Called 12/5/90 RJK

BLOCK 670 LOT ~~12/20/22~~ 4/20/22 ADDRESS (SITE) Unit B3 Old Towne Shops PERMIT NO. 4-91

Chiropractic Center

RECEIVED NOV 2 8 1990 BUILDING

COMMERCIAL

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Unit B3 Old Town Shops Brick Twp.
2. Name of Owner in Fee: Provident Nat Bank Tel. ( )
   Address Broad & Chestnut St. Philadelphia PA 19101 (street, municipality, zip code)
3. Ownership in Fee: Public Private ✓
4. Principal Contractor: ~~Mitchell Contracting~~ Tel. (201) 822-2490
   Address ~~6 Sutton Place Florham Park NJ~~
   Charge 1/3/91
   License No. OR, if new home, Builder Reg. No. 22-298-117
   Federal Emp. No. Tall House Construction Social Security No. [redacted]
   PO Box 11322 Trenton N.J. 08620 Tel. (581) 1298
5. Architect or Engineer
   Address
6. Responsible Person In Charge of Work [signature] Tel. (201) 822-2490

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	187.50		
2. Electrical				
3. Plumbing			30—	
4. Fire Protection		61—		
5. Other				
6. Subtotal	$	248.50		
7. Less 20% for State Plan Review		5.00		
8. Subtotal	$			
9. DCA Training Fee				
10. Subtotal	$			
11. Cert. of Occupancy		20.00		
12. Other				
13. TOTAL	$	273.50		

Old Sub Shop B-4

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	15 ft.	
3. Area—Largest Floor	1200 sq. ft.	
4. Building Area—All Floors	sq. ft.	
5. Volume of 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	sq. ft.	
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load		

c/o & fit-up

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	
6. ☐ Fire Protection	
7. ☑ Plumbing	
8. ☑ Electrical	
9. ☐ Asbestos Abatement	
10. ☑ Demolition	
TOTAL COSTS	$25,000

no c/c needed

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
Val	11/28/90				2-5-91 JC		
	11-30-90		11-30-90	JC	2/6/91 JE		
			1-25-90	JAA	3-8-91 JE		TCO for Bldg.
					2-4-91 RK	OK elec.	

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

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

LDS BR 10309629

2.01c

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 Richard J Kuhn Jr Date NOV. 13, 1990

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(✓) Check if contractor.

Agent Name MITCHELL CONTRACTING - PHILIP BONFANTI

Address 6 SUTTON PLACE 42 FRANKLIN ST.

FAIR HAVEN NJ. 07732 TRENTON N.J. 0861

Telephone (201) 842-2490

Signature Philip Bonfanti Date 11-14-90

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☑ Other Zoning	SK	11/28/90	office advt.						
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 4	3-6-91	
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 4	3-11-91 pending Comp. & bldg.	

CERTIFICATE

Date Issued 2-6-91
Control #
Permit # 4-91

IDENTIFICATION

Block 670 Lot 9,20,22
Work Site Location 990 Cedarbridge Ave.

Owner in Fee Provident National Bank
Address Broad St.
Philadelphia, Pal 19101
Tele. ( )
Contractor Tall House Construction
Address P.O. Box 11322
Trenton, NJ 08620
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B **2 hours**
Maximum Live Load
Description of Work/Use:

Office - Chiropractic Center

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than March 6, 19 91 or the owner will be subject to a fine or order to vacate:

Pending compliance with Plumbing.

extend to 3/92 @ C/O

Fee $
Paid [ ] Check No.
Collected by:

Arthur J. Ciesyo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 3-11-91
Control #
Permit # 4-91

IDENTIFICATION

Block 670 Lot 9,20,22
Work Site Location 990 Cedarbridge Ave.

Owner in Fee Provident National Bank
Address Broad St.
Philadelphia, Pa. 19101
Tele. ( )
Contractor Tall House Construction
Address P.O. Box 11322
Trenton, NJ 08620
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:

Office - Chiropractic Center

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ~~XX~~☑ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy. (Pending completion of entire building).

