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500

Contractor MGM-QC MECH INC
Address 1304 RIVER AVE
LAKEWOOD, NJ 08701-
Telephone (908)367-5111
Lic. No. or Bldrs. Reg. No. 4510183
Federal Emp. No. 22-3072055

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
THO GAS PIPING, SKETCH ON ORIGINAL PLANS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	50
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	50
Check No.	
Cash	X
Collected By	MJR

10/25/02 9:53AM 000000#5788
XX02 SERV.002
#2628
PLUMBING $50.00
XXTOTAL $50.00
CASH $50.00
CHANGE $0.00
10/25/02 8:53AM 000000#5788 XX02
XXTOTAL $50.00

Estimated Cost of Work $ 10

Construction Official

10/25/2002
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

07/15/02 11:36AM 0000003297
YY04 SERV.006
#2628

BUILDING	$1950.00
FIRE	$173.00
DCA	$125.00
C/O	$291.00
ZPA	$15.00
FPA	$15.00
XXXTOTAL	$2569.00
CHECK	$2569.00
CHANGE	$0.00

Date Issued 07/15/2002
Control #
Permit # 02-2628

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 9.02 Qual

Work Site Location 960 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500

Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Telephone (732)946-7905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
NEW RETAIL COMMERCIAL BUILDING PAD #4
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

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 $ 320,602

Construction Official

07/15/2002
Date

PAYMENTS (Office Use Only)

Building	1,950
Electrical	0
Plumbing	0
Fire Protection	173
Elevator Devices	0
Other	
DCA Training Fee	125
Cert. of Occupancy	291
Other	
Total	2,539
Check No.	2312
Cash	
Collected By	TL

U.C.C. F170 (rev. 3/95)

(02-2628)

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 960 Cedarbridge Block 670 Lot 9.02

pod #4

Final Inspections needed if applicable as follows:

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

COMMERCIAL

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

	FINALS		FINALS		FINALS	
✓	BUILDING	APPROVED			2/5/13	ok
✓	PLUMBING	APPROVED	1/29/03 OK			
✓	FIRE	APPROVED	2/5/13 OK			
✓	ELECTRIC	APPROVED	1/30/03 AKV		12/23/2	
✓	ENGINEERING	APPROVED	Mybal ok 2/14/13 @ per DPW			
	O.C.SOIL	APPROVED	ok 10/4 temp til 5/13			

COMMERCIAL

COMMERCIAL OCCUPANCY CARD

C.C. FROM B.T.M.U.A. exempt.

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

✓ 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.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/16/2003
Control #
Permit # 02-2628.2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBIRDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee/Occupant EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Telephone (732)946-7905 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

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

NEW RETAIL COMMERCIAL BUILDING PAD #4 (3 RETAIL S
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

[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 _____, ___.

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

Fee $ 291
Paid [X] Check No. 2312
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/16/2003
Control #
Permit # 02-2628.2

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBIRDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee/Occupant EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Telephone (732)946-7905 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

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

NEW RETAIL COMMERCIAL BUILDING PAD #4 (3 RETAIL S
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

[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 _____, ___.

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

Fee $ 291
Paid [X] Check No. 2312
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/14/2003
Control #
Permit # 02-2628

NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBIRDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee/Occupant EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Telephone (732)946-7905 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

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

NEW RETAIL COMMERCIAL BUILDING PAD #4 (3 RETAIL S
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

[ ] 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 May 1 2003 or the owner will be subject to fine or order to vacate:
FOR SUBWAY LOCATION ONLY / OC SOIL & ENG

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

Fee $ 291
Paid [X] Check No. 2312
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/14/2003
Control #
Permit # 02-2628

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBIRDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee/Occupant EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Telephone (732)946-7905 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

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

NEW RETAIL COMMERCIAL BUILDING PAD #4 (3 RETAIL S
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

[ ] **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 May 1, 2003 or the owner will be subject to fine or order to vacate:
FOR SUBWAY LOCATION ONLY / OC SOIL & ENG

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

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

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

Fee $ 291
Paid [X] Check No. 2312
Collected by: TL

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

TOWNSHIP OF BRICK
101 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/14/02
Control # ~~C18 76 1~~
Permit # 02-2628 A

Called 8/13

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

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBIRDGE AVE PAD #4
PLG/ELEC REVIEW
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Tele.(732)946-7905 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All — 8-12-02 FMM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 2-5-03
Approved By: FMM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame ROUGH			10/9/02	
BarrierFree				
Insulation			11/6/02	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			2-5-03 FM	
BarrierFree				

B. BUILDING CHARACTERISTICS

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

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

ACTUAL BUILDING REVIEW
FOOTING/FOUNDATION ALREADY ISSUED PER DAN
Review Done As Merchantile Use. Tennant Fit up Required on each Space As occupied

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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

CHARGE

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

3 2/11/3

Date Received 06/17/2002
Date Issued 7/15/02
Control # C18-76
Permit # 02-2628

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

Block 670 Lot ~~9.02~~ 9.05 Qual

Work Site Location 960 CEDARBIRDGE AVE PAD #4 Retail

NEW RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE LLC

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele.(732)886-0500

Contractor KOFIELD CONSTRUCTION

Address 53 MAIN STREET

HOLMDEL, NJ 07773-

Tele.(732)946-7905 Fax (__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3671670

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

NEW RETAIL COMMERCIAL BUILDING PAD #4
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 2-5-03
Approved By: FM

INSPECTIONS	Failure	Failure	Approval	Initial
Type				
Footing → piers			7/18/02	
Foundation — PERINSUL			7/31/02	
Slab — MANSARD			9/13/02	
Frame			9/17/02	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other			2-5-03 FM	
~~Final~~				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 1,950
[ ] Addition	0
[ ] Alteration	0
[ ] 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 M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 19 Ft.
Area Largest Floor 5,200 Sq. Ft.
New Bldg. Area/All Floors 5,200 Sq. Ft.
Volume of New Structure 78,000 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 320,000
2. Alteration $ 0
3. Total (1+2)$ 320,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 1,950
DCA Training Fee	$ 125

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

7/18 - compaction report carried on job site - cont. will provide copies for file - JL

8-7 - Bond Beam - Rebar w/ JL

8-22 - " " East Wall FWD

9-13 - Methane vapor barrier installed compaction report reviewed (copy to follow) JL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 7/17/02
Control # C18-76
Permit # 02-1628

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

Block 870 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1105 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)938-0500
Contractor HOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Tele.(732)946-7905 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3871670

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

NEW RETAIL COMMERCIAL BUILDING PAD #4
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present H Proposed H
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 19 Ft.
Area Largest Floor 5,200 Sq. Ft.
New Bldg. Area/All Floors 5,200 Sq. Ft.
Volume of New Structure 78,000 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 320,000
2. Alteration $ 0
3. Total (1+2)$ 320,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 1,950
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 1,950
DCA Training Fee	$ 125

U.C.C. F110 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 7/15/02
Control # C18-76
Permit # 02-2628

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

Block 670 Lot 9.02 Qual
Work Site Location 980 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Tele.(732)946-7905 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

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

NEW RETAIL COMMERCIAL BUILDING PAD #4
PER DAN 07-15-02 FOOTING/FOUDATION ONLY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 19 Ft.
Area Largest Floor 5,200 Sq. Ft.
New Bldg. Area/All Floors 5,200 Sq. Ft.
Volume of New Structure 78,000 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 320,000
2. Alteration $ 0
3. Total (1+2)$ 320,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[X] New Building	$ 1,950
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 1,950
DCA Training Fee	$ 125

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 06/11/2002
Date Issued ____/____/____
Control # C18776
Permit #

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

Block 870 Lot 9.02 Qual ____
Work Site Location 900 CEDARBRIDGE AVE PAD #4
PLG/ELEC REVIEW
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Tele.(732)946-7905 Fax (__)____
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. 22-3071070

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-12-02	FMG
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed H
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 $ 1
3. Total (1+2)$ 1

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

ACTUAL BUILDING REVIEW
FOOTING/FOUNDATION ALREADY ISSUED PER DAN
Review Done As Merchantile Use. Tennant Fit up Required on each Space As occupied

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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	$ 35
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check # ____
Collected by: ____

U.C.C. F110 (rev. 3/98)

Called 8/13

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 8/6/2002
Date Issued ___/___/___
Control # C1827-2628A
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 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD 64
PLG/ELEC REVIEW
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Tele.(732)946-7905 Fax (__)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All 8-12-02 FMH
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS — Dates (Month/Day) — Type — Failure — Failure — Approval — Initial

Type	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed H
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 $ 1
3. Total (1+2)$ 1

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

ACTUAL BUILDING REVIEW
FOOTING/FOUNDATION ALREADY ISSUED PER DAN
Review Done As Merchantile Use. Tennant Fit up Required on each Space As occupied

TYPE OF WORK — FEE (Office Use Only)

[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] 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

Chg 10

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

Paid [ ] Check # ____
Collected by: ____

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 1/14/02
Control # C18-76
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 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD 04
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)303-0042 Fax ( )
Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 205 PRUCE ST
LAKEWOOD, NJ 08701-
Tele.(732)363-0042
Lic. No. or Bldrs. Reg. No. 8919
Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 20,000

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and 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

NO.	SIZE	ITEM	FEE (Office Use Only)
85		Lighting Fixtures	
30		Receptacles	
20		Switches	
3		Detectors	
0		Light Poles	
3		Motors-Fract HP	
9		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
154		TOTAL NUMBERS	85
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
3	2	KW Elect Water Heater	27
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
3	11	KW Central A/C Unit	120
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	400	AMP Service	100
3	200	AMP Subpanels	120
0	0	AMP Motor Control Center	0
4	1	KW Elect Sign/Outline Light	0
		Other 1-100AMP SUBPAN	40
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 472
DCA Training Fee $ 0

U.C.C. F120 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/14/02
Control # ~~C18-76~~ 1
Permit # 022628

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

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)363-6642 Fax ( )
Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Tele.(732)363-6642
Lic. No. or Bldrs. Reg. No. 8019
Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present H Proposed H
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 26,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 7/31/02
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and 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

NO.	SIZE	ITEM	FEE (Office Use Only)
85		Lighting Fixtures	77
30		Receptacles	
20		Switches	
3		Detectors	
0		Light Poles	
3		Motors-Fract HP	477
9		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
154		TOTAL NUMBERS	65
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
3	2	KW Elect Water Heater	27
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
3	11	KW Central A/C Unit	120
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
1	400	AMP Service	100
3	200	AMP Subpanels	120
0	0	AMP Motor Control Center	0
4	1	KW Elect Sign/Outline Light	0
		Other 1-100AMP SUBPAN	40
		Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 472
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2002
Date Issued 01/01/1954
Control #
Permit # 02-2628+B

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

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBRIDGE AVE PAD #4
SEWER EJECTOR PUMP
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Tele.(732)363-6642
Lic. No. or Bldrs. Reg. No. 8019
Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,500

JOB SUMMARY (Office Use Only)

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

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

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and 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

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 10KW EJECTOR	9
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 26
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 0

U.C.C. F120 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2002
Date Issued 01/01/1954
Control 0
Permit # 02-2628+B

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

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBRIDGE AVE PAD #4
SEWER EJECTOR PUMP
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Tele.(732)363-6642
Lic. No. or Bldrs. Reg. No. 8019
Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present H Proposed H
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 9/11/02
Approved By:

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

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

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and 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

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 10KW EJECTOR	9
		Other	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 26
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

U.C.C. F120 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2002
Date Issued 01/01/1954
Control #
Permit # 02-2628+B 10/1/02

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

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBIRDGE AVE PAD #4
SEWER EJECTOR PUMP
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Tele.(732)363-6642
Lic. No. or Bldrs. Reg. No. 8019
Federal Emp. No. 22-3143825

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 9/6/02
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough I	11/6/02	B		
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 10KW EJECTOR	9
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Administrative Surcharge $ 0
Paid [ ] Check # _____ Minimum Fee $ 26
Collected by: _____ TOTAL FEE $ 35
DCA State Permit Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/14/02
Control # ~~C18 76 4~~
Permit # 0226284

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

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBIRDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)363-6642 Fax ( )
Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Tele.(732)363-6642
Lic. No. or Bldrs. Reg. No. 8019
Federal Emp. No. 22-3143825

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 26,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 7/31/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/23/02
Approved By:

INSPECTIONS Type	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			10/30/02	TO
Temp Serv			11/14/02	RB x4
Const Serv				
TCO				
Other				
Service				
Final			12/23/02	TO

Temp. Cut-in-Card Date Issued 11/14/02 RB
Final Cut-in-Card Date Issued

OVER

11/14/02 FILE FOR ACC exam

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
85		Lighting Fixtures	
30		Receptacles	
20		Switches	
3		Detectors	
0		Light Poles	
3		Motors-Fract HP	
9		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
154		TOTAL NUMBERS	65
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
3	2	KW Elect Water Heater	27
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
3	11	KW Central A/C Unit	120
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
1	400	AMP Service	100
3	200	AMP Subpanels #AS 4	120
0	0	AMP Motor Control Center	0
4	1	KW Elect Sign/Outline Light	0
		Other 1-100AMP SUBPAN	40
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

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

Paid [ ] Check #	Administrative Surcharge	$ 0
Collected by:	Minimum Fee	$ 0
	TOTAL FEE	$ 472
	DCA Training Fee	$ 0

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

11/14/02 600 MCM CU FEEDER & TRENCH DONE
PER RADIO CALL TO TOM.
1 200 @ 3/0 CU

2 150 @ 1/0 CU

1 100 @ 3 CU

TEMP MARKED &
11/14/02 OK FOR 4 METER SETS

WILL HAVE PLACKARDS FOR ALL EQUIPMENT AT FINAL
CHECKED WITH E SUBCODE RE NEED FOR
ADDITIONAL WRITTEN DOCUMENTATION BEFORE
TEMP HOOKUP. SUBCODE ADVISES NONE NECESSARY

CON

UNIT 3-3 Roughs walls only Bracky
10-25-02 walls only

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 02:2628 + e

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

Block 670 Lot 9.02 5
Work Site Location TOWNE HALL SHOPPES
960 Cedar Bridge Ave.
Owner in Fee/Occupant Paramount Prop.
Address 1195 RT 70 Suite 2000
Lkwd NJ
Tele. (732) 886-1500
Contractor OSCARS ELECT SVC INC
Address 253 RIVER AVE
Lkwd.
Tele. (732) 363-6642 Fax (732) 901-0106
Lic. No. 8019
Federal Emp. No. 223143825

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 600.00

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: 3 5 03
Approved by: WK

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.

Mark Hammett
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)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		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	
3		Methane Gas Det Control PNL	
1			

COMMERCIAL

Administrative Surcharge	$	25
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/04/2003
Date Issued 01/01/1954
Control #
Permit # 02-2628+E

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

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBIRDGE AVE PAD #4
NETHANE GAS DETECTORS
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor OSCAR'S ELECTRICAL SERVICE INC
Address 265 BRUCE ST
LAKEWOOD, NJ 08701-
Tele.(732)363-6642
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3143825

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 600

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
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 3-7-03
Approved By: DB
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

Storage Tanks		FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid		
[ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected	NUMBER	
[ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	35
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		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	0

Paid [ ] Check # Collected by:

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 06/17/2002
Date Issued 7/15/02
Control # C18-76
Permit # 02-2628

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

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBIRDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)946-7905 Fax ( )
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Tele.(732)946-7905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 600

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: N/A
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 7-3-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-5-03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			2/5/03	
Smoke Ctl				
TCO			2/5/03	
Final				
Other				

Temp Pending update of Natural Gas

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)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	35
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 [X] or Oil [ ] Fired Appliances	30	138
Other		0
Other		0

* Provide audible alarm for HVAC S.D.

BP changed in computer 1703.10

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	173 35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

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

- HVAC Check No access to roof
2/5/03 - NO S.D Audible
- NO permit for Methane Detector
2/5/03 - Need Extinguishers
-

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 7/15/02
Control # C18-76
Permit # 02-2628

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

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)946-7905 Fax ( )
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07773-
Tele.(732)946-7905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present H Proposed H
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

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: 7-3-02
Approved By: KLS
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

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		* Provide audible Alarm for HVAC S.D.
Alarm Devices(smoke,heat,pulls,water/flow)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	35
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 [X] or Oil [ ] Fired Appliances	3	105
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	140
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/98)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 7/1/02
Control # C18-76
Permit # FP 4628

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

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)946-7905 Fax ( )
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Tele.(732)946-7905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3071970

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present II Proposed II
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 800

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
[ ] Fire Plans Approved
Date: 7-2-02
Approved By:
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

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)	3	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	3	35
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	3	0
Other		0
Other		0

* Provide detail Alarm & HVAC S.D.

