

464
BLOCK 670 LOT 9-14-20-21-26 ADDRESS (SITE) 990 CEARSKRIDGE UNIT 8-11 & 8-12 PERMIT NO. 2255-93
called 9/24/93 AA



CONSTRUCTION PERMIT APPLICATION

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

UNIT 8-11 & 8-12

I. IDENTIFICATION

1. Proposed Work-site at: 990 CEARSKRIDGE RD (TOWN HALL SHOPS)

2. Name of Owner in Fee: PNC. REACT CO/65 LTD. Tel. () 780-8888

Address 65 W. MAIN ST. FREEHOLD N.J. zip code

3. Ownership in Fee: Public X Private X

4. Principal Contractor: H-T CONTRACTING CO Tel. () 840-3645

Address 427 16th AVE BRIDGE, N.J. Tel. () 08724

License No. OR, if new home, Builder Reg. No. 22-2942110 Exp. Date

Federal Emp. No. 22-2942110 Social Security No.

5. Architect or Engineer HEMS ARCHIT Tel. ()

Address HEMS ARCHIT Tel. () 840-3645

6. Responsible Person In Charge of Work HEMS ARCHIT Tel. () 840-3645

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	<u>15,000</u>
6. ☐ Fire Protection	
7. ☒ Plumbing	<u>1,500</u>
8. ☒ Electrical	<u>5,000</u>
9. ☐ Asbestos Abatement	
10. ☒ Demolition	<u>1,000</u>
TOTAL COSTS	<u>17,500</u>

beauty supply store / tenant

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

V. FEE SUMMARY (for office use only)

	Update	Update
1. Building	\$ 135	
2. Electrical	\$ 20	
3. Plumbing	\$ 46	
4. Fire Protection		
5. Other		
6. Subtotal	\$ 201	
7. Less 20% for State Plan Review	\$ 5	
8. Subtotal	\$ 196	
9. DCA Training Fee	\$ 14	
10. Subtotal	\$ 210	
11. Cert. of Occupancy	\$ 20	
12. Other		
13. TOTAL	\$ 240	\$ 240

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 1

2. Height of Structure 10 ft.

3. Area—Largest Floor 10 sq. ft.

4. Building Area—All Floors 10 sq. ft.

5. Volume of Structure 10 cu. ft.

6. Construction Classification 10

7. Total Land Area Disturbed 10 sq. ft.

8. Flood Hazard Zone 10 ft.

9. Base Flood Elevation 10 ft.

10. Wetlands 10 sq. ft.

11. Fire Grading 10 no

12. Max. Live Load 10

13. Max. Occupancy Load 10

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: 10

Before Construction 10

After Construction 10

Net gain or loss 10

B. NON-RESIDENTIAL

1. State Specific Use: Beauty Supply Store

2. Use Group: 10

3. Change in Use Group: 10

Indicate Former: 10

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 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.

(X) Check if contractor.

Agent Name HERB ABRECHT T.A. H&J CONTRACTING CO.

Address 427 16th AVE BRICK, N.J. 08724

Telephone () 840-3645

Signature [Signature] Date 9/8/93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL	
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date
☐ Planning Board								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☒ Other <i>zoning</i>	<i>SK</i>	<i>9/9/93</i>	<i>beachy state</i>					
☐								
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT

9-4-93

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 EXPIRED

☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____
☐ Continued Certificate of Occupancy	No. _____	_____
☐ Certificate of Occupancy	No. _____	_____
☐ Certificate of Approval	No. _____	_____
☐ None		



CERTIFICATE

Date Issued 10-18-93
Control #
Permit # 2255-93

IDENTIFICATION

Block 670 Lot 12
Work Site Location 990 Cedarbridge Ave.
Owner in Fee P.N.C. Realty Co., GB LTD.
Address 63 W. Main St.
Freehold, NJ
Tele. ()
Contractor H & J Contracting, Co.
Address 427-16th Ave.
Brick, NJ
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:

Tenant fit-up "EMIKIANI INTERNATIONAL"
Units 11B and 12B

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

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 APPROVAL

☐ 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:

Fee \$
Paid [] Check No.
Collected by:

CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

9-24-93

2255-93

IDENTIFICATION Block

469 2 670

Lot

12 / 9-19-21-926

Work Site Location

99, 100, 101, 102, 103, 104, 105, 106, 107, 108, 109, 110, 111, 112, 113, 114, 115, 116, 117, 118, 119, 120, 121, 122, 123, 124, 125, 126, 127, 128, 129, 130, 131, 132, 133, 134, 135, 136, 137, 138, 139, 140, 141, 142, 143, 144, 145, 146, 147, 148, 149, 150, 151, 152, 153, 154, 155, 156, 157, 158, 159, 160, 161, 162, 163, 164, 165, 166, 167, 168, 169, 170, 171, 172, 173, 174, 175, 176, 177, 178, 179, 180, 181, 182, 183, 184, 185, 186, 187, 188, 189, 190, 191, 192, 193, 194, 195, 196, 197, 198, 199, 200, 201, 202, 203, 204, 205, 206, 207, 208, 209, 210, 211, 212, 213, 214, 215, 216, 217, 218, 219, 220, 221, 222, 223, 224, 225, 226, 227, 228, 229, 230, 231, 232, 233, 234, 235, 236, 237, 238, 239, 240, 241, 242, 243, 244, 245, 246, 247, 248, 249, 250, 251, 252, 253, 254, 255, 256, 257, 258, 259, 260, 261, 262, 263, 264, 265, 266, 267, 268, 269, 270, 271, 272, 273, 274, 275, 276, 277, 278, 279, 280, 281, 282, 283, 284, 285, 286, 287, 288, 289, 290, 291, 292, 293, 294, 295, 296, 297, 298, 299, 300, 301, 302, 303, 304, 305, 306, 307, 308, 309, 310, 311, 312, 313, 314, 315, 316, 317, 318, 319, 320, 321, 322, 323, 324, 325, 326, 327, 328, 329, 330, 331, 332, 333, 334, 335, 336, 337, 338, 339, 340, 341, 342, 343, 344, 345, 346, 347, 348, 349, 350, 351, 352, 353, 354, 355, 356, 357, 358, 359, 360, 361, 362, 363, 364, 365, 366, 367, 368, 369, 370, 371, 372, 373, 374, 375, 376, 377, 378, 379, 380, 381, 382, 383, 384, 385, 386, 387, 388, 389, 390, 391, 392, 393, 394, 395, 396, 397, 398, 399, 400, 401, 402, 403, 404, 405, 406, 407, 408, 409, 410, 411, 412, 413, 414, 415, 416, 417, 418, 419, 420, 421, 422, 423, 424, 425, 426, 427, 428, 429, 430, 431, 432, 433, 434, 435, 436, 437, 438, 439, 440, 441, 442, 443, 444, 445, 446, 447, 448, 449, 450, 451, 452, 453, 454, 455, 456, 457, 458, 459, 460, 461, 462, 463, 464, 465, 466, 467, 468, 469, 470, 471, 472, 473, 474, 475, 476, 477, 478, 479, 480, 481, 482, 483, 484, 485, 486, 487, 488, 489, 490, 491, 492, 493, 494, 495, 496, 497, 498, 499, 500, 501, 502, 503, 504, 505, 506, 507, 508, 509, 510, 511, 512, 513, 514, 515, 516, 517, 518, 519, 520, 521, 522, 523, 524, 525, 526, 527, 528, 529, 530, 531, 532, 533, 534, 535, 536, 537, 538, 539, 540, 541, 542, 543, 544, 545, 546, 547, 548, 549, 550, 551, 552, 553, 554, 555, 556, 557, 558, 559, 560, 561, 562, 563, 564, 565, 566, 567, 568, 569, 570, 571, 572, 573, 574, 575, 576, 577, 578, 579, 580, 581, 582, 583, 584, 585, 586, 587, 588, 589, 590, 591, 592, 593, 594, 595, 596, 597, 598, 599, 600, 601, 602, 603, 604, 605, 606, 607, 608, 609, 610, 611, 612, 613, 614, 615, 616, 617, 618, 619, 620, 621, 622, 623, 624, 625, 626, 627, 628, 629, 630, 631, 632, 633, 634, 635, 636, 637, 638, 639, 640, 641, 642, 643, 644, 645, 646, 647, 648, 649, 650, 651, 652, 653, 654, 655, 656, 657, 658, 659, 660, 661, 662, 663, 664, 665, 666, 667, 668, 669, 670, 671, 672, 673, 674, 675, 676, 677, 678, 679, 680, 681, 682, 683, 684, 685, 686, 687, 688, 689, 690, 691, 692, 693, 694, 695, 696, 697, 698, 699, 700, 701, 702, 703, 704, 705, 706, 707, 708, 709, 710, 711, 712, 713, 714, 715, 716, 717, 718, 719, 720, 721, 722, 723, 724, 725, 726, 727, 728, 729, 730, 731, 732, 733, 734, 735, 736, 737, 738, 739, 740, 741, 742, 743, 744, 745, 746, 747, 748, 749, 750, 751, 752, 753, 754, 755, 756, 757, 758, 759, 760, 761, 762, 763, 764, 765, 766, 767, 768, 769, 770, 771, 772, 773, 774, 775, 776, 777, 778, 779, 780, 781, 782, 783, 784, 785, 786, 787, 788, 789, 790, 791, 792, 793, 794, 795, 796, 797, 798, 799, 800, 801, 802, 803, 804, 805, 806, 807, 808, 809, 810, 811, 812, 813, 814, 815, 816, 817, 818, 819, 820, 821, 822, 823, 824, 825, 826, 827, 828, 829, 830, 831, 832, 833, 834, 835, 836, 837, 838, 839, 840, 841, 842, 843, 844, 845, 846, 847, 848, 849, 850, 851, 852, 853, 854, 855, 856, 857, 858, 859, 860, 861, 862, 863, 864, 865, 866, 867, 868, 869, 870, 871, 872, 873, 874, 875, 876, 877, 878, 879, 880, 881, 882, 883, 884, 885, 886, 887, 888, 889, 890, 891, 892, 893, 894, 895, 896, 897, 898, 899, 900, 901, 902, 903, 904, 905, 906, 907, 908, 909, 910, 911, 912, 913, 914, 915, 916, 917, 918, 919, 920, 921, 922, 923, 924, 925, 926, 927, 928, 929, 930, 931, 932, 933, 934, 935, 936, 937, 938, 939, 940, 941, 942, 943, 944, 945, 946, 947, 948, 949, 950, 951, 952, 953, 954, 955, 956, 957, 958, 959, 960, 961, 962, 963, 964, 965, 966, 967, 968, 969, 970, 971, 972, 973, 974, 975, 976, 977, 978, 979, 980, 981, 982, 983, 984, 985, 986, 987, 988, 989, 990, 991, 992, 993, 994, 995, 996, 997, 998, 999, 1000

Owner in Fee

PNC Bank Corp. Ltd

Address

123 N. Main St.

Tele. ()

Contractor

H. J. Construction

Address

437 16th Ave

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

☒ BUILDING☒ PLUMBING☐ OTHER☐ ELECTRICAL☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant Fit-Up

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 \$

17,500

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building

135-

Plumbing

20-

0005

Electrical

2255#

Fire Protection

46 BLOCK

Other

PIR 5-

469-670 #

Other

LOT

DCA Training Fee

14-

12.9.19.21

Cert. of Occ.

20-

21.26 #

Other

BUILDING

135.00

Total

240 PLUMBING

21.00

Check No.

264 FIRE

46.00

Cash

PLAN RWL

5.00

Collected By:

J. K.



PERMIT UPDATE

Date Update Issued 10/20/93
Control #
Permit # 2255-93
Date Permit Issued 9-24-93

IDENTIFICATION Block 670 Lot 12
Work Site Location 990 Calabridge Ave Contractor H & J Carter
Address _____
Owner in Fee DAC Realty Co.
Address 63 W. Main St.
Freeport, NJ
Tele. (____) _____
Tele. (____) _____
Lic. No. or Bldrs. Reg. No. _____ BLOCK _____ 0.00
Federal Emp. No. _____ STD # _____
or Social Security No. _____ LOT _____ 0.00

Is hereby granted permission to perform the following work:

☐ BUILDING ☒ PLUMBING ☐ Other _____
☐ ELECTRICAL ☐ FIRE PROTECTION

DESCRIPTION OF WORK:

Add'l. Plb. for

Estimated Cost of Work \$ _____

A. J. Carter
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 12 #		
Building	PLUMBING	0.00
Plumbing	<u>10.-</u> TOTAL	0.00
Electrical	CASH	0.00
Fire Protection	CHANGE	0.00
Other	<u>10/20/93</u> NO. <u>5</u> 0016A005	3:30
Other	_____	
DCA Training Fee	_____	
Cert. of Occ.	_____	
Other	_____	
Total	<u>10.-</u>	
Check No.	_____	
Cash	☒	
Collected By:	<u>LS</u>	

NOTE: TENANT FIT-UP IN
EXISTING SHOPPING CENTER,
FOR RETAIL BEAUTY SUPPLY
STORE.



