ROTH

BLOCK 670 LOT 9-19-20-21-22-26 ADDRESS (SITE) _____ PERMIT NO. 1987-95

RECEIVED
JUL 24 1995
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: TOWN HALL SHOPPES CEDARBRIDGE RD. UNIT B-18 B-19
2. Name of Owner in Fee: GB LIMITED Tel. (___) 780-8888
   Address 63 W. MAIN ST. FREEHOLD, NJ. 07728
   street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: H&J CONTRACTING 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 DONALD PASSMAN Tel. (___) 531-8709
   Address 210 ELMWOOD RD. OAKHURST, N.J. 07755
6. Responsible Person in Charge of Work HERB ABRECHT Tel. (___) 840-3645

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	20,000
6. ☒ Fire Protection	2,500
7. ☒ Plumbing	2,500
8. ☒ Electrical	10,000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	35,000

Tenant fit-up

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	7/24/95		8/4/95	WP	9/6/95		WP
			8/3/95	JC	9/5/95		DW
					9-7-95		BK
					9-7-95		DK
DM	7/25/95						

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 EXISTING
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	390		
2. Electrical				
3. Plumbing		56		
4. Fire Protection		85		
5. Elevator Devices				
6. Subtotal	$	531		
7. Less 20% for State Plan Review		53		
8. Subtotal	$			
9. DCA Training Fee		16		
10. Subtotal	$			
11. Cert. of Occupancy		20		
12. Other ZP14	$	125		
13. TOTAL	$	635.00		

VI. BUILDING/SITE CHARACTERISTICS

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

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: "NAPA" AUTO PARTS STORE
2. Use Group: M
3. Change in Use Group, Indicate Former: M

LDS BR 10401435

U.C.C. Form F-100B

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 ARBRECHT

Address 427 16th AVE
BRICK, NJ

Telephone ( ) 840-3645

Signature _____ Date 7/24/95

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
☐ Zoning Officer									
☐ 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.									
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CERTIFICATE

Date Issued 10-17-95
Control #
Permit # 1987-95

IDENTIFICATION

Block 670 Lot 9-19,20,21,22,26
Work Site Location Cedarbridge Ave. - Town Hall Shoppes

Owner in Fee GR Limited
Address 63 W. Main St.
Freehold, NJ
Tele. ( )
Contractor H&J Contracting
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 M 3 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up "NAPA AUTO PARTS STORE"

Units B18 and B19

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY XXX☑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:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

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

CONSTRUCTION PERMIT

Date Issued 8/4/95
Control #
Permit # 1987-95

IDENTIFICATION Block 670 Lot 9-19 [illegible]

Work Site Location Tom Hall Homes
Unit 215 Bldg

Owner in Fee
Address 1913 Limited
Freehold

Tele. ( )

Contractor XL & J Contractors
Address

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
[ ] ELEVATOR DEVICES

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 $ 3500

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)			
Building	510	670 #	0.00
Plumbing	51	LOT	0.00
Electrical		9 #	
Fire Protection	25	BUILDING	90.00
Other	012	PLUMBING	56.00
Other		FIRE	35.00
DCA Training Fee		PLAN RVW	53.00
Cert. of Occ.	25	D.C.A.	16.00
Other	26	T & M	20.00
Total	163	SURCHARGE	15.00
Check No.	41	TOTAL	435.00
Cash		CHECK	435.00
Collected By:			

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

TENANT FIT-UP

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/4/95
Date Issued
Control #
Permit # 1987-95

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 22 26
Work Site Location TOWN HALL SHOPPES UNIT B-18 B-19
CEDARBRIDGE RD
Owner in Fee G.B. LIMITED
Address 63 W. MAIN ST.
FREEHOLD, NJ. 07728
Tele. (___) 780-8888
Contractor H&J CONTRACTING CO.
Address 477 16TH AVE.
BRICK, NJ. 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 IN EXISTING SHOPPING CENTER FOR "NAPA" AUTO STORE. SEE ATTACHED ARCHITECTURAL DRAWINGS.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8/1/95	RL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-6-95
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes			9-6-95	
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (6' or over)
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other _____
  [ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 20,000
3. Total (1+2) $ 20,000

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

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

TENANT FIT-UP

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/4/95
Date Issued
Control #
Permit # 1987-95

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 22 26

Work Site Location TOWN HALL SHOPPES UNIT B-18 B-19
CEDARBRIDGE RD

Owner in Fee GB LIMITED

Address 63 W. MAIN ST.
FREEHOLD NJ 07728

Tele. (___) 780-8888

Contractor H&T CONTRACTING CO.