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/26/2002
Date Issued 01/01/1954
Control #
Permit # 02-2628+B 10/1/02

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

Block 670 Lot 9.05 Qual

Work Site Location 950 CEDARBRIDGE AVE PAD #4
SEWER EJECTOR PUMP

Owner in Fee EIGHTEENTH VENTURE LLC

Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-

Tele.(732)886-0500

Contractor KOFIELD CONSTRUCTION

Address 53 MAIN STREET
HOLMDEL, NJ 07773-

Tele.(732)946-7905

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3671670

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/26/02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 11-9-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water			9-26-02	AK
Sewer			11-12-02	AK
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	35
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/14/02
Control # ~~C18-76-1~~
Permit # 02 2828 TA

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

Block 670 Lot 9.02 Qual

Work Site Location 960 CEDARBIRDGE AVE PAD #4
NEW RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE LLC

Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-

Tele.(908)367-5111 Fax ( )

Contractor MON-OC MECH INC

Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-

Tele.(908)367-5111

Lic. No. or Bldrs. Reg. No. 45101851

Federal Emp. No. 22-3072055

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 9,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
~~[ ]~~ Plumb. Plans Approved
Date: 8/8/02
Approved By:

SUBCODE APPROVAL
~~[ ]~~ CO [ ] CCO [ ] CA
Approved By:
Date: 1-29-03

INSPECTIONS Type	Failure	Failure	Approval	Initial
Slab			8/15/02	
Rough			10-25-02	
Water			9-6-02	
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			10-25-02	
Solar				
TCO			10-25-02	

2 3/4

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	40
0	Urinal / Bidet	0
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
0	Floor Drain	0
3 ~~0~~	Sink - mop	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
3	Water Heater	105
0	Fuel Oil Piping	0
1	Gas Piping - 1 1/4" Gas	25
0	Steam Boiler spare 1-250,000 ② - 205,000 ③ 205,000	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 3 A/C	105
	Other	0

Changed in computer 10-8-02 MT

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	345
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

Spare #1

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

8/19/02

① SPACE #1 - WILL BE SUBWAY
SUBWAY WILL UP DATE - FOR BATHROOM
+ INSTALL MOP SINK

[redacted]P OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2002
Date Issued 10/25/2002
Control #
Permit # 02-2628+C

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

Block 670 Lot 9.05 Qual

Work Site Location 950 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE LLC

Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-

Tele.(732)886-0500

Contractor MON-OC MECH INC

Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-

Tele.(908)367-5111

Lic. No. or Bldrs. Reg. No. 45101851

Federal Emp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-25-02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ]
Approved By:
Date: 10-25-02

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping			10-25-02	
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
2	Gas Piping	50
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA State Permit Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/14/02
Control # C18-764
Permit # U2 28628 '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 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(908)367-5111 Fax ( )
Contractor HON-OC MECH INC
Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-
Tele.(908)307-5111
Lic. No. or Bldrs. Reg. No. 45101851
Federal Emp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 9,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8/8/02
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	40
0	Urinal / Bidet	0
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
0	Floor Drain	0
3 0	Sink – mop CHANGED TO COMPLETE 08-08-02	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
3	Water Heater	105
0	Fuel Oil Piping	0
1	Gas Piping – 1 1/4" GAS SPACE 1-399,000 2-303,000 @ 20' 000	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 3 A/C	105
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 345
	DCA Training Fee	$ 0

1" WATER

U.C.C. F130 (rev. 3/90)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2002
Date Issued 10/25/2002
Control #
Permit # 02-2628+C

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

Block 670 Lot 9.05 Qual

Work Site Location 950 CEDARBRIDGE AVE PAD 04
NEW RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500

Contractor HON-OC MECH INC
Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-
Tele.(908)367-5111

Lic. No. or Bldrs. Reg. No. 45101651
Federal Emp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present R Proposed R

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-25-02
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
2	Gas Piping	50
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 50
DCA State Permit Fee $ 0

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/25/2002
Date Issued 10/25/2002
Control #
Permit # 02-2628+C

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

Block 670 Lot 9.05 Qual

Work Site Location 950 CEDARBRIDGE AVE PAD 64
NEW RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor HON-GC MECH INC
Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-
Tele.(908)367-5111
Lic. Co. or Bldrs. Reg. No. 45101851
Federal Emp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present H Proposed H
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10-25-02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bit	0
0	Water Heater	0
0	Fuel Oil Piping	0
2	Gas Piping	50
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 50
	DCA State Permit Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/26/2002
Date Issued 01/01/1954
Control #
Permit # 02-2628+8

10/1/02

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

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBRIDGE AVE PAD #4
SEWER EJECTOR PUMP
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Tele.(732)946-7905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 12,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/26/02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	35
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/26/2002
Date Issued 01/01/1954
Control #
Permit # 02-2628+B

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

Block 670 Lot 9.05 Qual
Work Site Location 950 CEDARBRIDGE AVE PAD #4
SEWER EJECTOR PUMP
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-0500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Tele.(732)946-7905
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3671670

B. PLUMBING CHARACTERISTICS

Use Group Present N Proposed N
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 12,000

308 SUMMARY (Office Use Only)

PLAN REVIEW
[-] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] 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 Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
1	Sewer Pump	35
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 11/1/02
Control # C18276
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 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #4
NEW RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE LLC
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(908)367-5111 Fax ( )
Contractor MON-OC MECH INC
Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-
Tele.(908)367-5111
Lic. No. or Bldrs. Reg. No. 45101851
Federal Emp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 9,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 9/8/02
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
4	Water Closet	40
0	Urinal / Bidet	0
0	Bath Tub	0
4	Lavatory	40
0	Shower	0
0	Floor Drain	0
3 0	Sink - mop	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
3	Water Heater	105
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other 3 A/C	105
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 315
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: June 18, 2002 No. 2.1034

Block: 670 Lot: 9.02 Zone: B-3, Highway Development

Property Address: 960 Cedar Bridge Avenue, Town Hall Shoppes

Applicant: David Levy; Eighteenth Venture, LLC

Property Owner: Eighteenth Venture, LLC

Existing Use: Vacant lot.

Proposed Use: Retail building (#4).

Proposed Construction: One-story retail building; 5,200 square feet, 19' high.

Conditions: Site plan and subdivision approved by the Planning Board.
Case No. PB-2356-PSP/FSP-2/01.
Resolution No. R-27-02 adopted on February 27, 2002.
Maps signed on June 13, 2002.
This permit is not valid until the Planning Board architectural committee reviews the architectural plans.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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

RECEIVED
JUN 18 2002
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

Block 670 Lot 9.02 Qualifier _____

PROPERTY ADDRESS 960 CEDAR BRIDGE AVENUE

PERSONAL NAME OF APPLICANT MR. DAVID LENT

BUSINESS NAME OF APPLICANT EIGHTEENTH VENTURE LLC

PROPERTY OWNER SAME

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) RETAIL

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) RETAIL

PROPOSED CONSTRUCTION (check all that apply)

☒ New Building (please describe) 5,200 SF RETAIL BUILDING.
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant Robert L. Hooley Date 6/17/02

Reviewed by Zoning Office MC Date 6/18/2 (✓) Approved ( ) Denied

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: June 18, 2002 **No. 2.1034**

Block: 670 **Lot:** 9.02 **Zone:** B-3, Highway Development

Property Address: 960 Cedar Bridge Avenue, Town Hall Shoppes

Applicant: David Levy; Eighteenth Venture, LLC

Property Owner: Eighteenth Venture, LLC

Existing Use: Vacant lot.

Proposed Use: Retail building (#4).

Proposed Construction: One-story retail building; 5,200 square feet, 19' high.

Conditions: Site plan and subdivision approved by the Planning Board.
Case No. PB-2356-PSP/FSP-2/01.
Resolution No. R-27-02 adopted on February 27, 2002.
Maps signed on June 13, 2002.
This permit is not valid until the Planning Board architectural committee reviews the architectural plans.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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

Township of Brick

Counter Form

(PLEASE PRINT)

update 02-2628 +B

Site Location: 960 CEDAR BRIDGE AVE (BUILDING 4)
Block: 670 Lot: 9.05
Owner's Name: EIGHTEEN TO VENTURE
Owner's Mailing Address: 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701
Phone: (732) 886-1500

BUILDING

Contractor: KORUND CONSTRUCTION LLC
Address: 53 MAIN STREET
HOLMDEL, NJ 07733
Phone#: 732-946-7905
Lis #:
Federal Emp # or SSN 22-3671670

Technical Data

Description of Work:

9 gpm
SEWER EJECTOR PUMP
(BUILDING #4)
SEE PLANS

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: $ 12,000

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 CARLOS SOMMERFELD

ELECTRICAL

Contractor: OSCARS ELECTRICAL SERVICE INC
Address: 253 RIVER AVE
LAKEWOOD, NJ 08701
Phone#: 732-363-6092
Lis #: 8019
Federal Emp # or SSN 22-3143825

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: 1) 3Φ 40 amp sewer lift pump control panel

Estimated Cost of Electrical Work: $ 1500.-

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: Mark Hamilton

Please Print Name Mark Hamilton

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: KORELD CONSTRUCTION LLC
Address: 53 MAIN STREET
HOLMDEL, NJ 07733
Phone #:
Lis #:
Federal Emp # or SSN 22-367 1670

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:	

SEWER EJECTOR PUMP for plumbing.
PLBG #4 license plumber
(SEE PLANS) Required

Estimated Cost of Plumbing Work 12,000

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: Gregg Sonnenfeld

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:

DATA SHEET

HUGH J. CULLEN ASSOCIATES
10 Memorial Drive
Tele: 732-988-9600 Neptune, New Jersey 07753 Fax: 732-988-3750

OMEGA ENGIN. OF N.J.

APPROVED ☐
APPROVED AS NOTED ☑
REVISE & RESUBMIT ☐
DISAPPROVED ☐

APPROVAL IS FOR CONFORMANCE WITH THE DESIGN CONCEPT OF THE PROJECT AND COMPLIANCE WITH THE INFORMATION GIVEN IN THE CONTRACT DOCUMENTS.

BY HJC DATE 8/30/02

JOB NO. 0212

DATE:	May 16, 2002
JOB:	Brick Plaza Bricktown, NJ
ARCH/C.E.:	
CONTRACTOR:	Ground Rules, LLC
REFERENCE	Lift Station

DUPLEX SUBMERSIBLE SLICER PUMPS

UNIT:	Weil Pump Co. Model # 2533 BULLETIN: 2500
PUMP:	Duplex, submersible cast iron construction 3" discharge, stainless steel steel shaft, double mechanical seal, stainless blades and cast iron impeller.
CAPACITY/HEAD:	100 G.P.M. 15 FEET
MOTOR:	1½ HP, 3 phase, 60 hertz, 208 volts, 1750 RPM with 25' of water proof cable.
CONTROLS:	See "Control Data".
BASIN/RECEIVER:	Basin by others. CHECK PIT SIZE
BASIN/SUMP COVER:	1- 53" OD Steel Cover with two pump access doors, (2) 3" discharge openings through cover and (1) 3" vent connection. 1- Suspension plate for float switches. 1- Set of holes for power and sensor cables.
EXTRA EQUIPMENT:	2 Sets Weil 2613 - 3" Quick Removal Fittings. 2 - 20' Lift Cables.
MANUF. REP:	Hugh J. Cullen Assocs. Tele: 732-988-9600 FAX: 732-988-3750

CONTROL DATA

1- Set of four submersible mercury tube float switches complete with 20' of cable, adjustable clamps and cover mounting plate.

1- Duplex NEMA-4 UL control panel for wall mounting with the following options.

1- Disconnect switch with through the door handle.
2- Magnetic starters with overload and low voltage protection.
2- Test-off-automatic selector switches.
1- Electric alternator.
1- Control circuit transformer.
2- Pump run lights.
1- Numbered and wired terminal strip.
1- High water alarm light.
1- High water alarm with silence switch.

WEIL Submersible 3" Slicer Pump 2533

PUMP TYPE	SLICER
DISCH SIZE	3 INCH
DISCH TYPE	ANSI
MOUNTING STYLE	2613 REMOVAL

PUMP
Case - Cast Iron
Impeller - Cast Iron
Slicer Blades - 440C Stainless Steel
Stainless Steel Hardware

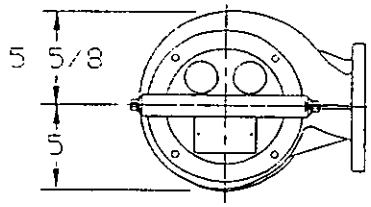
MOTOR
Air Filled Hermetically Sealed
Shaft - 316 Stainless Steel
Motor Shell - Cast Iron
Power Cord Length - 25 ft
Insulation - Class F
Ball Bearings - 2 - Double Sealed
Single Phase Motor has:
Auto Thermal Overload Protection
Capacitors and Start Relays in Motor
Stainless Steel Lifting Cable - 20 Ft.

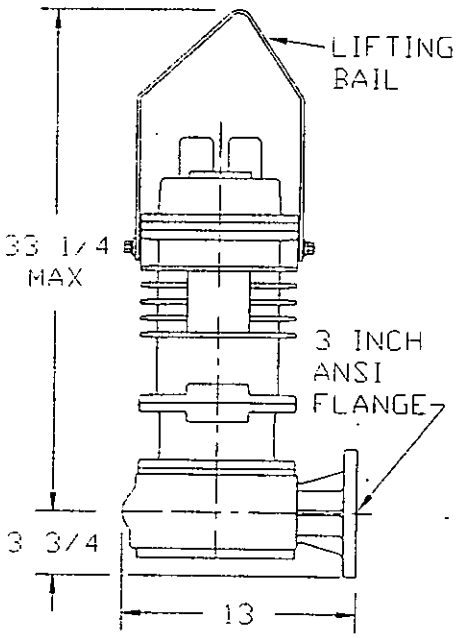
OPTIONS

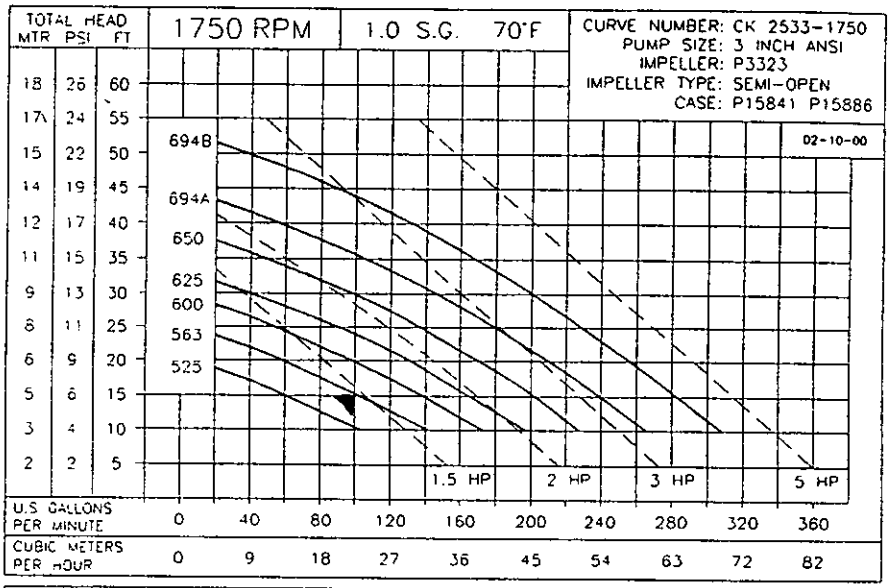
- Moisture Sensor and Temperature Limiter
- Additional Power Cable Lengths

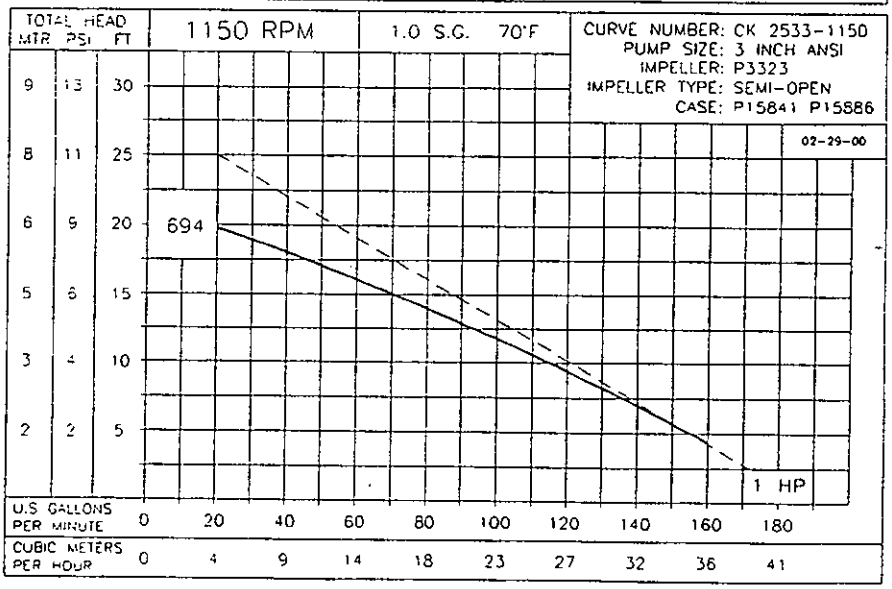
SEAL ARRANGEMENT
Standard - 2 - Tandem
Optional - 2 - Double Opposed
Upper - Carbon against Ceramic
Lower - Silicon Carbide against Silicon Carbide

