

OWNERSHIP OF BRICK

SEP 18

CONSTRUCTION PERMIT
APPLICATION

IDENTIFICATION

1. Proposed Work at: RED LION PLAZA 2518-2540 HOOPER AVE & DEAN PT.

2. Owner Name: PATRICK L. BOTTAZZI TA RED LION PLAZA Tel. ()

Address: 2545 HOOPER AVE BRICK, N.J.

3. Principal Contractor: SAME Tel. ()

Address: _____

Lic. No. or Builder Reg. No. _____ Federal Emp. No. _____

4. Architect or Engineer: T. R. MOON Tel. () 730-7418

Address: P.O. Box 92 Flemington NJ

5. Responsible Person in Charge of Work: PATRICK BOTTAZZI Tel. () 477-1230

549

PROPOSED WORK

A. TYPE OF WORK	B. CATEGORIES OF WORK	D. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?																
1. ☐ Minor Work (Single Trade) 2. ☐ Sm. II Job (\$5,000 and no Prior Approvals) <i>Complete only II.B., III and IV.A. and Page 2</i> 3. ☒ New Building 4. ☐ Addition 5. ☐ Alteration 6. ☐ Repair, Replacement 7. ☐ Demolition 8. ☐ Other: <u>Beam-Store</u>	<table border="1"> <thead> <tr> <th>Permit/Category</th> <th>Estimated</th> </tr> </thead> <tbody> <tr> <td>1. ☐ Building/Structural</td> <td>\$ _____</td> </tr> <tr> <td>2. ☐ Plumbing</td> <td>_____</td> </tr> <tr> <td>3. ☐ Electrical</td> <td>_____</td> </tr> <tr> <td>4. ☐ Fire Protection</td> <td>_____</td> </tr> <tr> <td>5. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td>6. ☐ Other _____</td> <td>_____</td> </tr> <tr> <td colspan="2">TOTAL COST <u>\$500,000</u></td> </tr> </tbody> </table> C. DO YOU WANT: 1. ☐ Partial Releases 2. ☐ Prototype Processing	Permit/Category	Estimated	1. ☐ Building/Structural	\$ _____	2. ☐ Plumbing	_____	3. ☐ Electrical	_____	4. ☐ Fire Protection	_____	5. ☐ Other _____	_____	6. ☐ Other _____	_____	TOTAL COST <u>\$500,000</u>		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 Walls
Permit/Category	Estimated																	
1. ☐ Building/Structural	\$ _____																	
2. ☐ Plumbing	_____																	
3. ☐ Electrical	_____																	
4. ☐ Fire Protection	_____																	
5. ☐ Other _____	_____																	
6. ☐ Other _____	_____																	
TOTAL COST <u>\$500,000</u>																		

II. DESCRIPTION OF BUILDING USE (USE GROUPS)

RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____

2. ☐ Multi-Family (R-2) HMD Reg. No.: _____

3. ☐ Two Family (R-3b)

4. ☐ One-Family (R-3a) If other than new construction, enter no. of dwelling units: _____

Before Construction: _____

After Construction: _____

Net Gain (or loss): _____

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, Infirmeries (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: _____

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 1
15. Height of Structure _____ Ft.
16. Area—Largest Floor 15,600 Sq. Ft.
17. Bldg. Area—All Fls. 15,600 Sq. Ft.
18. Volume of Structure 261,300 Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10109765

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

TEL. ()

ADDRESS

SIGNATURE

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	Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	7-12-86	JK	7-17-86	PA	
	Footings/Foundations					
	Framing					
	Architectural					
	Other <i>3/2/87</i>			4/12/87	JP	
☐	PLUMBING	7-19-86	JK			
☐	ELECTRICAL					
☒	FIRE PROTECTION			3/1/87	OK	OK
☐	OTHER <i>eng</i>					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		10/1/87	OK for TEMP PERMITS (BS)
	Footings/Foundations			
	Framing			
	Architectural			
	Other			
	PLUMBING			Unit 1-4-5-6-7-8-9 Done
	ELECTRICAL			also OK on 2518, 2522 & 2530
	FIRE PROTECTION		9-21-87	GA
	OTHER <i>eng</i>		5-20-87	J. Draney

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:

☒ Temporary Certificate of Occupancy

Date Expired *8-2-87*

☐ Temporary Certificate of Occupancy

Date Expired _____

☒ Certificate of Occupancy

No. *8684*

☐ Certificate of Continued Occupancy

No. _____

☐ Certificate of Approval

No. _____

☐ None

Date Issued

7-2-87

9-24-87

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	\$1824.10
PLUMBING	
ELECTRICAL	
FIRE PROTECTION	270.00
OTHER	
SUBTOTAL	\$2099.10
- LESS: 20% of subtotal (when plan review performed by state agency)	(209.91)
D.C.A. TRAINING FEE .0006 x 261300	156.78
CERTIFICATE OF OCCUPANCY	
OTHER	
OTHER	
TOTAL COLLECTED WHEN PERMIT ISSUED	\$2465.79
DATE <i>9-23-86</i>	Collected By <i>JK</i>

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY <i>1-6-87</i>	<i>JK</i>	1252.37
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



CERTIFICATE

CERT. NO.	8684
DATE ISSUED	9-24-87
Block	549
Lot	5, 6, 9, 10, 11, 12
Subdivision	

IDENTIFICATION

Owner	Red Lion Plaza	Agent	
Address	Hooper & Drum point Avenue	Address	
	Brick, N.J.		
Tel. ()		Tel. ()	
2518-2540			
Work Site Address	Entire Bldg.	Lic. No.	
	Hooper & Drum Point Rd.	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:

Commercial (Retail Stores)

USE GROUP	Business	FIRE GRADING	2 Hours
MAXIMUM LIVE LOAD		MAXIMUM OCCUPANCY LOAD	
SPECIFIC USE	Retail Stores		

FINAL COST OF CONSTRUCTION: \$ 500,000.00

John D. Spade
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



CERTIFICATE

CERT. NO.	8684
DATE ISSUED	7-2-87
Block	549
Lot	5, 6, 9, 10, 12
Subdivision	

IDENTIFICATION

Owner	Red Lion Plaza/ Bottazzi	Agent	
Address	2545 Hooper Avenue	Address	
	Brick, N.J. 08723		
Tel. ()		Tel. ()	
Work Site Address		Lic. No.	
	2518-2540 Hooper Avenue	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 August 2, 1987 or the owner will be subject to a fine or order to vacate:

5:23-2.7 Structure Only - Pending completion of entire building.

D. DESCRIPTION OF WORK:

Comm. Stores

USE GROUP	B	FIRE GRADING	2 Hours
MAXIMUM LIVE LOAD		MAXIMUM OCCUPANCY LOAD	
SPECIFIC USE	Shopping Plaza		

FINAL COST OF CONSTRUCTION: \$ 500,000.00

Arthur J. Russo
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



APPLICATION FOR CERTIFICATE

PERMIT NO.	<u>8684</u>
DATE ISSUED	<u>9-23-86</u>
Block	<u>549</u> Lot <u>5-6-9-16-122</u>
Subdivision	
Notice No.	

IDENTIFICATION

OWNER:

Name PATRICK BOTTAZZI
Address 2545 HOOPER AVE
Town/State/Zip BRICK N.J.

CONSTRUCTION LOCATION:

Address 2518-2540 HOOPER AVE
BRICK N.J.
Tel. ()

ACTION

☐ CERTIFICATE OF OCCUPANCY

☐ CERTIFICATE OF APPROVAL

☐ CERTIFICATE OF CONTINUED OCCUPANCY

☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP: B Previous 2 hours Current

FINAL COST OF CONSTRUCTION: \$ 500,000.00

(Include value of any new structure, all on-site improvements, built in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As-Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED:

☒ Owner
☐ Agent

OWNER/AGENT

TOWNSHIP OF BRICK



CONSTRUCTION PERMIT

PERMIT NO.	9655
DATE ISSUED	1-24-83
Block	1429 Lot 7
Subdivision	

A. IDENTIFICATION

Owner James Mill Cos Agent James
 Address 290 Rt 22 W Address _____
Glenwood, NJ 08812
 Tel. () _____ Tel. () _____
 Work Site Address _____ Lic. No. _____
James Mill Cos Federal Emp. No. _____

PAYMENTS

Permit Fee \$ 2425.00
 Fees Remitted \$ _____
☒ Check No. 128
☐ Cash
☐ Other
 Collected By: James
 Date: 1-24-83

is hereby granted permission
to perform the following work:

- ☐ BUILDING ☐ ELECTRICAL
☐ PLUMBING ☐ FIRE PROTECTION
☐ OTHER _____

Description of work:

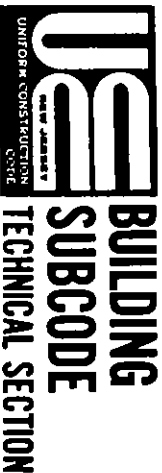
8 Comm Store

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: \$ 500,000.