Address 477 16TH AVE.
BRICK NJ 08724

Tele. (___) 840-3645

Lic. No. or Bldrs. Reg. No.

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	8/4/95	AA
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved By:

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 70,000
3. Total (1+2) $ 70,000

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 IN EXISTING SHOPPING CENTER FOR "NAPA" AUTO STORE. SEE ATTACHED ARCHITECTURAL DRAWINGS.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other
[ ] Other
[ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-1108

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

Bucd

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 9 95 0 0 7 2 6 1

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 22 26
Work Site Location TOWN HALL SHOPPES UNIT B-18 B-19
CEDARBRIDGE RD. BRICK, NJ
Owner in Fee GB. LTD.
Address 63 W. MAIN ST.
FREEHOLD, NJ. 07728
Tele. (___) 780-8888
Contractor STATE-WIDE ELECTRIC INC.
Address 969 LAKEWOOD FARMINGDALE RD.
HOWELL N.J. 07731
Tele. (908) 961-6900
Lic. No. 9390
Federal Emp. No. 223027491 or Social Security No. ___

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [X] Other F.I. UT
Building Occupied as ___ Utility Co. ___
Est. Cost of Elec. Work $ 1000.00

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
[ ] CO [ ] CCO [ ] CA
Date: ___
Approved By: ___

INSPECTIONS

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

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.

STATE-WIDE ELECTRIC INC. LICENSED

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
79		Fixtures (1)	
53		Receptacles (2)	
10		Switches (3)	
117		Total 1 + 2 + 3	52
___	___ 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	___
1	1.5 Kw	Water Heater(s)	7
___	___ 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	___
1	1/6 hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
___	___ Amp	Service Entrance	___
___	___	Other	___

	Administrative Surcharge	$ ___
Paid [X] Check # 3562	Minimum Fee	$ 59.-
RF	DCA Training Fee	$ 8.-
Collected by: ___	TOTAL FEE	$ 67.-

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick NAPPA

Unit B-18 B-19

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # AUG 9 95 0 0 7 2 6 1

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 22 26
Work Site Location TOWN HALL SHOPPES UNIT B-18 B-19
CEDARBRIDGE RD. BRICK, NJ.
Owner in Fee G.B. LTD.
Address 63 W. MAIN ST.
FREEHOLD NJ. 07728
Tele. (____) 780-8888
Contractor STATE-WIDE Electric INC.
Address 964 Lakewood Farmingdale Rd.
Howell, N.J. 07731
Tele. (908) 901-6400
Lic. No. 9390
Federal Emp. No. 223027441 or Social Security No. ______

B. ELECTRICAL CHARACTERISTICS
Use Group Present ______ Proposed ______
[ ] Pole/Pad # ______ [ ] Temporary [X] Other FIT-OUT
Building Occupied as ______ Utility Co. ______
Est. Cost of Elec. Work $ 10,000.00

JOB SUMMARY (Office Use Only)

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			8.15.95	BH
Temporary				
Constr. Serv.	9.5			
TCO				
Other	8.30.95 #24		9.7.95	BH
Service	9.6-95			
Final				

Temp. Cut-in-Card Date Issued ______
Final Cut-in-Card Date Issued 9.7.95

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9.7.95
Approved By: [signature]

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]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
74		Fixtures (1)	
33		Receptacles (2)	
10		Switches (3)	
117		Total 1 + 2 + 3	52
	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	
1	1.5 Kw	Water Heater(s) 120V	7
	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	
1	1/6 hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [X] Check # 3562
RF
Collected by: ______

Administrative Surcharge	$
Minimum Fee	$ 59 —
DCA Training Fee	$ 8 —
TOTAL FEE	$ 67 —

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

PL by Hall Court, 467-14th Ave, Brick)

E-30-78

(1) ~~Spare~~ Sign Circuit -

(2) No access to water heater -

3) Cold water grounds ?