DISCH	MINIMUM BASIN	
	SIMPLEX	DUPLEX
ABOVE GRADE	30"	42"
BELOW GRADE	30"	48"

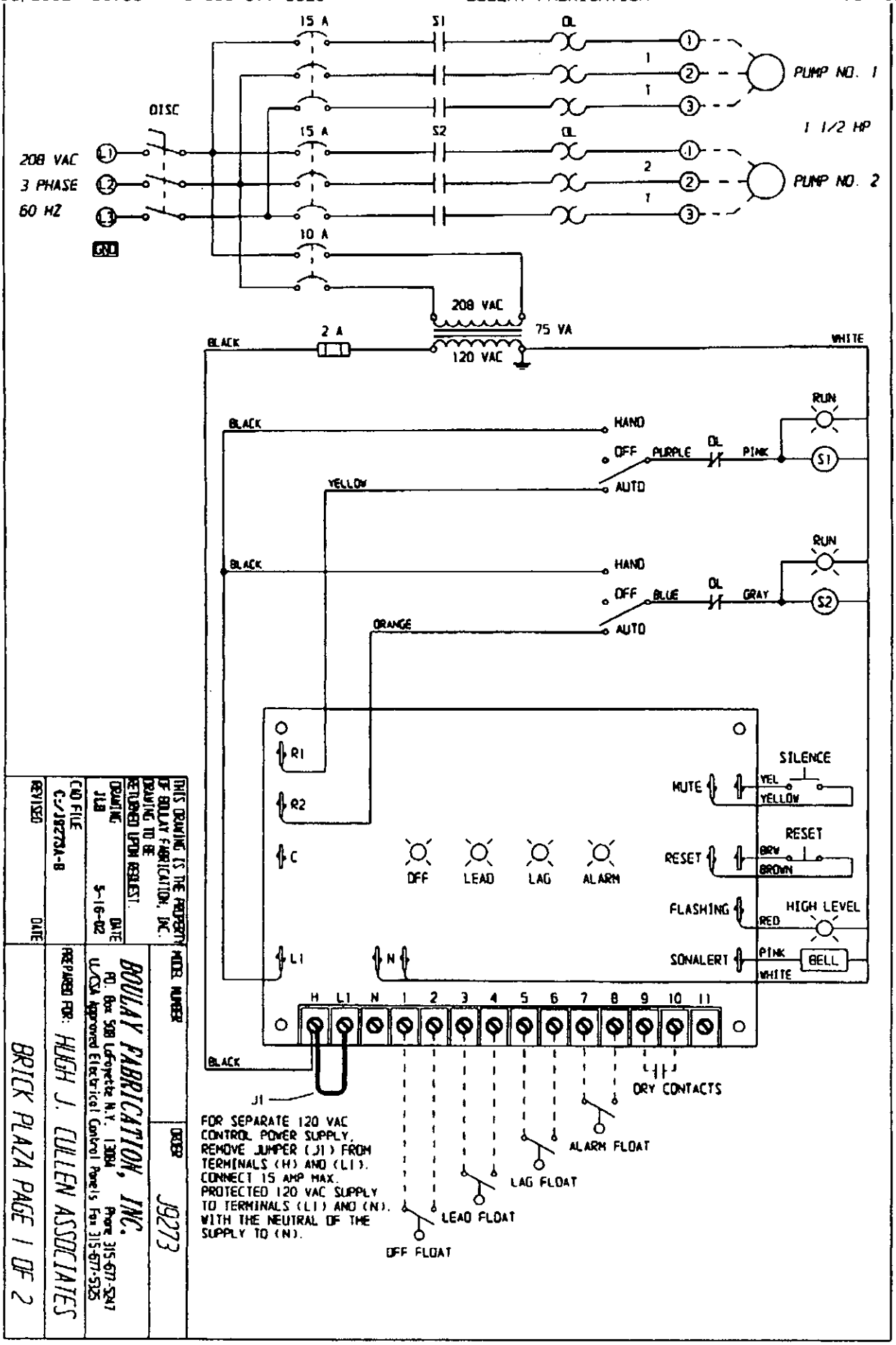








WRX



DRAWING	DATE
J1B	5-16-02

CAD FILE	REVISED	DATE
C:/J9273A-B		

BOULAY FABRICATION, INC.
P.O. Box 508 Lafayette N.Y. 13084 Phone 315-677-5247
U/CSA Approved Electrical Control Panels Fax 315-677-5325

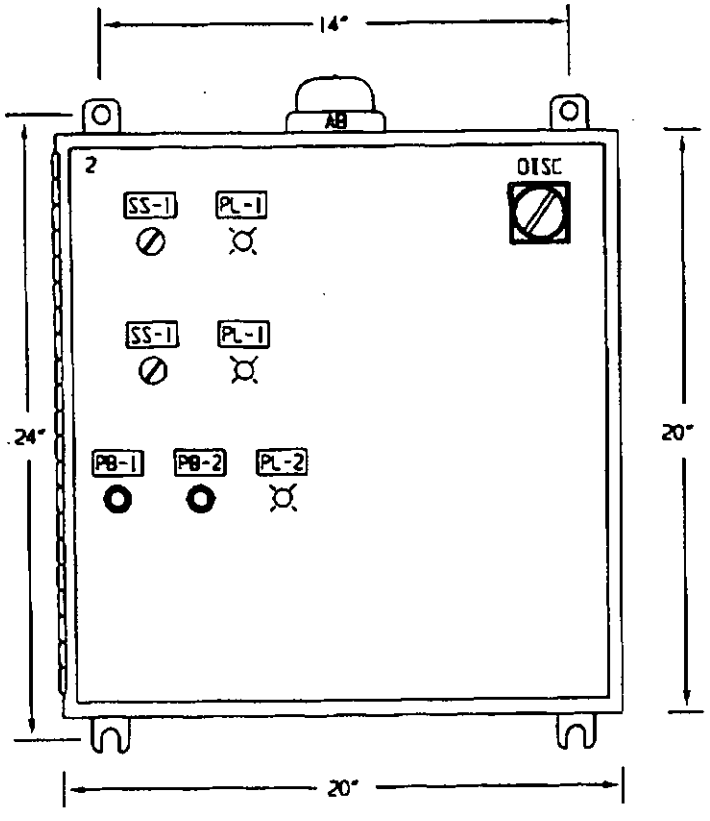
PREPARED FOR: HUGH J. CULLEN ASSOCIATES

BRICK PLAZA PAGE 1 OF 2

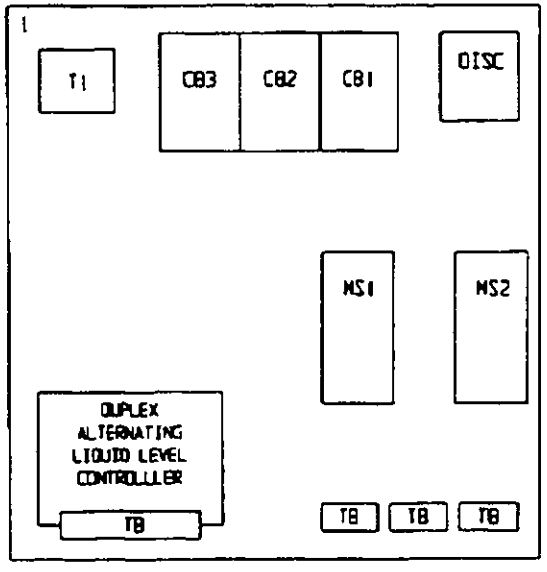
MODEL NUMBER

ORDER J9273

ENCLOSURE LAYOUT



PANEL LAYOUT



BILL OF MATERIALS

ITEM	QTY.	MFGR. CAT. NUMBER	DESCRIPTION
DISC	1	CUTLER HAMMER C362N40	MAIN DISCONNECT
CB1.2	2	SQUARE D QOU 315	CIRCUIT BREAKERS: PUMPS
CB3	1	SQUARE D QOU 210	CIRCUIT BREAKER: CONTROL
MS1.2	2	FURNAS 14DS032AF51	MOTOR STARTERS
T1	1	SQUARE D S3033-525-50	TRANSFORMER
LLC	1	BOULAY FABRICATION BFI-LLC-120	DUPLEX LIQUID LEVEL CONTROLLER
SS1	2	SQUARE D ZB5AD03	SWITCHES: H-O-A
PB1	1	SQUARE D ZB5AA4	RED PUSH BUTTON: ALARM RESET
PB2	1	SQUARE D ZB5AA3	GREEN PUSH BUTTON. ALARM SILENCE
PL1	2	SQUARE D ZB5AV033	GREEN PILOT LIGHTS: RUN
PL2	1	SQUARE D ZB5AV043	RED PILOT LIGHT: HIGH LEVEL
AB	1	EDWARDS 340-4NS	BELL: HIGH LEVEL
1	1	HOFFMAN A-20P20	PANEL
2	1	HOFFMAN A-20H20BLP	NEMA 4 ENCLOSURE

DRAWING JLH DATE 5-16-02

CAD FILE C:/J9273A-B

REVISED DATE

MODEL NUMBER

ORDER J9273

BOULAY FABRICATION, INC.
P.O. Box 508 LaFayette N.Y. 13084 Phone 315-677-5247
UL/CSA Approved Electrical Control Panels Fax 315-677-5325

PREPARED FOR: HUGH J. CULLEN ASSOCIATES

BRICK PLAZA PAGE 2 OF 2

anchor scientific inc.
Box 378, Long Lake, MN 55356 / 612-473-7115 / FAX 612-473-6002

mini·float®
Form 2500-D

mini·float®

DESCRIPTION

Mini-floats are pilot duty devices designed for small diameter sumps and places where space is a determining factor in the selection of a level control device. Mini-floats control the function of motor load devices, such as contactors, motor starters, and power relays, to automatically cycle a pump or pumps. They can also be used for alarm signaling devices. Two Mini-Floats are needed for a one-pump operation; three for a two-pump operation.

SPECIFICATIONS

Cable	18-2 SJO W/A
Housing	Polypropylene
Clamp (Only on Type P models)	Adjustable 1"-4"
Temperature Rating	60° C.

MODELS

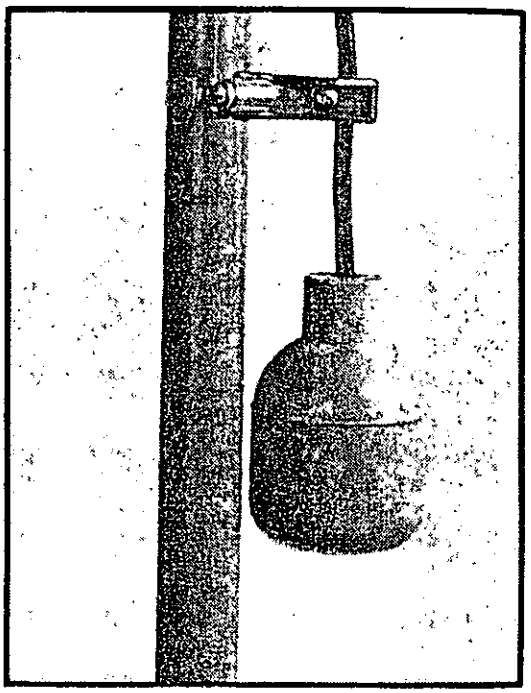
Mini-Floats are available in a combination of mounting styles, cable lengths, and circuit configurations. Mounting styles are shown at right: pipe mounted (Type P), and suspended (Type S). 10, 15, and 25-foot cable lengths are standard, but other lengths can be special ordered. Electrical configurations must be specificied; normally open, (NO), for pump out applications and normally closed, (NC), for pump in applications.

EXAMPLE:

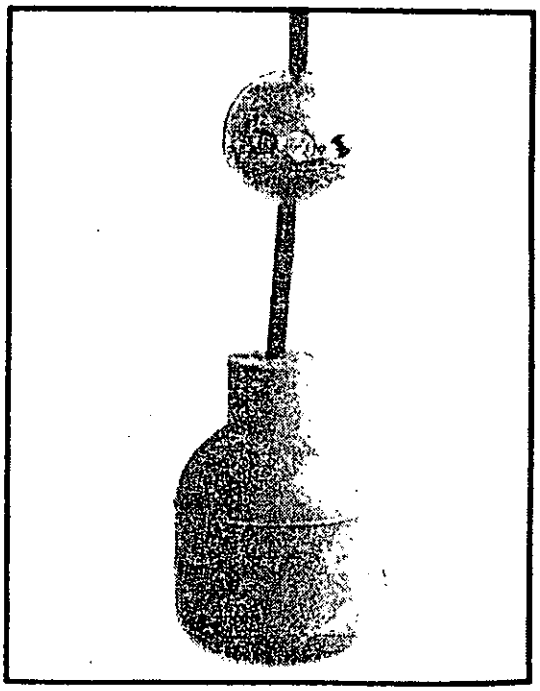
P	M	10	NO
Mounting Style	Mini-Float	Cable Length	Electrical Configuration

ELECTRICAL CONFIGURATION	CABLE LENGTH	SUSPENDED TYPE 'S' MODEL NO.	PIPE MOUNTED TYPE 'P' MODEL NO.
NORMALLY OPEN	10	S M 10 NO	P M 10 NO
	15	S M 15 NO	P M 15 NO
	20	S M 20 NO	P M 20 NO ◄
	25	S M 25 NO	P M 25 NO
	30	S M 30 NO	P M 30 NO
NORMALLY CLOSED	10	S M 10 NC	P M 10 NC
	15	S M 15 NC	P M 15 NC
	20	S M 20 NC	P M 20 NC
	25	S M 25 NC	P M 25 NC
	30	S M 30 NC	P M 30 NC

MOUNTING STYLES



TYPE P - M



TYPE S - M

WEIL Duplex Sewage Pump Valve Assembly 2616

4 Inch

The 2616 Valve Assembly has all the check valve and isolation valve requirements for a duplex sewage pumping system combined into one unit.

The 2616 assembly consists of two 2614 check valves and one 2615 isolation plug valve.

The tough weighted ball is ground to close spherical tolerances which assures positive sealing at low back pressures.

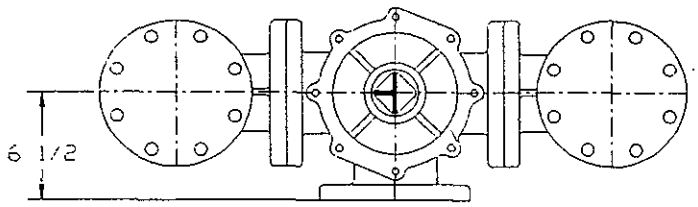
The low friction, easy to operate plug has detentes and marks to locate the plug for each of the four positions.

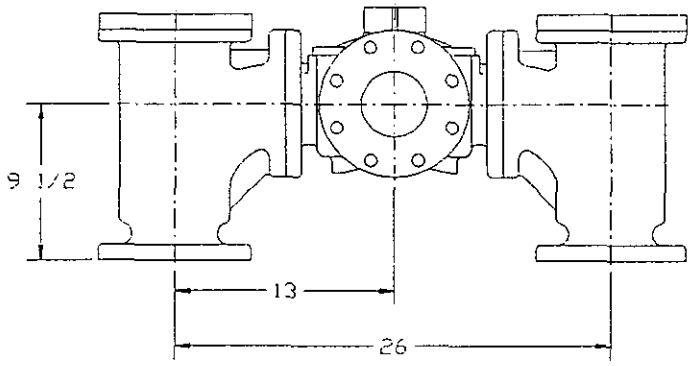
The check valve and plug valve body have standard ANSI B61 iron 125 PSI flanges.

In a typical duplex discharge piping arrangement the 2616 assembly replaces the following components:

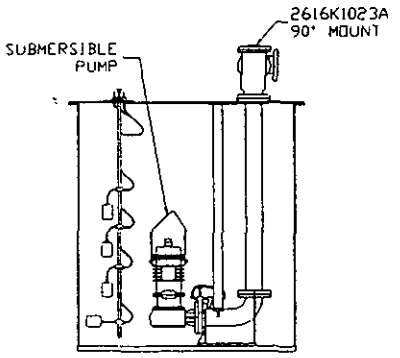
- 4 Elbows
- 1 Tee
- 2 Check Valves
- Isolation Valves

Field installation cost is greatly reduced. Space requirements are the same as two elbows and one tee. A valve box compartment can be eliminated. Basin diameters can be reduced.