CC
CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK



PERMIT NO. 8684
 DATE ISSUED 9-23-86
 REVISION DATE _____
 Block 549 Lot 5-6-9-10-
 Subdivision 122

A. IDENTIFICATION

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

Owner PATRICK L. ROTTAZZI Contractor REB LION PLAZA
 Address 2545 HOOPER AVE Address _____
BRICK NJ
 Tel. () _____ Tel. () _____
 Work Site Address HOOPER AVE Lic. No. _____ 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

DESCRIPTION OF WORK
 Give detail description including materials used, dimensions, etc.
9 STORES.

TYPE OF WORK:	Fee Basis	Fee
☐ New Building		
☐ Addition		
☐ Alteration/Renovation		
☐ Roofing		
☐ Siding		
☐ Other _____		
☐ Demolition		
☐ Miscellaneous		
☐ Fence		
☐ Sign		
☐ Pool		
☐ Elevator		
☐ Other _____		
SUBTOTAL	\$	\$
Minimum Building Fee (if applicable)	\$	\$
Total Building Fee (Greater of Minimum or Subtotal)	\$	\$

☒ See Plans

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area - All Floors 15,600 Sq. Ft.
 Height of Structure _____ Ft. Volume of Structure 264,300 Cu. Ft.
 Area - Largest Floor 15,600 Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
 Estimated Cost of Building Work: \$ 500,000

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - BUILDING

DATE

JOB CONDITION/COMMENTS

2-10-87

made inspections on piers: 8 Reg.

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐ No Plans Required

☒ All

☐ Footing/Foundation

☐ Frame

☐ Architectural

☐ Other

Date

9-17-86

Initials

PA

INSPECTIONS FINAL

☐ CO

☐ CCO

☒ CA

Date: 6/25/87

Inspected By: *[Signature]*

INSPECTIONS

Type

☒ Footing/Foundation

☐ Slab

☐ Frame

☐ Architectural

☐ Insulation

☐ Finishes

☐ Energy

☐ Mechanical

☐ TCO

☐ Other

Failure Dates

Approval Date

9-30-86
10-22-86



FIRE SUBCODE



PERMIT NO.	8684
DATE ISSUED	9-23-86
REVISION DATE	
Block	549
Subdivision	Lot 5-6-9-10-15.2

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office
Owner <u>PATRICK & BOTHAZZI INC</u>	Contractor <u>RED LION PLUMB</u>
Address <u>2545 HOOPER AVE</u>	Address _____
<u>BEIRLE N.J.</u>	
Tel. () _____	Tel. () _____
Work Site Address _____	Lic. No. _____
<u>2518 HOOPER AVE</u>	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

B1. SPRINKLERS	FEE
TYPE: ☐ Wet ☐ Dry ☐ Other _____	
Aree 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: \$ _____	
B2. SPECIAL SUPPRESSION SYSTEMS	
TYPE: ☐ Dry Chemical ☐ CO2	
☐ Halon ☐ Foam	
☐ Other _____	
Manual Pull: ☐ Yes ☐ No	
Locations: _____	
Estimated Cost of Work: \$ _____	
B3. ALARM	FEE
TYPE: ☐ Manual ☐ Automatic	
Supervision Type: ☐ Local ☐ Central	
☐ Proprietary ☐ Remote Location	
Estimated Cost of Work: \$ _____	
B4. STAND PIPES	
Pipe Size: _____ Pump Size: _____	
Water Source: _____ Size: _____	
FD Connection Location: _____	
Hose Station: ☐ Yes ☐ No	
Estimated Cost of Work: \$ _____	
B5. OTHER	
<u>Extn. Exchgs - Fire Hardware</u>	
<u>Extn. Exchgs - HVAC</u>	
<u>Fire extinguishers</u>	
Subtotal	\$ 1.50
Minimum Fire Protection Fee (If Applicable)	\$ 1.50
Total Fire Protection Fee (Greater of Minimum or Subtotal)	\$ 3.00

