

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:
I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____ Date _____

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

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

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

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

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

☒ Check if contractor.

Agent Name KORIED CONSTRUCTION LLC

Address 53 MAIN STREET
HOLMDEL, NJ 07733

Telephone (232) 946-7905

Signature [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	Other
Building _____	Energy _____	
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERT II F I C A T E

Date Issued 07/16/2003
Control #
Permit # 02-2629

IDENTIFICATION

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBIDGE AVE PAD #3
RETAIL BUILDING
Owner in Fee/Occupant EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEHODD, NJ 08701-
Telephone (732) 886-1300
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

[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 APPROVAL

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

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:

VANILLA BOX/SHELL

[X] 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 \$ 366
Paid [X] Check No. 2312
Collected by: AL

CONSTRUCTION OFFICIAL
U.C.C. Form (rev. 3/96) NO UCCANS 3.24E

Apply by dated 7/16/03

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 07/16/2003
Control #
Permit # 02-2629

IDENTIFICATION

Block 670 Lot 9.02 Subd
Work Site Location 960 CEDARBIDGE AVE PAD #3
RETAIL BUILDING
Owner in Fee/Occupant EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732) 886-1500
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Telephone (732) 946-7905 Fax ()
Lic. No. or Bids. 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:
VANILLA BOX/SHELL

[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.

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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 \$ 366
Paid [X] Check No. 2312
Collected by: TL

CONSTRUCTION OFFICIAL
D.C.C. F260 (REV. 3/96) NJ UCCANS 5.24E

Copy sent dated 7/16/03

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #3
RETAIL BUILDING
Owner in Fee/Occupant EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-1300
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733-
Telephone (732)946-7905 Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-3671670

[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 APPROVAL

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

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:

VANILLA BOX/SHELL

[] 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 \$ 366
Paid [X] Check No. 2312
Collected by: TL

CONSTRUCTION OFFICIAL
U.C.C. 1260 (rev. 3/96) NJ UCCAS 5.24E

Copy Issued 7/16/03

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 07/15/200
Control # 02-2629
Permit # 02-2629

IDENTIFICATION Block 670 Lot 9.02 Qual

Work Site Location 960 CEDARBRIDGE AVE PAD #3
Retail Building
Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)888-1500

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

Is hereby granted permission to perform the following work:
☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
PAD #3 RETAIL BUILDING ON SLAB
PER DMS APPROVAL 07-15-02 OK FOR FOOTING/FOUNDATION 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 \$ 411,002

Construction Official [Signature] 07/15/2002
Date

U.C.C. F170 (rev. 3/99)

\$2338.00
\$219.00
\$150.00
\$364.00
\$15.00
\$15.00
\$3103.00
\$3103.00
\$0.00

PAYMENTS (Office Use Only)
Building 2,338
Electrical 0
Plumbing 0
Fire Protection 219
Elevator Devices 0
Other
DCA Training Fee 150
Cert. of Occupancy 366
Other
Total 3,073
Check No. 2312
Cash
Collected By TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/22/2002
Control #
Permit # 02-26294A
Permit Issued 07/15/2002

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 9.02 Subl

Work Site Location 960 CEDARBRIDGE AVE PAD #3
Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
Telephone (732) 946-7905
HOLBREL, NJ 07773-
Telephone (732) 986-1300
LAKENHOL, NJ 08701-
Telephone (732) 986-1300
Lic. No. of Dirs. Reg. No.
Federal Exp. No. 22-3671670

Is hereby granted permission to perform the following work:
☒ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☒ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
BUILDING REVIEW FOR PAD #3

Estimated Cost of Work \$ 39,001

Construction Official

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

08/22/2002

Date

PAYMENTS (Office Use Only)

Building
Electrical 720
Plumbing 460
Fire Protection
Elevator Devices
Other
BCA State Permit Fee
Cert. of Occupancy
Other
Total 1,180
Check No. 2871
Cash
Collected By JB

08/22/02 10:08AM 00000004233

<X06 SERV.006

#022629
ELECTRIC \$720.00
PLUMBING \$460.00
CHECK \$1,180.00

TOWNSHIP OF BRICK
401 CHABERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/21/2002
Control 0
Permit # 02-26294C
Permit Issued 07/15/2002

UJC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 9.02

Work Site Location 960 CEDARBRIDGE AVE PAD B3

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKELAND, NJ 08701-

Telephone (732)886-1500

Contractor MGR-DC MECH INC

Address 1306 RIVER AVE

LAKELAND, NJ 08701-

Telephone (908)367-5111

Lic. No. or Bldgs. Reg. No. 45101851

Federal Eq. No. 22-3072055

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
- ☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

UPDATE PLUMBING

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 70
Fire Protection 0
Elevator Devices 0
Other 0
DCA State Permit Fee 0
Cert. of Occupancy 0
Other 0
Total 70
Check No. 2483
Cash
Collected By M/R

Estimated Cost of Work \$ 1,500

Construction Official

[Signature]
10/21/2002

Date

07/21/02 9:11PM 00000045666
#2629 PLUMBING \$70.00
TOTAL \$70.00
CASH \$80.00
CHANGE \$10.00

TOWNSHIP OF BRICK
401 CHARBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/23/2002
Control #
Permit # 02-25294D
Permit Issued 07/15/2002

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 670 Lot 9.02 Aerial

Work Site Location 960 CEDARBROOK AVE PAD 03
Retail Building
Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732) 884-1500
Contractor HIGH-DE REEM INC
Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-
Telephone (908) 347-5111
Lic. No. or Bldg. Reg. No. 43101851
Federal Eqp. No. 22-3072055

Is hereby granted permission to perform the following work:
☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
WASHING MACHINE, COST INCLUDED ON ORIGINAL PLAN

Estimated Cost of Work \$ 10 00

Construction Official [Signature] 10/23/2002

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

Date

PAYMENTS (Office Use Only)
Building 0
Electrical 0
Plumbing 10
Fire Protection 0
Elevator Devices 0
Other
OCA State Permit Fee 0
Cert. of Occupancy 0
Other
Total 10
Check No.
Cash
Collected By NJR

10/23/02 01:52PM 00000065787
PLUMBING \$10.00
TOTAL \$10.00
10/23/02 01:52PM 00000065787
CHANGE TOTAL \$10.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PERMIT UPDATE

Update Issued 11/14/2002
Control #
Permit # 02-2629+E
Permit Issued 07/15/2002

IDENTIFICATION Block 670 Lot 9.02

Qual

Work Site Location 220 CEDARBRIDGE AVE PAD #3

SHOWER

Contractor NON-OC MECH INC
Address 1306 RIVER AVE
LAKEHURD, NJ 08701-

Owner in Fee EIGHTEENTH CENTURY

Address 1175 ROUTE 27 SUITE 2000
LAKEHURD, NJ 08701-

Telephone 19081367-5111

Telephone 17321886-1500

Lic. No. or Bids. Reg. No. 45101851
Federal Emp. No. 22-3072055

Is hereby granted permission to perform the following work:

- ☐ BUILDINGS ☐ LEAD HAZARD ABAITEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABAITEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

SHOWER

Estimated Cost of Work \$ 1,800

Construction Official

11/14/2002

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

Date

PAYMENTS (Office Use Only)

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

11/14/02 1:17PM 0000006148

XX02 SERV.002

#2629
PLUMBING \$10.00
XXXTOTAL \$10.00
CASH \$10.00
CHANGE \$0.00
11/14/02 1:17PM 0000006148 XX02
XXXTOTAL \$10.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/18/2002
Date Issued 11/10/02
Control # 621-957
Permit # 024370

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 Quad
Work Site Location 950 CEDARBIDGE AVE FAMOUS DA

DIRECTORY SIGN

Owner in Fee EIGHTEENTH VENTURE LLC

Address 1195 ROUTE 70 SUITE 2000

LAKENWOOD, NJ 08701-

Tele. (732) 942-2363

Contractor CENTRAL JERSEY SIGMA

Address 3420 HWY 66

NEPTUNE, NJ 07753-

Tele. () Fax ()

Lic. No. of Bldrs. Reg. No.

Federal Exp. No. 22-159843

JOS SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure
☒ All 11-6-02 PH			Footing	Initial
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			Barrierfree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CCO ☐ CA			Mechanical	
Date:			ICD	
Approved By:			Other	
			Final	
			Barrierfree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories	0	0	2. Alteration \$ 15,000
Height of Structure	0 Ft.	0 Ft.	3. Total (1+2) \$ 15,000
Area Largest Floor	0 Sq. Ft.	0 Sq. Ft.	Industrialized Building:
New Bldg. Area/All Floors	0 Sq. Ft.	0 Sq. Ft.	☐ State Approved
Volume of New Structure	0 Cu. Ft.	0 Cu. Ft.	☐ HUD
Total Land Area Disturbed	0 Sq. Ft.	0 Sq. Ft.	

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

DIRECTORY SIGN FOR FAMOUS DAVES

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration

☐ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☒ Sign 80 Sq. Ft.

☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
☐ Demolition

Administrative Surcharge \$
Paid ☐ Check \$
Minimum Fee \$
TOTAL FEE \$
Collected by: DCA State Permit Fee \$
U.C.C. F110 (rev. 3/96)

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

TOWNSHIP OF BRICK
CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/17/2002
Date Issued 8/18/02
Control # C18-67-1
Permit # 02-26284
TH

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 #3
ELEC/PLG REVIEW

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 886-1500

Contractor KOFIELD CONSTRUCTION

Address 53 MAIN STREET

HOLMDEL, NJ 07773-

Tele. (732) 946-7905 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-3671670

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All 7-25-02 FM

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date: 6-18-03

Approved By: TH

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

4-2-03 FM

4-2-03 FM

4-2-03 FM

4-2-03 FM

4-2-03 FM

4-2-03 FM

4-2-03 FM

4-2-03 FM

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4-2-03 FM

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

BUILDING REVIEW FOR PAD #3

Merchantile Use only Per Plans
and corresponding d.l. stated by
Architect @ as listed in letter
Date 7-9-02
FM

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

TOP OF BRICK
MAMBERS BRIDGE RD
SECTION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 7/15/02
Control # C18-67
Permit # 02-2629

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 #3

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-

Tele. (732) 886-1500

Contractor KOFIELD CONSTRUCTION

Address 53 MAIN STREET
ROLMDEL, NJ 07713-

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

INSPECTIONS

Dates (Month/Day)

TYPE OF WORK

FEE (Office Use Only)

[] No Plans Req.