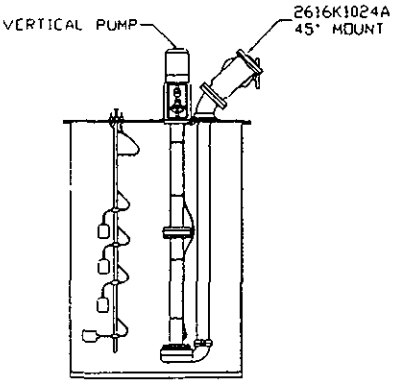




90° Mount



45° Mount



TOTAL PRESSURE DROP IN FEET

GPM	VELOCITY Ft / Sec	HEAD LOSS in Feet
100	2.5	0.5
200	5.0	2.0
300	7.6	3.9
400	10.1	6.8
500	12.6	10.4
600	15.1	15.0

MODEL	DISCHARGE MOUNT	WEIGHT (LBS)
2616K1023	90 degrees	385
2616K1024	45 degrees	385

INCLUDES

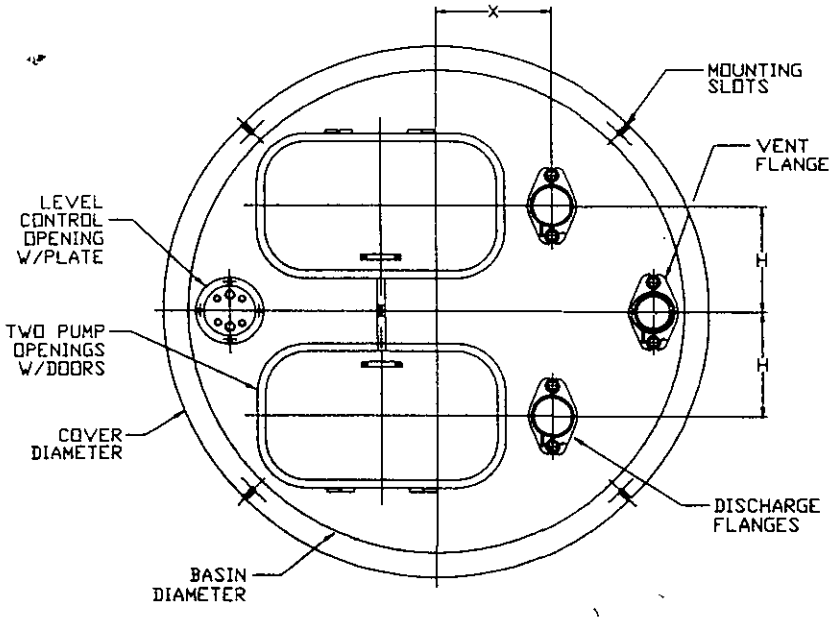
2 - 90 degree 2614 Ball Check Valves
1 - 3-way 2615 Isolation Valve

OPTION

2616K1025 - 3 inch by 4 inch Concentric Reducer adapting to 3 inch pipe

WRX

TWO ACCESS OPENINGS



• 4 INCH DISCHARGE PIPE

8804 NUMBER	BASIN ID	COVR OD	BOLT CIRCL	MATL THICK	MTG HOLES	X	H	PUMP OPENINGS	WGT LBS
8804K1334	48	53	51	.500	(4) 5/8	14	13	16 x 23	339
8804K1337	54	60	57	.375	(4) 5/8	14	13	16 x 28	331
8804K2005	54	60	57	.500	(4) 5/8	14	13	16 x 28	431
8804K1343	60	66	63	.375	(4) 5/8	14	13	16 x 28	399
8804K2008	60	66	63	.625	(4) 5/8	14	13	16 x 28	641
8804K1347	72	78	75	.500	(8) 3/4	14	13	16 x 28	722
8804K2011	72	78	75	.625	(8) 3/4	14	13	16 x 28	892
8804K1351	84	90	87	.500	(8) 3/4	14	13	16 x 28	958
8804K2017	84	90	87	.750	(8) 3/4	14	13	16 x 28	1409

• 4 INCH DISCHARGE PIPE - 12 INCH PUMP CASE (4 x 12)

8804 NUMBER	BASIN ID	COVR OD	BOLT CIRCL	MATL THICK	MTG HOLES	X	H	PUMP OPENINGS	WGT LBS
8804K1365	60	66	63	.500	(8) 3/4	19	13	23 x 33	522
8804K2203	60	66	63	.625	(8) 3/4	19	13	23 x 33	640
8804K1367	72	78	75	.500	(8) 3/4	19	13	23 x 33	726
8804K2205	72	78	75	.625	(8) 3/4	19	13	23 x 33	896
8804K1369	84	90	87	.500	(8) 3/4	19	13	23 x 33	962
8804K2207	84	90	87	.750	(8) 3/4	19	13	23 x 33	1413

OPTIONS

OPTION NUMBER	DESCRIPTION
8800K7006	T-lock handles with Key
8800K7007	Flush Mounted Handles

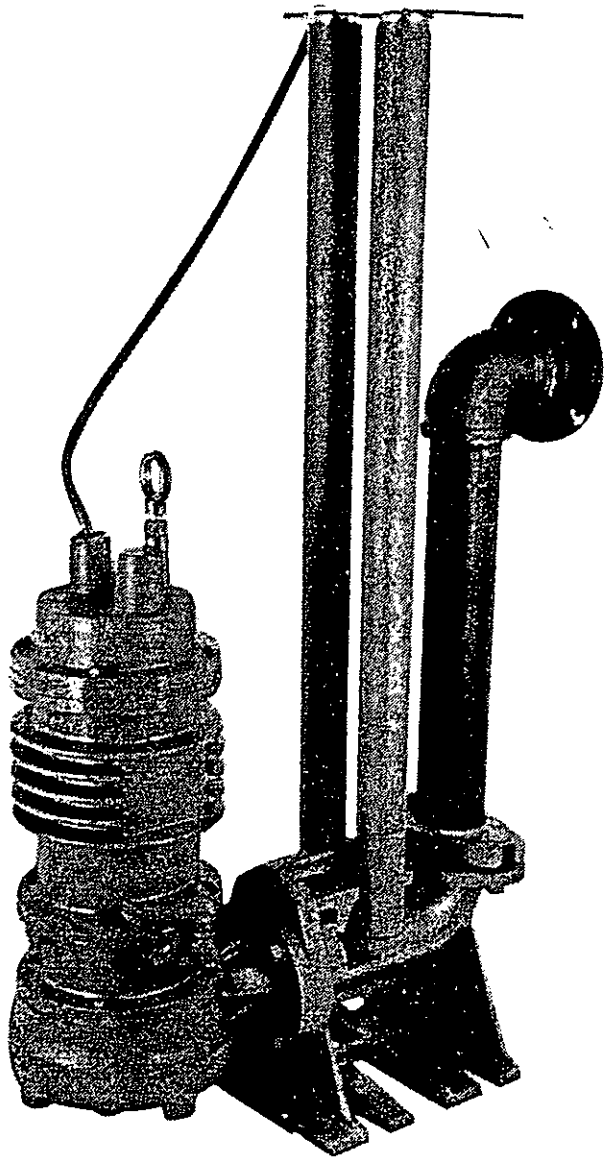
• 6 INCH DISCHARGE PIPE

8804 NUMBER	BASIN ID	COVR OD	BOLT CIRCL	MATL THICK	MTG HOLES	X	H	PUMP OPENINGS	WGT LBS
8804K1353	72	78	75	.500	(8) 3/4	15	16	23 x 33	729
8804K2211	72	78	75	.625	(8) 3/4	15	16	23 x 33	899
8804K1355	84	90	87	.500	(8) 3/4	15	16	23 x 33	965
8804K2217	84	90	87	.750	(8) 3/4	15	16	23 x 33	1416

OPTION NUMBER	DESCRIPTION
88C0K7001	Galvanizing
8800K7002	Checkered Steel
8800K7003	Epoxy Paint
8800K7008	Gastight Sealing

WEIL

2613
Removal System
2", 3", 4" and 6"



The 2613 Removal System allows a submersible pump to be lowered and raised from a wet pit without disturbing the discharge piping. The pump can be inspected and serviced without entering the wet pit.

A system consists of a submersible pump, floor discharge elbow, yoke, stainless steel lifting rope and upper guide pipe bracket.

The floor discharge elbow is precision machined from close grain cast iron. The outlet fits either a standard ANSI flange or a Weil two-bolt cast iron discharge flange with neoprene compression gasket. The floor discharge elbow is a compact design to permit efficient wet pit sizing.

Guide pipes are positioned onto the floor discharge elbow and supported at the top by the upper guide pipe bracket.

The guide pipes steer the submersible pump accurately to the floor discharge elbow. A wedge design assures a trouble free metal to metal fit between the pump and the floor discharge elbow. Seating and removing the pump is an easy task. Precision machining makes all models of one size perfectly interchangeable with all floor discharge elbows of the same size. Easy replacement or resizing of pumps from past, current or future production is assured.

A pump one discharge size smaller than the installed elbow can be used. Order the yoke with the special smaller flange drilling. A 2" pump can then be installed on a 3" elbow. A 3" pump can be then installed on a 4" elbow.

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK
Debris Form

Work Site Address 960 CEDAR BRIDGE AVENUE

Block 670 Lock 9.02

Contractor KOPICLO CONSTRUCTION

Contractor's Address 53 MAIN STREET

Type of Construction (minor, new home) NEW BUILDING

Type of Debris (shingles, siding, wood, etc.) _____

Party Responsible for removal _____

Dumpster Size _____

Destination of Debris Discard _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature _____ Date 4/30/02

GREGG SONNENFELD
Print Name

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECKLIST

BLOCK 670 LOT 9.02 DATE RECEIVED _____

PROPERTY ADDRESS 960 CEDAR BRIDGE AVENUE

APPLICANT EIGHTEENTH VENTURE LLC PHONE 732-886-5800

ADDRESS 1195 ROUTE 70 SUITE 2000 LAKEWOOD, NJ 08701

CONTRACTOR FOFIELD CONSTRUCTION PHONE 732-946-7905

ADDRESS 53 MAIN STREET HOLMDEL, NJ 07733

TYPE OF WORK NEW RETAIL BUILDING ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEV. _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVED YES _____ NO _____

COMMERCIAL

		YES	NO	N/A
1.	PLAN SIGNED & SEALED			
2.	SCALE OF NOT LESS THAN 1"-50'			
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)			
4.	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5.	STREET GUTTER, CURB & CENTER LINE ELEVATIONS			
6.	CONTOURS; 1' INCREMENTS			
7.	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8.	PROPOSED GRADING/ELEVATIONS			
9.	GARAGE/1ST FLOOR/CRAWLSPACE/BASEMENT ELEVATIONS			
10.	PROPOSED DWELLING, DIMENSIONS & CORNER ELEVATIONS			
11.	METHOD OF DRAINAGE			
12.	NORTH ARROW			
13.	DRIVEWAY WIDTH/TYPE			
14.	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15.	PROPERTY ADDRESS/LOT & BLOCK NUMBER			
16.	SIDEWALK, CURB AND APRONS			
17.	PARKING AREAS			
18.	UTILITY & CONNECTIONS; WATER/SEWER/GAS/ELECTRIC			
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			
20.	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21.	LIMITS OF CLEARING			
22.	BASEMENTS/DEDICATIONS/ENVIRONMENTAL CONSTRAINTS			
23.	PRIOR APPR: ARMY CORP/NJDEP/SOIL EROSION, ETC.			
24.	EXISTING STRUCTURES			
25.	RETAINING WALLS/SERVICE WALKS/OTHER MISC. ITEMS			

PLOT PLAN REVIEW

APPROVED 6/21/02 REJECTED _____ SIGNED 6/21/02 DATE

REVISION

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS Per Site Plan

BRICK TOWNSHIP PLANNING BOARD

SECOND AMENDED PRELIMINARY AND

FINAL SITE PLAN APPROVAL WITH VARIANCES

RESOLUTION R- 27 -02 PAGE 1

CASE NO. PB-2354-A-2-PSP/FSP-V-1/02 February 27, 2002

FILE 2
APP
APP ATT
APP ENG
PB ATT
PB ENG
ZONING
BUILD
TAX A
BFS
ENG 2
COAH

WHEREAS, TOWN HALL SHOPPES JOINT VENTURE, having a mailing address of C/O Paramount Realty Services, Inc., 1190 Rt. 70, Lakewood, New Jersey, 08701, has applied to the Brick Township Planning Board for second amended preliminary and final site plan approval pursuant to N.J.S.A. 40:55D-46, 50, 51, 60, and 70; and

WHEREAS, the record owner of property is Fourth Venture Corporation LLC, Ninth Venture LLC, and Tenth Venture LLC, having a mailing address of 1195 Rt. 70, Lakewood, NJ, 08701;

WHEREAS, proof of service as required by law upon appropriate property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on February 13, 2002 in the Municipal Building for a discussion of the reasons for the second amended preliminary and final site plan approval and all interested parties having been heard, and at which time testimony and exhibits were presented on behalf of the applicant including the following:

A-1: 1 marked-up general site plan

A-2: 2-sided exhibit—front: proposed site plan; back: originally approved bank/retail site

Map signed 6-13-02

A-3: Parking requirement calculations

A-4: Brochure for proposed "Famous Dave's" restaurant

A-5: Methane-monitoring materials

WHEREAS, the applicant received original preliminary and final site plan approval with variances with resolution R-41-99 dated May 26, 1999;

WHEREAS, the applicant has received amended preliminary and final site plan approval with variances with resolution R-33-01 dated April 25, 2001, which amended approval provided additional parking stalls in the rear of the proposed two-story 20,800 square-foot office building. That amended resolution reduced the on-site parking deficit from 38 parking stalls to 17 parking stalls.

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is known and designated as Block 670, Lots 9.01, 9.02, 9.03, and 9.04 on the Municipal Tax Map.

2. The property is located in the B-3 Highway Development Zone and B-2 General Business Zone and is located along Cedar Bridge Avenue.

3. The applicant currently proposes to further amend the previous approvals in order to change proposed uses of Building #3 and Building #4. Building #3, which was previously approved as a bank, is now proposed as a retail structure. Building #4 has been divided into two building pads. The previous approved use for Building #4 was retail; now Building #4 is retail but Building #4A is a restaurant. The proposed second amended preliminary and final site plan is shown on plans entitled, "Amended Site Plan, Block 670, Lots 9.01, 9.02, 9.03, and 9.04, 'Town Hall Shoppes Venture,' situated in the Township of Brick, Ocean County, New Jersey," dated 4/1/99, and last revised 11/19/01, consisting of nine (9) sheets, as prepared by Lindstrom and Diessner Associates, P.C.

4. Birdsall Engineering, Inc., prepared a report to the Board dated February 6, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

5. Michael P. Fowler, AICP/PP, Municipal Planner, prepared a report to the Board dated February 12, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

6. The Bureau of Fire Safety prepared a report to the Board dated January 25, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

7. The Traffic Safety Officer prepared a report to the Board. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

8. The Shade Tree Commission prepared a report to the Board dated February 18, 2002. The Board hereby adopts the findings in that report and incorporates that document in this resolution by reference.

9. The applicant seeks no new variances or design waivers; however, the applicant's original amended proposal increased the on-site parking deficit from seventeen (17) parking stalls to eighty-one (81) parking stalls; however, because of the ordinance requirement of tenants' spaces to be included in the calculation, that would require an additional twenty-seven (27) spaces for a total deficit of 108 spaces.

10. Applicant, and applicant's engineer Charles E. Lindstrom, P.E., testified that because of the unique circumstances of this site and the "synergy" of its occupants, the parking deficit was misleading and not an accurate reflection of the true conditions on site.

Mr. Lindstrom offered testimony that many of the businesses in the area were closed (i.e., Sherwin-Williams 6 PM weekdays, 5 PM Sat.; Attitude Hair 7 PM weekdays, 5 PM

Sat.; West Marine 6 PM weekdays, 5 PM Sat.; NAPA Auto 6 PM weekdays, 5 PM Sat.) when the proposed "Famous Dave's" restaurant was at its busiest, particularly Friday and Saturday evenings. Therefore, Mr. Lindstrom, reasoned, those spaces were not being used by the closed businesses could be utilized by Famous Dave's restaurant patrons. Because the Board was not wholly convinced of this "sharing" complementary use, Mr. Lindstrom, on behalf of the applicant, prepared a parking analysis, dated February 18, 2002, which detailed the number of spaces saved by complementary available use. Additionally, Mr. Lindstrom testified that few, if any, of the businesses utilized shopping carts, which help the width of available parking.

Further, Tutor Time Day Care Center, located at the extreme easterly building (#6) would not be open weekends or late Friday night, freeing numerous adjacent spaces for use by the restaurant or other businesses at that time. Additionally, a reduction in the parking stall length to 9' x 20' with hairpin striping from 10' x 20' could make available additional parking spaces--except in the immediate area of Tutor Time, where spaces would remain 10' x 20' in length. Mr. Lindstrom testified that he believed these measures would improve available parking and result in an improved traffic circulation pattern.

Applicant produced testimony of environmental engineer John Zingas, who testified that, in his professional opinion, the extensive methane monitoring previously approved and required by the Board in its previous resolutions, no longer was necessary, and that a lesser degree of monitoring could be accomplished without ill effect. Mr. Zingas testified to the minimal existence of methane found on site after monitoring and review of over one hundred man hours—and the fact that more sophisticated monitoring equipment is now available. After some consideration and recognizing the Board's reluctance to modify its previous monitoring requirements, the applicant agreed not to pursue a reduction in monitoring and same is to remain without modification in place as required by previous resolutions.

