~~469~~ 670 BLOCK ~~18~~ LOT 9-19-20-21-26 ADDRESS (SITE) UNIT B-11 & B-12 990 CEDARBRIDGE PERMIT NO. 2255-93 called 9/24/93

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 990 CEDARBRIDGE RD (TOWN HALL SHOPPES) UNIT B-11 B-12
2. Name of Owner in Fee: PNC. REALTY CO/GB LTD. Tel. (___) 780-8888
   Address 63 W. MAIN ST. (street) FREEHOLD (municipality) N.J. (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: H&J CONTRACTING CO Tel. (___) 840-3645
   Address 427 16th AVE BRICK, N.J. 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2942110 Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work HERB ABRECHT Tel. (___) 840-3645

V. FEE SUMMARY (for office use only)

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

addition fee 10.- PC

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ___ ft.	
3. Area—Largest Floor ___ 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 ___ sq. ft. / no ___	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

PBS 8.10. amend. fee

Emiliano Intor

beauty supply store / tenant 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	15,000
6. ☐ Fire Protection	
7. ☒ Plumbing	1,500
8. ☒ Electrical	5,000
9. ☐ Asbestos Abatement	
10. ☒ Demolition	1,000
TOTAL COSTS	17,500

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	G.S.	9/9/93	9/16/93 PC & 9/17/93 BA			10/1/93		PC
				9/23/93	JK	10/1/93		JK
				9-15-93	ENA	TCO 9/30/93		JK
						10/9/93		BA
	Tony	9/14/93	ENA					

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: Beauty Supply Store
2. Use Group: B M
3. Change in Use Group, Indicate Former:

20K

UCC Form F-100A

LDS BR 10310461

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, NJ. 08724

Telephone ( ) 840-3645

Signature _____ Date 9/8/93

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
☐ 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	9/9/93	beauty Store					
☐								
☐								

COMMENTS

IMPORTANT
A.H.B.T. - EXEMPT
9-14-93

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

New Jersey
UNIFORM CONSTRUCTION CODE

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

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

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☒X **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 _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Cerezo
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

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

IDENTIFICATION Block 469 & 670 Lot 12 / 9,19,21,26

Work Site Location 99 [illegible]
[illegible]

Owner in Fee PNC [illegible] LTD

Address [illegible]
[illegible]

Tele. ( )

Contractor [illegible]

Address [illegible]
[illegible]

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:

[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] 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

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	135-	
Plumbing	20-	**0085**
Electrical		2255\#\#
Fire Protection	46	BLOCK .00
Other	P/R 5-	469-670 \#
Other		LOT .00
DCA Training Fee	14-	12.9.19.2
Cert. of Occ.	26-	.21.26 \#
Other		BUILDING 135.00
Total	240	PLUMBING 20.00
Check No.	2641	FIRE 46.00
Cash		PLAN RVW 5.00
Collected By:	[illegible]	

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

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 Casabonda ave Contractor H & J Carter
Address
Owner in Fee PNC Realty Co.
Address 634 W. Main St
Freehold, NJ
Tele. ( ) Tele. ( ) Lic. No. or Bldrs. Reg. No. BLOCK 0.00
Federal Emp. No. 670 #
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 P. plbg, fees

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

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

U.C.C. Form F-190A

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

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

Block 469 670 Lot 9-12-19-20-21-26
Work Site Location 990 CEDAR BRIDGE AVE. (TOWN HALL SHOPPES) UNIT B-11 & B-12
Owner in Fee G.B. LTD.
Address 63 W. MAIN ST. FREEHOLD, NJ.
Tele. ( ) 780-8888
Contractor H&J CONTRACTING CO.
Address 427 16TH AVE. BRICK NJ. 08724
Tele ( ) ~~780-888~~ 840-3645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3442110 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 TENANT FIT-UP FOR RETAIL BEAUTY SUPPLY PER ATTACHED DRAWING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	9/22/93	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required: [ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL [ ] CO [ ] CCO [ ] CA
Date 10/1/93
Approved By

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			10/1/93	CO

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ 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. $ ____
2. Alteration $ 15,000
3. Total (1+2) $ 15,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] 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