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued 9-24-93
Control #
Permit # 2255-93

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

Block 6790 Lot 9-19-20-21-26
Work Site Location UNIT 8-11 + 8-12 CEDARBAIRN AVE. (TRUCK HALL SHOPS)
Owner in Fee 683 W. MAIN ST.
Address KNEELAND, VT.
Tele: () 780-8888
Contractor H.T. CONTRACTING CO.
Address 427 16th AVE
BAILEY VT. 08724
Tele: () 888 840-3645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-24210 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 [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT-UP FOR
RETAIL BEAUTY SUPPLY PER ATTACHED
DRAWINGS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☒ No Plans Req.	9/20/93	[Signature]	Type: Roofing				
☐ All			Foundation				
☐ Footing			Slab				
☐ Foundation			Frame				
☐ Other			Insulation				
Joint Plan Review Required:				Finishes:			
☐ Elec.	☐ Plumb.	☐ Fire	Energy				
SUBCODE APPROVAL				Mechanical			
☐ CO	☐ CCO	☐ CA	TCO				
Date: 9/24/93			Other				
Approved By: [Signature]			Final				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure 2.886 Ft.
Area—Largest Floor 2,886 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 15,000
2. Alteration \$ 15,000
3. Total (1+2) \$ 15,000

TYPE OF WORK:	(Office Use Only)
☐ New Building	\$
☐ Addition	\$
☐ Alteration	\$
☐ Roofing	\$
☐ Siding	\$
☐ Other	\$
☐ Demolition	\$
☐ Miscellaneous	\$
☐ Fence	Height
☐ Sign	Sq. Ft.
☐ Pool	\$
☐ Elevator	\$
☐ Asbestos Abatement	\$
☐ Other	\$

Administrative Surcharge	Minimum Fee	TOTAL FEE
Paid ☐ Check #	\$	\$
Collected by: TOTAL FEE	\$	\$

NOTE: TENANT FT-UP IN
EXISTING SHOPPING CENTER,
FOR RETAIL BEAUTY SUPPLY
STORE.



BUILDING
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued 9-24-93
Control #
Permit # 2255-93

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

Block 6790 Lot 9-19-20-21-26
Work Site Location 6790 CEDAR BRIDGE AVE (TOWN HALL SHOPS)
Owner in Fee 68. LTD.
Address 63 W. MAIN ST.
KANEHOLE, VT.
Tele. () 780-8888
Contractor H.T. CONTRACTING CO.
Address 427 16th AVE
BAILL N.T. 08724
Tel. () 780-8888 840-5645
Lic. No. or Bids. Reg. No.
Federal Emp. No. 22-2442110 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 [Signature]

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FT-UP FOR
RETAIL BEAUTY SUPPLY OVER ATTACHED
DRAINAGE.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☒ No Plans Req.	9/20/93	[Signature]	Type: Footing				
☐ All			Footing				
☐ Footing			Foundation				
☐ Foundation			Slab				
☐ Frame			Frame				
☐ Other			Insulation				
Joint Plan Review Required:			Finishes:				
☐ Elec. ☐ Plumb. ☐ Fire			Energy				
SUBCODE APPROVAL			Mechanical				
☐ CO ☐ CCO ☐ CA			TCO				
Date:			Other:				
Approved By:			Final:				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure 2,886 Ft.
Area—Largest Floor 2,886 Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. \$ 15,000
2. Alteration \$
3. Total (1+2) \$ 15,000

TYPE OF WORK:

	(Office Use Only)
☐ New Building	\$
☐ Addition	\$
☐ Alteration	\$
☐ Roofing	\$
☐ Siding	\$
☐ Other	\$
☐ Demolition	\$
☐ Miscellaneous	\$
☐ Fence	Height
☐ Sign	Sq. Ft.
☐ Pool	
☐ Elevator	
☐ Asbestos Abatement	
☐ Other	

Administrative Surcharge \$
Paid ☐ Check # Minimum Fee \$
Collected by: TOTAL FEE \$

TOWN HALL SHOPPERS

WILL CALL



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

SEP 17 1993 11 19 68

Brick

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

Block 670 990 CEDAR BROOK RD Lot 9-19-20-21-26

Work Site Location TOWN HALL SHOPPERS UNIT 8-11 & 8-12

Owner in Fee 68 N. MAIN ST.

Address FREEDMAN AVE.

Tele. () 780-8888

Contractor STATE-WIDE Electric INC.

Address 50 CORTIS AVE.

Tele. () 908-528-6459

Lic. No. 9390

Federal Emp. No. 22-3027941 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set

☐ Pole/Pad # _____ ☐ Temporary ☐ Other tenant fit-up

Building Occupied as Store Front Utility Co. _____

Est. Cost of Elec. Work \$ 3300.00

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. _____

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
40		Fixtures (1)	
27		Receptacles (2)	
4		Switches (3)	
71		Total 1 + 2 + 3	44-
		Range	
		Oven(s)	
		Surface Unit	
		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	
		Other	

Administrative Surcharge \$ 4.00

Paid ☐ Check # 2632 Minimum Fee \$ 44.00

Collected by: RF TOTAL FEE \$ 48.00

9.29.57 (1) Needs Plaque indicating 2 Service & location in same store
(2) Same Show Window Plaque