[] Addition

\$ 2,338

[] All

[] Alteration

\$ 0

[] Footing

[] Roofing

\$ 0

[] Foundation

[] Siding

\$ 0

[] Frame

[] Fence

\$ 0

[] Other

[] Sign

\$ 0

Joint Plan Review Required:

[] Pool

\$ 0

[] Elect [] Plumb [] Fire

[] Asbestos Abatement Subchapter 8

\$ 0

SUBCODE APPROVAL [] Elev

[] Lead Haz. Abatement NJAC 5:17

\$ 0

[] CO [] LACO

[] Other

\$ 0

Date: 6-18-03

[] Demolition

\$ 0

Approved By: [Signature]

Other

\$ 0

BarrierFree

[] Demolition

\$ 0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed M

Constr. Class Present Proposed

No. of Stories 1

Height of Structure 18 Ft.

Area Largest Floor 6,000 Sq. Ft.

New Bldg. Area/All Floors 6,000 Sq. Ft.

Volume of New Structure 93,500 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 410,200

2. Alteration \$ 0

3. Total (1+2) \$ 410,200

Industrialized Building:

[] State Approved

[] HUD

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

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

TECHNICAL SEC-
-CODE
BUILDING
NEW JERSEY

11

**TOWNSHIP OF BRICK
401 CHABBERS BRIDGE RD
DIVISION OF INSPECTIONS**

**UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION**

Date Received 06/17/2002
Date Issued 6/16/02
Control # C18-67-1
Permit # 02 31354
474

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

Block 070 Lot 9.02 Subl
Work Site Location 900 CHABBERS BRIDGE AVE PAD #3
ELEC/PLG REVIEW

Owner In Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKESIDE, NJ 08101-
Tele. (732) 980-1500

Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET
HOLMDEL, NJ 07733
Tele. (732) 946-1905 Fax ()
Lic. No. or Bldg. Reg. No.
Federal Emp. No. 22-3871670

JOB SUMMARY (Office Use Only)
PLAN REVIEW Date Initial
☒ All 7-25-02 FEM
☐ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elov
☐ CO ☐ CCO ☐ CA
Date:
Approved By:

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

DATES (Month/Day)
1. Rev Bldg. 0
2. Alteration \$
3. Total (1+2) \$
Est. Cost of Bldg. Work:
Industrialized Building:
[] State Approved
[] HUD

B. BUILDING CHARACTERISTICS
Use Group Present U Proposed U
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.

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 _____
Date Received 06/17/2002
Date Issued 6/16/02
Control # C18-67-1
Permit # 02 31354
474

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK
BUILDING REVIEW FOR PAD #3
Merchantile Use only Per Plans
and corresponding d.l. stated
Archit & as listed in letter
dated 7-9-02
FEM

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

FEES (Office Use Only)
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA Training Fee \$
U.C.C. #110 (rev. 3/96)

Called 8/17

Date Received 06/17/2002
Date Issued 1/21/03
Control # C18-67
Permit #

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

20. 20. 20

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

PAD 03 RETAIL BUILDING ON SLAB-

PER DAYS APPROVAL 07-15-02 OK FOR FOOTING/FOUNDATION ONLY

- Dates (Month/Day)

TYPE OF WORK

[X] Her Building

II Addition

[] Alteration

Roofing

Sliding

Force

100

1001

ASBESTO

11-10-88

11 other

01487

1.1 Deduction

11 page

Paid 11 Che

Collected by

U.C.C. F110 (rev. 3/76)

U.C.C. F110 (rev. 3/76)

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 # C18-67
Permit # 02-2629

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

Block #70 Lot 9.02 Subd
Work Site Location 900 CEDARBURGE AVE PAD #3

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 986-1590

Contractor KOFIELD CONSTRUCTION

Address 53 MAIN STREET

HOLMDEL, NJ 07733-

Tele. (732) 946-7905 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-3871970

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

PAD #3 RETAIL BUILDING ON SLAB
PER DHS APPROVAL 07-15-02 OK FOR FOOTING/FOUNDATION 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

Footing

Foundation

Slab

Grade

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

TYPE OF WORK

☒ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$ 2,338

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

\$

B. BUILDING CHARACTERISTICS

Use Group Present Proposed H

Constr. Class Present Proposed

No. of Stories 1

Height of Structure 18 Ft.

Area Largest Floor 8,000 Sq. Ft.

New Bldg. Area/All Floors 8,000 Sq. Ft.

Volume of New Structure 93,500 Cu. Ft.

Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$ 410,200

2. Alteration \$ 0

3. Total (1+2) \$ 410,200

Industrialized Building:

☐ State Approved

☐ HUD

Administrative Surcharge

Paid ☐ Check \$

Minimum Fee \$

TOTAL FEE \$ 2,338

DCA Training Fee \$ 150

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY

ELECTRICAL
SUBCODE

TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/10/2002
Control # C18-67-1
Permit # 02-262944

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 Quad
Work Site Location 960 CEDARBRIDGE AVE PAD #3

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 363-6642 Fax ()
Address 650888 ELECTRICAL SERVICE INC

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 Proposed M [] Temporary [] Other

[] Pole/Pad # [] Building Occupied as Utility Co. Estimated Cost of Electrical Work \$ 30,000

USB 11-4-02
93-89004

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 8/7/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CCA

Date: 8/7/02

Approved By: [Signature]

INSPECTIONS

Type Failure Failure Approved Initial

Temp Serv 1 1200

Const Serv 2 400

TCO 3 2003

Other 1 11-02

Final

Temp. Cut-in-Card Date Issued 3-28-03

Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

NO. SIZE ITEM

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Advertisement/PAID/Panel

TOTAL NUMBERS

Pool Permit/with UM Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other 2-200AMP SUBPAN

Other 1-100AMP SUBPAN

FEE (Office Use Only)

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 #
Collected by:

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

FOLLOWING SCHEDULED FOR SUBWAY BLDG.

SS (P) 4/24/03 75 ft Trench OK Between Pail 3 & 4
4/24/03 (BETWEEN SUBWAY BUILDING
AND FAMOUS DAVIES BUILDING)

SS (F) 4/24/03 FOR PROPOSED SITE ~~4~~
SIGN MARKED # 960 HAS
NO LISTING, BUT 10 FT OF
TRENCH OK

SS (F) 4/24/03 NO PERMITS, SIGNARDS OR
MARKING ON ANY SERVICE
EQUIPMENT (SUBWAY BUILDING)

SS (F) 5/5/03 ① ABOVE SIGN MARKED # 960 NOW HAS
LISTING. NEED TO MARK BREAKER FEEDING
② NO PERMIT MARKING FOR SERVICE
EQUIPMENT. REACH FOR PANEL
IS $66\frac{1}{2}$ " OUTSIDE AND $65\frac{1}{4}$ " INSIDE
PERMITS/PAPERWORK FOR ALL SERVICE
EQUIPMENT NEEDED.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2002
Date Issued 04/07/1994
Control #
Permit # 02-2629+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 9.02

Work Site Location 960 CEDARBRIDGE AVE PAD #3

SEWER EJECTOR PUMP

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 886-1500

Contractor OSCAR'S ELECTRICAL SERVICE INC

Address 265 BRUCE ST

LAKEWOOD, NJ 08701-

Tele. (732) 363-6642

Lic. No. or Bldgs. Reg. No. 8019

Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present 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

☒ No Plans Required

☒ Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 9/1/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved By: _____

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)

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 UM Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other 10KW EJECTOR

Other

5/10/03
NO FEE

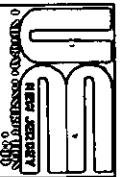
Administrative Surcharge

Paid [] Check #

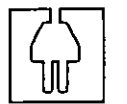
Collected by: _____

DCA State Permit Fee

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



ELECTRICAL SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

11/2/02
024372

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
Work Site Location 960 CEDAR PARK DR BURLING 47

Owner in Fee/Occupant EIGHT BENTLEY VENTURES LLC
Address 1195 PONTIAC RD
LAKEWOOD, NJ
Tele. (732) 846-1500
Contractor Oscar's Electrical Service, Inc.
Address 253 River Ave.
Lakewood, NJ 08701

Tele. (732) 363-6642 Fax (732) 901-0106
Lic. No. 08019
Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)			
			Type:	Failure	Failure	Approval	Initial
☐ No Plans Required			Rough				
Joint Plan Review Required:			Temp. Serv.				
☐ Building			Constr. Serv.				
☐ Fire			TCO				
☒ Elec. Plans Approved			Other				
Date: <u>10 30 02</u>			Service				
Approved by: <u>MM</u>			Final				
SUBCODE APPROVAL			Temp. Cut-In-Card Date Issued				
☐ CO ☐ CCO ☐ CA			Final Cut-In-Card Date Issued				
Date: <u>_____</u>							
Approved by: <u>_____</u>							

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
Mark Stennard

☒ Licensed Electrical Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

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 1/4 HP
KW Transformer/Generator
AMP Service
AMP Subpanels
AMP Motor Control Center
KW Elec. Sign/Outline Light

FEE (Office Use Only)

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

4/30/03 LISTING WAS APPROVED BY AGENTS
USING SOURCE OF BUREAU & AGENTS
5/5/03 SIGN # 960 WAS LISTING NOT RECD
SOURCE OF POWER AND REASON FOR NOT RECD
W. APPROVED

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/18/2003
Date Issued 06/18/2003
Control #
Permit # 02-2629+F

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

0. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 670 Lot 9.02 Qual

NO. SIZE

ITEM

Work Site Location 960 CEDARBRIDGE AVE PAD #3

24

Lighting fixtures

Owner in fee EIGHTEENTH VENTURE

9

Receptacles

Address 1195 ROUTE 70 SUITE 2000

4

Switches

LAKEWOOD, NJ 08701-

0

Detectors

Tele. (332) 886-1500

12

Light Poles

Contractor OSCAR'S ELECTRICAL SERVICE INC

0

Motors-fract HP

Address 265 BRUCE ST

0

Emergency & Exit Lights

LAKEWOOD, NJ 08701-

86

Communications Points

Tele. (332) 363-6642

0

Alarm Devices/F.A.C. Panel

Lic. No. or Bldgs. Reg. No. 8019

0

TOTAL NUMBERS

Federal Emp. No. 22-3143825

0

Pool Permit/with UM Lights

Use Group - Present Proposed H

0

Storable Pool/Spa/Hot Tub

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

0

KW Elect Range/Receptacle

Building Occupied as Utility Co.