☐ CERTIFICATE OF CONTINUED OCCUPANCY

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

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

extend to 3/92 A&C wp

Arthur J. Cuozzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 1/3/91
Control #
Permit # 4-91

IDENTIFICATION Block 670 Lot 920-922

Work Site Location Town Hall Thorpson
990 Cedar Bridge Tpke

Owner in Fee Assoc. Chiropractic + Medical Dr.
Address Same

Tele. ( )

Contractor Tall House Const
Address P.O. Box 11322
Trenton NJ 08620
Tele. ( )
Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. _____ 4*#
or Social Security No. _____ BLOCK 0.00
670 #

is hereby granted permission to perform the following work:
[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Set-up & C/O

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 25,000

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	187.50 920 #	0.00
Plumbing	BUILDING	17.50
Electrical	FIRE	1.00
Fire Protection	61.00 PLAN REVIEW	5.00
Other	C/O	20.00
Other FIR	5.00 TOTAL	273.50
DCA Training Fee	CHECK	273.50
Cert. of Occ.	NO CHANGE	0.00
Other		
Total 1/07/91	273.50	13:39
Check No.	7669	
Cash		
Collected By:		

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued
Control #
Permit #
Date Permit Issued

Chiropractic Center

IDENTIFICATION Block 670 Lot 920-822

Work Site Location OLD TOWNE SHOPPES

Owner in Fee PROVIDENT BANK

Address MAIN ST
DARBY PA 19101

Tele. (____) _____

Contractor ROBERT E FORD

Address 39 HIGHLAND RD

0001

4##

Tele. (609) 585-4729

Lic. No. or Bldrs. Reg. No. 2585 PLUMBING 30.00

TOTAL 30.00

Federal Emp. No. _____ 0.00

or Social Security No [redacted] 0.00

14:33

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] Other _____

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Additional Fees Plumbing

Estimated Cost of Work $ 1000.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) CHARGE
02/06/91 NO. 5 0008A005

Building	
Plumbing	30 —
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	30 —
Check No.	
Cash	
Collected By:	

U.C.C. Form F-190A

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

PERMIT UPDATE

Date Update Issued 910122
Control #
Permit # 800248
Date Permit Issued 910115

IDENTIFICATION Block 670 Lot 920-922
Work Site Location Cedarbridge Ave Brick
Owner in Fee Town Hall Shoppes
Address Broad & Chestnut Phila, PA.
Tele. ( )

Contractor Jim Adam Elect Const
Address 15 Brighton Dr. Mercerville, N.J 08619
Tele. (609) 587-2506
Lic. No. or Bldrs. Reg. No. 7787
Federal Emp. No. 22-2637502
or Social Security No.

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] Other
[X] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK: 1-25KVA TRANSFORMER
1-70Amp DISCONNECT
(FOR X-RAY EQUIPMENT)

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**
Building
Plumbing
Electrical
Fire Protection
Other
Other
DCA Training Fee
Cert. of Occ.
Other
Total 12.00
Check No. 2654
Cash
Collected By:

U.C.C. Form F-190A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/3/91
Date Issued
Control #
Permit # 4-91

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

Block 670 Lot 920-922
Work Site Location Old Town Site
Owner in Fee Provident National Bank
Address Broad & Chestnut St.
Philadelphia PA. 19101
Tele. ( )
Contractor Mitchell Contracting
Address 6 Sutton Place
Cherry Hill NJ. 08034
Tele. (201) 662-2490
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-258-1111 or Social Security No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Comm. alteration & office set up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	1/4/91	RJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date:		
Approved By:		

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

B. BUILDING CHARACTERISTICS Chiropractic Office

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure 1211.4 Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other Partitions
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

2 Mott Place
Toms River NJ.

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 000248

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

Block 670 Lot 920-922
Work Site Location Town Hall Shoppes
BRICK, NJ RT. 528
Owner in Fee ~~PROVIDENT NAT'L BANK~~ TOWN HALL SHOPPES
Address BROAD + CHESTNUT DR.'S OFFICE
PHILA PA 19101
Tele. ( )
Contractor Jim Adam Elect. Cont.
Address 15 Brighton Dr.
MERCERVILLE, N.J 08619
Tele. (609) 587-2506
Lic. No. 7787
Federal Emp. No. 22-2637502 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2000.—

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 2-4-91
Approved by: B Koehler 24

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	1-17-91/1427		1-25-91	BK 24
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	2-1-91		2-4-91	BK 24

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 2-4-91 DK 24
Line Dept. P.P.

