BLOCK 670 LOT 9 ADDRESS (SITE) PERMIT NO. 070-94

RECEIVED
JAN 5 199[illegible]
DIV. OF [illegible]

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work site at: TOWN HALL SHOPPES CEDAR BRIDGE RD SUITE 4-A
2. Name of Owner in Fee: GB LTD Tel. ( ) 780-8888
   Address 63 W. MAIN ST (street) FREEHOLD (municipality) N.T. (zip code)
3. Ownership in Fee: Public ____ Private K
4. Principal Contractor: H&J CONTRACTING CO Tel. ( ) 840-[illegible]
   Address 427 16TH AVE BRICK, N.T.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-2942410 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	$ 60 —		
2. Electrical			
3. Plumbing	50 —		
4. Fire Protection	46 —		
5. Other			
6. Subtotal	$ 156 —		
7. Less 20% for State Plan Review	5 —		
8. Subtotal	$		
9. DCA Training Fee	6 —		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 187 — 00		

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	

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	8,000
6. ☑ Fire Protection	?
7. ☑ Plumbing	2,000
8. ☑ Electrical	3,000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	13,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
LR	1/5/94		1-18-94		1/25/94		
			1-18-94		1/24/94		
			1/14/94		Comp 10da		
					1-20-94		
Eng	1/13/94	ENH					

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 SALON
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10404825

20K

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&T CONTRACTING

Address 411 16TH AVE.
BRICK, N.J.

Telephone ( ) 840-3645

Signature Herb Abrecht Date 1/04/95

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	1/12/94	comm. agt.	TFU					
☐									
☐									

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. 070	2/1/94	2/15/94
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CERTIFICATE

Date Issued 9-28-98
Control #
Permit # 94-070

IDENTIFICATION

Block 670 Lot 9
Work Site Location 990 Cedarbridge Ave.

Owner in Fee GR, 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
Maximum Live Load
Description of Work/Use:

Tenant fit-up "KARIZMA BEAUTY SALON"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX☑ **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:

J. Luciazza
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

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Issued 1/18/94
Control #
Permit # 070 - 94

IDENTIFICATION Block 670 Lot 9

Work Site Location [illegible] | Contractor [illegible]
Address
Owner in Fee [illegible]
Address [illegible]
Tele. ( ) | Tele. ( )
Lic. No. or Bldrs. Reg. No. | Exp. Date
Tele. ( ) | 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:

alteration

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 $ 12,000.00

[signature]
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)			
Building	60 —	BUILDING	60.00
Plumbing	50 —	PLUMBING	50.00
Electrical		FIRE	16.00
Fire Protection	16	PLAN RUN	5.00
Other		D.C.A.	6.00
Other	20 —	C / O	20.00
DCA Training Fee	6	TOTAL	157.00
Cert. of Occ.	20 —	CHECK	157.00
Other		CHANGE	0.00
Total	1/18/94	NO 5 00190005	10:52
Check No.	4579		
Cash			
Collected By:	[illegible]		

Register printout: **000007** / 070 / BLOCK 0.00 / 070 / LOT 0.00 / 9

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

TENANT FIT-UP

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 070-94

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
Work Site Location TOWN HALL SHOPPES
CEDAR BRIDGE RD SUITE 4-A
Owner in Fee GB LTD
Address 63 W. MAIN ST
FREEHOLD N.J.
Tele. ( ) 780-8888
Contractor H+T CONTRACTING CO.
Address 427 16th AVE.
BRICK N.J. 08724
Tele. ( ) 840-3645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2942110 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 WORK TO RELOCATE "KARIZMA" BEAUTY SALON TO SUITE 4-A PER ATTACHED DRAWING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[x] All	1/18/94	RL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [x] CA
Date: 1/26/94
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 TENANT FIT-UP

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 Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 8,000
3. Total (1+2) $ 8,000

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

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # 1237
Permit # 0232

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

Block 610 Lot 9
Work Site Location TOWN HALL SHOPPES
CEDAR BRIDGE RD SUITE 4-A BRICK, NJ.
Owner in Fee GB LTD
Address 63 N. MAIN ST.
FREEHOLD, NJ.
Tele. ( ) 780 8888
Contractor HOOD ELECTRIC
Address 46 OAK TERRACE
HOWELL, N.J.
Tele. (908) 840 - 8171
Lic. No. 8133
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed tenant fit
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2,500.—

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 1-20-94
Approved By: MK6455

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough	____	____	1-19-94	MK6455 over
Temporary	____	____	____	____
Constr. Serv.	____	____	____	____
TCO	____	____	____	____
Other	____	____	____	____
Service	____	____	____	____
Final	____	____	1-20-94	MK6455

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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)
5		Fixtures (1)	
22		Receptacles (2)	
6		Switches (3)	
43		Total 1 + 2 + 3	40
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