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

Block 469 670 Lot 12 9-19-20-21-26
Work Site Location 990 CEDAR BRIDGE AVE. (TOWN HALL SHOPPES)
UNIT B-11 & B-12
Owner in Fee GB. LTD.
Address 63 W. MAIN ST.
FREEHOLD, NJ.
Tele. ( ) 780-8888
Contractor H&T CONTRACTING CO.
Address 427 16TH AVE.
BRICK NJ. 08724
Tele. ( ) ~~780-8888~~ 840-3645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3442110 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 TENANT FIT-UP FOR RETAIL BEAUTY SUPPLY PER ATTACHED DRAWING.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.	9/28/93	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date.
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure 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. $
2. Alteration $ 15,000
3. Total (1+2) $ 15,000

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] 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

TOWN HALL SHOPPES

WILL CALL

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # SEP 17 93 0 1 1 9 6 8
Permit #

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

Block 469 670 Lot 12 9-19-20-21-26
Work Site Location 990 CEDARBRIDGE RD
TOWN HALL SHOPPES UNIT B-11 & B-12
Owner in Fee GB LTD
Address 63 W. MAIN ST.
FREEHOLD, N.J.
Tele. ( ) 780-8888
Contractor STATE-WIDE Electric INC.
Address 50 Curtis Ave.
MANALAPAN, N.J. 07726
Tele. (908) 528-6459
Lic. No. 9390
Federal Emp. No. 22-3027491 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 $ 5300.00

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: 10-7-93
Approved by: B. Perelus 29

INSPECTIONS:

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9.22.93	BLR
Temporary				
Constr. Serv.				
TCO				
Other	9.24.93 #29		10.7.93	BLR #30
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 10.7.93 #30
Line Dept. PP.

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

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	
1	1/6	Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

	Administrative Surcharge	$ 4.00
Paid [ ] Check # 2633	Minimum Fee	$ 44.00
Collected by:	TOTAL FEE	$ 48.00

RF

pd by Has Contr. 427 16th Ave Brick

U.C.C. Form F-120A 1 White = Inspector Copy 2 Canary = Office Copy 4 Gold = Applicant Copy

9:29-87 (1) Needs Plaques indicating 2 Services & location in same store

(2) Secure Show Window Rent

TOWN HALL SHOPPES

WILL CALL

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 17 93 0 1 1 9 6 8

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

Block 469 670 Lot 12 9-19-20-21-26
Work Site Location 990 CEDAR BRIDGE RD
TOWN HALL SHOPPES UNIT B-11 & B-12
Owner in Fee GB LTD
Address 62 W. MAIN ST.
FREEHOLD N.J.
Tele. ( ) 780-8888
Contractor STATE-WIDE Electric Inc.
Address 50 CURTIS AVE.
MANALAPAN N.J. 07726
Tele. (908) 521-6459
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 $ 5300.00

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:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

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

[4] Licensed Electrical Contractor [ ] Exempt Applicant

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	
1	1½	Motors—Fractional H.P.	
		Motors—All Others	
		Transformers	
		Generators	
		Service Entrance	
		Other	

Administrative Surcharge $ 4.00
Paid [ ] Check # 3122 Minimum Fee $ 44.00
Collected by: TOTAL FEE $ 48.00

RF

pd by Nos Conor. 427 16th Ave Brick

U.C.C. Form F-120A

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

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 ~~310~~ 469 Lot 9-19-20-21-26
Work Site Location 990 CEDAR BRIDGE AVE.
(TOWN HALL SHOPPES) UNIT B-11 & B-12
Owner in Fee G.B. LTD.
Address 63 W. MAIN ST.
FREEHOLD, N.J.
Tele. (___) 780-8888
Contractor H & J CONTRACTING
Address 427 16TH AVE.
BRICK, N.J. 08724
Tele. (___) 840-3645
Lic. No. ___
Federal Emp. No. 22-2942110 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed See note plans
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:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 9/23/93
Approved by: JC
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10/1/93
Approved by: JC

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Exit Signs			10/1/93	JC
Other Emergency Lights			10/1/93	JC
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 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 Make Sure on Sprinkler Coverage		
Smoke Detectors		46
Heat Detectors		
TOTAL Exit Signs Emergency Lights		
Stand Pipes		
Kitchen Hood Exhaust Systems Fire Extinguishers		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER ___		