9.1.95 # 3 above

9.5.95 # 3 above

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/4/95
Control #
Permit # 1987-95

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 22 26
Work Site Location TOWN HALL SHOPPES - UNIT B-18 B-19
CEDAR BRIDGE RD.
Owner in Fee G.B. LIMITED
Address 63 W. MAIN ST
FREEHOLD, N.J. 07728
Tele. (___) 780-8888
Contractor ROBERT E. SULLIVAN, JR
Address 3621 E. THORNE AVE
TOMS RIVER, NJ 08753
Tele. (___) 270 3777
Lic. No. NJ 3595 (PLUMBING)
Federal Emp. No. 221897507 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class. Present 3-B Proposed 3-B
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ 2500 — [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 8/3/95
Approved by: JF
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ___
Approved by: ___

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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.

Robert E. Sullivan
SIGNATURE

D. TECHNICAL SITE DATA RAISE AND/OR LOWER OR MOVE EXISTING SPRINKLER HEADS

Description of Work

Water Supply Source PUBLIC
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 NO ( ) Capacity ___ Fuel ___
L.N.G. Storage Tanks ( ) Capacity ___ Fuel ___

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	92 (EXISTING)	85 —
Dry Sprinkler Heads	—	
TOTAL		
Smoke Detectors	—	
Heat Detectors	—	
TOTAL	—	
Stand Pipes	EXISTING	
Kitchen Hood Exhaust Systems	—	
Exit Emergency Lite Battery Back up		
Pre-Engineered Systems		
CO_2 Suppression	—	
Halon Suppression	—	
Foam Suppression	—	
Dry Chemical	—	
Wet Chemical	—	
Gas or Oil Fired Appliance	—	
OTHER ___	—	
		85 —

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8/4/95
Control #
Permit # 1987-95

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 19202122 26
Work Site Location TOWN HALL SHOPPES UNIT B-18 B-19
CEDAR BRIDGE RD.
Owner in Fee G.B. LIMITED
Address 65 W. MAIN ST
FREEHOLD NJ. 07728
Tele. (___) 780-8888
Contractor ROBERT E. SULLIVAN, INC
Address 3962 E. THIRTEEN AVE
TOMS RIVER, NJ 08753
Tele. (___) 270 3777
Lic. No. NJ 3595 (PLUMBING)
Federal Emp. No. 221897507 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class. Present 3-B Proposed 3-B
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ 2500 — [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[✓] Fire Plans Approved
Date: 8/3/95
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.

Robert E. Sullivan
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work RAISE AND/OR LOWER OR MOVE EXISTING SPRINKLER HEADS

Water Supply Source PUBLIC
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	92 (EXISTING)	85 —
Dry Sprinkler Heads	—	
TOTAL		
Smoke Detectors	—	
Heat Detectors	—	
TOTAL	—	
Stand Pipes	EXISTING	
Kitchen Hood Exhaust Systems	—	
Pre-Engineered Systems	Ext Emergency Lite Battery Stand up	
CO_2 Suppression	—	
Halon Suppression	—	
Foam Suppression	—	
Dry Chemical	—	
Wet Chemical	—	
Gas or Oil Fired Appliance	—	
OTHER ___	—	
		85 —

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

U.C.C. Form F-1408
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/4/95
Date Issued
Control #
Permit # 1987-95

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 22 26
Work Site Location TOWN HALL SHOPPES UNIT B-18 B-19
CEDAR BRIDGE RD.
Owner in Fee GB. LIMITED
Address 63 W. MAIN ST
FREEHOLD NJ. 07728
Tele. (__) 780-8888
Contractor ROBERT E. SUBBURG, INC.
Address 3002 E. THORNE AVE
POINT PLEA, NJ 08753
Tele. (__) 270 5777
Lic. No. NJ 3595
Federal Emp. No. 221807507 or Social Security No. —

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size 4" Public Sewer ✓ Private Septic ____
Water Service Size 1" Public Water ✓ Private Well ____
Estimated Cost of Plumbing Work $ 2500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-3-95
Approved by: JW

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures	1			
Gas Equipment				
Gas Piping				
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.)