	Administrative Surcharge	$ _____
Paid [ ] Check # 3798	Minimum Fee	$ NO. —
	DCA Training Fee	$ 2.—
Collected by: _____	TOTAL FEE	$ 42.—

U.C.C. Form F-120B RF 1 White – Inspector Copy 2 Canary – Office Copy
3 Pink – Office Copy 4 Gold – Applicant Copy

Pd by Applicant.
427 16th Ave. Brick

TENANT FIT-UP

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 040-94

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
Work Site Location TOWN HALL SHOPPES
CEDAR BRIDGE RD SUITE 4-A
Owner in Fee GB LTD
Address 63 W. MAIN ST.
FREEHOLD, N.J.
Tele. (___) 780-8888
Contractor H+J CONTRACTING
Address 4127 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 ___
Constr. Class. Present ___ Proposed ___
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ROOF TOP
Total Est. Cost of Fire Prot. Work $ ___ [ ] Other ___

49
Occupancy Load

JOB SUMMARY (Office Use Only)

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

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		
Smoke Detectors	2	46-
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 ___		

Exit Signs / Battery Backup Emergency Lights
310"

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

"TENANT FIT-UP

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 1/18/94
Date Issued
Control #
Permit # 070-94

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
Work Site Location TOWN HALL SHOPPES CEDAR BRIDGE RD SUITE 4-A
Owner in Fee GB LTD
Address 63 W. MAIN ST FREEHOLD, N.J.
Tele. ( ) 780-8888
Contractor ROBERT E. SUBERG, INC
Address 3462 E. THISTLE AVE TOMS RIVER
Tele. ( ) 270 3777
Lic. No. NJ3595
Federal Emp. No. 22-1847507 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 2000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[✓] Plumb. Plans Approved
Date: 1/14/93
Approved by:

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			1-19-94	JAH
Water				
Sewer				
Fixtures				
Gas Equipment			1-19-94	JAH
Gas Final				
Solar				
TCO				
CO	1-14-94			

2-1-94 OK for TCO 10 days only per A.C.I

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)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
4	Sink	20.-
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	5.-
	Hose Bibb	
1	Gas Piping	15.-
	Fuel Oil Piping	
1	Water Heater	5.-
	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	$ 50.-
	Paid [ ] Check # Minimum Fee	$
	Collected by: TOTAL	$

5:35 code 5.4, Hair interceptor required

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

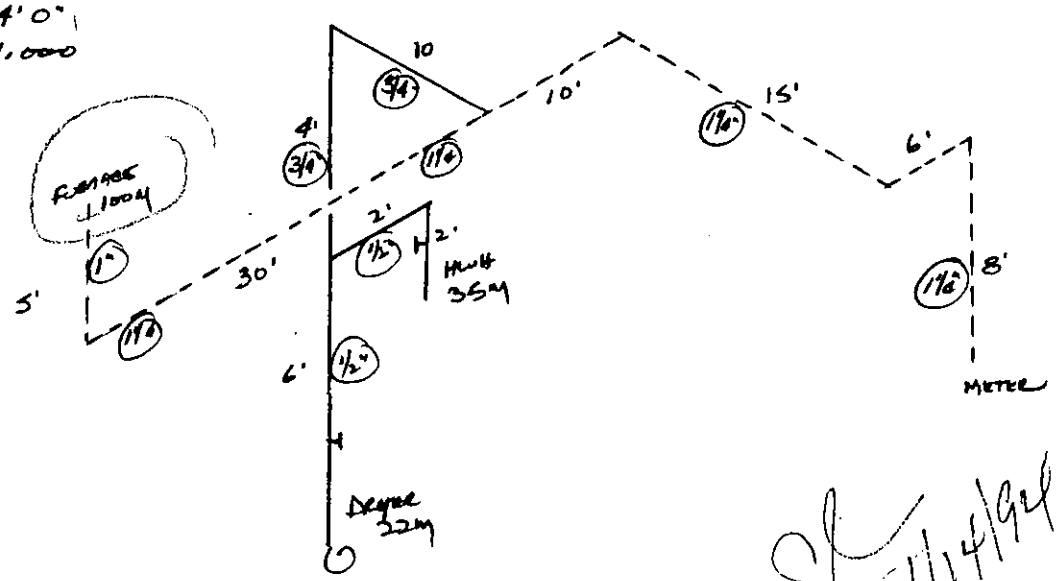
ROBERT E. SURBRUG, INC.

