GREEN CROSS
MEDICAL / SUPPLIES

B15

RECEIVED
SEP 22 1989
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: 990 CEDAR BRIDGE AVE, BRICK, NJ
2. Owner Name: CEDAR BRIDGE ASSOCIATES Tel. (609) 428-1832
   Address 510 S. BURNT MILL RD, VOORHEES, NJ 08043
3. Principal Contractor: INTERSTATE CONSTRUCTION Tel. (609) 354-0947
   Address 510 S. BURNT MILL RD., VOORHEES, NJ 08043
   Lic. No. or Builder Reg. No. _____ Federal Emp. No. 23-2525229
4. Architect or Engineer: MURPHY & SHEARS, P.A. Tel. (609) 845-9597
   Address 1010 CUMBERLAND AVE, DEPTFORD, NJ
5. Responsible Person in Charge of Work KIM WILLIAMSON Tel. (609) 354-0947

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	$ 350000
2. ☐	Plumbing	
3. ☐	Electrical	
4. ☐	Fire Protection	
5. ☐	Other _____	
6. ☐	Other _____	
	TOTAL COST	$ 350000

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 _____

State Specific Use: SURGICAL EQUIP. SUPPLY

If Change in Use Group, Indicate Former: _____

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 ONE
15. Height of Structure _____ Ft.
16. Area–Largest Floor _____ Sq. Ft.
17. Bldg. Area–All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10309628

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

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

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.

☑ **Check if contractor.**

AGENT NAME INTERSTATE CONSTRUCTION TEL.(609) 354-0947

ADDRESS 510 S. BURNT MILL RD.
VOORHEES, NJ 08043

SIGNATURE Kim Williamson

BLOCK NO. 469 LOT NO. 12 SUBDIVISION _____ PERMIT NO. 5503

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ *Water Authority*																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____
☐ Fire Protection					

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	9/22/89		9/26/89	JC	
	Footings/Foundations					
	Framing					
	Architectural					
	Other 3			22[illegible] GR		
☐	PLUMBING					
☐	ELECTRICAL					
☐	FIRE PROTECTION			9/26/89	JC	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
_____	ALL CONSTRUCTION			
_____	BUILDING		10-20-89 JC	
_____	Footings/Foundations			
_____	Framing			
_____	Architectural			
_____	Other _____			
_____	PLUMBING		10-20-89 DH	
V	ELECTRICAL		10-12-89 JG	
_____	FIRE PROTECTION		10-16-89 JC	
_____	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. 5503	11-3-89
☐ 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	$ 30.00
PLUMBING	.
ELECTRICAL	.
FIRE PROTECTION	40.
OTHER _____	.
SUBTOTAL	$ 70.
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00)
D.C.A. TRAINING FEE .0006 x _____ =	.
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	.
OTHER _____	.
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 95.

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 (VA)	$.
COLLECTED AFTER PERMIT (VB)	.
TOTAL	$.

TOWNSHIP OF BRICK

Green Cross Medical Supplies

NEW JERSEY UNIFORM CONSTRUCTION CODE

CERTIFICATE

CERT. NO. 5503

DATE ISSUED 11-3-89

Block 469 Lot 12

Subdivision

IDENTIFICATION

Owner Cedar Bridge Associates

Address 510 S. Burnt Mill Rd.
Voorhees, NJ

Tel. ( )

Work Site Address
990 Cedarbridge Ave.

Agent Interstate Construction

Address

Tel. ( )

Lic. No.

Federal Emp. No.

PAYMENTS

Fees Remitted $

☐ Check No.

☒ Cash

☐ Other

Collected By:

Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY ☒ 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.

B. ☐ 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.

C. ☐ 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:

D. DESCRIPTION OF WORK:

Surgical equipment & supplies retail

USE GROUP M

FIRE GRADING 3 hours

MAXIMUM LIVE LOAD

MAXIMUM OCCUPANCY LOAD

SPECIFIC USE retail sales

FINAL COST OF CONSTRUCTION: $ 3,500.

Arthur J. Cirigo
CONSTRUCTION OFFICIAL

U.C.C. Form F-260 (8/83) Light Green = Office Copy White = Applicant's Copy Goldenrod = Tax Assessor's Copy

CONSTRUCTION PERMIT

Date Issued 9-29-89
Control #
Permit # 5503

IDENTIFICATION Block 469 Lot 12

Work Site Location 990 Cedar Bridge Ave. Contractor Interstate Const.

