3

COMMERCIAL

RECEIVED
JUN 19 1989
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

TOWNSHIP OF BRICK

DR LEONIAK

STORE # 19B.

I. IDENTIFICATION

1. Proposed Work at: Towne Hall Shoppes, 990 Cedarbridge Avenue and Brick Blvd.
2. Owner Name: Cedar Bridge Associates Tel. (609) 429-0240 477-7190
   Address 510 South Burnt Mill Road, Voorhees, NJ 08043
3. Principal Contractor: D. Miller and Son Tel. (201) 920-1800
   Address 270 Drum Point Road, Brick, NJ 08723
   Lic. No. or Builder Reg. No. ________ Federal Emp. No. ________
4. Architect or Engineer: ________ Tel. ( )
   Address ________
5. Responsible Person in Charge of Work ________ Tel. ( )

620 L #19

1989 Permit

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration + C/O
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/ Structural	$
2. ☐ Plumbing	
3. ☐ Electrical	
4. ☐ Fire Protection	
5. ☐ Other	
6. ☐ Other	
TOTAL COST	$ 25,000.00

C. DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/ Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2)
   HMD Reg. No.: ________
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units ________

If other than new construction, enter no. of dwelling units:
Before Construction: ________
After Construction: ________
Net Gain (or loss): ________

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☒ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other ________

X State Specific Use: Medical Office

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☐	☐	Gas
4.	☐	☐	Oil
5	☐	☐	Electric
6.	☐	☐	Solid (Wood,Coal,Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other ________

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ________
15. Height of Structure ________ Ft.
16. Area—Largest Floor ________ Sq. Ft.
17. Bldg. Area—All Fls. ________ Sq. Ft.

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 670 Lot 19
Subdivision _____

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner T.R. Leoniak, M.D.
Address 909 Cedarbridge Avenue
Brick, NJ 08723
Tel. (201) 477-7190

Contractor D. Miller and Son
Address 270 Drum Point Road
Brick, NJ 08723
Tel. (201) 920-1800 Pwr Lswd, 1722

Work Site Address 990 Cedarbridge Ave Suite 19-B, Brick, NJ 08723

Lic.No./Bus. Permit _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	$ 25.00		Garbage Disposal	$
	Bathtub			Air Conditioner Unit	
5	Lavatory/Sink	20 —		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure Backflow Device	
	Domestic Boiler/ Furnace		1	Vent Stack	10
	Steam Boiler			Solar System	
	Water Util. Connection			Other	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
	COLUMN 1	$ 25		COLUMN 2	$ 10

Fee	
COLUMN 1	$ 25 —
COLUMN 2	$ 10 —
SUBTOTAL	$ 35 —
Minimum Plumbing Fee (If applicable)	$
Total Plumbing Fee *(Greater of Minimum or Subtotal)*	$

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed

Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____

Estimated Cost of Plumbing Work: $ _____

D. COMMENTS

HAND-CAP

☐ Partial Releases ☐ Prototype Processing

UCC NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. ____
DATE ISSUED ____
REVISION DATE ____
Block 620 Lot 19
Subdivision ____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner T.R. Leoniak, M.D.
Address 909 Cedarbridge Avenue
Brick, NJ 08723
Tel. (201 477-7190
Work Site Address 990 Cedarbridge Ave
Suite 19-B, Brick, NJ 08723

Contractor D. Miller and Son
Address 270 Drum Point Road
Brick, NJ 08723
Tel. (201 920-1800
Lic. No. ____
Federal Emp. No. ____

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(Complete for Minor Work and Small Job Only)

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____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Alteration to new store + C/O

☐ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☐ Other ____
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other ____

Fee Basis	Fee
	$

SUBTOTAL $ ____

Minimum Building Fee (if applicable) $ ____

Total Building Fee *(Greater of Minimum or Subtotal)* $ ____

C. BUILDING CHARACTERISTICS

USE GROUP: ____ Present ____ Proposed

No. of Stories ____ Total Building Area—All Floors ____ Sq. Ft.

Height of Structure ____ Ft. Volume of Structure ____ Cu. Ft.

—Largest Floor ____ Sq. Ft. Total Land Area Disturbed ____ Sq. Ft.

d Cost of Building Work: $ ____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO.
DATE ISSUED
REVISION DATE
Block 670 Lot 19
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner T.R. Leoniak, M.D.
Address 909 Cedarbridge Avenue
Brick, NJ 08723
Tel. (201) 477-7190

Contractor D. Miller and Son
Address 270 Drum Point Road
Brick, NJ 08723
Tel. (201) 920-1800

Work Site Address 990 Cedarbridge Ave. Suite 19-B, Brick, NJ 08723
Lic. No.
Federal Emp. No.

CERTIFICATION IN LIEU OF OATH:

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AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised — Method:
Water Supply — Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

Exit Lights $
Fire Ext. $
$
$
Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems — Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank — Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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

Called Miller, D. 1/6/89 JC

Division of Inspections
A.J. Cierzo,
Construction Official
(201) 477-3000, ext. 26

Called 1-29-90 3:25 p.m.