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

Submit HVAC plans
Shore #1
☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 2684
DATE ISSUED 9-23-84
REVISION DATE _____
Block 545 Lot 364/10/112
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office
Owner <u>Betha 221</u>	Contractor _____
Address _____	Address _____
Tel. () _____	Tel. () _____
Work Site Address <u>2532 4th Ave.</u>	Lic. No. _____
	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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____	FEE
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: \$ _____	\$ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

<u>Exterior Lights - Prime Hardware</u>	\$ _____
<u>Exterior Lights - HUC Ac</u>	\$ _____
<u>Fire Extinguishers</u>	\$ _____

Subtotal

\$ 15

Estimated Cost of Work: \$ _____

\$ 15

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

\$ 30

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

Submittal HUC Plans
Store #3

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
DATE ISSUED 9-23-86
REVISION DATE _____
Block 543 Lot 54910, 11, 12
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Bottazzi

Contractor _____

Address _____

Address _____

Tel. () _____

Tel. () _____

Work Site Address _____

Lic. No. _____

7524 Slooper Ave

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE _____

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: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ 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: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Excess Lights - Drive Hardware
Exat Lights - Halls
Fire Extinguishers

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

Subnot HVAC Plans
Store #4

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE

TECHNICAL SECTION



PERMIT NO. 8684
DATE ISSUED 9-22-86
REVISION DATE _____
Block 549 Lot 56, 810, 12
Subdivision _____

A. IDENTIFICATION

APPLICANT -- Complete unstaded areas only

When changing contractors, notify this office

Owner Bottazzi

Address _____

Contractor _____

Address _____

Tel. () _____

Tel. () _____

Work Site Address _____

Lic. No. _____

2530 Wagon Drive

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE

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: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Excess Lights HVAC
Exit Lights Plastic Hardware
Fire extinguishers

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

Stone #7
Submt HVAC Plans

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
DATE ISSUED 9-23-86
REVISION DATE _____
Block 545 Lot 56910, 12
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office
Owner <u>Bothazzi</u>	Contractor _____
Address _____	Address _____
Tel. (____) _____	Tel. (____) _____
Work Site Address <u>2528 Alvington Ave</u>	Lic. No. _____
	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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____	FEE
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: \$ _____	\$ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

<u>Exit Lights</u> <u>Drum Hardware</u>	\$ _____
<u>Exit Lights</u> <u>Hues</u>	\$ _____
<u>Fire Extinguishers</u>	\$ _____

Subtotal \$ 15

Minimum Fire Protection Fee (If Applicable) \$ 15

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 30

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

Submit HVAC Plans
store #6

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 2684
DATE ISSUED 4-23-88
REVISION DATE _____
Block 549 Lot 1569, 1312
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner B & H 221

Contractor _____

Address _____

Address _____

Tel. (____) _____

Tel. (____) _____

Work Site Address _____

Lic. No. _____

2526 Hooper Ave

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____

FEE

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: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic

FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Excess Lights Plastic Hardware
Excess Lights HVAC
Excess Lights

Subtotal

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum
or Subtotal)

\$ 15
\$ 30

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

Submittal HVAC Plans
Store #5

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 9684
DATE ISSUED 9-23-86
REVISION DATE _____
Block 579 Lot 569, 1012
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Bottazzi

Contractor _____

Address _____

Address _____

Tel. () _____

Tel. () _____

Work Site Address _____

Lic. No. _____

2534 Harper Ave

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: _____ No. of Spare Heads: _____

☐ Valves Supervised - Method: _____ Size: _____

Water Supply - Source: _____

FD Connection Location: _____

Estimated Cost of Work: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Excess Light Bulbs
Light bulbs
Fire Extinguishers

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

Submitt Hvac Plans
Store at 8

☐ Partial Releases ☐ Prototype Processing



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
DATE ISSUED 6-23-86
REVISION DATE _____
Block 579 Lot 56, 9, 10, 12
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Bo Harri
Address _____
Tel. () _____
Work Site Address 2548 Hooper Ave