1. STERN 1937 1938 1939 1940 1941 1942 1943 1944 1945 1946 1947 1948 1949 1950 1951 1952 1953 1954 1955 1956 1957 1958 1959 1960 1961 1962 1963 1964 1965 1966 1967 1968 1969 1970 1971 1972 1973 1974 1975 1976 1977 1978 1979 1980 1981 1982 1983 1984 1985 1986 1987 1988 1989 1990 1991 1992 1993 1994 1995 1996 1997 1998 1999 2000 2001 2002 2003 2004 2005 2006 2007 2008 2009 2010 2011 2012 2013 2014 2015 2016 2017 2018 2019 2020 2021 2022 2023 2024 2025 2026 2027 2028 2029 2030 2031 2032 2033 2034 2035 2036 2037 2038 2039 2040 2041 2042 2043 2044 2045 2046 2047 2048 2049 2050 2051 2052 2053 2054 2055 2056 2057 2058 2059 2060 2061 2062 2063 2064 2065 2066 2067 2068 2069 2070 2071 2072 2073 2074 2075 2076 2077 2078 2079 2080 2081 2082 2083 2084 2085 2086 2087 2088 2089 2090 2091 2092 2093 2094 2095 2096 2097 2098 2099 2100 2101 2102 2103 2104 2105 2106 2107 2108 2109 2110 2111 2112 2113 2114 2115 2116 2117 2118 2119 2120 2121 2122 2123 2124 2125 2126 2127 2128 2129 2130 2131 2132 2133 2134 2135 2136 2137 2138 2139 2140 2141 2142 2143 2144 2145 2146 2147 2148 2149 2150 2151 2152 2153 2154 2155 2156 2157 2158 2159 2160 2161 2162 2163 2164 2165 2166 2167 2168 2169 2170 2171 2172 2173 2174 2175 2176 2177 2178 2179 2180 2181 2182 2183 2184 2185 2186 2187 2188 2189 2190 2191 2192 2193 2194 2195 2196 2197 2198 2199 2200 2201 2202 2203 2204 2205 2206 2207 2208 2209 2210 2211 2212 2213 2214 2215 2216 2217 2218 2219 2220 2221 2222 2223 2224 2225 2226 2227 2228 2229 2230 2231 2232 2233 2234 2235 2236 2237 2238 2239 2240 2241 2242 2243 2244 2245 2246 2247 2248 2249 2250 2251 2252 2253 2254 2255 2256 2257 2258 2259 2260 2261 2262 2263 2264 2265 2266 2267 2268 2269 2270 2271 2272 2273 2274 2275 2276 2277 2278 2279 2280 2281 2282 2283 2284 2285 2286 2287 2288 2289 2290 2291 2292 2293 2294 2295 2296 2297 2298 2299 2300 2301 2302 2303 2304 2305 2306 2307 2308 2309 2310 2311 2312 2313 2314 2315 2316 2317 2318 2319 2320 2321 2322 2323 2324 2325 2326 2327 2328 2329 2330 2331 2332 2333 2334 2335 2336 2337 2338 2339 2340 2341 2342 2343 2344 <

500

100

THIRD HALL SHOPS

WILL CALL



ELECTRICAL
SUBCODE
TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

SEP 17 93 01 19 68

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

Block 620 Lot 9-19-20-21-26
Work Site Location 940 CEDARBRIDGE RD
TOWN HALL SHOPS UNIT B-11 & B-12
Owner in Fee 620 D. M. LTD
Address FRANKLIN AV.
Tele. () 780-8888
Contractor STATE-WIDE ELECTRIC TOLL
Address 50 CORTIS AVE.
MASSACHUSETTS A.S. 08736
Tele. (908) 528-6659
Etc. No. 9390
Federal Emp. No. 23-3027941 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

☐ Reinspection ☐ Resale ☐ Meter Set
☐ Pole/Pad # _____ ☐ Temporary ☐ Other Small fit. app
Building Occupied as Store front Utility Co. _____
Est. Cost of Elec. Work \$ 5300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Rough	_____
☐ Bldg. ☐ Plumb. ☐ Fire	Temporary	_____
☐ Elec. Plans Approved	Constr. Serv.	_____
Date: _____	TCO	_____
Approved by: _____	Other	_____
	Service	_____
	Final	_____
SUBCODE APPROVAL:	Temp. Cut-in-Card Date Issued	_____
☐ CO ☐ CCO ☐ CA	Final Cut-in-Card Date Issued	_____
Date: _____	Line Dept.	_____
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.

☒ Licensed Electrical Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
<u>40</u>		Fixtures (1)
<u>27</u>		Receptacles (2)
<u>4</u>		Switches (3)
<u>71</u>		Total 1 + 2 + 3
		Range
		Oven(s)
		Surface Unit
		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
		Other

FEE (Office Use Only)

Administrative Surcharge \$ 4.00
Paid ☐ Check # 9632 Minimum Fee \$ 44.00
Collected by: _____ TOTAL FEE \$ 48.00

RF

pd by 405 (Cenar)
427 427 427

NOTE: TENANT FIT-UP WORK
EXISTING SPRINKLER SYSTEM



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued 9-24-93
Control # _____
Permit # 2255-93

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

Block 104 Lot 9-19-20-21-26
Work Site Location 990 CEDARHURST AVE
(TOWN HALL SHOPS) UNIT 18-11 & 18-12
Owner in Fee G.B. LTD.
Address 63 W. MAIN ST.
FREEHOLD, NJ.
Tele. () 780-8888
Contractor HJT CONTRACTING
Address 427 16th AVE
BRIDGE, NJ. 08724
Tele. () 840-3645
Lic. No. _____
Federal Emp. No. 22-2942110 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. Class. _____ Present _____ Proposed _____
Heating Systems () New (X) Existing
Type: (X) Gas () Oil () Electrical () Solar
() Other _____
Location: _____
Total Est. Cost of Fire Prot. Work \$ _____ () Other _____

See Note
Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)		
		Type:	Failure	Failure	Approval	Initial
() No Plans Required		Suppression Test				
Joint Plan Review Required:		Fire Alarm Test				
() Bldg. () Plumb.		Smoke Test				
() Elec. () Elevator		Mechanical				
(X) Fire Plans Approved		TCO				
Date: 9/23/93		Other				
Approved by: [Signature]		Other				
SUBCODE APPROVAL:		Other				
(X) CO () CCO ()		Other				
Date: 10/1/93		Other				
Approved by: [Signature]		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]
SIGNATURE

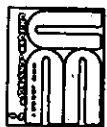
D. TECHNICAL SITE DATA

Description of Work	Number	Fuel
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

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____
Smoke Detectors _____
Heat Detectors _____
TOTAL _____
Kitchen Hood Exhaust Systems _____
Stand Pipes _____
Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____
Gas or Oil Fired Appliance _____
OTHER _____

Collected by:	Administrative Surcharge	Minimum Fee	DCA Training Fee	TOTAL FEE
[Signature]	\$	\$	\$	\$