Administrative Surcharge $ 46
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL FEE $ ___

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

NOTE TENANT FIT-UP WORK EXISTING SPRINKLER SYSTEM

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 55 93
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 469 610 Lot 12 9-19-20-21-26
Work Site Location 990 CEDAR BRIDGE AVE.
(TOWN HALL SHOPPES) UNIT B-11 & B-12
Owner in Fee G&B LTD.
Address 63 W. MAIN ST.
FREEHOLD, N.J.
Tele. (___) 780-8868
Contractor H & T CONTRACTING
Address 427 16TH AVE
BRICK, N.J. 08724
Tele. (___) 840-3645
Lic. No.
Federal Emp. No. 22-2942110 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

See note plans

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:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 9/23/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

9/22/93

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision 10 ✓

Flammable Liquid Storage Tanks 46 - ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks 201 - ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL Make Sure on Sprinkler Coverage	240	46
Smoke Detectors		
Heat Detectors		
TOTAL Exit Signs Emergency Lites		
Stand Pipes		
Kitchen Hood Exhaust Systems Fire Extinguishers		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 46
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-140B

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-24-93
Control #
Permit # 12255-93

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

Block 469 6702 Lot 12 9-19-20-21-26
Work Site Location 990 CEDARBRIDGE RD. (TOWN HALL SHOPPES)
UNIT B-11 & B-12
Owner in Fee GB. LTD.
Address 63 W. MAIN ST.
FREEHOLD, NJ.
Tele. ( ) 780-8888
Contractor ROBERT SURBER
Address 3462 E. THISTLE AVE
TOMS RIVER
Tele. ( ) 270 3777
Lic. No. NJ 3595
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 9-15-93
Approved by: JAR

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			9/24	GL
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO 9/30/93 GL				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
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	$ 20.-

H.W.H & New Sink $10.00 (additional fee)

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

5.00 Hot water
5.— Laundry
$10.00 additional fee

PLUMBING 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 469 670 Lot 12 9-19-20-21-26
Work Site Location 990 CEDARBRIDGE RD. (TOWN HALL SHOPPES)
UNIT B-11 & B-12
Owner in Fee G.B. LTD.
Address 63 W MAIN ST.
FREEHOLD, NJ.
Tele. ( ) 780-8888
Contractor ROBERT SWARNG
Address 3462 E. THISTLE AVE
TOMS RIVER
Tele. ( ) 270 3777
Lic. No. NJ 3595
Federal Emp. No. _____ or Social Security No. _____

B. PLUMBING CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 9-15-93
Approved by: JA

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.

Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

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	
1	Active Solar System	
	Other	10.-

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

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

TOWNSHIP OF BRICK

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

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
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

ASSESSOR REVIEW/Form 0002

AMELCHENKO
DESIGN

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

Mark A. Fessler, RA
Amelchenko Design Inc.

MAF/rma
Enc.