Contractor _____
Address _____
Tel. () _____
Lic. No. _____
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

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: \$ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

Excess Lights - 11vac
Fire Extinguishers
\$ _____
\$ _____
\$ _____

Subtotal

Minimum Fire Protection Fee (if Applicable)

\$ 15

Total Fire Protection Fee (Greater of Minimum or Subtotal)

\$ 30

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

Submit HVAC Plans
Star #9

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

Review Fireby Safety

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 5-17-86

Approved By: [Signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 5-21-86
 Inspected By: [Signature]

INSPECTIONS

Type	Failure Date	Approval Date
☐ Fire Suppression Test		
☐ Fire Alarm Test		
☐ Smoke Test		
☐ TCO		
☐ Other		
☐ Other		
☐ Other		
☐ Other		



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 1684
DATE ISSUED 12-22-86
REVISION DATE _____
Block 549 Lot 5, 6, 12
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Patrick J. Astazi

Contractor _____

Address _____

Address _____

Tel. (____) _____

Tel. (____) _____

Work Site Address

2520 110th Ave

Lic. No. _____

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 SUB DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____

FEE

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: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic

FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Excess. Lengths - Pass. Walkways
First Heads - HVAC
Free Fall Asphyx.

Subtotal

Minimum Fire Protection Fee (If Applicable)

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$30

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

Subst HVAC Pans
5/10/82

☐ Partial Releases ☐ Phototype Processing

PLAN REVIEW AND INSPECTION = FIRE

DATE _____

Review

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 8-17-86 Approved By: C. Beck

Approved By:

INSPECTIONS FINAL

CA ☐ CCO ☐ CO ☐

Date:

Inspected By:

INSPECTIONS

Type

- ☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☐ Other
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 2661
DATE ISSUED 5-22-82
REVISION DATE _____
Block \$ 44 Lot 1,181,111
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner 5544221

Contractor _____

Address _____

Address _____

Tel. () _____

Tel. () _____

Work Site Address _____

Lic. No. _____

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE

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: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Partial B.T. Protection
First Location W.P.C.
First Location

Subtotal

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

15
30

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

Subst 11000 p.m.s
51-00 #3

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

Review Firestop system

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 8-17-21

Approved By: C. Cook

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 8-25-21

Inspected By: C. Cook

INSPECTIONS

Type

- ☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☐ Other
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO.	8684
DATE ISSUED	9-2-86
REVISION DATE	
Block	545 Lot 545100
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner B. H. A. 2
Address _____
Tel. () _____
Work Site Address 2504 Main St.

Contractor _____
Address _____
Tel. () _____
Lic. No. _____
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 SHEET DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: \$ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

Fire Lights - 6000 Handone
Fire Lights - 1000
Fire Hydrant, 1000

Subtotal \$ 15
Minimum Fire Protection Fee (If Applicable) \$ 15
Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 30

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

Subm. 11 Vac. 2000
5/10/84
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

Review Firestop self

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 9-17-25

Approved By: C. C. Cello

INSPECTIONS FINAL

☒ CO
 ☐ CCO
 ☐ CA

Date: 9-17-27

Inspected By: C. C. Cello

INSPECTIONS

Type

- ☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☐ Other
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date

FIRE **SUBCODE** **TECHNICAL SECTION**



PERMIT NO. 4690
 DATE ISSUED 0.25.86
 REVISION DATE _____
 Block 549 Lot 165, 172
 Subdivision _____

A. IDENTIFICATION

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

Owner B. H. ... Contractor _____
 Address _____ Address _____
 Tel. () _____ Tel. () _____
 Work Site Address _____ Lic. No. _____
2526 Hooper Ave 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