11. Applicant through Robert Emerson, one of "Famous Dave's" corporate executives, testified as to the configuration of the restaurant. Mr. Emerson advised that Famous Dave's headquarters is in Minnesota and has restaurants in the Midwest, but is expanding into the Northeast. Of fifty-seven locations, all but four were conversions from other food franchises. For example, Mr. Emerson testified that the most recent conversion was a former Steak and Ale restaurant in Mountainside, NJ that is due to open as a "Famous Dave's" by the end of March 2002. Mr. Emerson further testified that, in keeping with the concept of Famous Dave's, the décor would have the Northwest motif shown in the brochure (Exhibit A-4) with perhaps a total payroll of part-time and full-time employees of sixty, but at any one time usually twenty-five or so on site. The restaurant would be open for service from 11 AM to 11 PM, and applicant advised that it was the intention of "Famous Dave's" to secure a liquor license.

Robert Fannelli, the "Famous Dave's" operating partner charged with oversight of the restaurant's operation, testified of the applicant's willingness to satisfy the Board's concerns as to waiting patron overcrowding and overflow as Brick Township has experienced at other restaurants in the area. The applicant, through its architect James Tierney of Barlo Associates, agreed to more than double the space between Building #4 (retail building) and building #4A (Famous Dave's restaurant) to create a courtyard with a common area to be utilized by waiting restaurant patrons, as well as others. It would be approximately twenty-two feet wide and eighty feet long. Further, it would have benches for seating approximately thirty people, and Mr. Tierney further testified that the courtyard would have "old-fashioned" streetlights and two windows on each courtyard side into each building from the courtyard area, to "open up" the site. The applicant advised that the courtyard would have a salutary effect on the area.

The applicant further indicated that they would agree to blend a stone façade with a wood light stain (shown to the Board, with samples), with sheet metal accents across both buildings, to "tone down" the brighter coloring shown in the "Famous Dave's" brochure (A-4).

The reduction in parking spaces variance is appropriate as is the reduction of parking stall width to 9' x 20' in parking areas other than adjacent to the Tutor Time Day Care Center. The Board is satisfied that the availability of parking spaces, due to businesses not open at time of site's busiest use, is appropriate and therefore under those circumstances the variance for reduction in required number of parking spaces is granted. Further, design waiver for reduction of stall size from required 10' x 20' to 9' x 20' in areas other than adjacent to Tutor Time Day Care Center is appropriate and therefore granted.

12. With the exception of the variances and the waivers granted hereinabove, the applicant has complied with the requirements of the site plan ordinance. The plan is consistent with the intent and purpose of the Master Plan and the Municipal Development Ordinance. Accordingly, the Board finds that the benefits of the proposed development outweigh any detriments, and the relief requested can be granted without substantial detriment to the public good and will not substantially impair the intent and purpose of the Township Zoning Ordinance or Master Plan.

NOW, THEREFORE, BE IT RESOLVED by the Township Planning Board on this 9th day of January, 2002, that this application be approved subject to the following conditions:

1. The applicant shall comply with all standard Planning Board conditions for preliminary major subdivision approval as set forth on Attachment 'A.'

2. The applicant shall comply with all representations and agreements made by the applicant or its attorney during the presentation of this case.

3. The applicant shall comply with the following paragraphs contained in the report of Birdsall Engineering, dated February 6, 2002: 3, 4, 6, 7, 8 (applicant will modify application to eliminate left turn from central entrance/exit).

4. The applicant shall comply with the following comments contained in the report from Michael P. Fowler, Municipal Planner, dated February 12, 2002: V. Comments: A, B, D, E, F, G, H, I, J.

5. The applicant shall comply with the comments contained in the report from the Bureau of Fire Safety dated January 25, 2002.

6. The applicant shall comply with the comments contained in the report from the Traffic Safety Officer, including no left turns from center exit including placement of raised center island and "No Left Turn" signage.

7. The applicant shall comply with the comments contained in the report from the Shade Tree Commission February 18, 2002.

8. The applicant has agreed to reconfigure and re-stripe the entire parking area of 9' x 20' parking stalls with hairpin striping (except the remaining 10' x 20' Tutor Time stalls).

MOVED BY: Mr. Kelly

SECONDED BY: Mr. Dockery

VOTING IN THE AFFIRMATIVE: Mr. Kelly, Mr. Dockery, Mr. Petoia, Mr. Reilly Mr. Vespi, Mr. Fredo, Mr. Higgins

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE: Mr. Scherer

ABSTAINING:

ABSENT: Councilman Underwood, Mrs. LaDuke, Mr. Nerlick

CERTIFICATION

I, **JUDITH FOX NELSON**, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly **ADOPTED** by the said Planning Board of the Township of Brick at a regular meeting held on the 27th day of February, 2002.

IN WITNESS WHEREOF, I have set my hand this 1st day of March, 2002.

Judith Fox Nelson
JUDITH FOX NELSON, Clerk
Brick Township Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

1. Applicant shall obtain certification by the Local Soil Conservation District of a plan for soil erosion and sediment control in accordance with N.J.S.A. 4:24-39 et seq., commonly known as the "Soil Erosion and Sediment Control Act."

2. All materials, methods of construction and details shall be in conformance with the current "Engineering Specifications and Construction Details" of the Township of Brick, which are on file in the office of the Township Engineer.

3. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

4. Applicant shall resubmit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

5. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

6. Prior to the issuance of a construction permit, the applicant shall furnish the Township Clerk with a cash bond and performance guarantee in an amount to be determined by the Township Engineer.

7. Applicant shall post an inspection fund with the Township Clerk in an amount to be determined by the Township Engineer.

8. No soil shall be removed from the site without the written approval of the Township Council.

9. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

10. For all residential uses the subdivider or site plan applicant shall provide for a trash receptacle.

11. In order to insure uniformity of trash receptacles and compatibility with the automatic trash collection system, all trash can receptacles required herein shall be obtained from the Township of Brick.

12. Applicant shall provide proof of application for Title NJSA 39:5 A-1 to the Planing Board.

KOFIELD CONSTRUCTION, L.L.C.
53 EAST MAIN STREET
HOLMDEL, NJ 07733

COMMERCE BANK/SHORE, N.A.
BRICK, NJ 08723
55-132/312

2309

7/12/2002

PAY TO THE ORDER OF Township of Brick $ **3,640.00

Three Thousand Six Hundred Forty and 00/100********** DOLLARS

MEMO Building Pad #4

[redacted]

To:
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Retail Building Pad #4
Owner/Applicant: Kofield Construction
Property Address: 960 Cedar Bridge Ave. Pad #4
Block: 670 Lot: 9.02

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 7/12/02

Check Number 2309
Preliminary Fee Paid $3640.00
Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

7/12/2002
Date

OFFICE OF AFFORDABLE HOUSING

FINAL PRELIMINARY APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK_____LOT_____SITE ADDRESS_____
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

728,050

$_____

500

_____ 7/11/02
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 # _____

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

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____
Office of Affordable Housing

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 7-5-02

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

BUILDING LOCATION 960 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
	Occupancy Load is Not Per BOCA	1008.1.2
	Called Builder	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60478-5795

06/93

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: BUILDING #4 960 CEDAR BRIDGE AVENUE
Block: 670 Lot: 9.02
Owner's Name: EIGHTEENTH VENTURE, LLC
Owner's Mailing Address: 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701
Phone: (732) 886-1500

BUILDING

Contractor: KORIELO CONSTRUCTION LLC
Address: 53 MAIN STREET
HOLMDEL, NJ 07733
Phone#: 732-946-7905
Lis #
Federal Emp # or SSN 22-3671670

Technical Data

Description of Work:

5,200 SF RETAIL BUILDING
(SEE PLANS)

Type of Work

X New Building	___ Siding
___ Addition	___ Fence
___ Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: M Proposed: M
No of Stories: 1
Height of Structure: 19'-0"
Area of the largest floor: 5,200 SF
Area of New Structure: 5,200 SF
Volume of New Structure: 78,000 CF
Total Land Disturbed: 6000 SF

Cost of Alteration: $

Cost of New Building: $ 320,000

Total Cost of New Building Work: $ 320,000

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 GREGG SONNENFELD

ELECTRICAL

Contractor: OSCARS ELECTRICAL SVC. INC
Address: 253 River Ave
Lakewood N.J.
Phone#: 732-363-6642
Lis #: 8019
Federal Emp # or SSN: 223143825

Technical Data

Item	Quantity
Lighting Fixtures	85
Receptacles	30
Switches	20
Detectors	
Light Poles	
Motors w/ Fract. HP	3
Emergency & Exit Lights	9
Communication Points	
Alarm Devices/FAC Panel	
Total	147

Pool (Receptacles, Switches, Lights, Motor 1HP)		
Spa/Hot Tub/Storable Pool		
Electric Range		KW
Oven/Surface Unit		KW
Electric Water Heater	3-1.5	KW
Electric Dryer		KW
Dishwasher		KW
Garbage Disposal		HP
A/C Unit –Central Air	3-11	KW
Space Heater/Air Handler		KW
Baseboard Heating		KW
Motors 1+ HP		
Transformer/Generator		KW
Light Stander		AMP
Service	1-400 A	AMP
Subpanel	3-200 A 1-100	AMP
Motor Control Center		AMP
Sign/Outline Light	4-1.0	KW
Furnace		
Steam Boiler		
Other:		

Estimated Cost of Electrical Work: 26,000

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: Mark Hammerstore

Please Print Name Mark Hammerstore

CONTRACTOR'S SEAL

BUILDING #4

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Mon-Oc Mech INC
Address: 1118 River Ave
Lakewood NJ 08701
Phone #: 732-367-3111
Lis #: 1851
Federal Emp # or SSN 223072055

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	4
Urinals/Bidets	—
Bath Tub (w/or w/out shower head)	—
Lavatory (BR Sink)	4
Shower	—
Floor Drain	—
Sink	—
Dishwasher	—
Drinking Fountain	—
Washing Machine	—
Hose Bib	—
Gas Piping	3
Fuel Oil Piping	—
Water Heater	3
Steam Boiler	—
Hot Water Boiler	—
Sewer Pump	—
Interceptor/Separator	—
Backflow Preventer	—
Greasetrap	—
Air Conditioner (Condensate Drain)	—
Septic Tank Closure	—
Sewer Service Connection	1
Water Service Connection	1
Active Solar System	—
Auxiliary Meter	—
Sprinkler Heads	—
Sump Pump	—
Pool Heater	—
Other:	—

Estimated Cost of Plumbing Work 9,000

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: MARTIN J. DEEGAN

CONTRACTOR'S SEAL

FIRE

Contractor: KORBLO CONSTRUCTION LLC
Address: 53 MAIN STREET
HOLMDEL NJ 07733
Phone #: 732-946-7905
Lis #:
Federal Emp # or SSN 22-3671670

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	3 (DUCT DETECTORS)
Heat Detectors	
Total	3
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 $600

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: ARNOLD SONNENFELD

National Electrical Code
Plan Review Record
Township of Brick

Date: 7 30 22

Site Address: 960 Cedar Bridge Ave Pad 4

Reviewed By: VK

CORRECTION LIST

No.	Description
1	Ufer ground?
2	2 ground Rods
3	Conduits?
4	WM + B4 Tap Box amp rate
5	Calculated load on panel
6	A.I.C

Gregg Sonnen feed
732-946-7905

Party Called and Phone #: _____

Resubmitted on: _____ By: _____

Plumbing Plan Review Record

Work site location: 960 Cedar Bridge

Building Description: _____

Reviewed: _____

Date: 7-18

Correction list		
No.	Description	Code section
	Occupancy load needed from Frank	

update
02-[illegible]

Township of Brick

Counter Form

(PLEASE PRINT)

02-2628 +C

Pad #4

Site Location: 960 Cedar Bridge Avenue
Block: 670 Lot: 9.02
Owner's Name: Eighteenth Venture
Owner's Mailing Address: 1195 Route 70 Suite 2000
Lakewood, NJ 08701
Phone: (732) 886-1500

$50

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: MON-OC MECH INC
Address: 1306 RIVER AVENUE
LAKEWOOD, NJ 08701
Phone #: 732-367-5111
Lis #: 45101851
Federal Emp # or SSN 22-3072055

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	2
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 ~~$300~~

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:

443 Commerce Lane, Suite 1
West Berlin, NJ 08091
Tel: 856-767-1000 Fax: 856-753-9720

139 North Iowa Avenue
Atlantic City, NJ 08401
Tel: 609-344-3200 Fax: 609-344-2125

U.S. Engineering Laboratories, Inc.
www.usel.com

903 East Hazelwood Avenue
Rahway, NJ 07065
Tel: 732-382-3553 Fax: 732-382-8840

814 Parkway Boulevard
Broomall, PA 19008
Tel: 610-543-3925 Fax: 610-543-1933

REPORT OF FIELD COMPACTION TEST

DATE: 9-13-2002 PROJECT: TOWNHALL SHOPPE PROJECT NO.: _____ INSPECTOR: SYED

TEST 1	LOCATION OF TEST: COLUMN LINES 4-5 & C-D; 11' W OF 5 & 13' N OF D						ELEVATION: SUB-GRADE
FIELD MOISTURE %	OPTIMUM MOISTURE %	FIELD DRY DENSITY P.C.F.	MAXIMUM DRY DENSITY	PERCENT COMPACTION	PERCENT COMP. REQUIRED	REMARKS: *	
7.7	10.7	121.8	123.0	99	95		
TEST 2	LOCATION OF TEST: COLUMN LINES 2-3 & C-D; 10½ E OF 2 & 14' N OF D						ELEVATION: SUB-GRADE
FIELD MOISTURE %	OPTIMUM MOISTURE %	FIELD DRY DENSITY P.C.F.	MAXIMUM DRY DENSITY	PERCENT COMPACTION	PERCENT COMP. REQUIRED	REMARKS: *	
4.6	10.7	119.6	123.0	97	95		
TEST 3	LOCATION OF TEST: COLUMN LINES 3-4 & B-C; 9¼ E OF 3 & 11¼ S OF B						ELEVATION: SUB-GRADE
FIELD MOISTURE %	OPTIMUM MOISTURE %	FIELD DRY DENSITY P.C.F.	MAXIMUM DRY DENSITY	PERCENT COMPACTION	PERCENT COMP. REQUIRED	REMARKS: *	
5.6	10.7	124.2	123.0	100	95		
TEST 4	LOCATION OF TEST: COLUMN LINES 4-5 & A-B; 11' W OF 5 & 15' S OF A						ELEVATION: SUB-GRADE
FIELD MOISTURE %	OPTIMUM MOISTURE %	FIELD DRY DENSITY P.C.F.	MAXIMUM DRY DENSITY	PERCENT COMPACTION	PERCENT COMP. REQUIRED	REMARKS: *	
6.6	10.7	111.8	123.0	91	95		
TEST 5	LOCATION OF TEST: COLUMN LINES 2-3 & A-B; 10¾ E OF 2 & 14½ S OF A						ELEVATION: SUB-GRADE.
FIELD MOISTURE %	OPTIMUM MOISTURE %	FIELD DRY DENSITY P.C.F.	MAXIMUM DRY DENSITY	PERCENT COMPACTION	PERCENT COMP. REQUIRED	REMARKS: *	
6.2	10.7	107.0	123.0	87	95		
TEST 6	LOCATION OF TEST:						ELEVATION:
FIELD MOISTURE %	OPTIMUM MOISTURE %	FIELD DRY DENSITY P.C.F.	MAXIMUM DRY DENSITY	PERCENT COMPACTION	PERCENT COMP. REQUIRED	REMARKS: *	
TEST 7	LOCATION OF TEST:						ELEVATION:
FIELD MOISTURE %	OPTIMUM MOISTURE %	FIELD DRY DENSITY P.C.F.	MAXIMUM DRY DENSITY	PERCENT COMPACTION	PERCENT COMP. REQUIRED	REMARKS: *	

NOTES: DENSITIES SHOWN: Lbs. per cubic foot
WATER CONTENT: Percent of dry weight
PERCENT COMPACTION: Based on maximum dry density obtained on laboratory sample.

*1. FILL MATERIAL
2. BACKFILL
3. BASE COURSE
4. SUBBASE
5. SOIL CEMENT
6. OTHER

A. TEST RESULTS COMPLY WITH SPECIFICATIONS
B. RECOMPACTION REQUIRED
C. TEST IS AFTER RECOMPACTION

CERTIFICATION OF COMPLIANCE: All of the work, unless otherwise noted, complies with approved plans, specifications and applicable sections of the building codes. This report covers the locations of the work tested only and does not constitute engineering opinion or project control.

INSPECTION REPORT

Project Name (per plans) BLDG. #4 FOR TOWNHALL SHOPPES JOINT VENTURE.

REQUIREMENT GIVEN IN GENERAL NOTES, TEST RESULTS ARE RECORDED ON ATTACHED REPORT. INSPECTOR PICKED-UP ONE SOIL SAMPLE FOR RUNNING PROCTOR TEST IN LAB.

