BLOCK 547.1 LOT 15 ADDRESS (SITE) 363 BRICK BLVD, BRICK, N.J. PERMIT NO. 106-96

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DIV. OF INSPECTION

Real Estate

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: 363 BRICK BLVD.
2. Name of Owner in Fee: DRUM POINT PLAZA PARTNERSHIP Tel. (908) 477-6363
   Address 35 BEAVERSON BLVD. (street), BRICK, N.J. (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BOB DOWLING Tel. (908) 295-3593
   Address 2232 BRIARWOOD LANE, POINT PLEASANT, N.J. 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work BOB DOWLING Tel. (908) 295-3593

## V. FEE SUMMARY (for office use only)

| | | | Update | Update |
|---|---|---|---|---|
| 1. Building | $ | 90 + | | |
| 2. Electrical | | | | |
| 3. Plumbing | | | | |
| 4. Fire Protection | | 46 | | |
| 5. Elevator Devices | | | | |
| 6. Subtotal | $ | 136 | | |
| 7. Less 20% for State Plan Review | | 14 | | |
| 8. Subtotal | $ | | | |
| 9. DCA Training Fee | | 9 | | |
| 10. Subtotal | $ | | | |
| 11. Cert. of Occupancy | | 20.00 | | |
| 12. Other ZONING | | 10.00 | | |
| 13. TOTAL | $ | 189 | | |

## 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 | |

## 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 | |
| 6. ☐ Fire Protection | |
| 7. ☐ Plumbing | |
| 8. ☐ Electrical | |
| 9. ☐ Elevator Devices | |
| 10. ☐ Asbestos Abatement | |
| 11. ☐ Demolition | |
| TOTAL COSTS | 5000 |

**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 |
|---|---|---|---|---|---|---|---|
| VAL | 2/1/96 | | 2/6/96 | [illegible] | 3/4/96 | 3/8/96 | [illegible] |
| [illegible] | 2/6/96 | | [illegible] | [illegible] | | | |

**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:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10206348

**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 Bob Dowling

Address 2232 Briarwood Lane
Point Pleasant, NJ 08742

Telephone ( 908 ) 295-3593

Signature Bob Dowling Date 2-1-96

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL | | COUNTY APPROVAL | | REGIONAL APPROVAL | | STATE APPROVAL | | COMMENTS |
|---|---|---|---|---|---|---|---|---|---|
| | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | Prelimin. Initial | Final Date | |
| ☐ Zoning Officer | | | | | | | | | IMPORTANT A.I.B.I. EXTENDED |
| ☐ 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. | | | | |

# CONSTRUCTION PERMIT

Date Issued 2/6/96
Control #
Permit # 106-96

IDENTIFICATION Block 547.01 Lot 15

Work Site Location 363 BRICK BLVD.

Owner in Fee Mum Pt. Plaza Partnership

Address 35 Bonnie Brook Court
Brick, NJ

Tele. ( ) 

Contractor Bob Dowling

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 $ 5,000.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | 90.- |
| Plumbing | |
| Electrical | |
| Fire Protection | 46.- |
| Other Plan | 14.- |
| Other | |
| DCA Training Fee | 4 |
| Cert. of Occ. | 20.- |
| Other Zon | 15.- |
| Total | 189.- |
| Check No. | 5127 |
| Cash | |
| Collected By: | |

# BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 2/6/96
Control #
Permit # 106-96

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

Block 547.01 Lot 15
Work Site Location 363 BRICK BOULEVARD
BRICK, N.J. 08723
Owner in Fee DRUM POINT PLAZA PARTNERSHIP
Address 35 BEAVERSON BLVD.
BRICK N.J. 08723
Tele. (908) 477-6363
Contractor BOB DOWLING
Address 2232 BRIARWOOD LANE
POINT PLEASANT, N.J. 08742
Tele. (908) 295-3593
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security No