0

KW Elect Water Heater

Estimated Cost of Electrical Work \$ 100

0

KW Elect Dryer/Receptacle

8. ELECTRICAL CHARACTERISTICS

0

KW Garbage Disposal

PLAN REVIEW

0

KW Central A/C Unit

[] No Plans Required

0

HP/KW Space Heater/Air Handler

Joint Plan Review Required:

0

Baseboard Heat

[] Bldg [] Plumb

0

HP Motors 1/4 HP

[] Fire [] Elevator

0

AMP Transformer/Generator

[] Elect Plans Approved

0

AMP Service

Date:

0

AMP Subpanels

Approved By:

0

AMP Motor Control Center

SUBCODE APPROVAL

0

KW Elect Sign/Outline Light

[] CO [] CCO [] CA

0

Other

Date:

0

Other

Approved By:

0

Other

INSPECTIONS

0

Other

Temp. Cut-in-Card Date Issued

0

Other

Final Cut-in-Card Date Issued

0

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 and perform the work listed on this application.

Paid [] Check #

Administrative Surcharge \$

Minimum Fee \$

Collected by:

TOTAL FEE \$

Applicant's Signature/Contractor's Seal and Signature

[] Licensed Electrical Contractor [] Exempt Applicant

DCA State Permit Fee \$

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 06/18/2003
Date Issued 06/18/2003
Control #
Permit # 02-26294F

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 670 Lot 9.02 Quad
Work Site Location 960 CEDARBRIDGE AVE PAD #3

ELECTRICAL WORK

Sheet 0014

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000

LAKEHODD, NJ 08701-

Tele. (332) 886-1500

Contractor OSCAR'S ELECTRICAL SERVICE INC

Address 265 BRUCE ST

LAKEHODD, NJ 08701-

Tele. (332) 363-6642

Lic. No. of Bldrs. Reg. No. 8019

Federal Emp. No. 22-3143825

8. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed M

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 100

108 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:

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

NO. SIZE

ITEM

FEE (Office Use Only)

30 Lighting fixtures

24 Receptacles

9 Switches

4 Detectors

0 Light Poles

0 Motors-fract HP

0 Emergency & Exit Lights

0 Communications Points

0 Alarm Devices/F.A.C. Panel

86 TOTAL NUMBERS

0 Pool Permit/With UM Lights

0 Storage Pool/Spa/Hot Tub

0 KW Elect Range/Receptacle

0 KW Oven/Surface Unit

0 KW Elect Water Heater

0 KW Elect Dryer/Receptacle

0 KW Dishwasher

0 HP Garbage Disposal

0 KW Central A/C Unit

0 HP/KW Space Heater/Air Handler

0 Baseboard Heat

0 HP Motors 1/4 HP

0 KW Transformer/Generator

0 AMP Service

0 AMP Subpanels

0 AMP Motor Control Center

0 KW Elect Sign/Outline Light

0 Other

0 Other

Administrative Surcharge \$ 0

Paid [] Check \$ Minimum Fee \$ 0

Collected by: TOTAL FEE \$ 0

DCA State Permit Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/18/2003
Date Issued 06/18/2003
Control #
Permit # 02-2629+F

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 #3

ELECTRICAL WORK

Sheet 0014

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (332) 886-1500

Contractor OSCAR'S ELECTRICAL SERVICE INC

Address 265 BRUCE ST

LAKEWOOD, NJ 08701-

Tele. (332) 363-6642

Lic. No. or Bldrs. Reg. No. 8019

Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed M

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 100

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:

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

D. TECHNICAL SITE DATA

NO. SIZE

30

24

9

4

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19

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FEE (Office Use Only)

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Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 0

DCA State Permit Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/18/2003
Date Issued 06/18/2003
Control #
Permit # 02-26294F

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 CEDARHURST AVE PAD #3

ELECTRICAL WORK

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 886-1500

Contractor OSCAR'S ELECTRICAL SERVICE INC

Address 265 BRUCE ST

LAKEWOOD, NJ 08701-

Tele. (732) 363-6642

Lic. No. or Bldgs. Reg. No. 8019

Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed M

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 100

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 [] JCR

Date: 6/26/03

Approved By: [Signature]

D. TECHNICAL SITE DATA

NO. SIZE

30

24

9

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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 UM Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

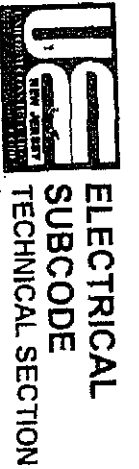
Other

Administrative Surcharge \$ 0

Minimum Fee \$ 0

TOTAL FEE \$ 0

DCA State Permit Fee \$ 0



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
Work Site Location 900 CEDAR BRIDGE AVE [BULFANE 4]

Owner in Fee/Occupant EIGHT EIGHT VENTURES LLC
Address 195 DEWEY RD
LAKEWOOD, NJ

Tele. (732) 846-1500
Contractor Oscar's Electrical Service, Inc.

Address 253 River Ave.
Lakewood, NJ 08701

Tele. (732) 363-6642 Fax (732) 901-0106
Lic. No. 08019
Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☐ No Plans Required			Rough		
Joint Plan Review Required:			Temp. Serv.		
☐ Building ☐ Plumbing			Const. Serv.		
☐ Fire ☐ Elevator			TCO		
☒ Elec. Plans Approved			Other		
Date: <u>10 30 07</u>			Service		
Approved by: <u>MM</u>			Final		
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued		
☐ CO ☐ CCO ☐ CA			Final Cut-in-Card Date Issued		
Date: <u> </u>					
Approved by: <u> </u>					

C. CERTIFICATION BY OWNER OF GATH

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
Mark Stannard

☒ Licensed Electrical Contractor ☐ Exempt Applicant



Date Received 11/12/02
Date Issued 02/13/02
Control #
Permit #

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
TOTAL NUMBERS		
		Post Permits with UVW 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 1/2 HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

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

FEE (Office Use Only)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY

ELECTRICAL

TECHNICAL SECTION

TECHNICAL SECTION

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

Block 670 Lot 9.02 Qual 1

Work Site Location 960 CEDARBRIDGE AVE PAD #3

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 363-6642

Fax ()

Addtional Electrical Service INC

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 Proposed M

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 8/7/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

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

140

30

25

4

4

4

12

12

221

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Date Received 06/17/2002
Date Issued 8/10/02
Control # C18-67-1
Permit # 02-26294

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Room Detectors/Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/2 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elect Sign/Outline Light

Other 2-200AMP SUBPAN

Other 1-100AMP SUBPAN

Paid [] Check #
Collected by:

Administrative Surcharge \$

Minimum Fee \$

TOTAL FEE \$

DCA Training Fee \$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2002
Date Issued 01/01/1994
Control 0
Permit # 02-2629+B

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

D. TECHNICAL SITE DATA
NO. SIZE

FEE (Office Use Only)

Block 070 Lot 9.02 Quad 1
Work Site Location 900 CEDARBRIDGE AVE PAD 43

SEWER EJECTOR PUMP

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 886-1500

Contractor OSCAR'S ELECTRICAL SERVICE INC

Address 295 BRUCE ST

LAKEWOOD, NJ 08701-

Tele. (732) 383-6642

Lic. No. or Bldg. Reg. No. 8019

Federal Emp. No. 22-3133825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ 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

☒ No Plans Required
Joint Plan Review Required:

[] Bldg [] Plumb

[] Fire [] Elevator

[] Elect Plans Approved

Date: 11-02

Approved By: VAA

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved By: _____

INSPECTIONS Dates (Month/Day)
Type 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 _____

ITEM

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panels

TOTAL NUMBERS

Pool Permit/With UV Lights

Storable Pool/Spa/Hot Tub

KV Elect Range/Receptacle

KV Oven/Surface Unit

KV Elect Water Heater

KV Elect Dryer/Receptacle

KV Dishwasher

HP Garbage Disposal

KV Central A/C Unit

HP/KV Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KV Transformer/Generator

APB Services

APB Subpanels

APB Motor Control Center

KV Elect Sign/Outline Light

Other 10KV EJECTOR

Paid [] Check # _____

Administrative Surcharge \$ _____

Collected by: _____

Minimum Fee \$ _____

TOTAL FEE \$ _____

DCA State Permit Fee \$ _____

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 09/06/2002
Date Issued 04/07/1994
Control 0
Permit # 02-2629+B

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS: NOTIFY THIS OFFICE, CALL UTILITY DIG NO: 1-800-272-1000

Block 970 Lot 9.02

Work Site Location 390 CEDARBRIDGE AVE PAD #3

Owner In Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 886-1500

Contractor OSCAR'S ELECTRICAL SERVICE INC

Address 265 BRUCE ST

LAKEWOOD, NJ 08701-

Tele. (732) 363-6642

Lic. No. or Bldgs. Reg. No. 8019

Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present 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: 9/1/94

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type 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

D. TECHNICAL SITE DATA

NO. SIZE

ITEM

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 Un Lights

Storable Pool/Sea/Hot Tub

KW Elect Range/Receptacle

KW Oven/Surface Unit

KW Elect Water Heater

KW Elect Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AHP Service

AHP Subpanels

AHP Motor Control Center

KW Elect Sign/Outline Light

Other 10KW ELECTOR

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

FEE (Office Use Only)

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee

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 8/15/02
Control # C18-07-1
Permit # 02-363947

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 900 CEDARHURST AVE PAD 43
RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LANEGOOD, NJ 08701-
Tele. (732) 363-6042 Fax ()
Post 8001006809835 ELECTRICAL SERVICE INC
LANEGOOD, NJ 08701-
Tele. (732) 363-6042
Lic. No. or Bldgs. Reg. No. 8019
Federal Emp. No. 22-3143025

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed
[] Pole/Pad & [] Temporary [] other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Plumb
[] Fire [] Elevator
[] Elect Plans Approved
Date: 8/1/02
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: _____
Approved By: _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	
140		Lighting Fixtures	
30		Receptacles	
25		Switches	
4		Detectors	
0		Light Poles	
4		Motors-Fract HP	
12		Emergency & Exit Lights	
0		Boat Hoists/Falcons/Panel	
221		TOTAL NUMBERS	75
0		Pool Permit/with W/Lights	0
0		Storable Pool/Spa/Hot Tub	0
0		W/Elect Range/Receptacle	0
0		W/Oven/Surface Unit	0
0		W/Elect Water Heater	45
0		W/Elect Dryer/Receptacle	0
0		W/Dishwasher	0
0		W/Garbage Disposal	0
0		W/Central A/C Unit	80
2		W/HP Space Heater/Air Handler	0
0		Baseboard Heat	0
0		HP Motors 1/2 HP	0
0		W/Transformer/Generator	0
0		W/Service	200
1		W/Subpanels	200
2		W/Back Control Center	0
0		W/Elect Sign/Outline Light	0
0		Other 2-200AMP SUBPAN	80
0		Other 1-100AMP SUBPAN	40

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 [] Except Applicant

Paid [] Check \$
Collected by: _____
Administrative Surcharge \$ 0
Business Fee \$ 0
TOTAL FEE \$ 750
OCA Training Fee \$ 0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/19/02
Control 0 C18-67-1
Permit 0 02-262944

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 070 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD 43

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000

LAKewood, NJ 08701-

Tele. (732) 363-0042 Fax ()
Retelephone 609-655-1111 ELECTRICAL SERVICE, INC.