CHECK LIST

RE: Block 670 Lot 19 Address 990 Cedarbridge Ave

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

Administrative

Zoning

Engineering

Building

Plumbing

Electric

Fire

Revised (added) August Show Sprinkler Coverage in Room

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

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

Arthur J. Cierzo,
Construction Official

Date

DE

DEVELOPMENT EAST

RECEIVED
JUN 30 1989
DIV. OF INSPECTION

TELECOPY TRANSMITTAL SHEET

SEND TO:

COMPANY Brick Twp. Construction Dept

ATTENTION Art Cierzo - Bldg. Inspector

TELEPHONE NUMBER _____

TELECOPIER TELEPHONE NUMBER 201-920-4950

NUMBER OF PAGES 5 INCLUDING TRANSMITTAL SHEET

SHOULD YOU HAVE ANY QUESTIONS, PLEASE CALL (609) 428-1832

NAME OF SENDER Tom Zeiders

DATE: 6/30/89

RE: _____

a sign that business is good
510 South Burnt Mill Rd. • Voorhees, NJ 08043 • (609)428-1832
Telecopier No. (609)428-3025

CEDAR BRIDGE ASSOCIATES, INC. 609-428-1832
510 South Burnt Road Voorhees, NJ 08043

June 28, 1989

Brick Township Planning Board
401 Chambers Bridge Road
Brick, NJ 08723

Attention: E. Joan Kull

Re: Cedar Bridge Associates
Resolution #R-128-88
Case #1634-ASP-8/88

Dear Ms. Kull:

Per our telephone conversation on Tuesday, June 27, 1989, you indicated that you received site plans for the referenced project but did not have a record of the $1,000.00 inspection fund payment. Please find attached the following:

1. Letter from our attorney, Rocco M. Nigro, dated December 13, 1988, which included the inspection fund payment.

2. Copy of cancelled check #315.

Our records indicate that we are awaiting the bond estimate from Brick Township Engineering Department.

If you have any questions regarding the above, please do not hesitate to call me at 609-428-1832.

Very truly yours,

CEDAR BRIDGE ASSOCIATES, INC.

Thomas E. Zeiders

TEZ:smg
cc: Rocco Nigro
Paul Martella
Jeff Hipple
Les Moyer
Joe Savaro

LAW OFFICES
CAINE, DIPASQUA, SLOANE, RAFFAELE & NIGRO
A PROFESSIONAL CORPORATION
115 NORTH JACKSON STREET
P. O. BOX 525
MEDIA, DELAWARE COUNTY, PENNSYLVANIA 19063
(215) 565-4430

MELVIN E. CAINE
ANGELO A. DIPASQUA
LEONARD A. SLOANE*
MICHAEL A. RAFFAELE
ROCCO M. NIGRO**
M. EMMONS STIVERS
MITCHELL S. CLAIR

*MEMBER OF PA AND NJ BARS
**MEMBER OF PA, NJ AND FLA BARS

113 W. CHESTNUT ST.
WEST CHESTER, PA 19380
431-4830

PLEASE REPLY TO
BOX 525
MEDIA, PA 19063
TELECOPIER (215) 565-7986

December 13, 1988

E. Joan Kull, Secretary
Brick Township Planning Board
401 Chambers Bridge Road
Brick, N.J. 08723

RE: Cedar Bridge Associates;
Resolution No. R-128-88;
Case No. 1634-ASP-8/88

Dear Ms. Kull:

Pursuant to your letter forwarded to Cedar Bridge Associates dated October 3, 1988, I enclose herein the following:

a) A check in the amount of $1,000.00 made payable to the Township of Brick; and

b) Two copies of the plans revised in accordance with the resolution of approval.

Please consider this letter a formal request for the Township Engineering Department to prepare a bond estimate relative to the required site improvements.

If you need anything further, please contact me at your convenience.

Thank you!

Very truly yours,

ROCCO M. NIGRO

RMN/tb
enclosures

cc: Paul Martella
John J. Hagan, Esquire
Thomas Zeiders
Joseph Pacera

CEDAR BRIDGE ASSOCIATES
510 SOUTH BURNT MILL ROAD
VOORHEES, NJ 08043

015004
197843

315

3-510
310 308

12/1 19 88

AY
) THE
RDER OF TOWNSHIP OF BRICK $ 1,000.00

ONE THOUSAND AND 00/100 ********** DOLLARS

THE PROVIDENT
PROVIDENT NATIONAL BANK
Philadelphia, PA 19101

George M Quenon
Connie L White

OR DOWN PYMT ON INSPECTION FUND

[redacted]

"0000 100000"

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☐	BUILDING	6/19/89	JJ	7-5-89	Ida	
	Footings/Foundations					
	Framing					
	Architectural					
	Other _____					
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION					
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions			Final Inspection	Comments
_____	ALL CONSTRUCTION					
_____	BUILDING					
_____	Footings/Foundations					
_____	Framing					
_____	Architectural					
_____	Other _____					
_____	PLUMBING					
_____	ELECTRICAL					
_____	FIRE PROTECTION					
_____	OTHER _____					

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	
OTHER _____	
SUBTOTAL	$
– LESS: 20% of subtotal (when plan review performed by state agency).	( )
D.C.A. TRAINING FEE .0006 x _____	=
CERTIFICATE OF OCCUPANCY	
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$

DATE _____ Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•)
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (V.A)	$ •
COLLECTED AFTER PERMIT ISSUED (V.B)	•
TOTAL CONSTRUCTION FEES COLLECTED	$ •