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial | INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|---|---|---|
| [ ] No Plans Req. | | | | | | | |
| [✓] All | 2/6/96 | | Footing | | | | |
| [ ] Footing | | | Foundation | | | | |
| [ ] Foundation | | | Slab | | | | |
| [ ] Frame | | | Frame | | | 2/9/96 | |
| [ ] Other | | | Insulation | | | | |
| Joint Plan Review Required: | | | Finishes: | | | 3-4-96 | |
| [ ] Elec. [ ] Plumb. [ ] Fire | | | Energy | | | | |
| SUBCODE APPROVAL | | | Mechanical | | | | |
| [ ] CO [ ] CCO [ ] CA | | | TCO | | | | |
| Date: 3-4-96 | | | Other | | | | |
| Approved By: | | | Final | | | | |

**B. BUILDING CHARACTERISTICS**

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area—Largest Floor _____ 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 $ _____
3. Total (1+2) $ 5000—

**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.

Bob Dowling
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
ERECTION OF NON-LOAD BEARING WALLS FOR A REAL ESTATE OFFICE

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

**(Office Use Only)**
FEE
$ _____

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

# BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3/6/96
Control #
Permit # 106.96

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

Block 547.01 Lot 1.-
Work Site Location 363 BRICK BOULEVARD
BRICK, N.J. 08723
Owner in Fee PAUL PO & LIZA PARTNERSHIP
Address 35 BEAVERSON BLVD.
BRICK N.J. 08723
Tele. (908) 477-6363
Contractor BOB DOWLING
Address 2232 BRIANWOOD LANE
POINT PLEASANT N.J. 08742
Tele. (908) 295-3593
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | 3/6/96 | |
| [ ] 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 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor 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 $
3. Total (1+2) $ 6000.-

**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
ERECTION OF NON-LOAD BEARING WALLS FOR A REAL ESTATE OFFICE

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

**(Office Use Only)**
FEE
$

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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Date Issued 2/6/96
Control #
Permit # 106-96

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

Block 547.01 Lot 15
Work Site Location 363 BRICK BLVD.
BRICK, N.J. 08723
Owner in Fee DRUM POINT PLAZA PARTNERSHIP
Address 35 BEAVERSON BLVD.
BRICK, N.J. 08723
Tele. (908) 477-6363
Contractor BOB DOWLING
Address 2232 BRIARWOOD LANE
POINT PLEASANT, N.J. 08742
Tele. (908) 295-3593
Lic. No. [redacted]
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 $** _____ [ ] Other _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2/6/96
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 3/8/96
Approved by: [signature]

INSPECTIONS:

| Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Suppression Test | | | | |
| Fire Alarm Test | | | | |
| Smoke Test | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other Tenant fit up | | | 3/8/96 | [signature] |
| 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.

Bob Dowling
SIGNATURE

**D. TECHNICAL SITE DATA** tenant fit-up

**Description of Work**

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

| | Number | FEE (Office Use Only) |
|---|---|---|
| Wet Sprinkler Heads | | |
| Dry Sprinkler Heads | | |
| TOTAL | | |
| Smoke Detectors | | |
| Heat Detectors | | |
| TOTAL | | |
| Stand Pipes | | |
| Kitchen Hood Exhaust Systems | | |
| Pre-Engineered Systems | | |
| $CO_2$ Suppression | | |
| Halon Suppression | | |
| Foam Suppression | | |
| Dry Chemical | | |
| Wet Chemical | | |
| Exit signs (lighted) | 2 | 46 |
| Gas or Oil Fired Appliance | | |
| OTHER fire extinguishers | 2 | |

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ _____
TOTAL FEE $ _____

U.C.C. Form F-140B

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 2/6/96
Control #
Permit # 106-96

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

Block 547.01 Lot 15
Work Site Location 363 BRICK BLVD.
BRICK N.J. 08723
Owner in Fee DRUM POINT PLAZA PARTNERSHIP
Address 35 BEAVERSON BLVD.
BRICK, N.J. 08723
Tele. (908) 477-6363
Contractor BOB DOWLING
Address 2232 BRIARWOOD LANE
POINT PLEASANT, N.J. 08742
Tele. (908) 295-3593
Lic. No. _____
Federal Emp. No. _____ or Social Security No. [redacted]