$5-

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	7
	Urinal/Bidet	
	Bath Tub	7
1	Lavatory	
	Shower	
	Floor Drain	7
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1 CAN	Water Heater	25
	Fuel Oil Piping	
TBA	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $ 10
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ ____
Collected by: ____ TOTAL $ $56

U.C.C. Form F-1308

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

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8/4/95
Date Issued
Control #
Permit # 1987-95

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 22 26
Work Site Location TOWN HALL SHOPPES UNIT B-18 B-19
CEDAR BRIDGE RD
Owner in Fee GB. LIMITED
Address 63 W. MAIN ST
FREEHOLD, NJ. 07728
Tele. (___) 780-8888
Contractor ROBERT G. SURBRUG, INC
Address 3482 E. THISTLE AVE
TOMS RIVER, NJ 08753
Tele. (___) 270 3777
Lic. No. NJ 3595
Federal Emp. No. 221807507 or Social Security No. —

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size 4" Public Sewer ✓ Private Septic ___
Water Service Size 1" Public Water ✓ Private Well ___
Estimated Cost of Plumbing Work $ 2500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 8-3-95
Approved by: [signature]

SUBCODE APPROVAL:
[ ] CO [ ] COO [ ] CA
Approved By: [signature]
Date: 9-5-95

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab	___	___	___	___
Rough	___	___	8-15-95	[signature]
Water	___	___	___	___
Sewer	___	___	___	___
Fixtures	___	___	___	___
Gas Equipment	___	___	___	___
Gas Piping	___	___	___	___
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]
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	7
___	Urinal/Bidet	___
___	Bath Tub	7
1	Lavatory	___
___	Shower	___
___	Floor Drain	7
1	Sink	___
___	Dishwasher	___
___	Drinking Fountain	___
___	Washing Machine	___
___	Hose Bibb	___
1	Water Heater	25
___	Fuel Oil Piping	___
___	Gas Piping	___
___	Steam Boiler	___
___	Hot Water Boiler	___
___	Sewer Pump	___
___	Interceptor/Separator	___
___	Backflow Preventer	___
___	Greasetrap	___
___	Water Cooled A/C or Refrigeration Unit	___
___	Sewer Connection	___
___	Water Service Connection	___
___	Active Solar System	___
___	Other	___

Administrative Surcharge $ 10
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL $ $56

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

G. B., LTD. OPER. CO., INC.
REAL ESTATE INVESTMENTS/MANAGEMENT
63 WEST MAIN STREET, SUITE B
BOX 5008
FREEHOLD, NEW JERSEY 07728

Brick Township Municipal Office
401 Chambers Bridge Road
Bricktown, N.. 08723

BLOCK 670 PLUMBING & MECHANICAL CHECK LIST

LOT 9,19,20,21,22,26

DATE 7-26-95

CALLED 7/26/95

TECHNICAL SECTION INCOMPLETE

PLUMBER'S IDENTIFICATION & SEAL

ISOMETRIC SKETCH

LIST OF EXISTING FIXTURES

GAS PIPING (LENGTH OF RUN - SIZING - APPLIANCE RATINGS)

SIZE OF EXISTING HEATING UNIT

BROCHURE FOR NEW HEATING UNIT

HEAT LOSS SURVEY

BARRIER-FREE CODE REQUIREMENTS

OTHER

Door swing
Water fountain needed

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724
458-7000

CERTIFICATE OF COMPLIANCE

Date 5-31-96

NAME CedarBridge Associates

ADDRESS 510 South Burnt Mill Rd. Voorhees, NJ

PROPERTY LOCATION 990 Cedarbridge Ave. B-19

Account No. I398620 Block 670 Lot 19

I hereby certify that the above applicant has complied with all Rules and Regulations of this Authority and has paid all required fees and charges.

For the Authority Patti Evans

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: July 24, 1995 — 1995 Z 1134

Block 670 **Lot** 9 **Zone** B-3, H.D.

Property Address: 990 Cedar Bridge Road

Owner: G.B. Limited **(Phone):** 780-8888

Applicant: H & J Contracting Co. **(Phone):** 840-3645

Use: Towne Hall Shoppes; Units B-18 & B-19

Proposed Construction (if any): Tenant fit-up for NAPA Auto Parts Store.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