Address

Owner in Fee Cedar Bridge Ave.

Address 510 S. Burnt Mill Rd.

Tele. ( ) 609-428-1832

Lic. No. or Bldrs. Reg. No. Exp. Date

Federal Emp. No.

or Social Security No.

0003
5503**
BLOCK 469 #
LOT 12 #
BUILDING 30.00
FIRE 40.00
PLAN RVW 5.00
C / O 20.00
TOTAL 95.00
CHECK 95.00
CHANGE 0.00
09/29/89 NO. 5 0006A005 09:12

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Alter. / C/O

PAYMENTS (Office Use Only)

Building	
Plumbing	
Electrical	
Fire Protection	
Other	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	JS

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 —

A. J. Ciesa
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5303
DATE ISSUED
REVISION DATE 9-27-89
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

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

Owner CEDAR BRIDGE ASSOC.
Address 510 S. BURNT MILL RD. VOORHEES, NJ 08043
Tel. (609) 428-1832
Work Site Address 990 CEDAR BRIDGE STORE B15

Contractor INTERSTATE CONSTRUCTION
Address 510 S. BURNT MILL RD. VOORHEES, NJ 08043
Tel. (609) 354-0947
Lic. No.
Federal Emp. No. 23-2575229

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.

Kim Williamson
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

PARTITIONS:
METAL STUD & DRYWALL

☑ 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: M Present M Proposed

No. of Stories 1 Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 3500.00

D. COMMENTS

GREEN CROSS SURGICAL SUPPLY
STORE B15

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

Green Cross

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. 5503
DATE ISSUED
REVISION DATE 9-27-91
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

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

Owner CEDAR BRIDGE ASSOC.
Address 510 S. BURNT MILL RD. VOORHEES, NJ 08043
Tel. (609) 428-1432
Work Site Address 9911 CEDAR BRIDGE STORE B15

Contractor INTERSTATE CONSTRUCTION
Address 510 S. BURNT MILL RD. VOORHEES NJ 08043
Tel. (609) 354-0947
Lic. No.
Federal Emp. No. 23-2575229

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.

Kim Williamson
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

PARTITIONS:
METAL STUD & DRYWALL

☑ 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)		$ 7

C. BUILDING CHARACTERISTICS

USE GROUP: M Present M Proposed

No. of Stories 1 Total Building Area–All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area–Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: $ 3500 00

D. COMMENTS

GREEN CROSS SURGICAL SUPPLY
STORE B15

☐ Partial Releases ☑ Prototype Processing

U.C.C. Form F-110 (8/83) Green = Office Copy White = Applicant Copy Beige = Inspector Copy

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS
10-2-89	DOOR LOCKED – NO INSP 20.00 FEE

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	9-26-89	JC
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 10-20-89

Inspected By: J. Chavalk

INSPECTIONS

Type	Failure Dates			Approval Date
☐ Footing/Foundation				
☐ Slab				
☒ Frame				10-5-89 JC
☐ Architectural				
☐ Insulation				
☒ Finishes				10-20-89 JC (Final)
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 3503
DATE ISSUED 9-29-89
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

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

Owner CEDAR BRIDGE ASSOC.
Address 510 S. BURNTMILL RD. VOORHEES NJ 08043
Tel. (609) 428-1832
Work Site Address 440 CEDAR BRIDGE STORE B-15

Contractor INTERSTATE CONSTR.
Address 510 BURNTMILL RD VOORHEES, NJ 08043
Tel. (609) 354-0947
Lic. No.
Federal Emp. No. 23-2525229

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

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
emergency lighting
sprinkler

$
$ 40

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 40

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

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 5503
DATE ISSUED 9-29-89
REVISION DATE
Block 469 Lot 12
Subdivision

A. IDENTIFICATION

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

Owner CEDAR BRIDGE ASSOC. Contractor INTERSTATE CONSTR.
Address 510 S. BURNTMILL RD. Address 510 BURNTMILL RD
VOORHEES NJ 08043 VOORHEES NJ 08043
Tel. (609) 428-1832 Tel. (609) 354-0947
Work Site Address 440 CEDAR BRIDGE Lic. No.
STORE B-15 Federal Emp. No. 23-2525229