**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 $** _____ [ ] Other _____

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 2/6/96
Approved by: _____
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

| INSPECTIONS: Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Suppression Test | | | | |
| Fire Alarm Test | | | | |
| Smoke Test | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Other | | | | |
| Other | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

_____
SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work** Tenant Ext. sign 16

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____

| | Number | FEE (Office Use Only) |
|---|---|---|
| Wet Sprinkler Heads | | |
| Dry Sprinkler Heads | | |
| TOTAL | | |
| Smoke Detectors | | |
| Heat Detectors | | |
| TOTAL | | |
| Stand Pipes | | |
| Kitchen Hood Exhaust Systems | | |
| Pre-Engineered Systems | | |
| $CO_2$ Suppression | | |
| Halon Suppression | | |
| Foam Suppression | | |
| Dry Chemical | | |
| Wet Chemical | | |
| 8 Exit sign (lighted) | 2 | 16 |
| Gas or Oil Fired Appliance | | |
| OTHER fire alt. system | 2 | |

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

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

# TOWNSHIP OF BRICK
## ZONING PERMIT

**Date of Issue:** February 5, 1996 1996 Z 0057

**Block** 547.01 **Lot** 15 **Zone** B-2, G.B.

**Property Address:** 363 Brick Boulevard

**Owner:** Drum Point Plaza Partnership **(Phone):** 477-6363

**Applicant:** Bob Dowling **(Phone):** 295-3593

**Use:** Unit in Drum Point Plaza

**Proposed Construction (if any):** Alteration for real estate office.

**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**

========== VI. REACTIVITY DATA ==========

ility: X Stable _____Unstable

onditions to avoid: NA

ncompatibility (materials to avoid): Strong oxidizing agents.

azardous decomposition products (including combustion products): May form oxic materials, carbon dioxide, carbon monoxide, various hydrocarbons, etc.

azardous polymerization: ____May occur X Will not occur

onditions to avoid: NA

========== VII. SPILL, LEAK AND DISPOSAL PROCEDURES ==========

eep public and animals away. Prevent material from entering sewers, water ources or low areas.

ontain spilled material. Scoop up with shovel and transfer to a container.

onsult a disposal expert.

TE: Dispose of all wastes in accordance with federal, state and local regulations.

========== VIII. SPECIAL HANDLING INFORMATION ==========

ntilation and engineering controls: Store in cool dry place.

ce velocity 60 FPM in confined area.

piratory protection: None if good ventilation is maintained.

protection: Safety glasses

ves: Impervious

er clothing and equipment: Not required

: practices, hygienic practices: NA

r handling and storage requirements: Store in cool place. Keep containers sed when not in use.

ective measures during maintenance of contaminated equipment: Remove sources of ignition.

========== IX. LABELING ==========

ling: Keep from freezing

==========

ABOVE INFORMATION PERTAINS TO THIS PRODUCT AS CURRENTLY FORMULATED AND IS ) ON THE INFORMATION AVAILABLE AT THIS TIME. ADDITION OF REDUCERS OR OTHER IVES TO THIS PRODUCT MAY SUBSTANTIALLY ALTER THE COMPOSITION AND HAZARDS E PRODUCT. SINCE CONDITIONS OF USE ARE OUTSIDE OUR CONTROL, WE MAKE NO NTIES, EXPRESS OR IMPLIED, AND ASSUME NO LIABILITY IN CONNECTION WITH ANY F THIS INFORMATION.

State of California: DIVISION OF OCCUPATIONAL SAFETY AND HEALTH

# MATERIAL SAFETY DATA SHEET

## I. PRODUCT IDENTIFICATION

TRADE NAME: AIM G-400 STERLING MULTI-PURPOSE ADHESIVE

Chemical names, common names: AQUEOUS RUBBER - RESIN ADHESIVE

Manufacturer's name: ADHESIVE INDUSTRIES MANUFACTURING COMPANY, INC.
Address: 13927 E. 166th Street, Cerritos, CA 90702

Emergency Phone: CHEM-TEL INC. (800) 255-3924
AIM Business Phone: (213) 926-0743

Date prepared: MARCH 1991

## II. HAZARDOUS INGREDIENTS

| Chemical Names | CAS Numbers | Percent* | Exposure Limits in Air ACGIH (TLV) | OSHA (PEL) |
|---|---|---|---|---|
| V M & P NAPTHA | 8032-32-4 | 2.63 | 300 PPM | 300 PPM |
| METHANOL | 67-56-1 | 1.65 | 200 PPM | 200 PPM |

* - Typical amount - not a specification.