443 Commerce Lane, Suite 1
West Berlin, NJ 08091
Tel: 856-767-1000 Fax: 856-753-9720

139 North Iowa Avenue
Atlantic City, NJ 08401
Tel: 609-344-3200 Fax: 609-344-2125

U.S. Engineering Laboratories, Inc.
www.usel.com

903 East Hazelwood Avenue
Rahway, NJ 07065
Tel: 732-382-3553 Fax: 732-382-8840

814 Parkway Boulevard
Broomall, PA 19008
Tel: 610-543-3925 Fax: 610-543-1933

TESTING & INSPECTION REPORT

Client KOFIELD CONSTRUCTION, L.L.C Date SEP. 13, 2002

Project Name BUILDING #4 FOR TOWNHALL Architect DARLO & ASSOCIATES.

Project Address SHOPPES JOINT VENTURE Construction Mgr. KOFIELD CONSTRUCTION.

Project Address 990 CEDAR BRIDGE AVE, BRICK NJ Engineer DARLO & ASSOCIATES.

Contractor ROD Project # R2002235-07

A U.S. Engineering Laboratories representative was present at the above referenced site for the following activities:

Concrete Inspection

_____yds. of ____ psi concrete were placed at the following locations: _____

_____ footings _____ foundation walls _____ slabs _____.

Results of required concrete tests are summarized on the attached report of concrete inspection.

Reinforcing Steel Inspection

Reinforcing steel was checked for required size, spacing, placement, clearance, lap, cover and cleanliness in accordance with project drawing # _____ shop drawing # _____ at the following locations: _____

_____

Soil Compaction Inspection

Structural fill X back fill _____ other ( ) _____ was tested for compaction using a soil moisture-density gauge(#13639) sand cone ____ at the following locations: BUILDING PAD AT SUBGRADE ELEVATION. . Project specifications require 95 % of maximum dry density as determined in accordance with ASTM D1557 X ASTM D698 ____ . Results are summarized on the attached report of soil compaction.

Foundation Inspection

Shallow foundations were checked at subgrade elevations determined by the contractor. Using a geotechnical probe _____ dynamic cone penetrometer _____ the following footings were ___ were not ___ verified for an allowable soil bearing pressure of _____ as defined in the project specifications _____

Additional Inspections

Masonry _____ Structural Steel _____ Asphalt _____ Fireproofing _____ Other (specify) _____

Remarks: USEL INSPECTOR SYED ARRIVED AT SITE AS REQUESTED BY CLIENT FOR SOILS INSPECTION. INSPECTOR TESTED COMPACTION OF STRUCTURAL FILL MATERIAL ALREADY PLACED & COMPACTED BY CONTRACTOR OVER WHOLE BUILDING PAD AREA. EQUIPMENT USED FOR COMPACTION TEST WAS A SOIL MOISTURE DENSITY GAUGE. COMPACTION WAS TESTED FOR 95% AS PER

ARRIVED 2:00 P **DEPARTED** 5:00 P **CLIENT SIGNATURE** A. Bogucki

INSPECTORS NAME SYED H. ABBAS (Print Clearly) INSPECTORS SIGNATURE H Abbas. DATE 9-13-02

NOTE: *This report covers the locations of the work inspected and tested following recognized standards and does not constitute engineering opinion or project control.*

MEMBER ACIL

443 Commerce Lane, Suite 1
West Berlin, NJ 08091
856-767-1000 Fax: 856-753-9720

139 North Iowa Avenue
Atlantic City, NJ 08401
Tel: 609-344-3200 Fax: 609-344-2125

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Tel: 732-382-3553 Fax: 732-382-8840

814 Parkway Boulevard
Broomall, PA 19008
Tel: 610-543-3925 Fax: 610-543-1933

TESTING & INSPECTION REPORT

Client Hofield Construction Co. Date 7/16/02 Tue

Project Name Town Hall Shops Part 4 Architect Barlo and Associates

Project Address Block 670 Lot 9.02 Construction Mgr. Hofield Construction

Project Address Brick New Jersey Engineer Barlo & Associates

Contractor Neil LeLievre Co Inc Project # L-20023S-07

A U.S. Engineering Laboratories representative was present at the above referenced site for the following activities:

Concrete Inspection

_____ yds. of _____ psi concrete were placed at the following locations: _____

_____ footings _____ foundation walls _____ slabs _____.

Results of required concrete tests are summarized on the attached report of concrete inspection.

Reinforcing Steel Inspection

Reinforcing steel was checked for required size, spacing, placement, clearance, lap, cover and cleanliness in accordance with project drawing # _____ shop drawing # _____ at the following locations: _____

_____

Soil Compaction Inspection

Structural fill _____ back fill _____ other ( ) _____ was tested for compaction using a soil moisture-density gauge(#)sand cone ____ at the following locations: _____

_____. Project specifications require _____ % of maximum dry density as determined in accordance with ASTM D1557 ___ ASTM D698 ____. Results are summarized on the attached report of soil compaction.

Foundation Inspection

Shallow foundations were checked at subgrade elevations determined by the contractor. Using a geotechnical probe ✓ dynamic cone penetrometer _____ the following footings were ~~were~~ ___ were not ___ verified for an allowable soil bearing pressure of 3,000 psf as defined in the project specifications _____

Additional Inspections

Masonry _____ Structural Steel _____ Asphalt _____ Fireproofing _____ Other (specify) _____

Remarks: Exterior wall footings and interior column footings were checked using a geotechnical probe and verified for an allowable soils bearing pressure of 3,000psf to support design intended load

ARRIVED 9:15 **DEPARTED** 9:45 **CLIENT SIGNATURE** Vladimir Bogojevski

INSPECTORS NAME C. Patel (Print Clearly) INSPECTORS SIGNATURE _____ DATE 7/16/02

NOTE: *This report covers the locations of the work inspected and tested following recognized standards and does not constitute engineering opinion or project control.*

MEMBER ACIL

AMERICAN TESTING & TECHNICAL SERVICES INC.

NON-DESTRUCTIVE WELD EXAMINATION

Client: Sayreville Iron, Inc.
Project: Town Hall Shops
Location: Brick Township, NJ

Report No: BVT-THS-01
Date: August 28, 2002
Day: Wednesday

Our representative was present at Town Hall Shops in Brick, NJ to perform visual inspections of structural steel bolted connections and decking.

The following inspections were performed at the indicated areas.

BOLTS

Roof Level – B/2 to B/6 and C/2 to C/6, all connections were in accordance with AISC standards for using A-325 high strength bolted fasteners.

JOIST

Visually inspected the fillet welds on the joist seats and the cross bridging and found them to meet field drawings & the requirements set forth in AWS welding code section 6, for weld profiles.

DECKING

Visually inspected the ¾" spot welds on columns 2 to 6 at lines A to C and found them to meet AWS D1.1-02 weld profile requirements, field drawings and the requirements of the steel decking manufacturer. Also, visually inspected the deck screws at the overlapped joints which were in accordance with AISC building standards.

Respectfully,

American Testing & Technical Services, Inc.

Robert Morgan
Technician

Authorized Company Signature

Authorized P.E.
Frank R. Nora, P.E.
N.J. License No. 17474

KOFIELD CONSTRUCTION, LLC.
53 Main Street
HOLMDEL, NEW JERSEY 07733

(732) 946-7905
FAX (732) 946-7474

LETTER OF TRANSMITTAL

DATE 10/31/02	JOB NO.
ATTENTION JOHN CHUBBUCK	
RE:	
TOWN HALL SHOPPES	
PERMIT # 02-2628 PAD 4	
PERMIT # 02-2629 PAD 3	

TO TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK TOWNSHIP, NJ 08723

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via _____ the following items:

☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☒ Hand delivered

COPIES	DATE	NO.	DESCRIPTION
1	7/29/02		SIGNED/SEALED PILE CERTIFICATION PERMIT # 02-2629
1	8/20/02		SIGNED/SEALED STEEL INSPECTION REPORT. PERMIT # 02-2628
1	7/16/02		
	9/13/02		TESTING & INSPECTION REPORT FOR SOIL COMPACTION PERMIT # 02-2628

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit _____ copies for approval
☒ For your use ☐ Approved as noted ☐ Submit _____ copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return _____ corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

COPY TO _____

SIGNED: GREGG SONNENFELD

If enclosures are not as noted, kindly notify us at once.

FAX - 732-942-3102

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER EIGHTEEN VENTURE LLC DATE 1/7/03

PROPERTY ADDRESS 960 CEDARBRIDGE AVE BLOCK 670 LOT 902

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS		(dfu) DRAINAGE
1:BATHROOM GROUP	( )		( )	
2:KITCHEN GROUP	( )		( )	
3:~~WATER~~ CLOSETS	4 ( )	10.0	( )	
4:LAVATORY	4 ( )	4.0	( )	
5:BATH TUB	( )		( )	
6:SHOWER STALL	( )		( )	
7:KITCHEN SINK	( )		( )	
8:SERVICE SINK	3 ( )	9.0	( )	
9:LAUNDRY TRAY	( )		( )	
10:DISHWASHER	( )		( )	
11:WASHING MACHINE	( )		( )	
12:URINAL	( )		( )	
13:FLOOR DRAIN	( )		( )	
14:DRINK FOUNTAIN	( )		( )	
15:AIR COND WATER COOLED	( )		( )	
16:DENTAL UNIT	( )		( )	
17:LAWN SPRINKLE	( )		( )	
18:FIRE SPRINKLE	( )		( )	
19:HOSE BIBS	( )		( )	

TOTAL 23.0

GALLONS PER MINUTE _____

SIZE OF SERVICE 1"

DATE: 1/7/03 APPROVED: _____

Ninth Venture, LLC
C/O Paramount Rlty Srvs, Inc.
1195 Route 70, STE 2000
Lakewood, NJ 08701
OPERATING ACCOUNT

1540

North Fork Bank
320 Park Avenue
New York, NY 10022

50-791/214

688

**** THREE THOUSAND SIX HUNDRED FORTY AND 00/100 DOLLARS

TO THE ORDER OF

02/13/03 $3,640.00***

Township of Brick
401 Chamber Bridge Road
Brick, NJ 08723

[redacted]

Details on back. Security Features Included.

Re: Affordable Housing Fees

Business/Development: Retail Building Pad # 4

Owner/Applicant: Ninth Venture, LLC

Property Address: 960 Cedar Bridge Ave #4

Block: 670 Lot: 9.02

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 2/19/03

Check Number 688

Preliminary Fee Paid

Final Fee Paid $3,640.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

2-19-03
Date

OFFICE OF AFFORDABLE HOUSING

FINAL APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 670 LOT 202 SITE ADDRESS 960 Cedar Bridge Ave Pad #4
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Retail Building
APPLICANT Kotler Construction PHONE NUMBER 732-886-0500
APPLICANT ADDRESS ~~555~~ 53 Main St. CITY & STATE Helmetta NJ 07733

732
fax - 942-3102
Helen
886-1500 ext. 116

INCLUSIONARY DEVELOPMENT

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

3 Buildings on pad #4
#4 + #4A
#4 - will have 3 tenants Subway Snack
#4A - Famous Dave's rstr.

MANDATORY DEVELOPER FEES

~~X~~ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ ~~840,000~~ 728,000

5200 4b

Frederick R. Millman, CTA, Tax Assessor — 7/11/02 Date

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

$ 728,000

Frederick R. Millman, CTA, Tax Assessor — 2/13/03 Date

Prelininary Fee Required	3640.00	Date	7/12/02
Preliminary Paid	3640.00	Check #	2310
		Receipt #	1416
Final Total Fee Required	7280.00		
Preliminary Paid	3640.00	Date	8/19/03
Final Paid	3640.00	Check#	688
Balance Due	-0-	Receipt #	1540

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

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

7-8-02 - Task force
7-12-02 - mailed + called
2/12/03 - called Helen & faxed letter.

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: Barnegat

PROJECT: Town Hall Sheets II 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 4/5/03. 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.
		TEMPORARY EROSION CONTROL MEASURES MUST BE MAINTAINED UNTIL PERMANENT STABILIZATION IS COMPLETED.
		TOTAL FEES DUE: $ 150

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: 10/4/02

DISTRIBUTION: WHITE - Township
CANARY - Applicant
PINK - District

Revised 6/96

A0703

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY
1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 2-4-03

NAME Paramount REalty

ADDRESS 1195 Route 70 Lakewood, NJ 08701

PROPERTY LOCATION 950 Cedarbridge Ave-Subway #1

Account No. L741412 Block 670 Lot 9.05

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority

BRINKERHOFF
ENVIRONMENTAL SERVICES, INC.
1913 Atlantic Avenue, Suite R6
Manasquan, New Jersey 08736
Tel: (732) 223-2225
Fax: (732) 223-3656

February 3, 2003

VIA FAX (732-946-7474 AND REGULAR MAIL

Mr. Greg S. Sonnenfeld
Kofield Construction
53 Main Street
Holmdel, New Jersey 07733

Re: Combustible Gas Detection System Maintenance
960 Cedar Bridge Avenue, Brick Township, Ocean County, New Jersey
Brinkerhoff Project No. 01BR022C

Dear Mr. Sonnenfeld:

On January 30, 2002, Brinkerhoff Environmental Services, Inc. (Brinkerhoff) performed the initial calibration of the new combustible gas detection system located at 960 Cedar Bridge Avenue, Brick Township, Ocean County New Jersey. Although not required by the New Jersey Department of Environmental Protection (NJDEP), The Township of Brick did require that the system be installed in the building. As part of the combustible gas-monitoring program at the site, Brinkerhoff monitors and calibrates the combustible gas detection sensors on a quarterly basis.

The building consists of three (3) separate retail units with one (1) combustible gas sensor installed in each unit. All three (3) sensors are wired to a central control panel located in the rear electrical room of Subway.

Prior to calibration of the sensors, Brinkerhoff monitored the air space in each of the retail units for the presence of combustible gas using an RAE Systems Q-RAE four (4)-gas personal monitor (Q-RAE). Combustible gas readings were recorded at zero percent (0%) of the lower explosive limit (LEL) for methane throughout the building.

Subsequent to the monitoring of the air, the system was put on calibration mode and each sensor was calibrated. During the calibration process, the Q-RAE was used to confirm that combustible gas was not present at the sensor location. Once all sensors were calibrated, the system was put back on monitoring mode and the status of the sensors was observed. Since this was the initial

Mr. Gregg S. Sonnenfeld
Kofield Construction
Re: Combustible Gas Detection System Maintenance
960 Cedar Bridge Avenue, Brick Township, Ocean County, New Jersey
Brinkerhoff Project No. 01BR022C
February 3, 2003

calibration of the sensors, the calibration procedure was repeated. Subsequent to the calibration, Brinkerhoff monitored the status of the sensors at the control panel to confirm the calibration was completed properly. The display on the control panel read "OK" with a zero percent (0%) LEL for all three (3) sensors when the calibration process was complete.

The next quarterly monitoring for the Towne Hall Shoppes, including 960 Cedar Bridge Avenue, is scheduled for March 2003. The combustible gas detection sensors in the building will also be calibrated at that time.

If you have questions or require further information, please do not hesitate to contact the undersigned at 732-223-2225.

Respectfully submitted,

BRINKERHOFF ENVIRONMENTAL SERVICES, INC.