9/28-/93

AMELCHENKO DESIGN

Figure 7.58a
Lavatory

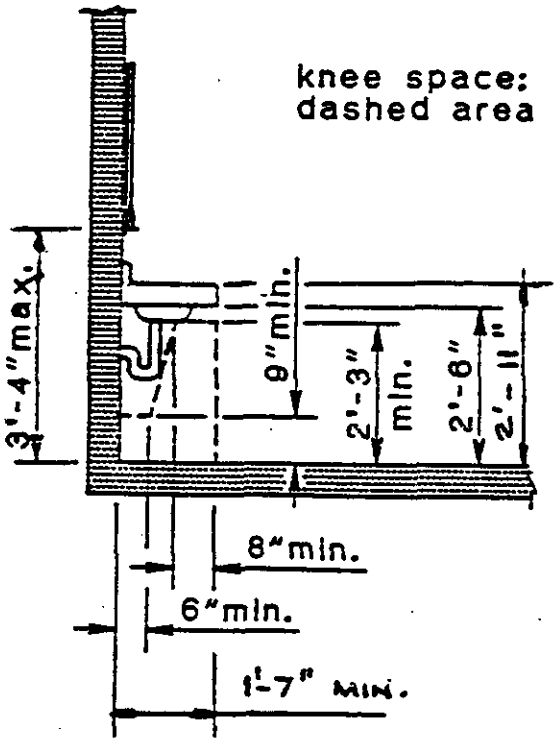


Figure 7.58b
Lavatory

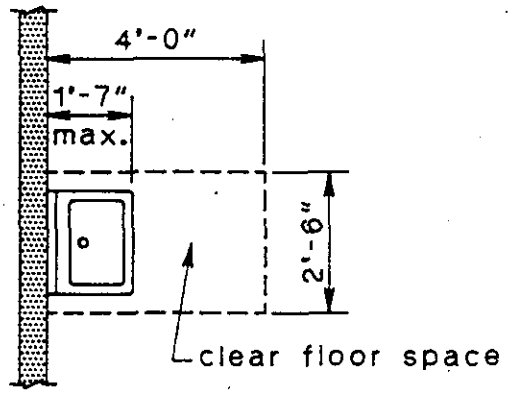


Figure 7.55c
Rear Wall Elevation

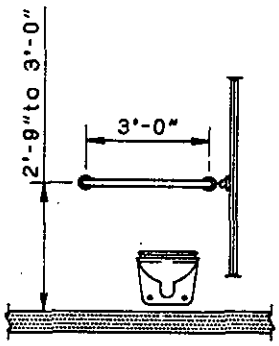


Figure 7.55d
Side Wall

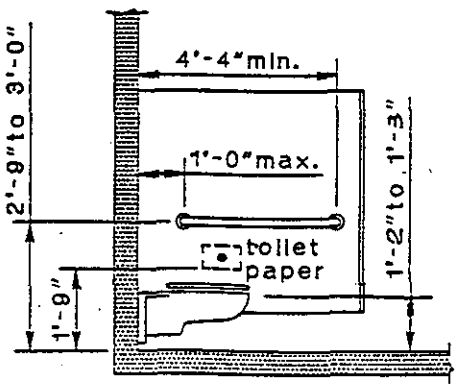
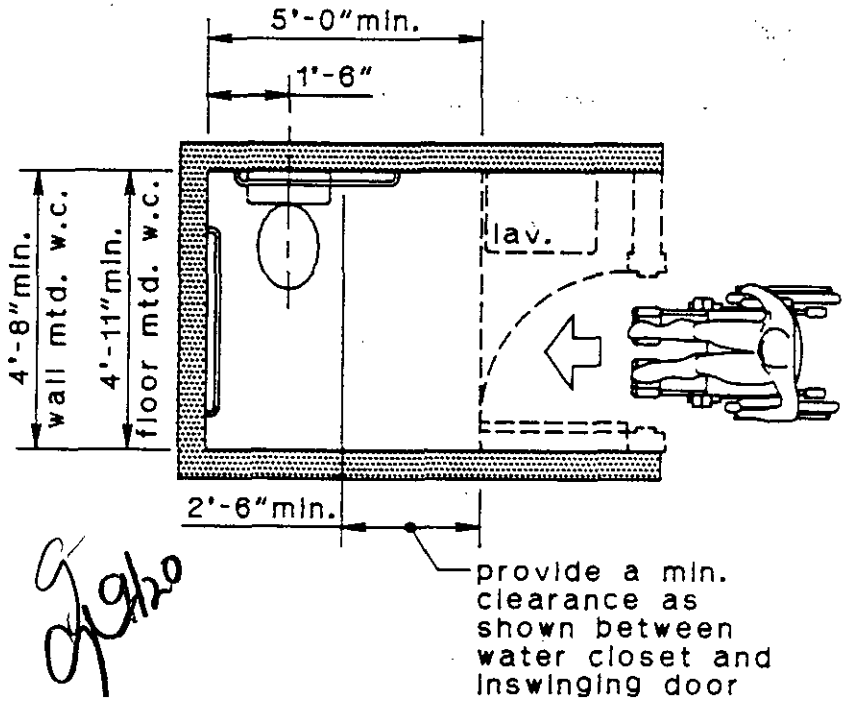
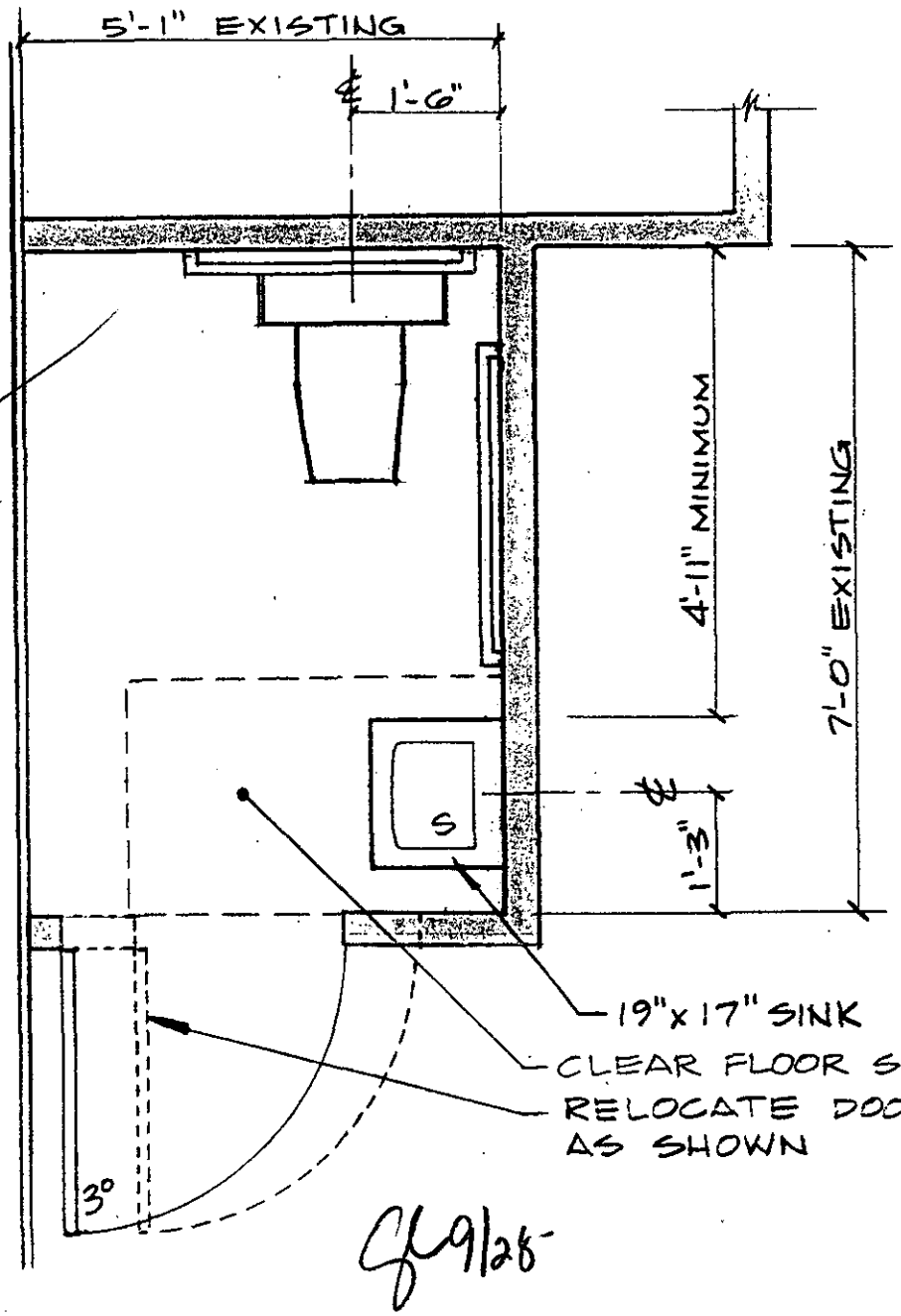


Figure 7.55b
Clear Floor Space



AMELCHENKO
DESIGN



9/27/93

Paul G. Amelchenko
NJ # C-6187

9/28

HANDICAPPED LAVATORY PLAN

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

"EXCELLENCE IN ARCHITECTURE, BUILDING AND INTERIOR DESIGN"
SUITE 345, ON 1907, WALL TOWNSHIP, NJ 07719 908-974-0406 FAX 974-0309

AMELCHENKO
DESIGN

DATE: 9.22.93

TO: HERB.

