BLOCK 469 LOT 12 ADDRESS (SITE) 990 Cedar Bridge Ave. PERMIT NO. 7-90

Help U Sell

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 990 CEDAR BRIDGE AVE.
2. Name of Owner in Fee: CEDAR BRIDGE ASSOCIATES Tel. (609) 428-1832
   Address 510 S. BURNT MILL RD. (street) VOORHEES, (municipality) NJ 08043 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: INTERSTATE CONSTRUCTION Tel. (609) 354-0947
   Address 510 S. BURNT MILL RD, VOORHEES, NJ 08043
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work KIM WILLIAMSON Tel. (609) 354-0947

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 7.50		
2. Electrical			
3. Plumbing			
4. Fire Protection	40.-		
5. Other			
6. Subtotal	$ 47.50		
7. Less 20% for State Plan Review	5.00		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of ~~Occupancy~~	20.00		
12. Other			
13. TOTAL	$ 72.50	1/16	40 ✓ Check

B16

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	

CO ✓

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☒ Small Job ($5,000 and no prior approvals)	1000
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	
6. ☒ Fire Protection	600
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	1600

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
2.	1/16/90	2L						
5.				1-16-90		Bldg	OK 1-17-90	
6.	1-16-90	1-16-90		1-16-90				
				1-19-90	(INTERIOR of Shell)			

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: Real Estate offices
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10309630

U.C.C. Form F-100A

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.

(✓) Check if contractor.

Agent Name INTERSTATE CONSTRUCTION

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

Telephone (609) 354-0947

Signature Kim Williamson Date 1-16-90

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									
☐									
☐									

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. 7-90		4-30-90
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		

CERTIFICATE

Date Issued 1/23/90
Control #
Permit # 7-90

IDENTIFICATION Help U Sell

Block 469 Lot 12
Work Site Location 990 Chambers Bridge Road
Brick, N.J.
Owner in Fee Cedar Bridge Associates
Address 510 S. Burnt Mill Rd
Voorhees, N.J.
Tele. ( )
Contractor Interstate Const.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No.
Use Group B
Maximum Live Load
Description of Work/Use:

Commercial alteration & C/O

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ 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.

☐ 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 4/30/90, 19___ or the owner will be subject to a fine or order to vacate: Pending Completion of entire building

Extended to 3/92

Arthur J. Cierzo
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

Date Issued 1-16-90
Control #
Permit # 7-90

IDENTIFICATION Block 469 Lot 12

Work Site Location 990 Cedar Bridge

Owner in Fee Cedar Bridge Assoc.
Address c/o 5105 Baum Blvd Pittsburgh Pa
Tele. ( ) —

Contractor Interstate Const.
Address —
Tele. ( ) —
Lic. No. or Bldrs. Reg. No. — Exp. Date **0004**
Federal Emp. No. — 7*#
or Social Security No. —

BLOCK 469 #12 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER —
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Alter

PAYMENTS (Office Use Only)		
Building	7.50	0.00
Plumbing	BUILDING	7.50
Electrical	FIRE	40.00
Fire Protection	40. PLAN RVW	5.00
Other	5.00 0	20.00
Other	TOTAL	72.50
DCA Training Fee	CASH	72.50
Cert. of Occ.	20. CHANGE	0.00
Other	1/16/90 NO. 5 0013A005	13:27
Total	72.50	
Check No.	✓	
Cash		
Collected By:		

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 $ 1600

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

Help-U-Sell

BUILDING SUBCODE TECHNICAL SECTION

Date Received 1-16-90
Date Issued
Control #
Permit # 7-90

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

Block 469 Lot 12
Work Site Location 990 CEDAR BRIDGE AVE.
TOWNE HALL SHOPPES, STORE B16 - HELP-U-SELL
Owner in Fee CEDAR BRIDGE ASSOCIATES
Address 510 S. BURNT MILL ROAD
VOORHEES, NJ 08043
Tele. (609) 428-1832
Contractor INTERSTATE CONSTRUCTION
Address 510 S. BURNT MILL RD.
VOORHEES, NJ 08043
Tele. (609) 354-0947
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[X] No Plans Req.	1/16/90	JC					
[ ] All			Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 1-17-90			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

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. $ -0-
2. Alteration $ 1000.00
3. Total (1+2) $ 1000.00

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.

Kim Williamson
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1000 SF 2x4 LAM IN ACOUSTICAL CEILING WITH 3½" INSUL.
(ALL OTHER ITEMS INSPECTED PREVIOUSLY)
FINAL INSPECTION NEEDED ON THIS UNIT

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[X] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [X] Other CEILING.

(Office Use Only)
FEE
$ 7.50

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block 469 Lot 12
Work Site Location 990 CEDAR BRIDGE AVE.
TOWNE HALL SHOPPES, STORE B16, HELP-U-SELL
Owner in Fee CEDAR BRIDGE ASSOCIATES
Address 510 S. BURNT MILL RD.
VOORHEES, NJ 08043
Tele. (609) 428-1832
Contractor TRI-STATE FIRE
Address RD 3, BOX 97
SEWELL, NJ 08080
Tele. (609) 589-9370
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ 600 [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 1-16-90
Approved by: JE

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 1-17-90
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Final			1-17-90	JE
Other Emergency Lites			1-17-90	JE
Other Exit Signs			1-17-90	JE

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. Kim Williamson
SIGNATURE

D. TECHNICAL SITE DATA

NOTE: NO HEADS ADDED FINAL INSPECTION NEEDED ON EXISTING HEADS

Description of Work

Water Supply Source City
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	~~28~~	
Dry Sprinkler Heads	-	
TOTAL	~~28~~	
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Fire Extinguishers Rated 10lb or 20lb	2	
Gas or Oil Fired Appliance		
OTHER		
Administrative Surcharge		$ 40
Minimum Fee		$
TOTAL FEE		$

Paid [ ] Check # _____
Collected by _____

U.C.C. Form F-140A

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

CUT-IN-CARD

MUNICIPALITY BT

LOCATION 990 Cedar Bridge UTILITY CO PP

unit B 16 BLK 469 LOT 12

OWNER Cedar Bridge Assoc. OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C. utility and DCA requirements."