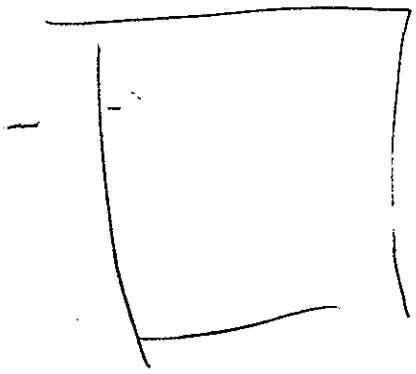
DUANE A. SHINTON
Environmental Scientist

[redacted] P.G.
Vice President, Technical Services

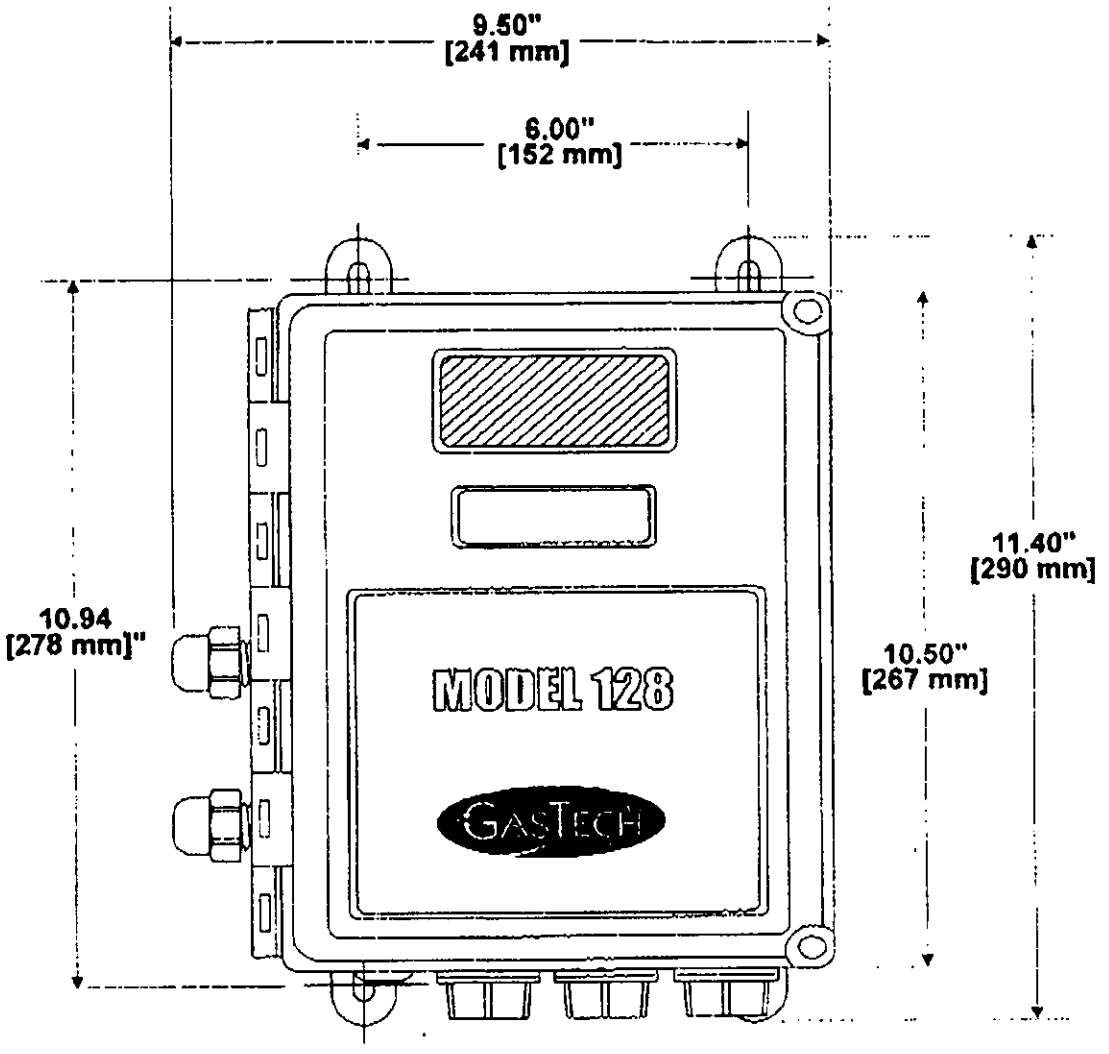
cc: David Levy, Paramount Realty Services
Robert Malloy, Paramount Realty Services
Kevin C. Batzel, Brick Township, Bureau of Fire and Safety

Alpha Verification
Fire is present.

1) Smoke or fire is present call Fire Dept



MODEL 128



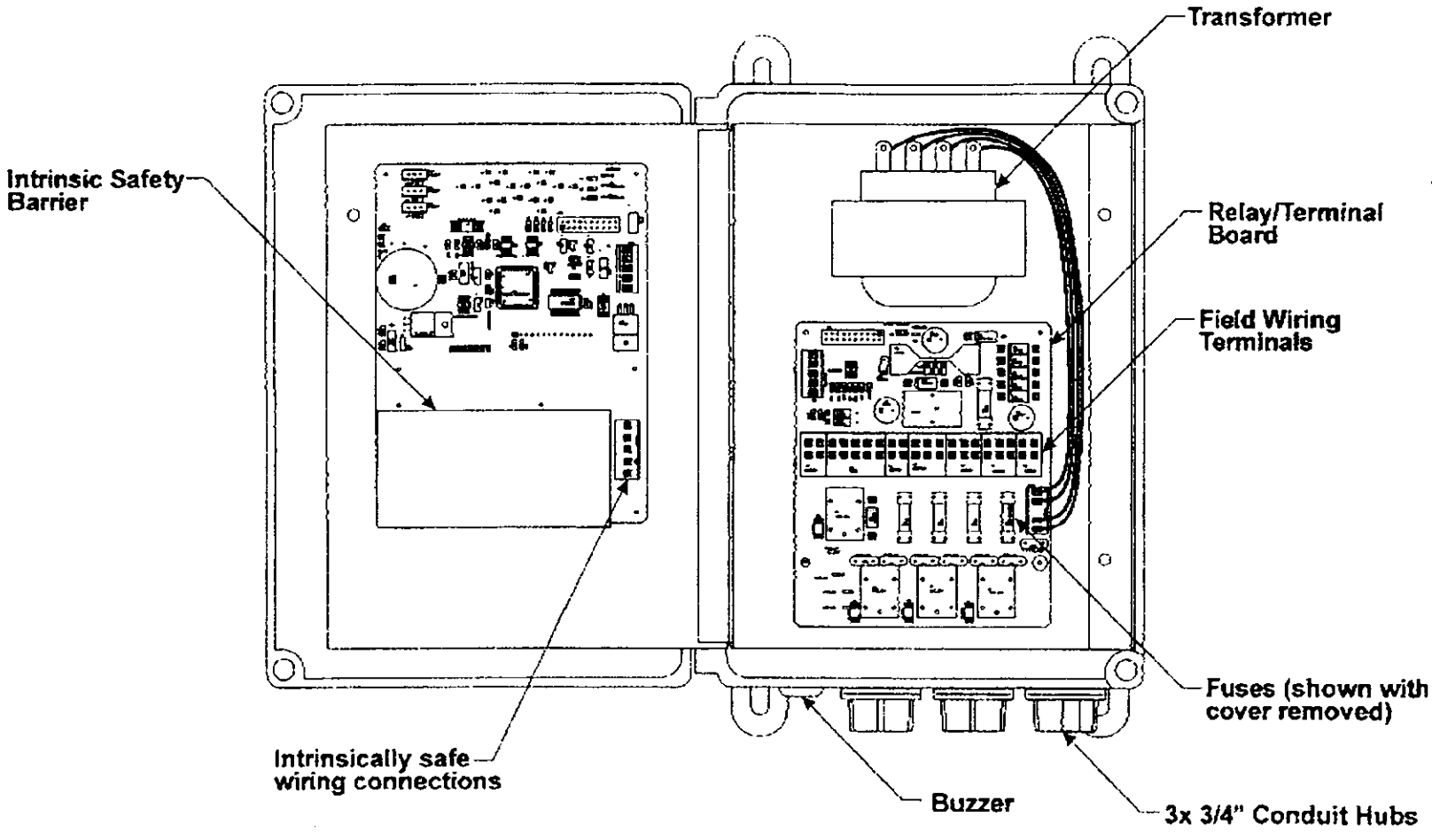
Notes:
Housing is 6.41" [162 mm] deep.
Weight is 8 lbs [3.6 kg].

OUTLINE AND MOUNTING DIMENSIONS

GASTECH

09-14-00

MODEL 128



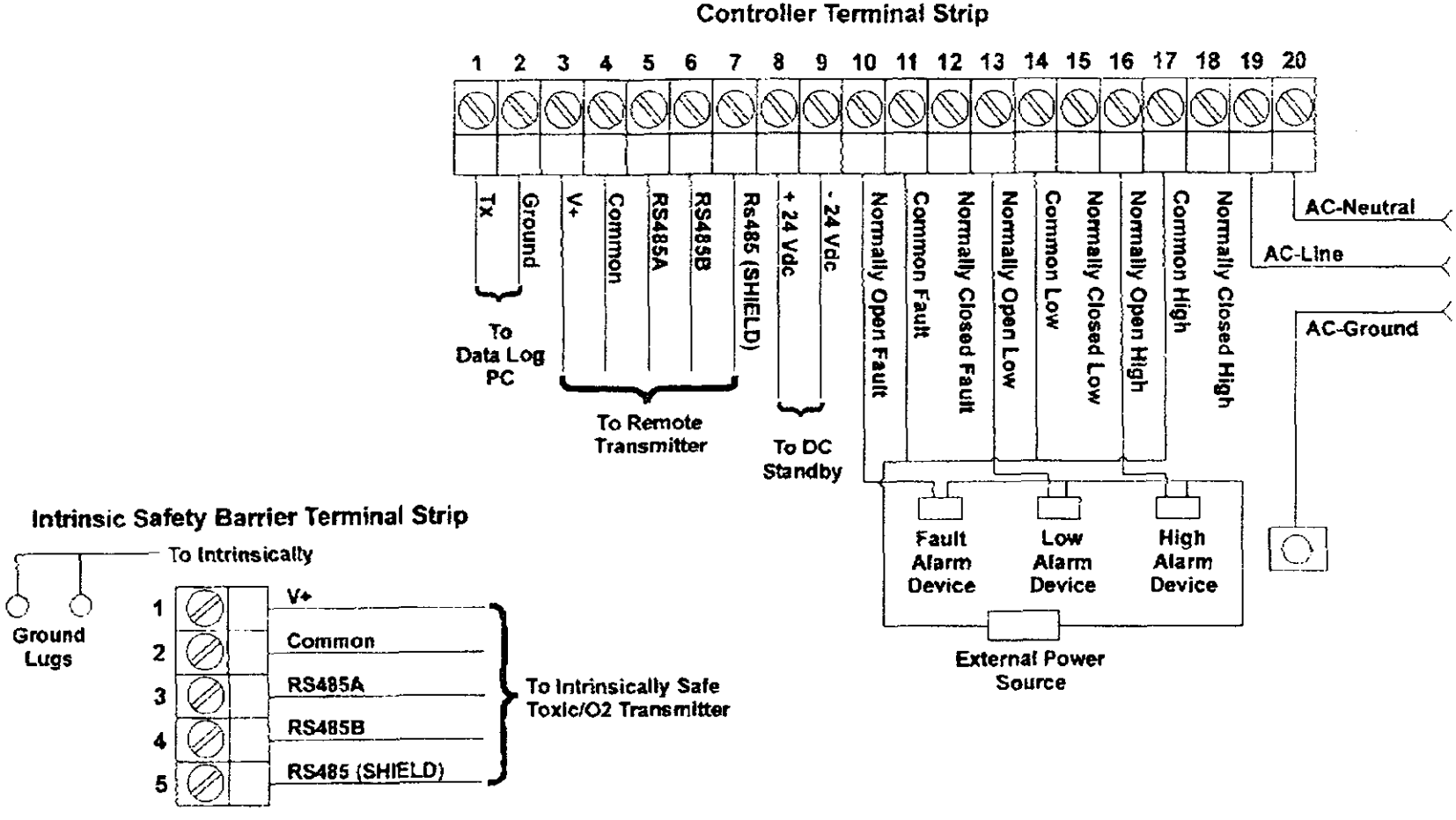
INTERNAL COMPONENT LOCATION

GASTECH

06-08-00

P.92

MODEL 128

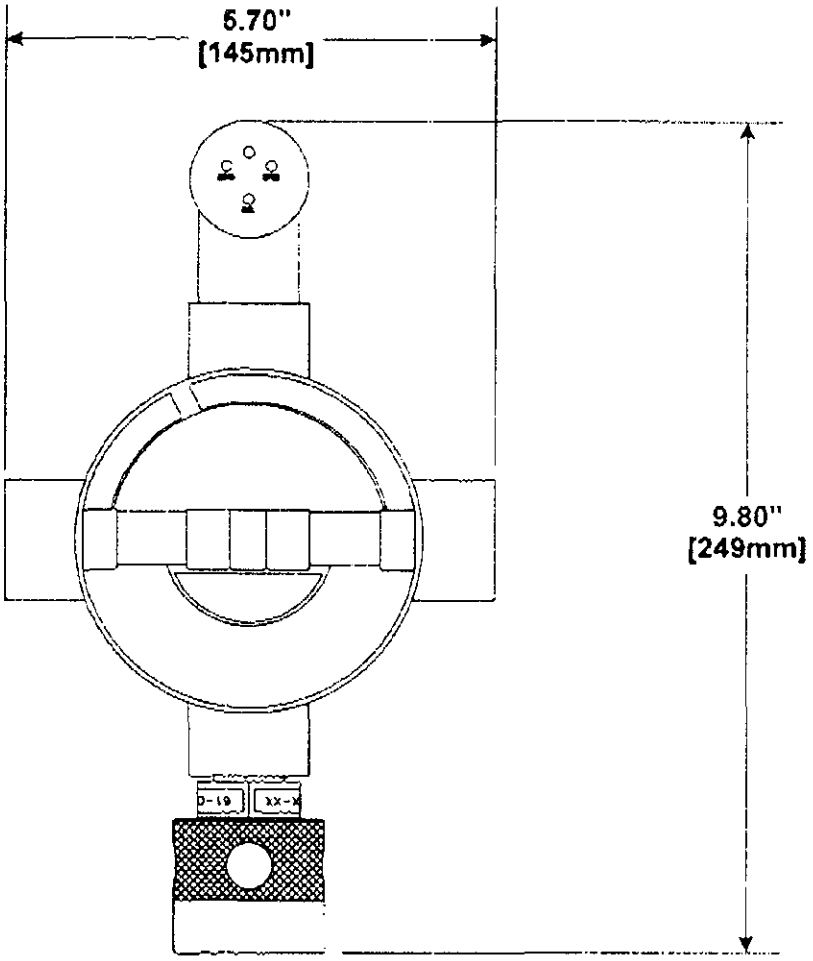


WIRING DIAGRAM

GASTECH

08-08-00

COMBUSTIBLE TRANSMITTER
MODEL 128



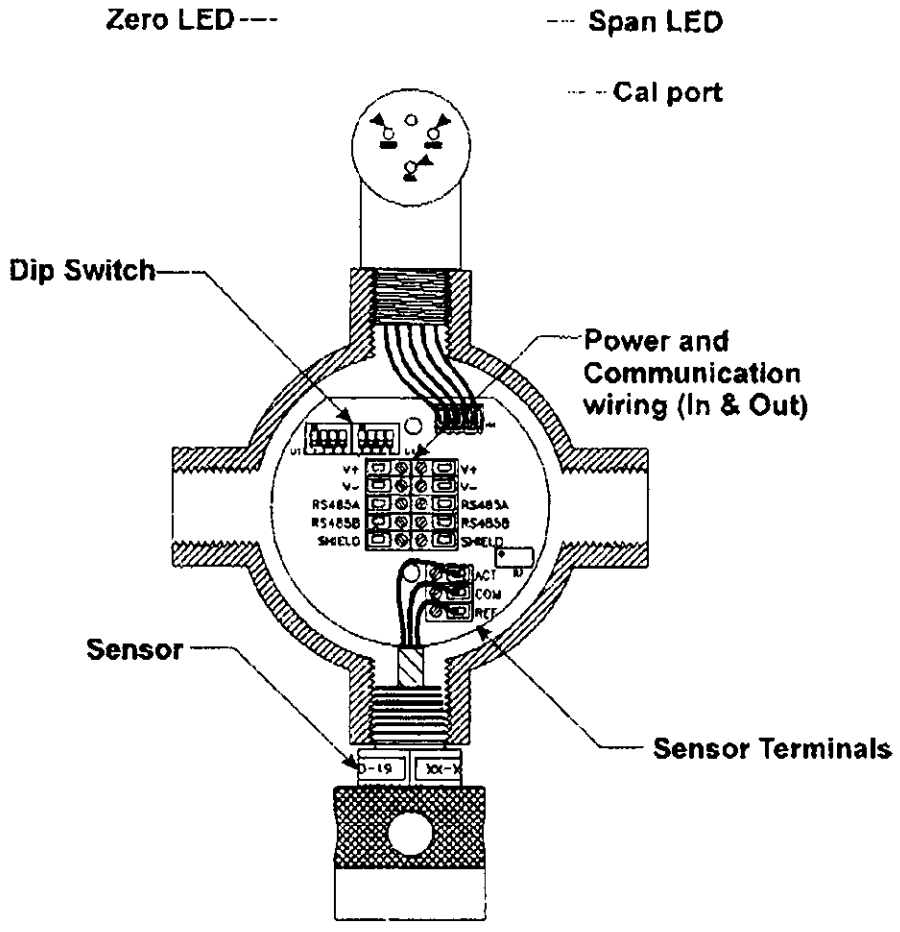
Notes:
Housing is 2.90" [73mm] deep.
Weight is 5.0 lbs [2.3 kg].