LAKewood, NJ 08701-

Tele. (732) 363-0042
Lic. No. or Bldrs. Reg. No. 0019

Federal Emp. No. 22-3143825

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed
[] Pole/Pad [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 30,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:

[] Bidg [] Plumb
[] Fire [] Elevator

Elect Plans Approved
Date: 8/7/02

Approved By: [Signature]
SUBCODE APPROVAL

[] CO [] CCO [] CA
Date: _____

Approved By: _____

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

ITEM

Lighting Fixtures

RECEIPTS

Switches

Detectors

Light Poles

Motors-Fract HP

Emergency & Exit Lights

Handhauled Poles

TOTAL RUBBERS

Pool Permit/With UV Lights

Storable Pool/Spa/Hot Tub

KV Elect Range/Receptacle

KV Oven/Surface Unit

KV Elect Water Heater

KV Elect Dryer/Receptacle

KV Dishwasher

HP Garbage Disposal

KV Central A/C Unit

HP/KV Space Heater/Air Handler

Baseboard Heat

HP Motors 1/2 HP

KV Transformer/Generator

Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 720
DCA Training Fee \$

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 # C18-67
Permit # 02-2629

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 CEDARBIDGE AVE PAD #3

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-

Tele. (732) 946-7905 Fax ()

Contractor KOFIELD CONSTRUCTION

Address 89 MAIN STREET 723-

Tele. (732) 946-7905

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3671670

8. FIRE PROTECTION CHARACTERISTICS

Use Group Present 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 \$ 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

Date: 6-26-02

Approved By: [Signature]

SUBCODE APPROVAL

ACO [] COO [] CA

Date: 6-27-03

Approved By: [Signature]

INSPECTIONS

Type

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER

Alarm Devices (shoes, bells, horns, water/flow) 4

Supervisory Devices (tamper, low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

Other 4

Suppression Systems

Pre-Engineered Systems

Pre-Engineered Systems

Pre-Engineered Systems

Pre-Engineered Systems

Pre-Engineered Systems

Pre-Engineered Systems

Pre-Engineered Systems

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Pre-Engineered Systems

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Pre-Engineered Systems

Pre-Engineered Systems

FEE (Office Use Only)

606.41 (2)
New Audible
J1500 Alarm

[Handwritten signatures and initials]

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

**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 0 C18-67
Permit 0 202 2629**

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 Parcel 001
Work Site Location 960 CEDARLEAFS AVE PAD A3
RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE

Address 1193 ROUTE 70 SUITE 2000

City LAKEWOOD, NJ 08701

Tel. (732) 940-7905 Fax ()

Contractor MAFIELD CONSTRUCTION

Address 0910000, SPOWEN/273-

Tel. (732) 938-7905

Lic. No. or O'drs. Reg. No.

Federal Emp. No. 22-301870

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed N
Construction Class Present Proposed
Heating Systems [] Gas [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[] Other
Location:
Total Est Cost of Fire Prot Work \$ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
[] Joint Plan Review Required:
[] 81dgd [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[] CO [] CCO [] CA
Basis:
Approved By:

INSPECTIONS	Dates (Month/Day)
Alarm Sys	
Suppr Test	
Standpipe	
Fire Pump	
Preling 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

Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LFG Capacity Fuel
Alarm Systems [] 110V Interconnected
Alarm Devices (Smoke, Heat, Water/Flood)
Supervisory Devices (tamper, low/high air)
Signalling Devices (horn/strobes, bells)
Other Devices

TOTAL

Suppression Systems

Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems 0
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas 0 or Oil [] Fired Appliances 0
Other 0

FEE (Office Use Only)

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

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 # C18-67
Permit # 02-2629

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

Block # 930 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PHD #3
RETAIL BUILDING
Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele. (732) 946-7905 Fax ()
Contractor KOFIELD CONSTRUCTION
Address BALDWIN SUBSTATION
Tele. (732) 946-7905
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. 22-3871670

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bidg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date: 1-26-02
Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date:
Approved By:

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

D. TECHNICAL SITE DATA

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

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LHA Capacity 0 Fuel
Alarm Systems [] 110V Interconnected NUMBER
Alarm Devices (Smoke/Heat/Sprinklers, water/flood) 4
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 4

Suppression Systems

Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust Systems

Smoke Control System 0
Gas or Oil [] Fired Appliances 0
Other 0
Hvac

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 219
DCA Training Fee \$ 0

FEE (Office Use Only)

600.4.1 (2)
NCCN Admin
J. Suppr Admin

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/07/2002
Date Issued 01/01/1954
Control # 11-14-02
Permit # 02-2629+E

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 670 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #3

OWNER

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (332) 886-1500

Contractor MDH-DC MECH INC

Address 1306 RIVER AVE

LAKEWOOD, NJ 08701-

Tele. (908) 367-5111

Lic. No. or Bldgs. Reg. No. 45101851

Federal Emp. No. 22-3072035

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 1,800

JOBS SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 11/14/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: TCO

Date: TCO

INSPECTIONS

Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

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

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Paid [] Check #
Collected by:

Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$
DCA State Permit Fee \$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 11/07/2002
Date Issued 01/01/1954
Control # 11-14-02
Permit # 02-2629+E

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 679 lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #3

SHOWER

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEWOOD, NJ 08701-

Tele. (732) 886-1500

Contractor MON-OC MECH INC

Address 1306 RIVER AVE

LAKEWOOD, NJ 08701-

Tele. (908) 367-5111

Lic. No. or Bldgs. Reg. No. 45101851

Federal Emp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 1,800

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb. Plans Approved

Date: 11/11/02

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: _____

Date: _____

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

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

0

Urinal / Bidet

0

Bath Tub

0

Lavatory

0

Shower

10

Floor Drain

0

Sink

0

Dishwasher

0

Drinking Fountain

0

Washing Machine

0

Hose Bib

0

Water Heater

0

Fuel Oil Piping

0

Gas Piping

0

Steam Boiler

0

Hot Water Boiler

0

Sewer Pump

0

Interceptor / Separator

0

Backflow Preventer

0

Greasetrap

0

Sewer Connection

0

Water Service Connection

0

Stacks

0

Other

0

Other

0

Paid [] Check \$ _____
Collected by: _____
Administrative Surcharge \$ 0
Minnow Fee \$ 0
TOTAL FEE \$ 10
DCA State Permit Fee \$ 0

TOWNSHIP OF BRICK **UCC NEW JERSEY**
 401 CHAMBERS BRIDGE RD **PLUMBING**
 DIVISION OF INSPECTIONS **SUBCODE**

TECHNICAL SECTION
 Date Received 10/25/2002
 Date Issued 10/25/2002
 Control #
 Permit # 02-26294D

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 Sub
 Work Site Location 960 CEDARHURST AVE PAD #3
RETAIL BUILDING
 Owner in Fee EIGHTEENTH VENTURE
 Address 1155 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
 Tele. (732) 986-1300
 Contractor HER-OC TECH INC
 Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-
 Tele. (908) 367-5111
 Lic. No. or Bldg. Reg. No. 45101851
 Federal Exp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Prevent 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:
☐ Fire ☐ Elevator
☒ Fire ☐ Plans Approved
 Date: 10-25-02
 Approved By: [Signature]
SUBCODE APPROVAL
☐ CG ☐ CCO ☐ CA
 Approved By:
 Date:

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 ☐ Except 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
1	Washing Machine	10
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	GreaseTrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stack	0
0	Other	0
0	Other	0

Paid ☐ Check 0 Administrative Surcharge \$ 0
 Collected by: Minicmo Fee \$ 0
TOTAL FEE \$ 10
 DCA State Permit Fee \$ 0

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

Work Site Location 960 CEDARBRISE AVE PAD 03

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE

Address 1195 ROUTE 70 SUITE 2000

LAKEHOB, NJ 08701-

Tele. (732) 886-1500

Contractor HGH-OC HECH INC

Address 1306 RIVER AVE

LAKEHOB, NJ 08701-

Tele. (908) 357-5111

Lic. No. or Bldgs. Reg. No. 45101851

Federal Exp. No. 82-3072035

3. PLUMBING CHARACTERISTICS

Use Group Present 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: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Approved By: _____

Date: _____

INSPECTIONS

Type Failure Failure Approval Initial

Slab _____

Rough _____

Water _____

Sewer _____

Fixtures _____

Gas Equip. _____

Gas Piping _____

Solar _____

TCO _____

D. TECHNICAL SITE DATA (List all fixtures.)

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet _____

Urinal / Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bib _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor / Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Administrative Surcharge \$ _____

Minicheck Fee \$ _____

Collected by: _____

PAID () Check \$ _____

TOTAL FEE \$ 10

DCA State Permit Fee \$ _____

Signature/Contractor Seal
☐ Licensed Plumbing Contractor ☐ Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/17/2002
Date Issued 10/17/2002
Control #
Permit # 02-26294C

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG 800-1-800-272-1000

Block 670 Lot 9.02 Sub 1
Work Site Location 960 CEDARBRIDGE AVE PAD 03

RETAIL BUILDINGS

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEHOB, NJ 08701-
Tele. (732) 886-1500
Contractor HON-OC HECH INC
Address 1306 RIVER AVE
LAKEHOB, NJ 08701-
Tele. (908) 367-5111
Lic. No. or Bldgs. Reg. No. 45101851
Federal Emp. No. 22-3072035

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed M
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Elect
[] Fire [] Elevator
[] Firech. Plans Approved

INSPECTIONS
Type Failure Failure Approval Initial
Slab
Rough
Water
Sewer
Fixtures
Gas Equip.
Gas Piping
Solar
TCD

Approved By: 10-17-02
SPEECH APPRAVAL
[] CO [] CCO [] CA
Approved By: TCD

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I as 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 [] Everett 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
4	Floor Drain	40
3	Sink	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0

