BLOCK 670 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 990 Cedarbridge Ave Brick NJ PERMIT NO. 01-2698

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION Town Hall Shoppes

1. Proposed Work Site at: 990 Cedarbridge Ave.
2. Name of Owner in Fee: 4th Venture LLC Tel. (732) 886-1500 x101
   Address c/o Paramount Realty (street) 1195 Route 70 (municipality) Lakewood (zip code) 08701
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JAS General Contracting Tel. (732) 723 1813
   Address 343 E. Greystone Rd Old Bridge NJ 08857
   License No. OR, if new home, Builder Reg. No. 025100 Exp. Date 7/31/02
   Federal Employee No. 22-35-32 906 FAX: (_____) _____
5. Architect or Engineer N/A Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work Yanush
   Tel. (732) 723-1813 FAX (_____) _____

partial interior demo (combining two units) ✓

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS (office use only)

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

II. PROPOSED WORK

		Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition									
	TOTAL COSTS	1200.00								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

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

B. NON-RESIDENTIAL

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

07/23/01 9:22AM 000000#5579 #01 $50.00
07/23/01 9:22AM 000000#5579 #01 SERV.001 $50.00
#01 BUILDING $50.00
#02 PLUMBING $0.00
CHECK $50.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/23/2001
Control #
Permit # 01-2698

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 670 Lot 9 Qual

Work Site Location 990 CEDAR BRIDGE AVE
PARTIAL INTERIOR DEMO
Owner in Fee TOWN HALL SHOPPES/DIAL ELEC
Address SAME
BRICK, NJ 08723-
Telephone (732)270-5875

Contractor JAS GENERAL CONTRACTING
Address 343 E GREYSTONE
OLDBRIDGE, NJ 08857-
Telephone ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3232906

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
PARTIAL INTERIOR DEMO(REMOVING DIVIDING WALL TO COMBINE TWO UNITS)

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 $ 1,200

Construction Official

07/23/2001
Date

PAYMENTS (Office Use Only)

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/23/2001
Date Issued 07/23/2001
Control #
Permit # 01-2698

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 Qual
Work Site Location 990 CEDAR BRIDGE AVE
PARTIAL INTERIOR DEMO
Owner in Fee TOWN HALL SHOPPES/DIAL ELEC
Address SAME
BRICK, NJ 08723-
Tele.(732)270-5875
Contractor JAS GENERAL CONTRACTING
Address 343 E GREYSTONE
OLDBRIDGE, NJ 08857-
Tele.(__)_____ Fax (__)_____
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3232906

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

PARTIAL INTERIOR DEMO(REMOVING DIVIDING WALL TO COMBINE TWO UNITS)

JOB SUMMARY (Office Use Only)

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

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	50

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 1,200
3. Total (1+2)$ 1,200

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA Training Fee	$ 0

Paid [X] Check # Cash
Collected by: DC

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/23/2001
Date Issued 07/23/2001
Control #
Permit # 01-2698

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

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PARTIAL INTERIOR DEMO

Owner in Fee TOWN HALL SHOPPES/DIAL ELEC

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BRICK, NJ 08723-

Tele.(732)270-5675

Contractor JAS GENERAL CONTRACTING

Address 343 E GREYSTONE
OLDBRIDGE, NJ 08857-

Tele.(___)_____ Fax (___)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3232906

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

PARTIAL INTERIOR DEMO(REMOVING DIVIDING WALL TO COMBINE TWO UNITS)

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed R-3
Constr. Class Present Proposed
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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.
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1. New Bldg. $ 0
2. Alteration $ 1,200
3. Total (1+2)$ 1,200

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[ ] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[X] Demolition	50

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 50
DCA Training Fee	$ 0

Paid [X] Check # Cash
Collected by: DC

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

Applicable to Ordinance 728-92
This form must be Handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

Town Hall Shoppes
990 Cedarbridge Ave. 670 9
Work Site Address Block Lot

4th Venture LLC c/o Paramount Realty / 1195 Route 70 - Lakewood 1500 X 101
Owner's Name, Address, Phone

J.A.S. General Contracting 343 E. Gaylord Rd Old Bridge NJ 08857
Contractor's Name, Address, Phone

Construction _____
Describe type (Single -family home, etc.)

Demolition One interior wall, Metal studs & sheetrock
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material _____

Name, address and phone of party responsible for removal of debris:
J.A.S General Contracting 343 E. Gaylord Rd Old Bridge NJ 08857

Size of dumpster: N/A

Destination of discarded debris: _____

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 990 Cedarbridge Ave. Town Hall Shoppes (Dial Electronics)
Block: 670 Lot: 9
Owner's Name: 4th Venture LLC c/o Paramount Realty Services Inc.
Owner's Mailing Address: 1195 Route 70, Lakewood NJ 08701
Phone: (732) 886-1500 (101)

BUILDING

Contractor: J.A.S. General Contracting
Address: 345 E. Evergreen Rd
Old Bridge NJ 8857
Phone#: 732 723 1013
Lis # 222-742-1426
Federal Emp # or SSN 22-35-32906

Technical Data

Description of Work:

Remove partition wall
Remove Carpet
Spackle + Paint walls

Type of Work

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

Building Characteristics

Use Group Present: Retail Proposed: Retail
No of Stories: 1
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work: 1200.00

Signature:

Please Print Name JANUSZ SYNOWIEC

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	
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:

Signature:

Please Print Name

CONTRACTOR'S SEAL