OUTLINE & MOUNTING DIMENSIONS

GASTECH

06-08-00

COMBUSTIBLE TRANSMITTER
MODEL 128

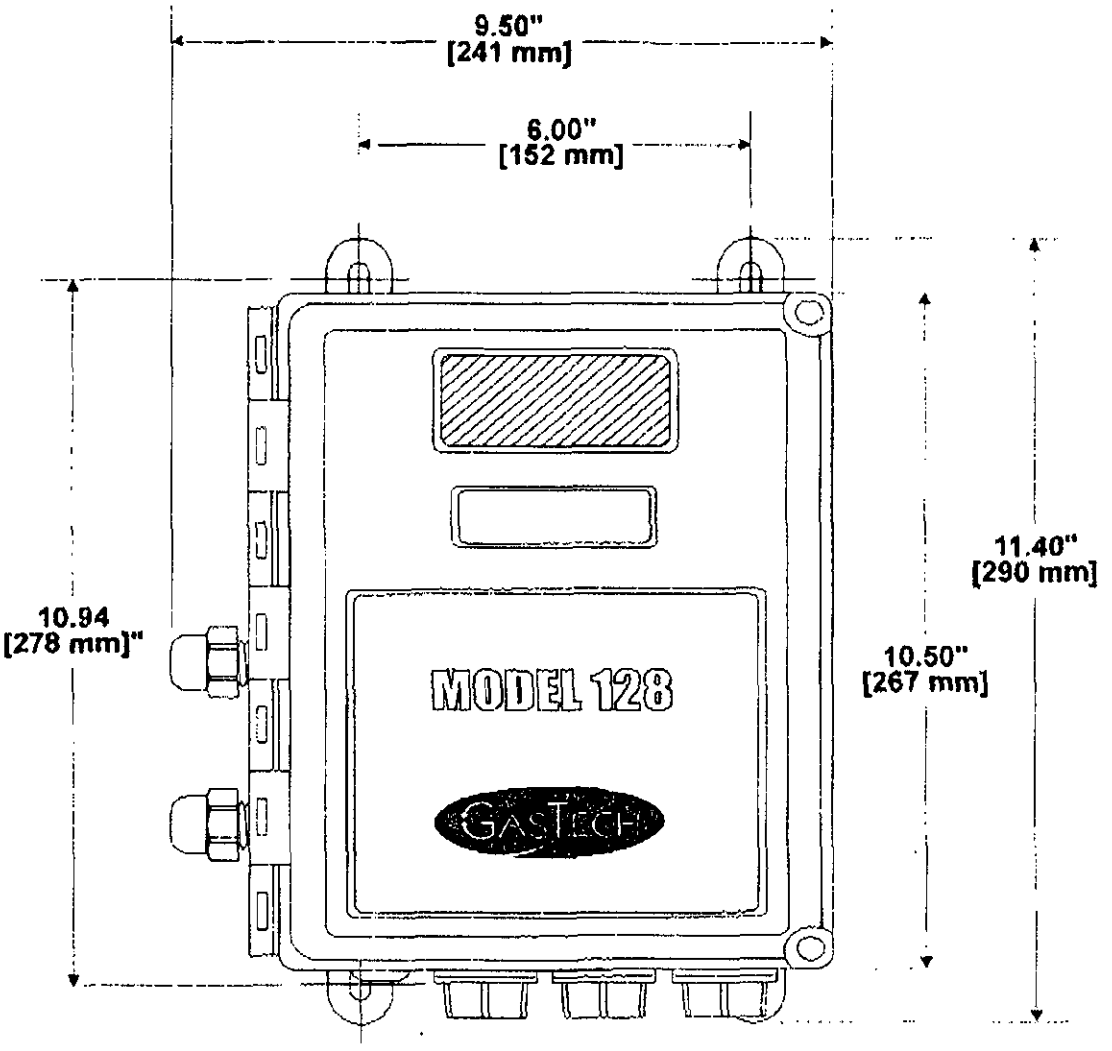


COMPONENT LOCATION

GASTECH

06-08-00

MODEL 128



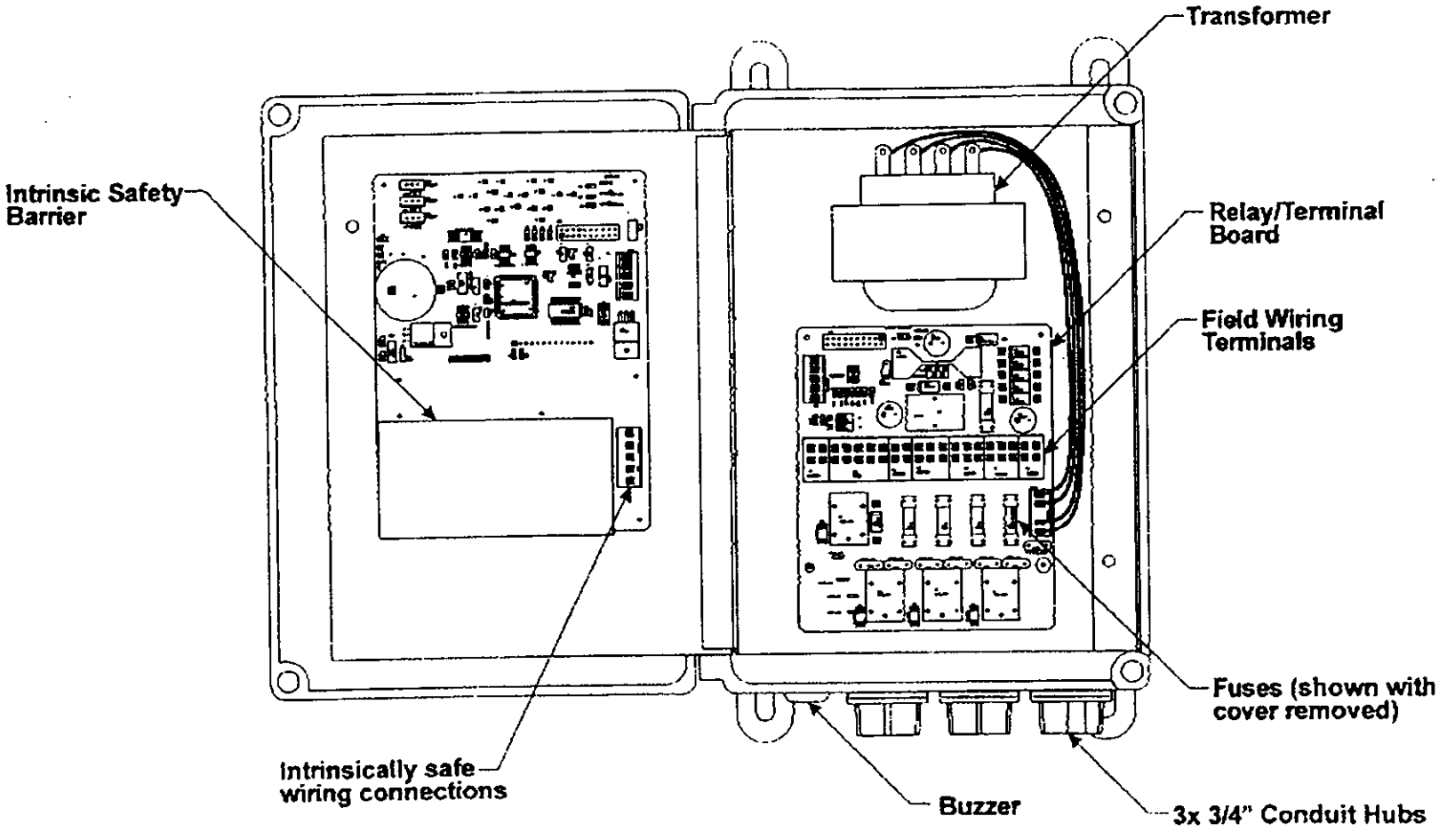
Notes:
Housing is 6.41" [162 mm] deep.
Weight is 8 lbs [3.6 kg].

OUTLINE AND MOUNTING DIMENSIONS

GASTECH

09-14-00

MODEL 128



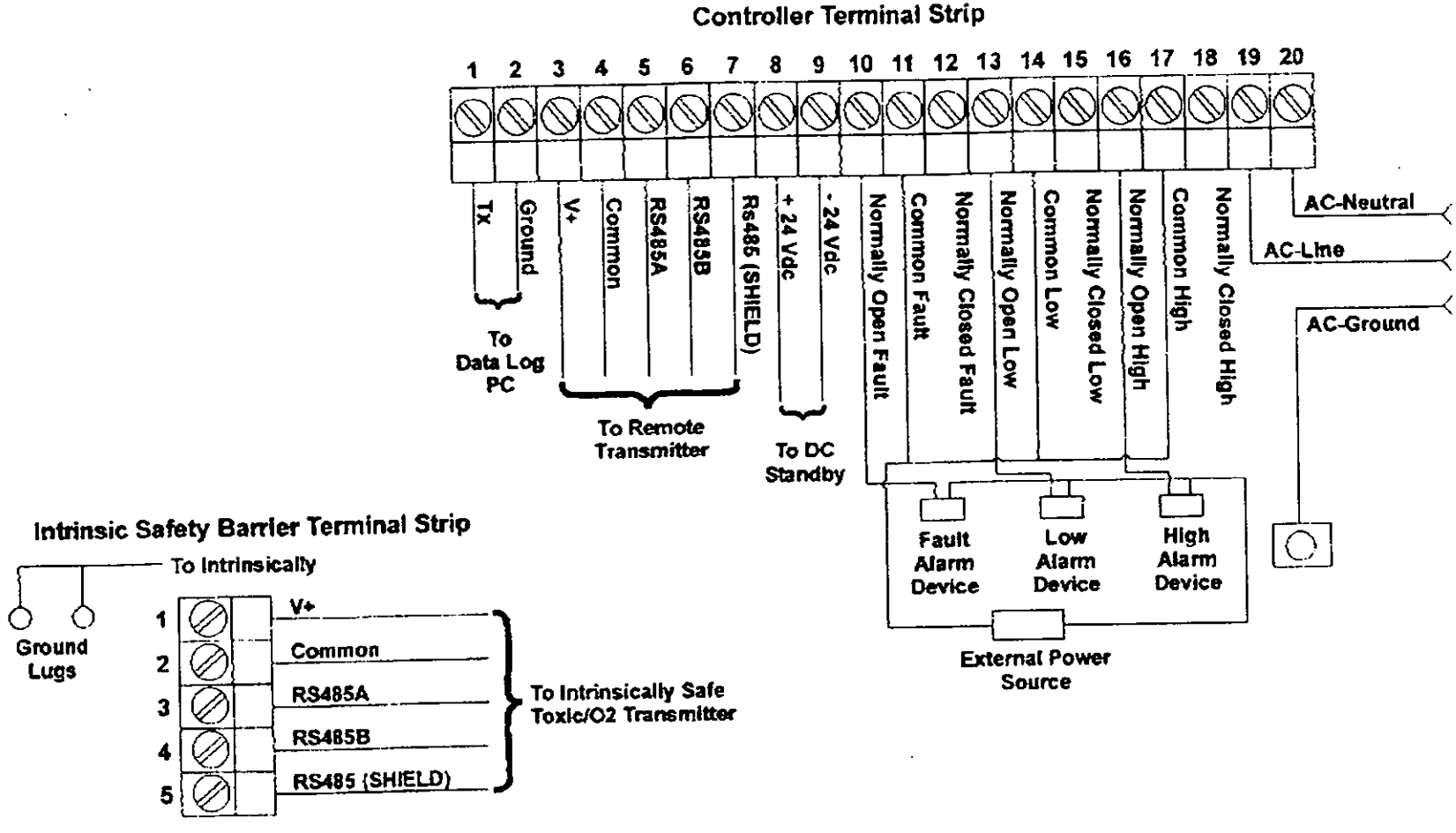
INTERNAL COMPONENT LOCATION

GASTECH

06-08-00

P.02

MODEL 128

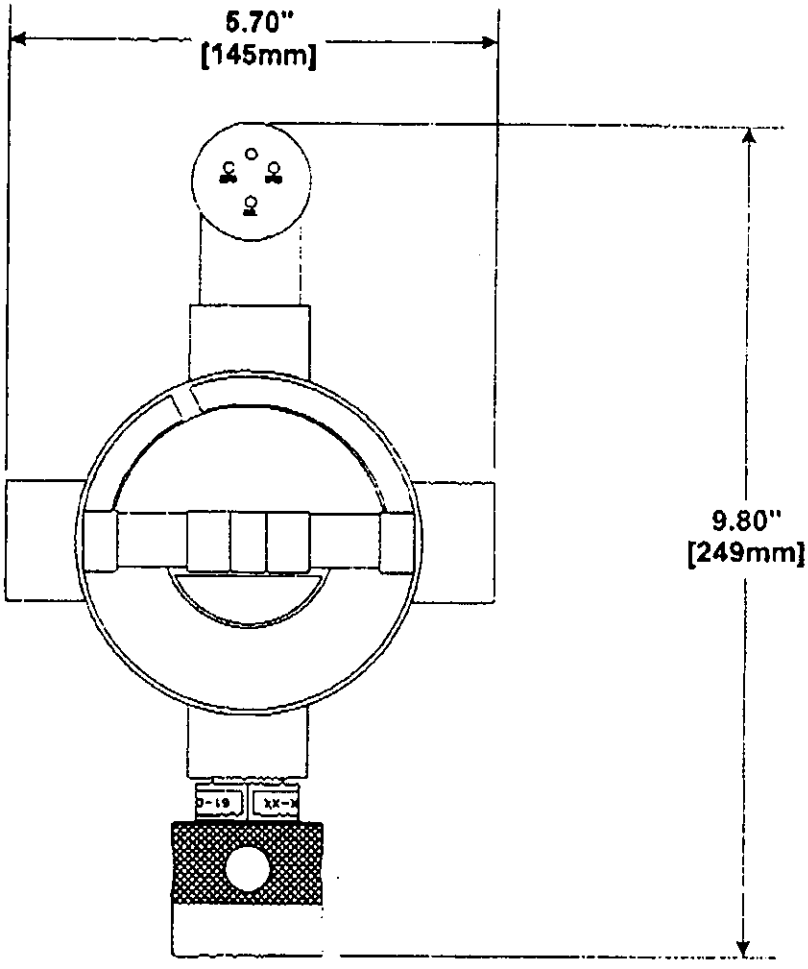


WIRING DIAGRAM

GASTECH

08-08-00

COMBUSTIBLE TRANSMITTER
MODEL 128



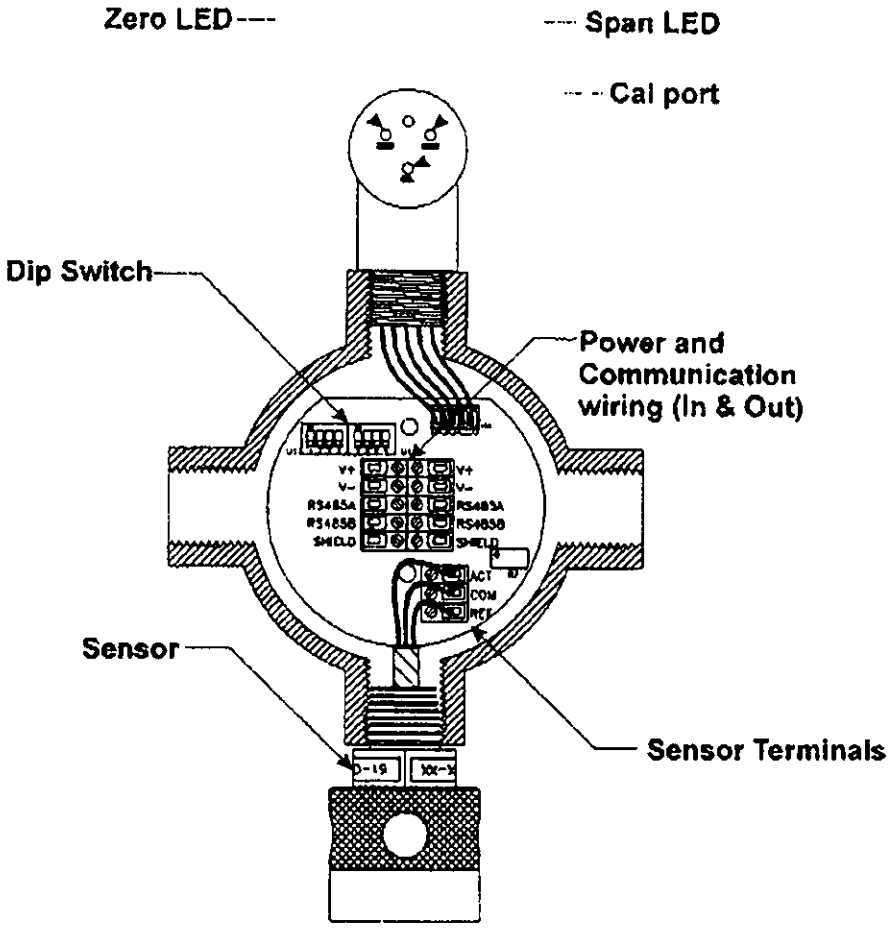
Notes:
Housing is 2.90" [73mm] deep.
Weight is 5.0 lbs [2.3 kg].

OUTLINE & MOUNTING DIMENSIONS

GASTECH

06-08-00

COMBUSTIBLE TRANSMITTER
MODEL 128



COMPONENT LOCATION

GASTECH

06-08-00

Update 02-26-07

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: OSCAR'S ELECTRICAL SVC. INC
Address: 253 River Ave.
LKWD NJ.
Phone #: 732-363-6642
Lis #: 8019
Federal Emp # or SSN 223143825

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: Methane Gas Detector
3-Monitor 1-controll PNL.

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: Michael Hammerstone

Print Name: Michael Hammerstone

[redacted]

[redacted]

Township of Brick

Counter Form

(PLEASE PRINT) UPDATE PERMIT # 02-2628

Site Location: 960 Cedar Bridge Ave PAD #4 (Revised)
Block: 670 Lot: 9.05
Owner's Name: Eighteenth Venture LLC.
Owner's Mailing Address: 1195 Rt 70 Suite 2000
LKWD NJ.
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