NOTE: TENANT AT-UP WORK
EXISTING SPRINKLER SYSTEM



FIRE PROTECTION
SUBCODE
TECHNICAL SECTION



Date Received: 5-5-93
Date Issued: 9-24-93
Control #: 112111
Permit #: 2255-93

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

Block: 469
Work Site Location: 670 990 CEDARBRIDGE AVE
(TOWN HALL SHOPS) UNIT B-11, B-12
Owner In Fee: 6.3 U. MAINT ST.
Address: 6.3 U. MAINT ST.
Tel. () 780-8888
Contractor: HJT CONTRACTORS
Address: 427 16th AVE
BAIR, NJ. 08724
Tele. () 840-3645
Lic. No. _____
Federal Emp. No. 22-2942110 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
[] No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Suppression Test	
[] Bldg. [] Plumb.	Fire Alarm Test	
[] Elec. [] Elevator	Smoke Test	
[X] Fire Plans Approved	Mechanical	
Date: 9/23/93	TCO	
Approved by: [Signature]	Other	
SUBCODE APPROVAL:	Other	
[] CO [] CCO [] CA	Other	
Date: _____	Other	
Approved by: _____	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]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work	Number	FEE (Office Use Only)
Water Supply Source		
Method of Valve Supervision		
Local Alarm Supervision		
Central Supervision		
Proprietary Supervision		
Flammable Liquid Storage Tanks	46	
Combustible Liquid Storage Tanks		
L.P.G. Storage Tanks	201	
L.N.G. Storage Tanks		
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
MK's Surv on Sprinkler	340	
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO ₂ Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

9-24-93
12255-93

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

Block 670 Lot 9-19-20-21-26
Work Site Location 8-11 & 8-12 12 990 DEARBORN RD. STAD HALL SHOPS
Owner in Fee G.B. LTD.
Address 63 W. MAIN ST.
Tele. () 780-8888 PROHARD, N.J.
Contractor ROBERT SUBCODE
Address 3442 E. THISTLE AVE 7045 AVENUE
Tele. () 270 3777
Lic. No. AV 3595
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Stack Proposed 1
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work \$ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
Type:		Failure		Approval	
☐ No Plans Required					
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire					
☐ Plumb. Plans Approved					
Date: <u>9-15-93</u>					
Approved by: <u>gkr</u>					
SUBCODE APPROVAL:					
☐ CO ☐ CCO ☐ CA ☐ JCS					
Approved by: <u>gkr</u>					
Date: <u>9/30/93</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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5-
	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	10-

Administrative Surcharge \$
Paid ☐ Check # Minimum Fee \$
Collected by: TOTAL \$

U.C.C. Form F-130A

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

H.W.H. \$10.00 (addition fee)
Main Sunk

5.00 Hot water

5.00 Laundry

\$10.00 Additions



**PLUMBING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

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

Block 670 Lot 9-19-20-21-26
Work Site Location 990 GEORGETOWN RD. (TOWN HALL SHOPPING CENTER)
Unit 8-11 & 8-12

Owner in Fee G.B. LTD.
Address 63 W. MAIN ST. GREENHOLD, N.J.
Tele. () 780-8888
Contractor ROBERT S. SWEENEY
Address 3442 E. THISTLE AVE. THYS PARK
Tele. () 270-3777
Lic. No. AV 3595
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

Use Group Present SPRINK Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work \$ 1500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:		INSPECTIONS:		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire	Rough				
☐ Plumb. Plans Approved	Water				
Date: <u>9-15-93</u>	Sewer				
Approved by: <u>gsk</u>	Fixtures				
	Gas Equipment				
	Gas Final				
	Solar				
	TCO				

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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Signature-Contractor Seal

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5.-
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	5.-
	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	
	Greasetrapp	
	Water Cooled A/C	
	or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.-

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ TOTAL \$ 20.-

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723



Carolyn L. Patetta, Mayor

Township Council:
Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorino
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1005

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: Block 670 , Lot 9

DATE: September 10, 1993

☒ **XX**

Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is \$ <15,000.

Preliminary


Frederick R. Millman, CTA

Date

☐

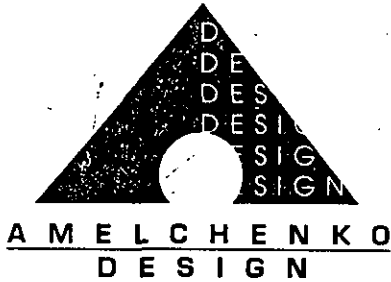
Please review the attached application for a **Final** Certificate of Occupancy/Approval.

The final equalized added assessment for construction at the above site is \$ _____.

Final

Frederick R. Millman, CTA

Date



RECEIVED
SEP 27 1993
DIV. OF INSPECTION

September 21, 1993

Mr. Arthur Cierzo
Construction Official
Brick Township Building Department
401 Chambersbridge Road
Brick Township, NJ 08723

RE: Unit B-11 Tenant Improvements
Town Hall Shopping Center
Brick Boulevard and Cedarbridge Avenue
Brick, NJ

Dear Mr. Cierzo:

Enclosed are two signed and sealed copies of our proposed layout for the barrier-free toilet room in the above tenant space.

This layout has been designed in conjunction with NJUCC Section 7 (figures 7.55b, 7.55c, 7.55d, 7.58a and 7.58b attached).

If you have any questions regarding the above, please do not hesitate to contact me at (908)-974-0406.

Very truly yours,

Mark A. Fessler, RA
Amelchenko Design Inc.

MAF/rma
Enc.