OF: H & L Contracting

FROM: 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

9/23/93 recd

AMELCHENKO
DESIGN

September 21, 1993

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

RE: Unit P [illegible] nant Improvements
[illegible] pping Center
[illegible]ard and Cedarbridge Avenue

[illegible] signed and sealed copies of our proposed layout for the [illegible]let room in the above tenant space.

[illegible]een designed in conjunction with NJUCC Section 7 (figures [illegible] 7.55d, 7.58a and 7.58b attached).

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

Very truly yours,

Mark A. Fessler, RA
Amelchenko Design Inc.

MAF/rma
Enc.

rec'd 9/23/93

AMELCHENKO DESIGN

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 7.55a, 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,

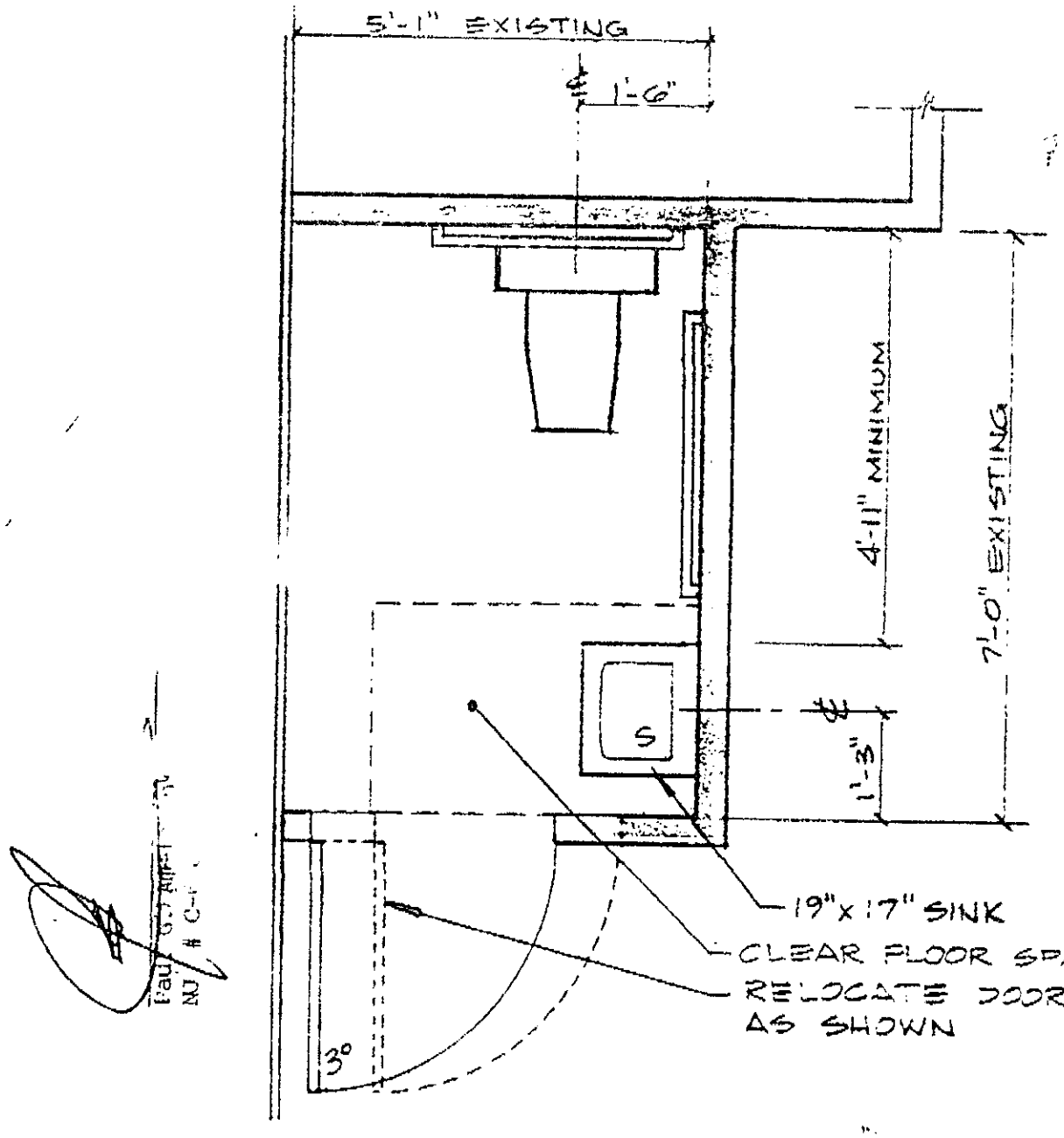
Mark A. Fessler, RA

Mark A. Fessler, RA
Amelchenko Design Inc.