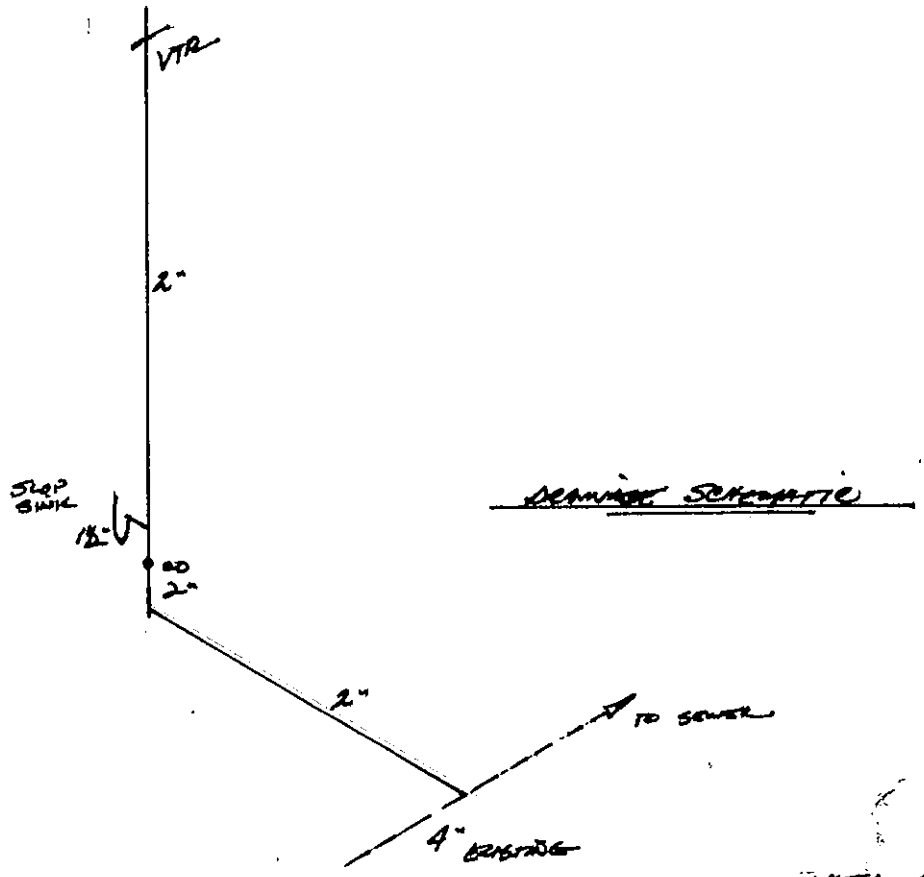
This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinnevy

Sean Kinnevy — Land Use Officer

ROBERT E. SURBRUG, INC.

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



DRAINAGE SCHEMATIC

NOTE: HANDICAPPED / BARRIER FREE BATHROOM TO BE INSTALLED TO EXISTING PLUMBING

NAPA AUTO PARTS STORE
TOWN HALL SHOPPING PLAZA
BERG BLVD cor. CEDAR BRIDGE
BLOCK , LOT

Robert E. Surbrug

G. B., LTD. OPER. CO., INC.
REAL ESTATE INVESTMENTS/MANAGEMENT

63 WEST MAIN STREET BOX 5008, FREEHOLD, NEW JERSEY 07728
TEL (908) 780-8888 FAX (908) 577-0129

Directors:
Carl P. Gross, Esq.
Henry H. Bloom

Superintendent of Properties:
Robert Malkoff
Dan McAnney, Asst.
Frank A. Tober, Jr. Asst.

Executive Coordinator:
Mary J. Thwaites

Controller:
Rebecca B. Collins

Property Managers:
Eilene Fein
Diane Hnyda
Evelyn Johansen
Kim M. Barrett

August 2, 1995

Brick Township Municipal Office
401 Chambers Bridge Road
Bricktown, N.J. 08723

ATTN: Daniel Newman

RE: Nappa, Towne Hall Shoppes, Cedar Bridge Avenue, Bricktown, N.J.

Dear Mr. Newman:

Pursuant to our phone conversation on August 1, 1995, please be advised that Napa will be moving their portable water cooler from their present location to the new location at Cedar Bridge Avenue.

If you should have any questions, please feel free to call me at our office.

Sincerely,

Frank Tober, Jr.

FT/pe

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Division of Inspections

April 10, 1996

GB Ltd. Operations
P.O. Box 5008, Buite B
Freehold, N.J. 07728

Re: Napa Auto Parts
990 Cedarbridge Ave

Gentlemen:

It has been brought to our attention that our office issued a Certificate of Approval without a Certificate of Compliance from the Brick Utilities Authority for Units B18 & B19 on October 17, 1995.

If the Brick Utilities Compliance is not met we have no alternative and will revoke the Certificate of Approval.