9/28-1/93

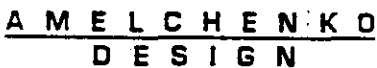


Figure 7.58b
Lavatory

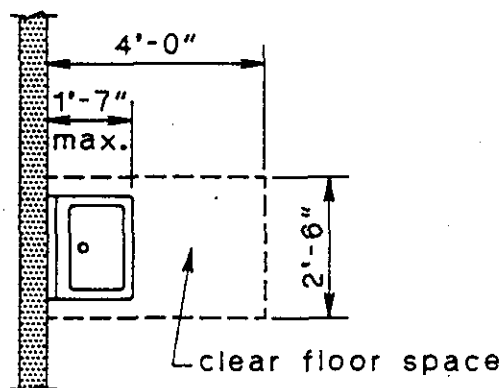


Figure 7.55c
Rear Wall Elevation

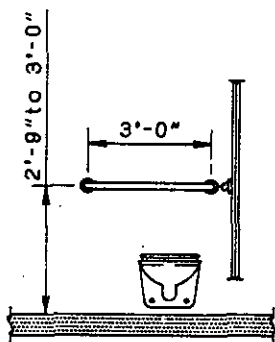


Figure 7.55d
Side Wall

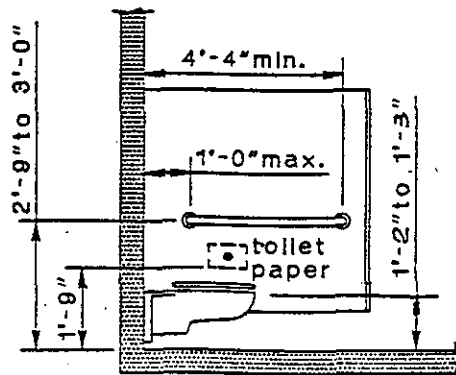


Figure 7.58a
Lavatory

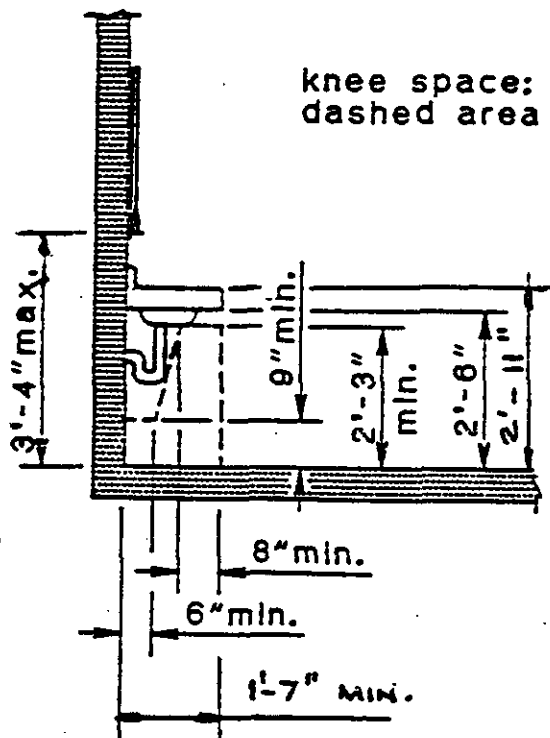
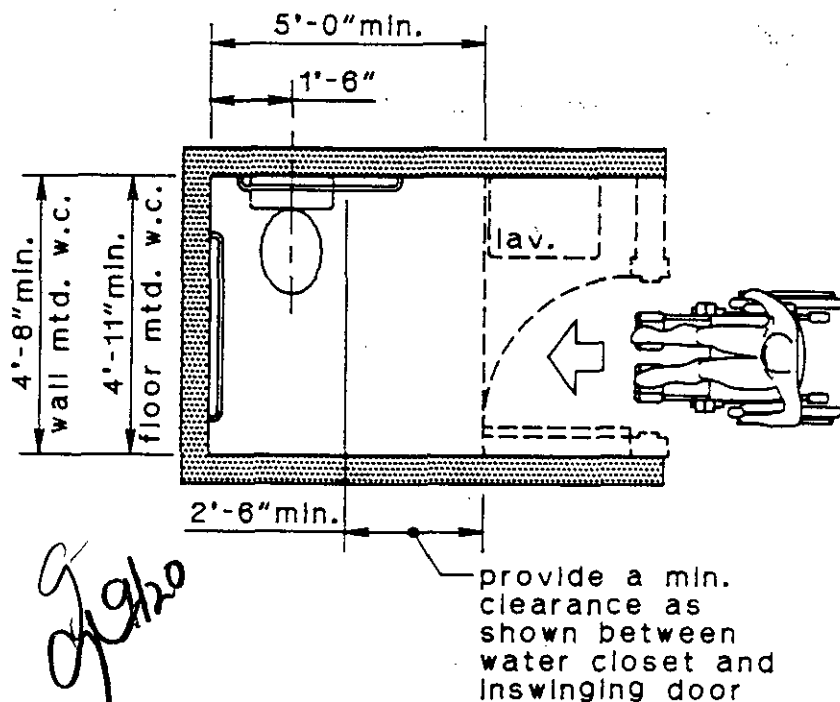