Paid [] Check \$
Collected by: DCA State Permit Fee \$
Administrative Surcharge \$
Historic Fee \$
TOTAL FEE 70

TOWNSHIP OF BRICK
401 CHARBERS BRIDGE RD
DIVISION OF INSPECTIONS

DEC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/17/2002
Date Issued 10/17/2002
Control #
Permit # 02-26294C

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

Block 670 Lot 9.02 Sublot
Work Site Location 960 CEDARHURST AVE PAD #3

RETAIL BUILDING

Owner in Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tel. (732) 986-1500
Contractor KUH-DC TECH INC
Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-
Tel. (908) 367-5111
Lic. No. or Bldg. Reg. No. 45101651
Federal Exp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed H
Building Sewer Size ☐ Public Sewer ☐ Private Septic
Water Sewer Size ☐ Public Water ☐ Private Well
Estimated Cost of Plumbing Work \$ 1,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required
Joint Plan Review Required:

☐ Bldg ☐ Elect

☐ Fire ☐ Elevator

☐ Mech. Plans Approved

Date: 10/17/02

Approved By: [Signature]

SUBCODE APPROVAL

☐ CO ☐ CDO ☐ CA

Approved By: TCO

Date:

INSPECTIONS

Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

FIXTURE/EQUIPMENT

QTY.	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	40
3	Sink	30
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other	0
0	Other	0

Paid ☐ Check 0

Collected by: _____

Administrative Surcharge \$ 0
Ministry Fee \$ 0
TOTAL FEE \$ 70
DCA State Permit Fee \$ 0

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I as 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 ☐ Firearm Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/26/2002
Date Issued 01/01/1994
Control #
Permit # 02-2629+B

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

D. TECHNICAL SITE DATA (list all fixtures.)

Block 670 Lot 9.02
Work Site Location 960 CEDARBRIDGE AVE PAD B3

SEWER EJECTION PUMP

Owner in Fee EIGHTEEN VENTURE

Address 1195 ROUTE 70 SUITE 2000

Phone (332) 896-1500

Contractor KOFIELD CONSTRUCTION

Address 51 MAIN STREET

Phone (332) 946-7905

Lic. No. or Bldg. Reg. No.

Federal Emp. No. 22-3621670

8. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

Joint Plan Review Required

[] Bldg [] Elect

[] Fire [] Elevator

[] Plumb, Plans Approved

Date: 9/26/02

Approved by: [Signature]

SUBCODE APPROVAL

[] CO [] CC0 [] CA

Approved by:

Date:

INSPECTIONS
Type Failure Failure Approval Initial

Slab

Rough

Water

Sewer

Fixtures

Gas Equip.

Gas Piping

Solar

TCO

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Disposal

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

GreaseTrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

FEE (Office Use Only)

Administrative Surcharge \$

Window Fee \$

TOTAL FEE \$ 35

DCR State Permit Fee \$

Paid [] Check []
Collected by:

Administrative Surcharge \$
Window Fee \$
TOTAL FEE \$ 35
DCR State Permit Fee \$

Signature/Contractor Seal [] Except Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 09/26/2002
Date Issued 01/01/1994
Control # 10/01/02
Permit # 02-2629+B

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

D. TECHNICAL SITE DATA (List all fixtures.)

Block 670 Lot 9.02 Area 1.00
Work Site Location 960 CEDARBRIDGE AVE PAD #3
SEWER EJECTOR PUMP

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Owner in Fee EIGHTEENTH VENTURE

Address 1193 ROUTE 70 SUITE 2000

LAKEHURD, NJ 08701-

Tele. (732) 886-1500

Contractor KOFIELD CONSTRUCTION

Address 53 MAIN STREET

HOLMDEL, NJ 07733-

Tele. (732) 946-1905

Lic. No. or Bldgs. Reg. No.

Federal Emp. No. 22-3671670

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed H
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: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Approved By: _____

Date: _____

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

NO.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet

Urinal / Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bib

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor / Separator

Backflow Preventer

Greaseltrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/12/02
Control 0 C18-07294A
Permit 0

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

D. TECHNICAL SITE DATA (List all fixtures.)

Block 070 Lot 9.02 (Sub)
Work Site Location 960 CEDARBRIDGE AVE, PAD 23
RETAIL BUILDING

Owner In Fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-

Tele. (908) 367-3111 Fax ()
Contractor HON-OC TECH INC
Address 1308 RIVER AVE
LAKEWOOD, NJ 08701-

Tele. (908) 367-3111
Lic. No. of Bldg. Reg. No. 45101851
Federal Emp. No. 22-3072955

B. PLUMBING CHARACTERISTICS

Use Group Present 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: 8/12/02
Approved By: [Signature]
SUBCODE APPROVAL
[] CC [] CCO [] CA

Approved by: [Signature]
Date: [Signature]

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 [] Except Applicant

NO. 4
FEE (Office Use Only)

FIXTURE/EQUIPMENT
Water Closet 40
Urinal / Sidel 0
Bath Tub 0
Lavatory 40
Shower 0
Floor Drain 0
Sink 0
Dishwasher 0
Drinking Fountain 0
Washing Machine 0
Hose Bib 0
Water Heater 140
Fuel Oil Piping 0
Gas Piping 11-16-00
Steam Boiler 0
Hot Water Boiler 0
Sewer Pump 0
Interceptor / Separator 0
Backflow Preventer 0
Grease Trap 0
Sewer Connection 0
Water Service Connection 0
Stacks 0
Other A/C 140
Other 0

Administrative Surcharge \$ 0
Hazard Fee \$ 0
TOTAL FEE \$ 305.40
PCA Training Fee \$ 0

Paid [] check #
Collected by: [Signature]
Date: 8/12/02

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY

PLUMBING
SUBCODE

TECHNICAL SECTION

Date Received 06/17/2002
Date Issued 8/12/02
Control # C18-67
Permit # 02-262984

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

D. TECHNICAL SITE DATA (List all fixtures.)

Block 470 Lot 9.02 Qual
Work Site Location 960 CEDARBRIDGE AVE PAD #3

RETAIL BUILDING

Owner in fee EIGHTEENTH VENTURE
Address 1195 ROUTE 70 SUITE 2000

Telephone (908)387-5111 Fax ()
Contractor HQH-QC HECH INC

Address 1306 RIVER AVE
LAKEWOOD, NJ 08701-

Telephone (908)387-5111
Lic. No. of Bldrs. Reg. No. -45101851

Federal Emp. No. 22-3072055

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed H
Building Sewer Size 12" ☐ Public Sewer ☐ Private Septic
Water Sewer Size 12" ☐ 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: 8/15/02
Approved By: [Signature]

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Approved By: TCO

Date:

INSPECTIONS
Type Slab Failure Failure Approval Initial

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

NO. 4 FEE (Office Use Only) 40

Water Closet 40

Urinal / Bidet 0

Bath Tub 0

Lavatory 40

Shower 0

Floor Drain 0

Sink 0

Dishwasher 0

Drinking Fountain 0

Washing Machine 0

Hose Bib 0

Water Heater 140

Fuel Oil Piping 10

Gas Piping 11 - 1/4 - 3500

Steam Boiler 1/2 - 3 - 1/4 - 205

Hot Water Boiler 1/4 - 3/4

Sewer Pump 1/5 - 1/4 24000

Interceptor / Separator 0

Backflow Preventer 110

Greasetrap 110

Sewer Connection 0

Water Service Connection 0

Stacks 0

Other 4 A/C

Other 0

Administrative Surcharge 0

Minimum Fee 0

TOTAL FEE 265

DCA Training Fee 0

3/4" W/10TID

TOWNSHIP OF BRICK ZONING PERMIT

Approved: June 18, 2002

No. 2.1033

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 (#3).

Proposed Construction: One-story retail building; 6,000 square feet, 18' high.

Conditions: Site plan and subdivision approved by the Planning Board.

Case No. PB-2356-PSP/FSP-2/01.

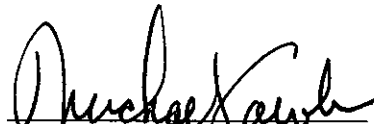
Resolution No. R-27-02 adopted on February 27, 2002.

Maps signed on June 13, 2002.

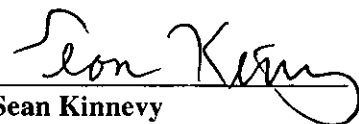
This permit is not valid until the Planning Board architectural committee reviews the architectural plans.

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 ZONING PERMIT

Approved: June 18, 2002

No. 2.1033

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 (#3).

Proposed Construction: One-story retail building; 6,000 square feet, 18' high.

Conditions: Site plan and subdivision approved by the Planning Board.

Case No. PB-2356-PSP/FSP-2/01.

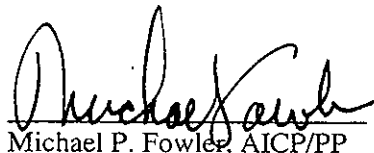
Resolution No. R-27-02 adopted on February 27, 2002.

Maps signed on June 13, 2002.

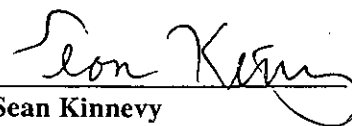
This permit is not valid until the Planning Board architectural committee reviews the architectural plans.

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.

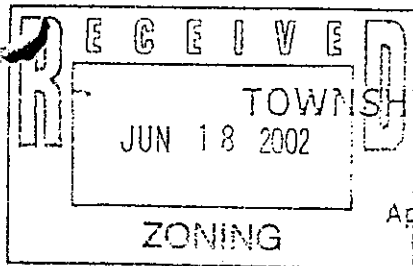
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.



Michael P. Fowler, AICP/PP
Municipal Planner



Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK 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 LEVY
BUSINESS NAME OF APPLICANT EIGHTHENTH 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) 6,000 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
☐ 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.