## III. PHYSICAL PROPERTIES

Boiling point: > 212°F
or density (air-1): > 1
Specific gravity: 20/20°C
Solubility in water: MISCIBLE
Vapor pressure, mmHg at 20C°C.: 17.5
Evaporation rate (butyl acetate = 1): > 1
Appearance and odor: TAN LIGHT BODIED MASTIC ADHESIVE, SILIGHT RESIN/SOLVENT

## IV. FIRE AND EXPLOSION

Flash point: 114°F PENSKY MARTIN CLOSED CUP
Autoingnition temperature: 878°F
Flammable limits in air, volume %: Lower .9 Upper NDA
Fire extinguishing materials:
X Water spray
X Foam
X Carbon dioxide
X Dry chemical
Other

Special firefighting procedures: USE WATER SPRAY ONLY TO COOL CLOSED CONTAINERS EXPOSED TO FIRE

Unusual fire and explosion hazards: VAPORS CAN FORM EXPLOSIVE MIXTURE BETWEEN UPPER AND LOWER EXPLOSIVE LIMITS

NOT APPLICABLE
NDA NO DATA AVAILABLE

========== V. HEALTH HAZARD INFORMATION ==========

YMPTOMS OF OVEREXPOSURE:

nalation: May cause headache, fatigue, dizziness.

yes: May cause eye redness, blurred vision.

kin: May cause skin dermatitis.

ngestion: May cause diarrhea.

==========

EALTH EFFECTS OR RISKS FROM EXPOSURE.

cute: Dermatitis, irritation of eyes, defatting.

hronic: Liver abnormalities.

==========

IRST AID: EMERGENCY PROCEDURES.

ye Contact: Flush with water for at least 15 min. call physician.

Kin Contact: Wash with soap and water.

nhalation: Remove to fresh air. If not breathing administer CPR. Keep individual calm. Call physician.

ngestion: Call physician.

==========

USPECTED CANCER AGENT?

X NO:

ES: ___Federal OSHA ___NTP ___IARC ___CAL/OSHA

==========

EDICAL CONDITIONS AGGRAVATED BY EXPOSURE: NDA

ECOMMENDATIONS TO PHYSICIAN - NDA

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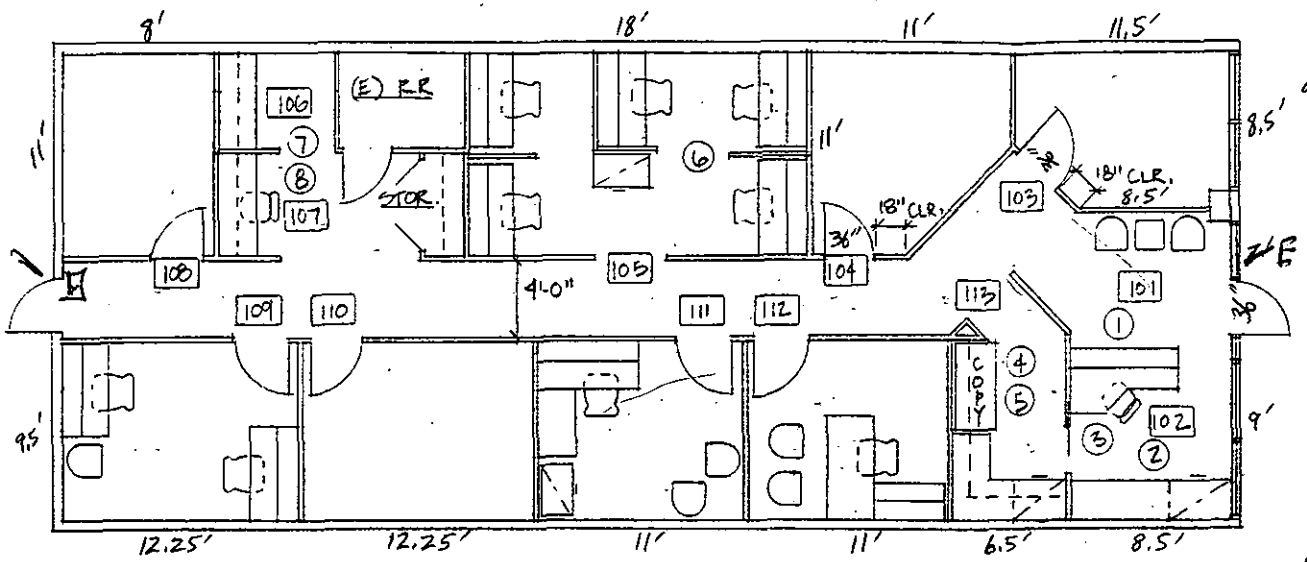
ALL WALLS ARE NON-LOAD BEARING, BUILT 24" ON CENTER