Figure 7.55b
Clear Floor Space

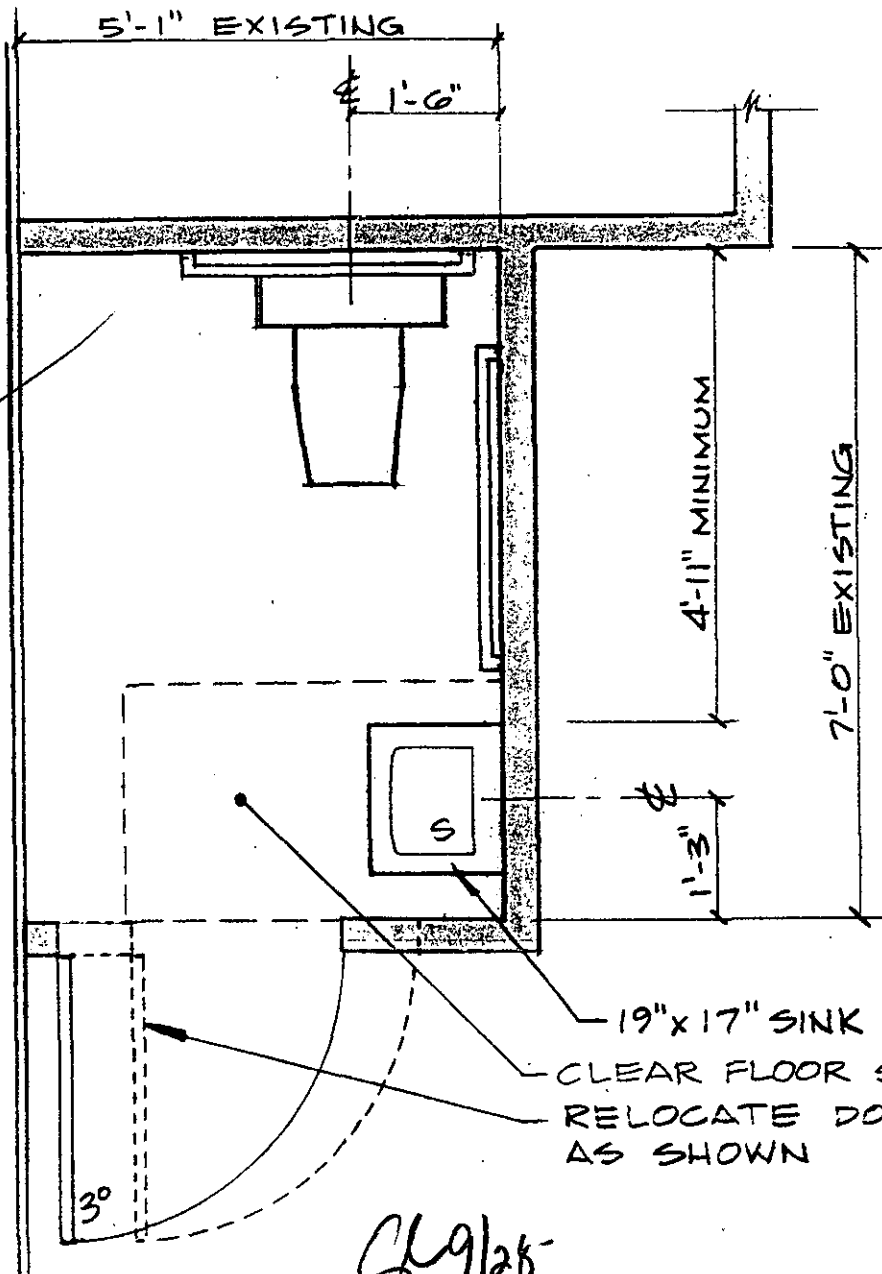




AMELCHENKO
DESIGN

9/27/93
R/R

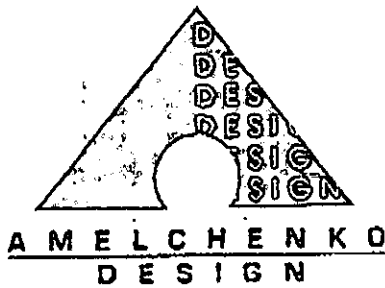
Paul G. Amelchenko
NJ # C-6187



HANDICAPPED LAVATORY PLAN

SCALE : 1/2" = 1' - 0"

"EXCELLENCE IN ARCHITECTURE, BUILDING AND INTERIOR DESIGN"
SUITE 345, CN 1507, WALL TOWNSHIP, NJ 07719 908-974-0406 FAX 974-0303

DATE: 9.22.93TO: HERBOF: H & L ContractingFROM: Rita

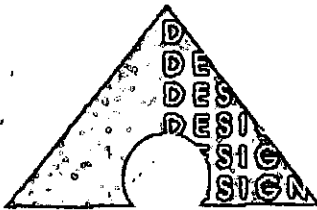
OF AMELCHENKO DESIGN

RE: Town Hall Shopping Center; Brick, N.J.
-handicap toilet
Letter to Building Inspector

PAGES INCLUDING THIS TRANSMITTAL 4

FAX # 908 - 974 - 0309

IF THERE ARE ANY PROBLEMS RECEIVING THIS TRANSMISSION, PLEASE CONTACT
THIS OFFICE AT ONCE AT (908)-974-0406



A M E L C H E N K O
D E S I G N

September 21, 1993

9/23/93
JL

September 21, 1993

Mr. Arthur Cierzo
Construction Official
Brick Township Building Department
401 Chambersbridge Road
Brick Township NJ 08723

RE: Unit P Tenant Improvements
Shopping Center
ward and Cedarbridge Avenue

signed and sealed copies of our proposed layout for the
ilet room in the above tenant space.

been designed in conjunction with NJUCC Section 7 (figures
7.55d, 7.58a and 7.58b attached).

are any questions regarding the above, please do not hesitate
contact me at (908)-974-0406.

Very truly yours,

Mark A. Fessler, RA

Mark A. Fessler, RA
Amelchenko Design Inc.

MAF/rma
Enc.

rec'd
9/23/93
JL



September 21, 1993

Mr. Arthur Cierzo
Construction Official
Brick Township Building Department
401 Chambersbridge Road
Brick Township, NJ 08723

RE: Unit B-11 Tenant Improvements
Town Hall Shopping Center
Brick Boulevard and Cedarbridge Avenue
Brick, NJ

Dear Mr. Cierzo:

Enclosed are two signed and sealed copies of our proposed layout for the barrier-free toilet room in the above tenant space.

This layout has been designed in conjunction with NJUCC Section 7 (figures 7.5a, 7.5b, 7.5c, 7.5d, 7.5e and 7.5f attached).

If you have any questions regarding the above, please do not hesitate to contact me at (908)-974-0406.