3462 EAST THISTLE AVENUE • TOMS RIVER, NEW JERSEY 08753 • TELEPHONE 908 270-3777

TORNE MALL SHOPPING PLAZA
"BEAUTY STORE"

GAS PIPING

TOTAL LEN = 74'0"
TOTAL BTU = 157,000



1/14/94

Robert E. Surbrug

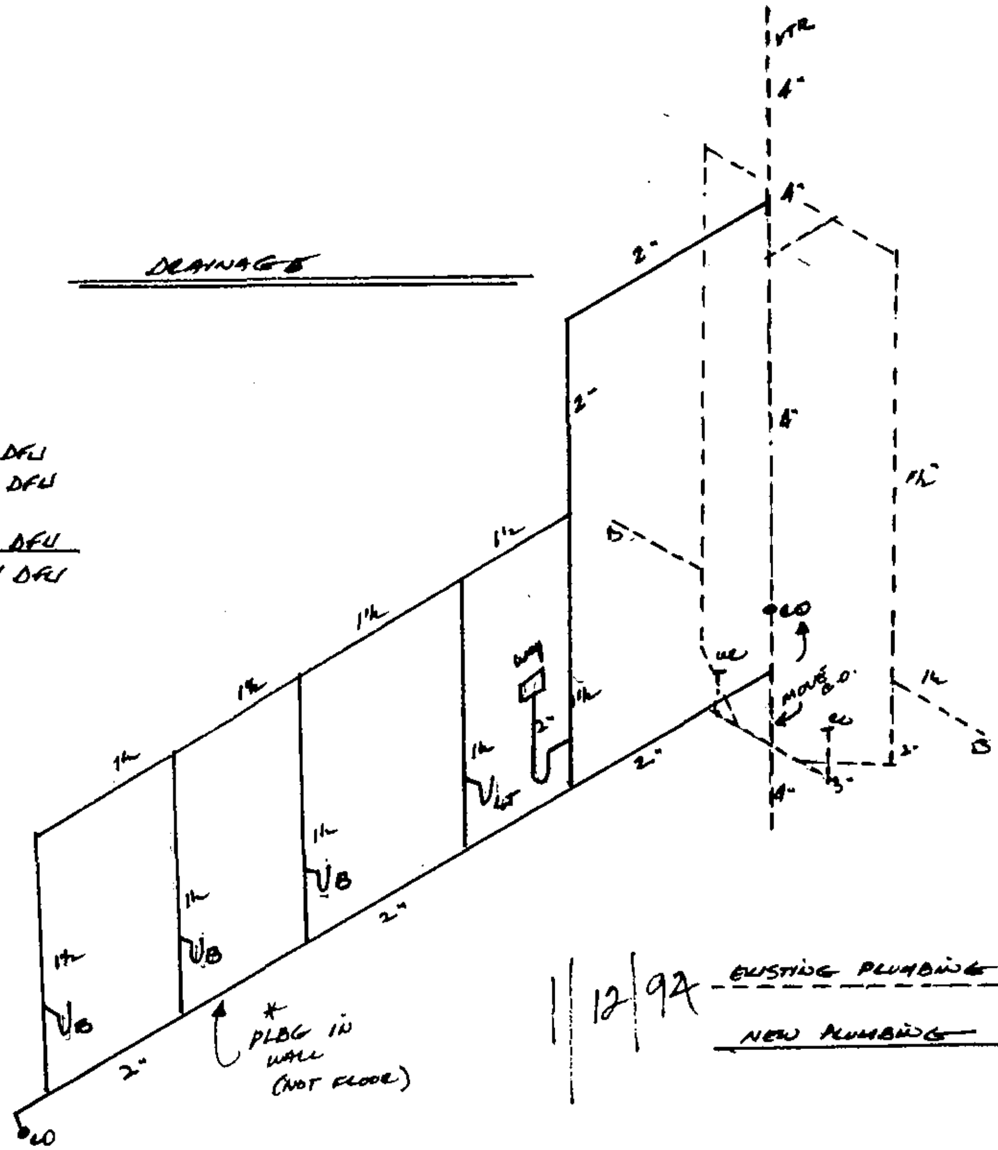
ROBERT E. SURBRUG, INC.

3462 East Thistle Avenue • Toms River, New Jersey 08753 • Telephone 908 270-3777

TOWNE MALL SHOPPING PLAZA
"BEAUTY STORE"

DRAINAGE

W.M.	3 DFU
LT.	2 DFU
(3) BEAUTY SINKS 2@	6 DFU
TOTAL =	11 DFU



1|12|94

EXISTING PLUMBING - - - - -

NEW PLUMBING ———

Robert Surbrug

Master Plumber State of New Jersey Lic. #3595
Plumbing Heating Air Conditioning Piping

TOWNSHIP OF BRICK

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

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 670, Lot 9 (Karigma)

DATE: 1-13-94

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

The estimated equalized added assessment for the construction at the above site is $ < 15000

Preliminary Frederick R. Millman

Frederick R. Millman, CTA

1/12/94
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 7/93