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

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 Helen J. Hasky Date 6/17/02
Reviewed by Zoning Office JK Date 6/18/02 (X) Approved () Denied

BUILDING #3

Counter Form
PLEASE PRINT

PLUMBING

Contractor: MPN-CC Mech INC
Address: 1118 River Ave
LAKEWOOD, NJ 08701
Phone #: 732-367-5111
Lis #: 1859
Federal Emp # or SSN 22 3072055

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	<u>4</u>
Urinals/Bidets	<u>—</u>
Bath Tub (w/or w/out shower head)	<u>—</u>
Lavatory (BR Sink)	<u>4</u>
Shower	<u>—</u>
Floor Drain	<u>—</u>
Sink	<u>—</u>
Dishwasher	<u>—</u>
Drinking Fountain	<u>—</u>
Washing Machine	<u>—</u>
Hose Bib	<u>—</u>
Gas Piping	<u>4</u>
Fuel Oil Piping	<u>—</u>
Water Heater	<u>4</u>
Steam Boiler	<u>—</u>
Hot Water Boiler	<u>—</u>
Sewer Pump	<u>—</u>
Interceptor/Separator	<u>—</u>
Backflow Preventer	<u>—</u>
Greasetrap	<u>—</u>
Air Conditioner (Condensate Drain)	<u>—</u>
Septic Tank Closure	<u>—</u>
Sewer Service Connection	<u>2</u>
Water Service Connection	<u>4</u>
Active Solar System	<u>—</u>
Auxiliary Meter	<u>—</u>
Sprinkler Heads	<u>—</u>
Sump Pump	<u>—</u>
Pool Heater	<u>—</u>
Other:	<u>—</u>

4 seg electric

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: [Signature]
Please Print Name MORTON J. DEEGAN

CONTRACTOR'S SEAL

FIRE

Contractor: KOFIBLO CONSTRUCTION LLC
Address: 53 MAIN STREET
TOLUML, 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	<u>—</u>
Dry Sprinkler Heads	<u>—</u>
Total	<u>—</u>
Smoke Detectors	<u>4</u> (DUCT DETECTORS)
Heat Detectors	<u>—</u>
Total	<u>4</u>

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 \$ 800

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: [Signature]
Print Name: GERG SONNENFELD

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: BUILDING #3 960 CEDAR BRIDGE AVENUE
 Block: 670 Lot: 9.02
 Owner's Name: EIGHTEENTH VENTURES
 Owner's Mailing Address: 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701
 Phone: (732) 886-1500

BUILDING

Contractor: KOPFELD CONSTRUCTION
 Address: 53 MAIN STREET
LAKEWOOD, NJ 07733
 Phone#: 932-946-7905
 Lis #:
 Federal Emp # or SSN 22-3671670

Technical Data

Description of Work:

6000 SF RETAIL BUILDING
(SEE PLANS)

Type of Work

☒ 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: 18' 5" H
 Area of the largest floor: 6000 SF
 Area of New Structure: 6000 SF
 Volume of New Structure: 93,499.8 CF
 Total Land Disturbed: 7000 SF

Cost of Alteration: \$ -

Cost of New Building: \$ 410,200

Total Cost of New Building Work: \$ 410,200

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: [Signature]

Please Print Name CELESTE SONNENFELD

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	<u>140</u>
Receptacles	<u>30</u>
Switches	<u>25</u>
Detectors	
Light Poles	
Motors w/ Fract. HP	<u>4</u>
Emergency & Exit Lights	<u>12</u>
Communication Points	
Alarm Devices/FAC Panel	
Total	<u>211</u>

Pool (Receptacles, Switches, Lights, Motor 1HP)
 Spa/Hot Tub/Storable Pool
 Electric Range KW
 Oven/Surface Unit KW
 Electric Water Heater 5 - 1.5 KW
 Electric Dryer KW
 Dishwasher KW
 Garbage Disposal HP
 A/C Unit - Central Air 2-22/2-18 - KW
 Space Heater/Air Handler KW
 Baseboard Heating KW
 Motors 1+ HP
 Transformer/Generator KW
 Light Stander AMP
 Service 1-1200 AMP
 Subpanel 2-400 2-200 1-100 AMP
 Motor Control Center AMP
 Sign/Outline Light 6-1 KW
 Furnace
 Steam Boiler
 Other:

Estimated Cost of Electrical Work: 30,000

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: [Signature]

Please Print Name Mark Hammerstone

CONTRACTOR'S SEAL

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 KOPILO CONSTRUCTION

Contractor's Address 53 MAIN STREET HOLMDEL, NJ 07733

Type of Construction (minor, new home) NEW RETAIL BLDG

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

GENE SOMMERFELD
Print Name

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECKLIST

BLOCK 070 LOT 9.02 DATE RECEIVED _____

PROPERTY ADDRESS 960 CEDAR BRIDGE AVENUE

APPLICANT EIGHTBENTH VENTURE LLC PHONE 732-886-1800

ADDRESS 1195 ROUTE 70 SOUTH 2000 LAUREWOOD, NJ 08701

CONTRACTOR KOPIELD CONSTRUCTION PHONE 732-946-7905

ADDRESS 53 MAIN STREET HOLMDEL, NJ 07733

TYPE OF WORK _____ ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEV. _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVED YES _____ NO _____

		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 6/2/12

REJECTED _____

[Signature] 6/2/12
SIGNED DATE

REVISION

APPROVED _____

REJECTED _____

SIGNED DATE

COMMENTS

Per Site Plan

CONFIDENTIAL

RESOLUTION^{R-27-02}
CASE No. PB-2356-PSP/FSP-2/01

Page 1 of 8
February 27, 2002

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

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

FILE 2
APP
APP ATT
APP ENG
PB ATT
PB ENG
ZONING
BUILD
TAXA
BFS
ENG-2
COAT

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).

RESOLUTION R-27-02
CASE No. PB-2356-PSP/FSP-2/01

Page 8 of 8
February 27, 2002

MOVED BY: Mr. Kelly

SECONDED Mr. Dockery
BY:

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

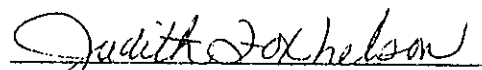
ABSTAINING:

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, Clerk
Brick Township Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR SITE PLAN APPROVAL

RESOLUTION R-27-02

PAGE 9

CASE NO. 2354-A-2-PSP-FSP-V-1/02

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 Planning Board.

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751

Fax: 732-477-6788

E-mail: barloassoc@aol.com

July 9, 2002

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

Re: Town Hall Shoppes
Retail Buildings #3 & #4
Block 670, Lots 9.01, 9.02, 9.03, 9.04

Dear Mr. Mizer,

As per our discussion and your plan review comments, this letter is to notify you that we are correcting the occupant loads noted on A-1 of both buildings to the following:

Building #3

Lease Space #1	50 Occupants
Lease Space #2	100 Occupants
Lease Space #3	50 Occupants

Building #4

Lease Space #1	67 Occupants
Lease Space #2	50 Occupants
Lease Space #3	50 Occupants

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

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



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

cc: David Levy – Paramount
G. Sonnenfeld – Kofield Construction
File

KOFIELD CONSTRUCTION, L.L.C.
Township of Brick

8/20/2002

2371

1,180.00

Commerce Bank chec

1,180.00

Counter Form
PLEASE PRINT

PLUMBING

Contractor: KOPPEL CONSTRUCTION
Address: 53 MAIN STREET
BOLMDEL AT 07232
Phone #: _____
Lis #: _____
Federal Emp # or SSN 223671670

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 INTERCEPTOR PUMP
(SEE PLANS) BULKHEAD 3

Estimated Cost of Plumbing Work 12006

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: [Signature]
Please Print Name: ARNEP SOMMERFELD

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work: _____

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:—
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____
Print Name: _____

Township of Brick

Counter Form
(PLEASE PRINT)

Update
02-26-2011
B

Site Location: 960 CEDAR BRIDGE AVENUE (BUILDING 3)
Block: 670 Lot: 9.05
Owner's Name: EIGHTEENTH VENTURE
Owner's Mailing Address: 1195 ROUTE 70 SUITE 2000
LAKESWOOD, NJ 08701
Phone: (732) 886-1500

BUILDING

ELECTRICAL

Contractor: KOPPEL CONSTRUCTION LLC
Address: 53 MAIN STREET
DUMFRIES, NJ 07733
Phone#: 732-946-4905
Lis # _____
Federal Emp # or SSN 22-367-1670

Contractor: OSCAR ELECTRICAL SERVICE INC
Address: 253 RIVER AVE
LAKESWOOD, NJ 08701
Phone#: 732-6363-6642
Lis # _____
Federal Emp # or SSN 22-3143825

Technical Data

Technical Data

Description of Work:

SEWER EJECTOR PUMP
(BUILDING #3)
SEE PLANS

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

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: \$ 12000

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 CEREA SONNENFELD

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) 3p40 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 Hammerstone

Please Print Name MARK HAMMERSTONE

CONTRACTOR'S SEAL

B.P.

~~7C~~

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: Map-Oc Mech
Address: 1118 River Ave
Lakewood, N.J. 08701
Phone #: 732-367-5111
Lis #: B101851
Federal Emp # or SSN 32-3072055

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	<u>4</u>
Sink	<u>3</u>
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 \$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: [Signature]
Please Print Name: MARTIN J. DEEGAN

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____
Print Name: _____

Township of Brick

Counter Form
(PLEASE PRINT)

update
02-2629
+C

Site Location: 960 CEDAR BRIDGE AVENUE
Block: 670 Lot: 9.01 9.02
Owner's Name: BIGHAM VENTURES LLC
Owner's Mailing Address: 1650 ROUTE 70
LORENWOOD, NJ 08801
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

Township of Brick

Counter Form

(PLEASE PRINT)

update
02-2629+D

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
Laurelwood, NJ 08701
Phone: (732) 886-1500

BUILDING

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

Technical Data

Description of Work: _____

Type of Work

____ New Building ____ Siding
____ Addition - Fence
____ Alteration ____ Pool
____ Roofing ____ Demolition
____ Asbestos Abatement ____ Sign _____ sq ft

Building Characteristics

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

Cost of Alteration: \$ _____

Cost of New Building: \$ _____

Total Cost of New Building Work: \$ _____

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

Signature: _____

Please Print Name _____

ELECTRICAL

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

Technical Data

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

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

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Pal #3

FIRE

Contractor: MON-OC MEGA INC
Address: 1306 RIVER AVENUE
LAURELWOOD, NT 08701
Phone #: 732-367-5111
Lis #: 45101851
Federal Emp # or SSN 22-3072055

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	<u>1</u>
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 \$200

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: Mark J. Palay

CONTRACTOR'S SEAL

Technical Data
Description of Work:

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____
Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
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: _____

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751

Fax: 732-477-6788

E-mail: barloassoc@aol.com

October 31, 2002

Mr. Daniel Newman
Construction Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Town Hall Shoppes
Retail Building #3
Lease Space No. 2
Block 670, Lot 9.02

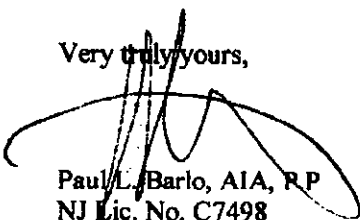
Dear Mr. Newman

As per our discussion and your request, this letter is to clarify our request for review and approval of underslab plumbing for proposed tenants. The Owner and proposed tenants are aware and understand that all tenants must submit Construction Documents for the tenant fit-out of each lease space to the Building Department for review and approval and that by approving underslab plumbing at this time does not relieve them of this requirement nor assures them of future approvals of tenant fit-out drawings.