☒ FINAL ☐ TEMPORARY This approval void after ____ days

SERVICE ____ RANGE ____ WATER HEATER ____

AIR COND ____ ELECT HEAT ____ MISC ____

COMMENTS Interior of Shell

DATE 10/19 PERMIT # 220 INSPECTOR [signature]

Elec. 104 Insp. Lic # 2483

THE BRICK TOWNSHIP MUNICIPAL UTILITIES AUTHORITY

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

CERTIFICATE OF COMPLIANCE

Date 1-16-90

NAME Cedarbridge Associates

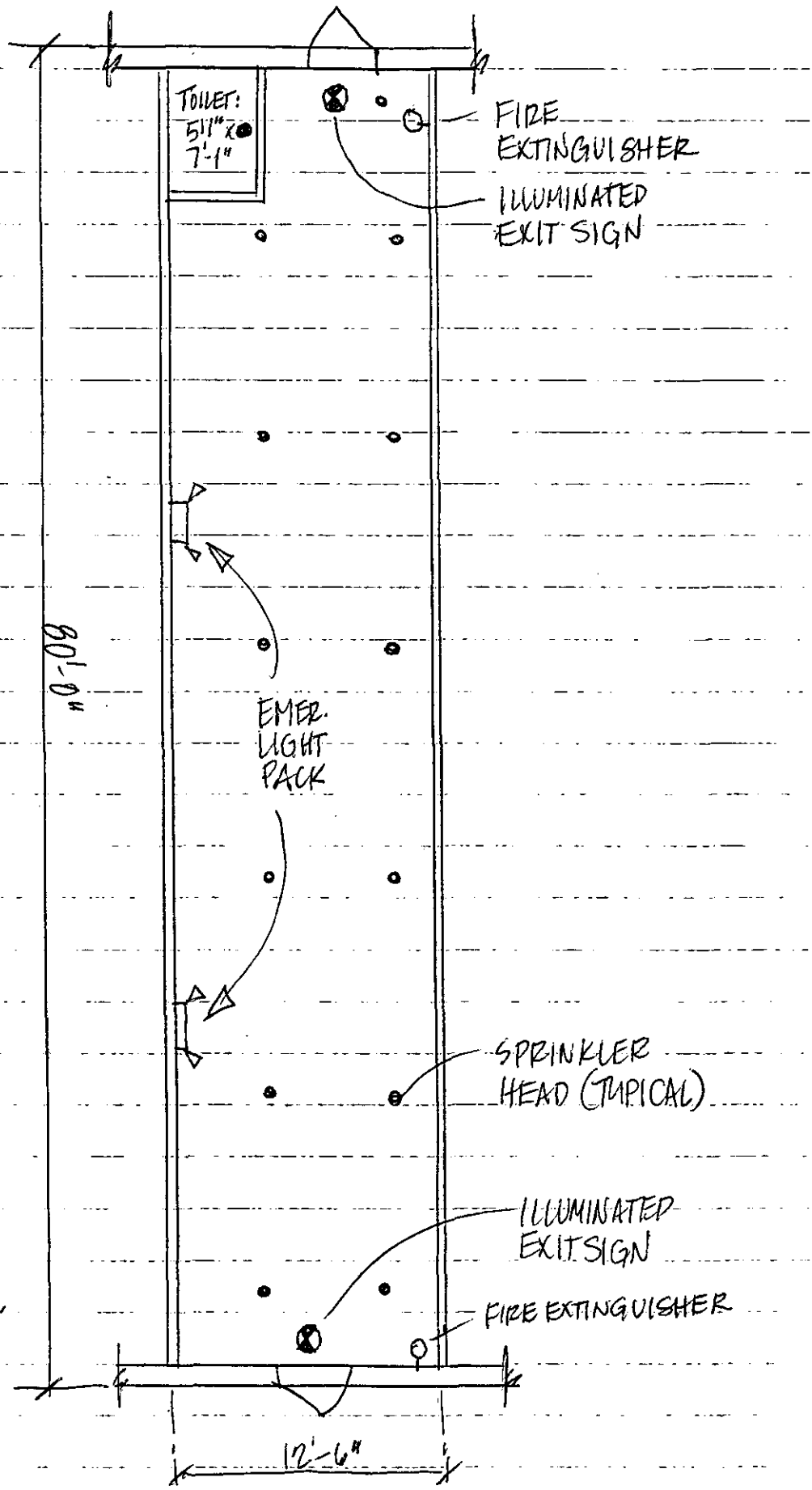
ADDRESS 510 S. Burnt Mills Rd. Voorhees, NJ

PROPERTY LOCATION 990 Cedarbridge Ave. B16

Account No. I398638 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 [signature]



HELP U SELL REALTY
TOWNE HALL SHOPPES
990 CEDAR BRIDGE AVE.
STORE B16