If you have any further questions, please feel free to contact this office. (908) 262-1030.

Very truly yours,

Raymond Korkowski
Acting Construction Official

RK/tl

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST, BRICK, NEW JERSEY 08724 / 458-7000

WATER SERVICE PERMIT

BLOCK- 670- LOT- 19-
990 CEDARBRIDGE AVE.-B19

CEDARBRIDGE ASSOCIATES
510 SOUTH BURNT MILL RD.
VOORHEES, NJ
ZIP-08043

ACCOUNT # 1398620 METER # _____ METER MFGR. _____

SIZE OF SVC LINE ~~3/4~~ 1" METER SIZE 3/4"

CONNECTION FEE $ 15.00 JA

INSPECTIONS

	Date 1st	Insp. 2nd	Comment	Inspector
A. Service Line	11/6/87		OK	JAH
B. Curb Connection				
C. House Conn & Mtr	2nd	12-5-91	OK	DW
D. Cross-Connection				

David Wenn
Inspector

Homeowner/Applicant

8-31-91 - Not Accessible
Yolk

DAILY/WEEKLY INSPECTOR'S REPORT

TOWNSHIP OF BRICK

FOR THE DAY/WEEK OF: ~~9/14~~ Tues 9/15 INSPECTOR:

DATE	TIME	PERMIT NO.	BLOCK	LOT	Type of Inspection	CONSTRUCTION LOCATION	INSPECTION RESULTS Passed	Failed	Not Done	COMMENTS
			211.02	13	FIRE	57 Rochester		X		fined
			670	20-26 (9-19) fire	FIRE	Town Hall - NAPA			Cable bridge	
			670	"	FIRE	" B-4			& B-2 Beauty Salon	
			1170.05	5	FIRE	136 Water		X		fined
					FIRE					
					FIRE					
					FIRE					
					FIRE					
					FIRE					
					FIRE					
					FIRE					
					FIRE					
					FIRE					
					FIRE					

RECEIVED
April 10, 96
DIV. OF INSPECTION

RECEIVED
APR 10 1996
DIV. OF INSPECTION

BRICK UTILITIES

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

1551 Highway 88 West • Brick, New Jersey 08724-2399
(908) 458-7000 • FAX (908) 458-7725

J Burkett Corp
is not met we will
revoke

April 9, 1996

4th Venture % GB Ltd. Operations
P.O. Box 5008, Suite B
Freehold, NJ 07728

Subject: 990 Cedarbridge Ave.
Napa Auto Parts
Account# I398620

Gentlemen:

It has been brought to our attention that the above referenced property is occupied and using water without the issuance of a certificate of compliance.

Please be advised that a certificate of compliance must be picked up in our offices by April 15, 1996 or the water service will be terminated. Payment in the amount of $4074.00 for the initial water and sewer service charges will be required.

Should you have any questions regarding the above, please contact me.

Very truly yours,

Patti Evan

Patti Evan, Administrator
Customer Accounts Division

cc: Napa Auto Parts
Township of Brick, Building Department

G.B., LTD. OPER. CO., INC.
REAL ESTATE INVESTMENTS/MANAGEMENT

63 WEST MAIN STREET, BOX 5008, FREEHOLD, NEW JERSEY 07728
TEL. (908) 780-8888 FAX (908) 577-0129

Directors:
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Dan McAnney, Asst.
Frank A. Tober, Asst.

Executive Coordinator:
Mary J. Thwaites

Controller:
Rebecca B. Collins
Stephen Thompson, Asst.

Property Managers:
Eilene Fein Kim M. Barrett
Diane Hnyda Ruthanne Meyer
Evelyn Johansen

June 3, 1996

Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Dept of Inspections
ATT: Raymond Korkowski, Acting Construction Official

RE: Napa Auto Parts
990 Cedarbridge Ave

Dear Mr. Korkowski:

Enclosed please find the original Certificate of Compliance for Unit B-19, Napa Auto Parts, at the Towne Hall Shoppes. Please acknowledge receipt of this Certificate by return mail to Towne Hall Shoppes, c/o GB Ltd., 63 West Main St., Freehold, NJ 07728.

Thank you for your patience while we cleared up this matter.

Yours very truly,

Ruthanne Meyer

Ruthanne Meyer,
Property Mgr.

cc: Rebecca Collins
Carl Gross

Filed R.K. 6/4/96

ans 6/6/96 wr