The proposed tenant for Lease Space No. 2 is a tanning salon with a section for massage therapy and facials/wraps. We believe this is a Business use which does not require a bath or shower but the tenant would like to offer this as a part of the massage/facial/wrap section of the business. The shower will be an accessible transfer-type shower stall for independent use by an individual as per the Barrier Free Subcode (CABO/ANSI A 117.1 - 1992).

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

Very truly yours,



Paul L. Barlo, AIA, P.P.
NJ Lic. No. C7498

cc: David Levy - Paramount Realty
R. Molloy - Paramount Realty
G. Sonnenfeld - Kofield Construction
File

put in
JACKET

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751

Fax: 732-477-6788

E-mail: barloassoc@aol.com

FAX TRANSMITTAL

DATE: 10/31/02
TO: DAN NEWMAN
COMPANY: T.O. BRICK - BLDG. DEPT. 732.262.8954
FROM: JIM TIERNEY
RE: TOWN HALL SHOPPES
BLDG. 3

MESSAGE:

ATTACHED PLEASE FIND A COPY OF REVISED
LETTER PER YOUR REQUEST REGARDING
THE ABOVE REFERENCED PROJECT. PLEASE
LET ME KNOW IF THIS IS ACCEPTABLE
AND I WILL FORWARD THE SIGNED & SEALED
ORIGINAL TO YOU FOR YOUR RECORDS.

NUMBER OF PAGES INCLUDING COVER SHEET: (2)

UPDATE

PAD 3

Township of Brick

Counter Form
(PLEASE PRINT)

02-2629+e

Site Location: 960 CEDARBRIDGE RD.
Block: 670 Lot: 9.02
Owner's Name: EIGHTEENTH VENTURE
Owner's Mailing Address: 1195 RT 70
LAKWOOD, NJ 08701
Phone: (732) 886-1500

BUILDING

Contractor: KoField Const
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

UPDATE

02 2629+

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Mon-OC Mechanical
Address: 1118 River Ave
Lakewood, NJ
Phone #: 732 3675111
Lis #: 73101851
Federal Emp # or SSN 223072055

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 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: [Signature]

Please Print Name: MARTIN J. DEGGAN

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: _____

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751

Fax: 732-477-6788

E-mail: barloassoc@aol.com

March 19, 2003

Mr. Daniel Newman
Construction Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

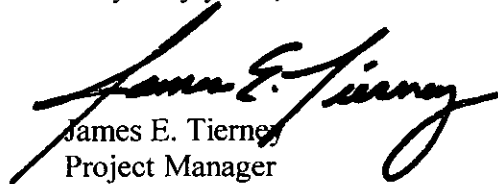
Re: Town Hall Shoppes
Retail Building #3
Block 670, Lot 9.02

Dear Mr. Newman,

This letter is to inform you that the Owner of the above referenced project has decided not to include the hung ceiling and lights in the lease spaces. All emergency and exit lighting will be installed as per code and approved permit drawings. The hung ceiling and general lighting and all associated wiring and switching will be included in future tenant fit-out work submitted for permits by others.

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

Very truly yours,



James E. Tierney
Project Manager
(For the firm)

cc: D. Levy – Paramount
R. Molloy – Paramount
G. Sonnenfeld – Kofield Construction
File

Bldg # J

Plumbing Plan Review Record

Work site location: 960 Cedar Bridge

Building Description: ~

Reviewed: Paul

Date: 7-25-02

Correction list

No.

Description

Code section

Service sink is required in all 3 spaces	7.21	check
---	------	-------

Re submit
8/15/02

Jim - at table

732

477-7751

DEC-09-1998 09:24

RIDGE CREEK/PHOENIX

732 657 2435 P.04

Electrical Plan Review

Work Sheet—Short-Circuit Calculations (Three ϕ)

Short-Circuit Current at

1200A TAP BOX

 L = length of wire one way

$$A) f = \frac{1.73 \times L \times I}{C \times E_{LL}}$$

BLDG. #3 TOWN HALL SHOPS

Note: If you wish to add motor contribution, add value to "I" in step "A", then continue. Estimate at 4x motor's F.L.A.

$$B) f = \frac{1.73 \times 120 \times 32,400}{66555 \times 208} = .486$$

UTILITY CO. FURNISHING 3 @

75 KVA TRANSFORMERS =

225 KVA = 32,400 AMPS

@ POLE

$$C) \text{ Multiplier "M"} = \frac{1}{1+f} = \frac{1}{1+.486} = .673$$

$$D) SCA = M \times I = .673 \times 32,400 = 21,805 \text{ AMPERES}$$

TAP BOX RATED 100,000 A.I.C. - MAIN C/B'S RATED MIN. 22,000 A.I.C.

Short-Circuit Current at

$$A) f = \frac{1.73 \times L \times I}{C \times E_{LL}}$$

Note: If you wish to add motor contribution, add value to "I" in step "A", then continue. Estimate at 4x motor's F.L.A.

$$B) f = \frac{1.73 \times \quad \times \quad}{\quad \times \quad} = \quad$$

$$C) \text{ Multiplier "M"} = \frac{1}{1+f} = \frac{1}{1+} = \quad$$

$$D) SCA = M \times I = \quad \times \quad = \quad \text{AMPERES}$$

Short-Circuit Current at

$$A) f = \frac{1.73 \times L \times I}{C \times E_{LL}}$$

Note: If you wish to add motor contribution, add value to "I" in step "A", then continue. Estimate at 4x motor's F.L.A.

$$B) f = \frac{1.73 \times \quad \times \quad}{\quad \times \quad} = \quad$$

$$C) \text{ Multiplier "M"} = \frac{1}{1+f} = \frac{1}{1+} = \quad$$

$$D) SCA = M \times I = \quad \times \quad = \quad \text{AMPERES}$$

OMEGA ENGINEERING OF NEW JERSEY INC.

3-28-03

TO: MARCEL RENSON
ELECTRICAL INSPECTOR
TWP. OF BERG

RE: TOWN HALL SHOPS, BLDG. # 3

FROM: RICH SAMMOND 732-892-8883 (BERG OFFICE)

PER YOUR CONVERSATION W/ JIM TIERNEY OF BERLO & ASSOC.,
I FORWARDED TO YOU SHORT CKT. CALCULATIONS FOR SERVICE
@ ADV. NAMED BLDG.

ANY QUESTIONS PLEASE DO NOT HESITATE TO CALL

THANK,

RICH SAMMOND

COPY TO: JIM TIERNEY

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751

Fax: 732-477-6788

E-mail: barloassoc@aol.com

March 19, 2003

Mr. Daniel Newman
Construction Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

FAXED 732.262.8954

Re: Town Hall Shoppes
Retail Building #3
Block 670, Lot 9.02

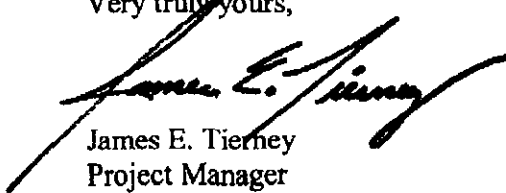
*960 Cobble
02-2629 open*

Dear Mr. Newman,

This letter is to inform you that the Owner of the above referenced project has decided not to include the hung ceiling and lights in the lease spaces. All emergency and exit lighting will be installed as per code and approved permit drawings. The hung ceiling and general lighting and all associated wiring and switching will be included in future tenant fit-out work submitted for permits by others.

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

Very truly yours,


James E. Tierney
Project Manager
(For firm)

cc: D. Levy – Paramount
R. Molloy – Paramount
G. Sonnenfeld – Kofield Construction
File

National Electrical Code
Plan Review Record
Township of Brick

Date: 7/3/02

Site Address: 960 Cedar Bridge Av

Reviewed By: UNR

CORRECTION LIST
Description

No.

- ① A/c
- ② Conduit ?
- ③ Ufer ground
- ④ WMTB Top Box ampacity
- ⑤ CAC load ?
- ⑥ 2 ground rods

G. Ryg Soanenfert

732 946 7905

Party Called and Phone #: _____

Resubmitted on: _____

By: _____

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751

Fax: 732-477-6788

E-mail: barloassoc@aol.com

March 19, 2003

Mr. Daniel Newman
Construction Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Town Hall Shoppes
Retail Building #3
Block 670, Lot 9.02

Dear Mr. Newman,

This letter is to inform you that the Owner of the above referenced project has decided not to include the hung ceiling and lights in the lease spaces. All emergency and exit lighting will be installed as per code and approved permit drawings. The hung ceiling and general lighting and all associated wiring and switching will be included in future tenant fit-out work submitted for permits by others.

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

Very truly yours,



James E. Tierney
Project Manager
(For the firm)

cc: D. Levy – Paramount
R. Molloy – Paramount
G. Sonnenfeld – Kofield Construction
File

LINDSTROM, DIESSNER AND WOODCOCK, L.L.C.

Engineers • Planners • Surveyors • Construction Managers

CHARLES E. LINDSTROM, P.E., P.P.
JOHN F. DIESSNER, P.L.S., P.P.
ROBERT A. WOODCOCK, P.E., P.P.

P.O. BOX 579
223 DRUM POINT ROAD
BRICK, NEW JERSEY 08723
(732) 477-8900
FAX (732) 477-8026

July 29, 2002

Brick Township Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Subject: Pile Certification/Town Hall Shoppes
Retail Building No. 3
Lot 9.02 Block 670
Our Job No. 97128.1

Gentlemen:

On July 29, 2002, a test pile was driven at the above location. A minimum of thirty-six (36) blows per foot were required for a McKiernan Terry Air Hammer, Model No. 9-B-3 No. 7, run at 145 strokes/minutes generating 8,750 foot pounds per blow to achieve the required twenty (20) ton capacity.