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

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: $

$ 00

B5. OTHER

exit light $
emergency lighting $
Inspection – 1 $ 40

Subtotal $
Minimum Fire Protection Fee (If Applicable) $ 40
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 40

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

U.C.C. Form F-140(8/83) Green - Office Copy White - Applicant Copy Pink - County Copy White Tag - Inspector Copy

PLAN REVIEW AND INSPECTION – FIRE

DATE	JOB CONDITION/COMMENTS
10/12/89	Needs Two Fire Extinguishers 10lb rated

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved
Date: 9/26/89
Approved By: [signature]

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA
Date: _____
Inspected By: _____

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☒ Other Final Insp	10/12/89			
☐ Other Need two Fire Extinguishers				
☐ Other				
☐ Other				

U.C.C. Form F-140 (8/83)

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 10-31-89

NAME Cedarbridge Associates

ADDRESS 990 Cedar Bridge Ave. Brick, NJ

PROPERTY LOCATION 990 Cedar Bridge Ave. B-15

Account No. 1398599 **Block** 469 **Lot** 12

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 M. McLoney

Kim Williamson
Surrette Const.
609-354-0947

DE

DEVELOPMENT EAST

TELECOPY TRANSMITTAL SHEET

SEND TO:

COMPANY Township of Brick - Building Dept.

ATTENTION Art Cierzo

TELEPHONE NUMBER ~~201-477-3005~~

TELECOPIER TELEPHONE NUMBER 201-920-4850

NUMBER OF PAGES 2 INCLUDING TRANSMITTAL SHEET

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

NAME OF SENDER Tom Peters

DATE: 10/20/89

RE: Town Hall Shoppes - Store B-15

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
510 South Burnt Mill Road
Voorhees, NJ 08043

October 20, 1989

Township Of Brick
Building Department
401 Chamberbridge Rd.
Bricktown, NJ

Attn: Mr. Art Cierzo

Re: Towne Hall Shoppes

Dear Mr. Cierzo,

I'm requesting that you grant permission for Green Cross Medical Supply to stock store B-15 at the Towne Hall Shopping Center. The tenant understands that they cannot occupy the store until all final inspections and approvals have been issued.

Please respond to this request.

Very truly yours,

Tom Zeiders

TZ/smc
6550A

DEVELOPMENT EA

TELECOPY TRANSMITTAL SHEET

SEND TO:

COMPANY Township of Brick - Building Dept.

ATTENTION Art Cierzo

TELEPHONE NUMBER 201-477-3000

TELECOPIER TELEPHONE NUMBER 201-920-4850

NUMBER OF PAGES 2 INCLUDING TRANSMITTAL SHEET

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

NAME OF SENDER Tom Zeiders

DATE: 10/20/89

RE: Town Hall Shoppes - Store #15

a sign that business is good

510 South Burnt Mill Rd. • Voorhees, NJ 08043 • (609)428-1832

Telecopier No. (609)428-3025

DATE: 10/13/89

ELECTRICAL CERTIFICATE
OCEAN COUNTY CONSTRUCTION INSPECTION DEPARTMENT
36 HADLEY AVE CN 2191 TOMS RIVER NJ 08754

APPL#: 891006.010513
"CERTIFIES THAT THE ELECTRICAL INSTALLATION BELOW HAS BEEN EXAMINED AND IS
APPROVED IN ACCORDANCE WITH CURRENT NEC & DCA REQUIREMENTS AS OF THIS DATE.

MUNI: 07 BL/LT: 469/12 ADDR: 990 CEDARBRIDGE/STORE BJS
OWNER: CEDARBRIDGE ASSOC OCCUPANT:
TOC: C BAS#:
INSTALLED BY LIC# : E106500

THIS CERTIFICATE IS NOT INTENDED AS AN APPROVAL OR GUARANTEE OF ELECTRICAL EFFICIENCY AND COVERS ONLY THE EQUIPMENT INSTALLED AS OF THIS DATE.

J DAVIS & CO
20000 HORIZON WAY
MT LAUREL NJ 08054

ROBERT A. MCCULLOUGH - DIRECTOR

EQUIPMENT

5	OUTLETS	2	RECEPTACLES	3	SWITCHES

ADD. INFO:

J. DAVIS & CO.
☐ RECEIVED 10/17/89
☐ OK'D
☐ JOB COSTED