C. CERTIFICATION IN LIEU OF OATH

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
26		Fixtures (1)	
31		Receptacles (2)	
11		Switches (3)	
68		Total 1 + 2 + 3	56
		Range	
		Oven(s)	
		Surface Units	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
1	X	Rooftop Circuit only	

91 JAN 15 PM 12 30

Administrative Surcharge $
Paid [✓] Check # 1317 Minimum Fee $
Collected by: [illegible] TOTAL FEE $ 56

RF

U.C.C. Form F-120A

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

1-17-91 ALL EMPTY STORES LOCKED W/ DOOR WORKING 12:57 PM

2-1-91 (1) 3 pole Bkr used for DP No Listing on Bkr
(2) 2 gang switch in process room not connected
wire hanging in ceiling
(3) Emergency Lite & Exit not wired at front door

2-4-91 Doesn't include Sign or Equipment

COMMERCIAL

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/3/91
Date Issued
Control #
Permit # 4-91

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

Block 620 Lot 920 - 922
Work Site Location Old Town Shops
Owner in Fee Provident National Bank
Address Board & Chestnut St.
Phila PA - 19101
Tele. ( )
Contractor Mitchell Contracting
Address 6 Sutton Place
Fairfield NJ - 07832
Tele. (201) 882-2440
Lic. No.
Federal Emp. No. 22-298-1777 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS Chiropractic Office

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 11-20-90
Approved by: JE

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 2-6-91
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test	1-11-90			JE
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Final			2-6-91	JE
Other				
Other C/A STOP SIGNS 2-5-91				

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 Chiropractic Health

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL Exit Signs Battery Back up		
Smoke Detectors	1	20 —
Heat Detectors		
TOTAL Emergency lites Battery Back up		
Stand Pipes Fire Extinguishers		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER Plan & Insp		40 —

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $ 60 —

U.C.C. Form F-140A

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

2-5-91 CA FMSD 5T818 STORE: INACCESSIBLE

update

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 4-91

See letter - removal of fixtures
(1 - toilet, 2 flr drains, 1 - sink, 1 - grease trap)

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

Block 670 Lot ~~920 922~~ 9, 20 & 22
Work Site Location OLD TOWNE SHOPPES
Rt 528 Brick NJ
Owner in Fee PROVIDENT BANK
Address BROAD ST
PHILA PA 19101
Tele. ( )
Contractor ROBERT E FORD
Address 39 MAITLAND RD.
Tele. (609) 5854724
Lic. No. 2585
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 100000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: _____
Date: _____

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

C. CERTIFICATION IN LIEU OF OATH

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

Robert E Ford
Signature-Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
✓	Active Solar System	
	Other inspection fee	20 —
	Administrative Surcharge	$ 10 —
Paid [ ] Check # _____	Minimum Fee	$
Collected by: _____	TOTAL	$ 30 —

Pd 2 6-91

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

Bldg 2 Unit 4

PLUMBING SUBCODE TECHNICAL SECTION

appeals

Date Received
Date Issued
Control #
Permit # 4-91

See letter - removal of fixtures (1 - toilet, 2 floor drains, 1 - sink, 1 - grease trap)

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

Block 670 Lot 920-922
Work Site Location OLD TOWNE SHOPPES
Rt 528 Brick NJ
Owner in Fee PROVIDENT BANK
Address BROAD ST
PHILA PA 19101
Tele. ( )
Contractor ROBERT E FORD
Address 39 MAITLAND RD.
Tele. (609) 5554724
Lic. No. 2585
Federal Emp. No. _____ or Social Security N [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present ✓ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 10000 00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 3-18-91

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
	CO 7-1-91			

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.

Robert E Ford
Signature-Contractor/Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
✓	Other inspection fee	20 —

Administrative Surcharge $ 10 —
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 30 —

U.C.C. Form F-130A

1 White = Inspector Copy
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4 Gold = Applicant Copy

2-1-91 not ready for test

needs backflow preventer

ASSOCIATED CHIROPRACTIC & MEDICAL GROUP, P.C.

RICHARD J. HERBERT, D.C.
CHIROPRACTIC DIRECTOR

* CHIROPRACTIC * CLINICAL PSYCHOLOGY
FAMILY PRACTICE * PHYSICAL MEDICINE
* DIAGNOSTICS

APPOINTMENTS
(908) 920-5400
TOWN HALL SHOPPES
990 CEDAR BR. AVE. #B-4
BRICK, NJ 08723

EMERGENCY PAGER
1-800-666-2532
OPER. #611-0460

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 05723

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 262

CHECK LIST

(Brick Blvd.)

RE: Block 670 Lot 920-922 Address UNIT B3 OLD TOWN SHOPS.