Utilizing the *Engineering News Formula* for piles driven with an air hammer the minimum bearing capacity of the pile would be as follows:

$$L = \frac{2E}{S + .1}$$

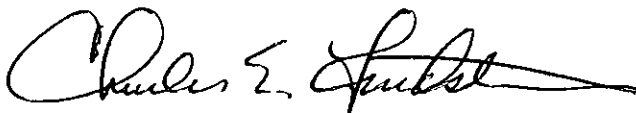
$$L = \frac{2 (8,750)}{12/36 + .1} = 40,385 \text{ lbs.} = 20.19 \text{ Tons}$$

The minimum blows per foot for the test pile was thirty-eight (38) with a calculated bearing capacity of 42,089 pounds or 21.04 tons.

Therefore, I hereby certify that the test pile exceeds the required twenty (20) ton capacity.

We trust that the above information will be favorably received. If you have any questions, please do not hesitate to contact me.

Very truly yours,



Charles E. Lindstrom, P.E.
Professional Engineer
NJPE License No. 24739

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

1416
COMMERCE BANK/SHORE, N.A.
BRICK, NJ 08723
55-132/312

2310

7/12/2002

PAY TO THE
ORDER OF Township of Brick

\$**4,200.00

Four Thousand Two Hundred and 00/100*****

DOLLARS  

MEMO Building Pad #3

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development:

Retail Building Pad #3

Owner/Applicant:

Kofield Construction

Property Address:

960 Cedar Bridge Ave

Block:

690

Lot:

9.02

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

DATE:

7/12/02

Check Number

2310

Preliminary Fee Paid

4200.00

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:

Leticia S. Chaud
Signature

Date

7/12/2002

OFFICE OF AFFORDABLE HOUSING

ARHT PRELIMINARY APPROVAL

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 670 LOT 102 SITE ADDRESS 960 Cedar Bridge Ave
TYPE OF SITE Residential ~~Commercial~~ NAME OF BUSINESS _____
APPLICANT Millman Tax Assessor PHONE NUMBER 752-9411-9415
APPLICANT ADDRESS 58 4th St. CITY & STATE 111 2nd St. 07102-9783

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

6000 \$ 840,000
Frederick R. Millman, CTA, Tax Assessor 7/11/02
Date

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

\$ _____

Frederick R. Millman, CTA, Tax Assessor Date

Preliminary Fee Required _____	Date <u>7/11/02</u>
Preliminary Paid _____	Check # _____
	Receipt # <u>1417</u>
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.

7/8/02 To applicant
for

Office of Affordable Housing

02-2629

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 960 Cedar Bridge #3 Block 690 Lot 9.02

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

Shell only

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.....	6-18-3 ok
PLUMBING.....	APPROVED.....	6-13- Ok shell only
FIRE.....	APPROVED.....	6-17-3 Ok
ELECTRIC.....	APPROVED.....	Shell only 6-26-3 OK
ENGINEERING.....	APPROVED.....	
O.C.SOIL.....	APPROVED.....	
COMMERCIAL OCCUPANCY CARD.....		
C.C. FROM B.T.M.U.A.....		
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.		
AFFORDABLE HOUSING.....	ok	
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.		

3420 Rt. 66
Neptune, NJ 07753
Tel. (732) 922-9884
Fax. (732) 922-2736

Signcraft Corp.

SIGNAD Fax

To: Paul Grosko, Electrical Inspector **From:** Richard Slavin
Co: Township of Brick – Construction Dept. **Pages:** 5
Phone: 732-262-1000 **Date:** April 30, 2003
Fax: 732-262-8954 **Re:** Permit # 02.4372 950 Cedar Bridge Ave.
BLOCK 670 LOT 9.05

☐ **Urgent** ☒ **For Review** ☐ **Please Comment** ☒ **Please Reply** ☐ **Please Recycle**

For your review and file, enclosed are the following permit papers we received regarding the new pylon sign at 950 Cedar Bridge Ave. =

Copy of permit Blue Card that was on site during construction

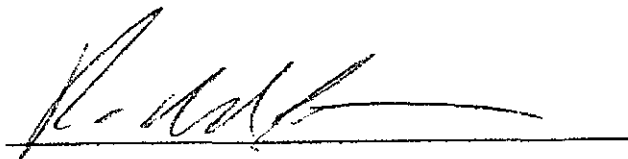
Copy of Building Subcode Technical Section

Copy of Construction Permit

Copy of Electrical Subcode Technical Section

I trust you will find all in order, please call our office if you need additional information!

Cc: David Levy, Paramount Realty Services



BLOCK

670

N.J.A.C. (Uniform Code) 5:23-2.5, Paragraph 5. The approved set of plans must be on the job site at all times. If the plans are not on the site no inspections will be made.

LOT

9.05

APPROVED

This Permit Must Be Displayed Immediately At Start of Construction

APPROVAL OF THESE PLANS BY THE BUILDING INSPECTOR DOES NOT IN ANY WAY ALLOW THE ENCROACHMENT OF ANY BUILDING OR PART THEREOF IN CONNECTION THEREWITH BEYOND THE PROPERTY LINE, NOR IN ANY WAY PERMIT ANY VIOLATION OF THE BUILDING CODE WHETHER SHOWN ON PLANS OR NOT.

Before starting to build read the Building Code.

18th Ventura

Owner

Sign Al

Contractor

PERMIT NO.

024378

DATE APPROVED

11/12/02

CONSTRUCTION OFFICIAL

BRICK TOWNSHIP

FEE PAID

\$159-

THIS PERMIT EXPIRES ONE YEAR FROM ABOVE APPROVED DATE,

OR IF WORK IS SUSPENDED OR ABANDONED FOR A PERIOD OF SIX MONTHS.

INSPECTIONS

PLS CALL

732-262-4627

INSPECTIONS

1. FOOTING

2. FOUNDATION

3. SHEATHING

4. FRAMING

5. INSULATION

6. SHEET ROCK

7. PLUMBING

8. FIRE INSPECTION

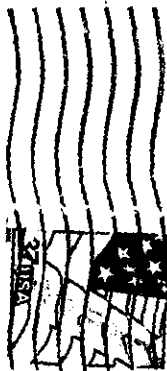
9. FINAL

PLANS MUST BE ON JOB SITE

SignAd

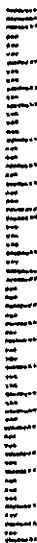
A SIGNCRAFT CORP.

3420 ROUTE 66, NEPTUNE, NJ 07753



Mr. Marcel Renson, Electrical Inspector
Township of Brick - Construction Office
401 Chambers Bridge Road
Brick, N.J. 08723

08723+2232



3420 Rt. 66
Neptune, N.J. 07753
Tel. (732) 922-9884
Fax. (732) 922-2736

SignAd

April 29, 2003

Mr. Marcel Renson, Electrical Inspector
Township of Brick, Construction Offices
401 Chambers Bridge Road
Brick, N.J. 08723

Re: Permit #'s 02.4372 and 02.4379

Dear Mr. Renson,

Listed below for your review and records are the UL Listing Tags applied to the respective signs at the Towne Hall Shoppes, 950 & 960 Cedar Bridge Avenue, Brick. The tags have been relocated on the signs near the on/off disconnect switches so they are visible to you.

950 Cedar Bridge Ave = Block 670 / Lot 9.05 Permit # 02.4372 U/L Tag # 423221

960 Cedar Bridge Ave = Block 670 / Lot 9.02 Permit # 02.4379 U/L Tag # 423222

Please call our office if we can be of additional assistance to you.

Sincerely,



Richard Slavin

Cc: David Levy, Paramount Realty Services

Gregg Sonnenfeld, Sonnenfeld & Trocchia, Architects

4/30/03
above ok
need
access to
and location
of panel
beid rep

32 WRJ EC 40



KOFIELD CONSTRUCTION, LLC.

53 Main Street
HOLMDEL, NEW JERSEY 07733

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

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

LETTER OF TRANSMITTAL

DATE <u>2/24/03</u>	JOB NO.
ATTENTION <u>FRANK MIZER</u>	
RE: <u>Town Hall Shoppes</u>	
<u>Permit # 02-2629 #3</u>	
<u>960 Cedar Bridge</u>	
<u>670 9.02</u>	

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

- ☐ Shop drawings ☐ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

B403-35 C/O
7/16/2003

COPIES	DATE	NO.	DESCRIPTION
<u>1</u>	<u>Jan 23, 2002</u>		<u>SIGNED/SEALED STEEL INSPECTION REPORT</u>

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: Copied SONNENFELD

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



AMERICAN TESTING & TECHNICAL SERVICES INC.

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

Report No: VT-THS-02
Date: January 23, 2002
Day: Thursday

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

The following inspections were performed at the indicated areas.

BOLTS

All connections inspected were in accordance with AISC standards for using A-325 high strength bolted fasteners. Anchor bolts were also inspected and accepted.

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.

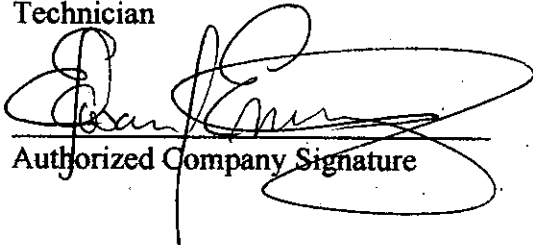
DECKING

Visually inspected the 3/4" spot welds 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

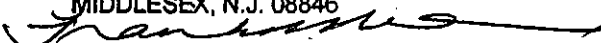


Authorized Company Signature

FRANK R. NORA, P.E.

P.O. BOX 479

MIDDLESEX, N.J. 08846


NJ LICENSE No. 17474

NY LICENSE No. 078755

PA LICENSE No. 058863-E

Authorized P.E.

P.O. BOX 1610 PERTH AMBOY, NEW JERSEY 08862
TEL. 305 477-5131 FAX 305 471 5182

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TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

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Fax: (732) 920-4850
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FAX CORRESPONDENCE

DATE: 9/29/2003

FAX NUMBER (732) 942-3102

ATTENTION: Helen

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MESSAGE @ per your request

1195 Route 70, Suite 2000
Lakewood, N.J. 08701
Phone: 732-886-1500 x 116
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David M. Levy

Fax

To:	Daniel Newman	From:	Helen S. Lasky for David Levy
Fax:	262-8954	Date:	September 19, 2003
Phone:	732-262-1033	Pages:	1
Re:	Fifteenth Venture, LLC	CC:	

☒ **Urgent** ☐ **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

I am looking for the final C.O. for building #3, Block 670, Lot 9.02, 960 Cedar Bridge Avenue.

Please advise.

OK - 2/6/03
PAS 3
CO 7-16-03
03-35