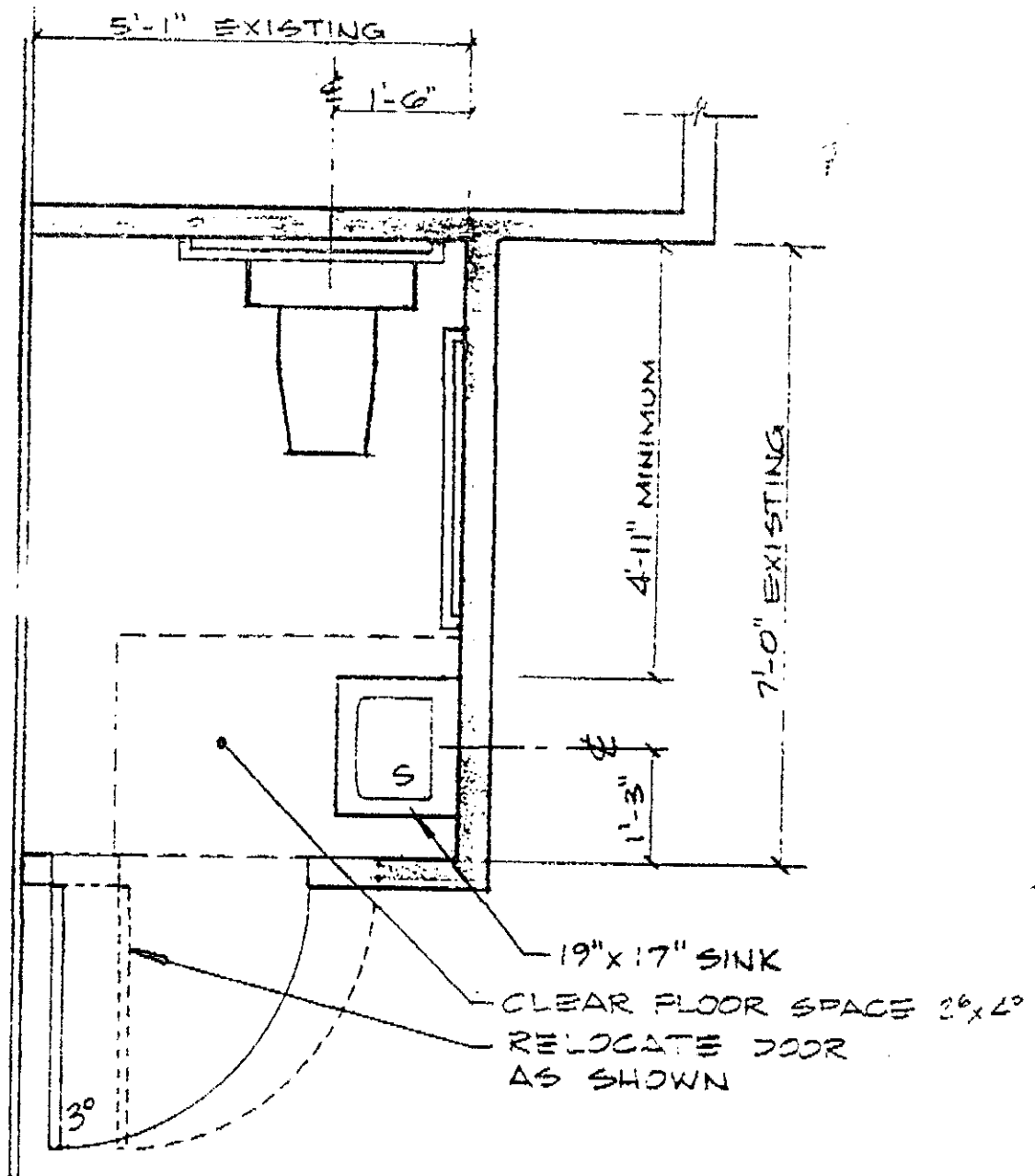
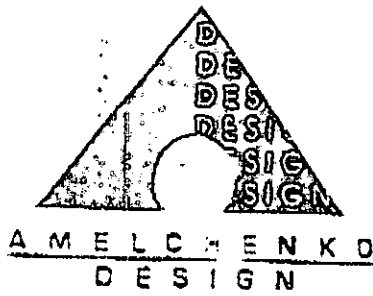
Very truly yours,

Mark A. Fessler, RA

Mark A. Fessler, RA
Amelchenko Design Inc.

MAF/cma
Enc.

ORIGINAL
ILLEGIBLE



HANDICAPPED LAVATORY PLAN

SCALE 1/2" = 1' - 0"

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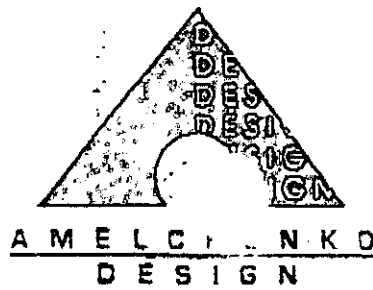


Figure 7.58b
Lavatory

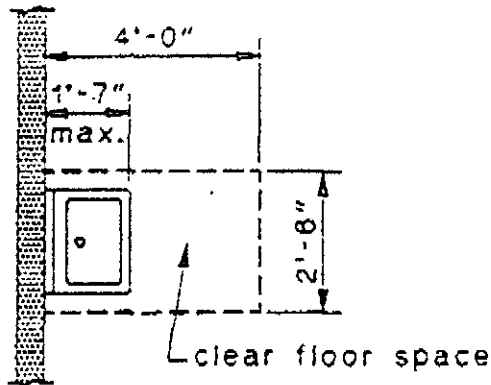


Figure 7.55c
Rear Wall Elevation

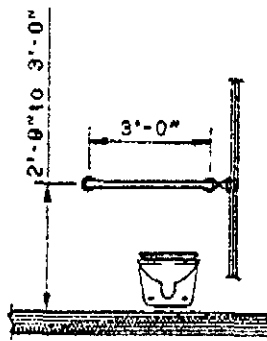


Figure 7.55d
Side Wall

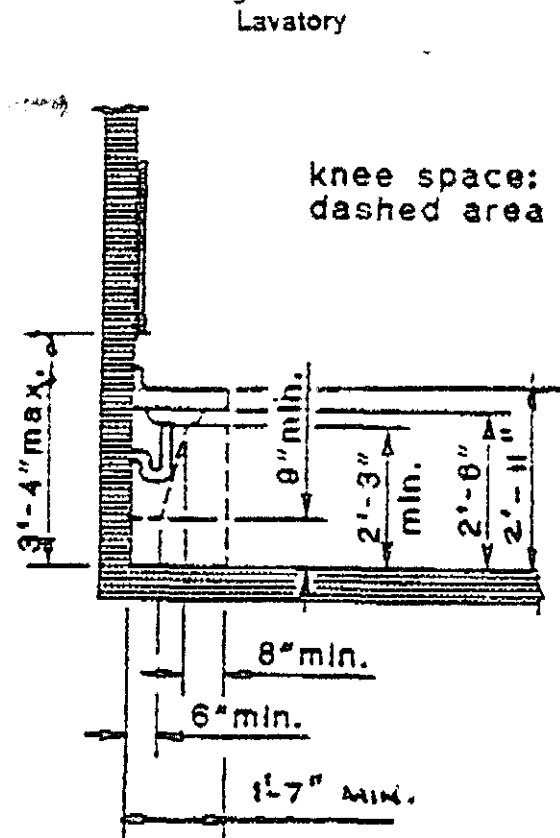
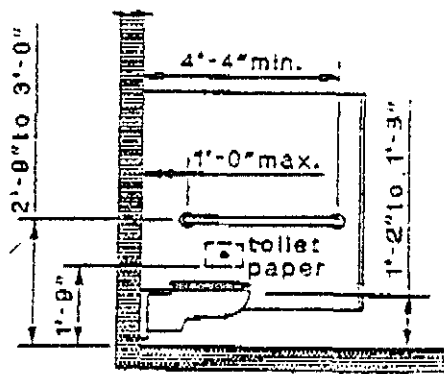


Figure 7.55b
Clear Floor Space