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building CONTRACTOR SIGNATURE. N.G. ON PHONE. RJK

Plumbing _____

Electric _____

Fire _____

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

_____

Arthur J. Cierzo,
Construction Official

Date _____

DEAR MR KOKOWSKI,

I HAVE ENCLOSED THE BUILDING, ELECTRICAL & FIRE PERMITS FOR YOUR REVIEW. THE JOB WILL NOT ENTAIL ANY PLUMBING WHAT SO EVER. THE BLUE PRINTS WERE DRAWN BY DR RICHARD HERBERT AND SIGNED BY HIM. I BELIEVE I HAVE ALL THE PAPER WORK PROPERLY FILLED OUT, IF NOT PLEASE CALL ME.

THANKS

MITCHELL CONTRACTING

JIM MITCHELL

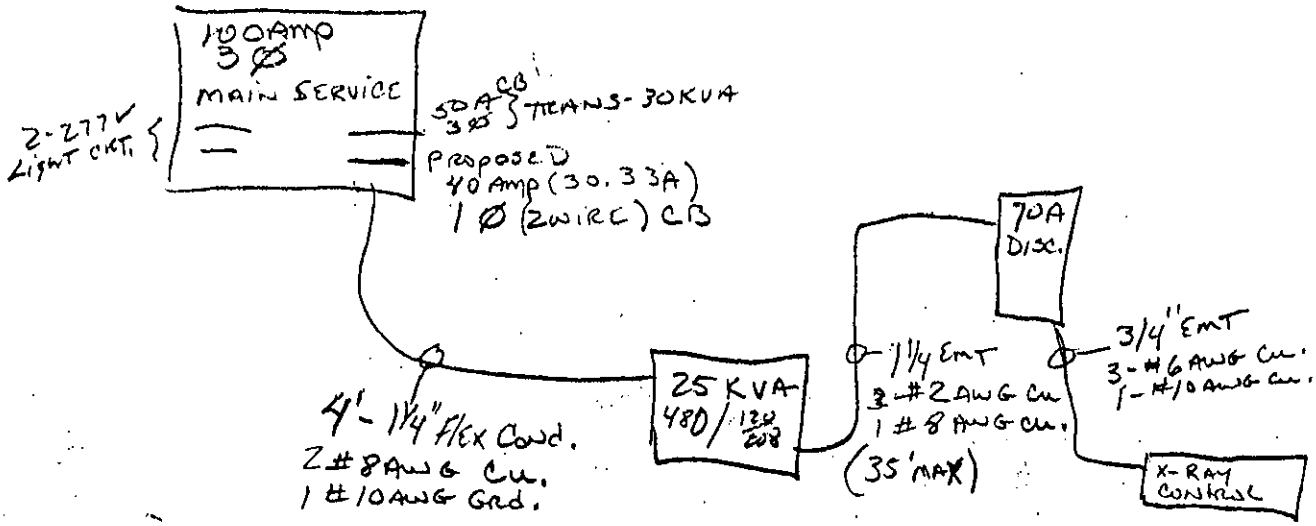
201-822-2490

Block 670 Lot 920-922
Old Towne Shop - Rte 528 - Brick, NJ

I am going to remove one water closet and plug same.

I am going to cap off two floor drains, one sink line 1½" and one grease trap 3".

Robert E. Ford



37 Ø @ 180 VA = 6,660 VA

1 Ø @ 11A x 120V. = 1,320 VA

1 A/C @ 30A 3Ø 208V = 6,240 VA (÷ 1.732 = 3,602.77 VA)

14,222 VA (208)(1.732) = **39.47** AMP COMPUTED LOAD ON EXISTING TRANS

POWER PANEL (TRANS)

40 AMPS (SEC) = 17.33 (PRI)

X-RAY TRANS

70 AMP (SEC) = 30.33 (PRI)

47.66 (TOT) (1.732) = 27.52

Block 670 Lot 920-922
Old Towne Shop - Rte 528 - Brick, NJ

I am going to remove one water closet and plug same.

I am going to cap off two floor drains, one sink line 1½" and one grease trap 3".

Robert E. Ford

TALL-HOUSE
CONSTRUCTION

Residential - Commercial

WILLIAM HILLMAN
President

P.O. Box 11322, Trenton, NJ 08620

Office:	(609) 581-1298
Fax:	(609) 585-4101
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Lines Open 24 Hours