/doors = 36" (32⁴/₂)
5/8" sheetrock in corridor = 1hr. fire rating
doors = 20 min. solid core doors lighted exit lights & 2 fire extinguishers




RK
2/6/96

RE/MAX AWARD REALTORS
BRICK, NJ

ROOM LEGEND

| ROOM # | DESCRIPTION | APPROX. SIZE |
|---|---|---|
| 101 | WAITING AREA | 7.0 x 8.5 |
| 102 | RECEPTIONIST | 9.0 x 8.5 |
| 103 | PRIVATE OFFICE | 8.5 x 11.5 |
| 104 | PRIVATE OFFICE | 11.0 x 11.0 |
| 105 | SHARED OFFICE | 11.0 x 18.0 |
| 106 | COFFEE BAR | 5.0 x 6.0 |
| 107 | COMPUTER | 5.5 x 3.25 |
| 108 | PRIVATE OFFICE | 8.0 x 11.0 |
| 109/110 | SHARED OFFICE | 9.5 x 12.25 |
| 111/112 | PRIVATE OFFICE | 9.5 x 11.0 |
| 113 | TECHNOLOGY CENTER | 9.5 x 6.5 |

NOTES:

1. RECEPTION STATION W/ 42" HEIGHT TRANSACTION COUNTER.
2. 24" DEPTH WORK SURFACE W/ 36" 2 DRAWER LATERAL FILE.
3. POCKET DOOR.
4. OVERHEAD CABINETS AS SHOWN W/ DASHED LINE.
5. LOWER CABINETS W/ 36" 3 DRAWER LATERAL FILE AS SHOWN. VERIFY COPY DIMENSION REQUIREMENTS.
6. 66" HEIGHT FURNITURE PANELS
7. OVERHEAD AND LOWER CABINETS W/ SINK, UNDERCOUNTER REFRIGERATOR, MICROWAVE AND COFFEE MAKER.
8. 24" DEPTH COMPUTER WORK SURFACE W/ OVERHEAD STORAGE CABINET.

106-96

# BOCA®
# PLAN REVIEW RECORD

Valuation: _____ Plan Review #. _____

Fee: _____ Date _____

**NATIONAL BUILDING CODE**
(All Articles except 24, 28, 29, 30, 31 and 32)

**JURISDICTION** _____
*(City, County, Township, etc.)*

**BUILDING LOCATION** _____
*(Street address)*

**BUILDING DESCRIPTION** _____

**REVIEWED BY** _____

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

| No. | DESCRIPTION | Code Section |
|---|---|---|
| | ~~HANDI-CAP BATH~~ | |
| | DOOR SIZES | |
| | HALL RATING'S IF NEEDED | |
| | | |
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The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein.  NOTE: In order that we might develop other programs and provide additional services of benefit to the Code Administration profession, please re-order additional copies of this form from:

**BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.**
**4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795**