MAF/cma
Enc.

ORIGINAL ILLEGIBLE

AMELCHENKO
DESIGN



HANDICAPPED LAVATORY PLAN

SCALE 1/2" = 1' - 0 "

"EXCELLENCE IN ARCHITECTURE, BUILDING AND INTERIOR DESIGN"
SUITE 345, BN 1907, WALL TOWNSHIP, NJ 07719 908-974-0406 FAX 974-0336

AMELCHENKO DESIGN

Figure 7.58b
Lavatory

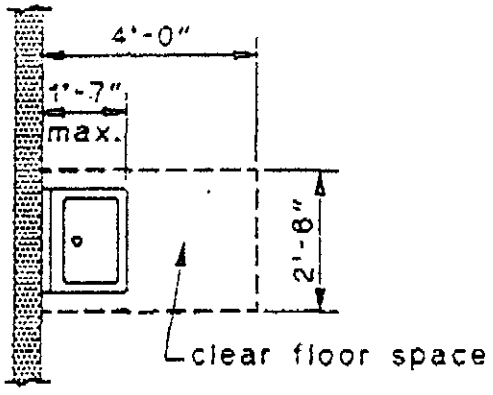


Figure 7.55c
Rear Wall Elevation

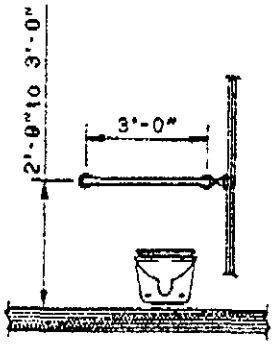
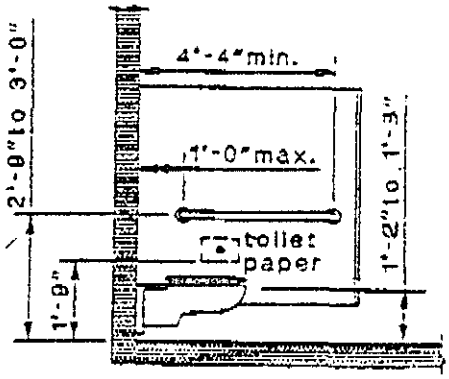


Figure 7.55d
Side Wall



Lavatory

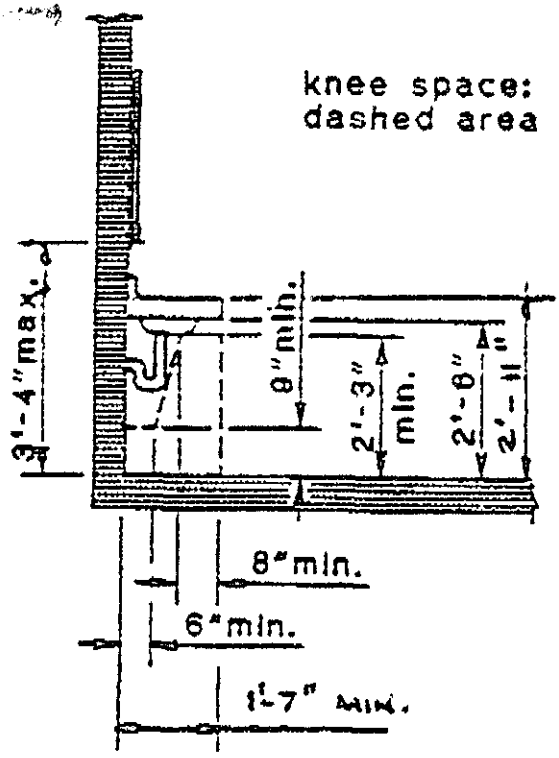


Figure 7.55b
Clear Floor Space