B1. SPRINKLERS		B3. ALARM	
	FEE		FEE
TYPE: ☐ Wet ☐ Dry ☐ Other _____ Area Sprinkled: ☐ Full ☐ Partial (Specify in comments) No. of Heads: _____ No. of Spare Heads: _____ ☐ Valves Supervised - Method: _____ Size: _____ Water Supply - Source: _____ FD Connection Location: _____ Estimated Cost of Work: \$ _____		TYPE: ☐ Manual ☐ Automatic Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location Estimated Cost of Work: \$ _____	
B2. SPECIAL SUPPRESSION SYSTEMS		B4. STAND PIPES	
TYPE: ☐ Dry Chemical ☐ CO ₂ ☐ Halon ☐ Foam ☐ Other _____ Manual Pull: ☐ Yes ☐ No Locations: _____ Estimated Cost of Work: \$ _____		Pipe Size: _____ Pump Size: _____ Water Source: _____ Size: _____ FD Connection Location: _____ Hose Station: ☐ Yes ☐ No Estimated Cost of Work: \$ _____	
B5. OTHER			
<u>Excess Light, Power, Halon</u> <u>Excess Light, Power</u> <u>Excess Light, Power</u> Subtotal \$ <u>15</u>			
Minimum Fire Protection Fee (If Applicable) Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ <u>30</u>			

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

Submit 11/24/86
 S100E #5
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE

JOB CONDITION/COMMENTS

Review Firestep Soffit

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 8-17-84

Approved By: [Signature]

INSPECTIONS FINAL

☒ EO ☐ CCO ☐ CA

Date: [Signature]

Inspected By: [Signature]

INSPECTIONS

Type	Failure Date	Approval Date
☐ Fire Suppression Test		
☐ Fire Alarm Test		
☐ Smoke Test		
☐ TCO		
☐ Other		
☐ Other		
☐ Other		
☐ Other		



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 9484
DATE ISSUED 9-25-86
REVISION DATE _____
Block 515 Lot 1, 910, 11
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Beth Ann

Contractor _____

Address _____

Address _____

Tel. (____) _____

Tel. (____) _____

Work Site Address _____

Lic. No. _____

2538 Hager Ave

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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE _____

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: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ Halon ☐ Foam

☐ Other _____

Manual Pull: ☐ Yes ☐ No

Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE _____

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Fire Extinguishers

Fire Extinguishers

Fire Extinguishers

Subtotal \$15

Minimum Fire Protection Fee (If Applicable) \$15

Total Fire Protection Fee (Greater of Minimum or Subtotal) \$30

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

Submit ALLC Plans
5-for #6

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

Review Firestop report

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 9-17-85

Approved By: [Signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-24-87
 Inspected By: [Signature]

INSPECTIONS

Type

- ☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☐ Other
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 0156
DATE ISSUED 1-2-77
REVISION DATE
Block 545 Lot 5654490
Subdivision

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Bothani
Address
Tel. ()
Work Site Address 2530 Margaret Circle

Contractor
Address
Tel. ()
Lic. No.
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

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other FEE
Areas 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: \$

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:

Estimated Cost of Work: \$

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

Fire Alarm Unit \$ 15
Fire Alarm Panel \$ 15
Fire Alarm Bell \$ 15
Subtotal \$ 45
Minimum Fire Protection Fee (If Applicable) \$ 15
Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 30

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

Site # 7
Subnet 116M Pima
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE

JOB CONDITION/COMMENTS

Review Firestop 50624

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 5-12-22

Approved By: [Signature]

INSPECTIONS FINAL

☐ CO
 ☐ CCO
 ☐ CA

Date: 5-12-22

Inspected By: [Signature]

INSPECTIONS

- | Type | Failure Date | Approval Date |
|--|--------------|---------------|
| ☐ Fire Suppression Test | | |
| ☐ Fire Alarm Test | | |
| ☐ Smoke Test | | |
| ☐ TCO | | |
| ☐ Other | | |
| ☐ Other | | |
| ☐ Other | | |
| ☐ Other | | |



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 0130
DATE ISSUED 7/23/88
REVISION DATE _____
Block 525 Lot 8451002
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Bottazzi

Contractor _____

Address _____

Address _____

Tel. (____) _____

Tel. (____) _____

Work Site Address 6034 Wagoner Dr

Lic. No. _____

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. PHYSICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE _____

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: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂

☐ 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: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____

Water Source: _____ Size: _____

FD Connection Location: _____

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$ _____

B5. OTHER

Power Lights Power Hardware

Light bulbs 4100

Fire Extinguishers

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

Submit Fire Plans
5/1/88

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

Review Firestop Sollicit

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 5-17-86

Approved By: [Signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 6/24/87

Inspected By: [Signature]

INSPECTIONS

- Type
- | | | | |
|--|--|--|--|
| ☐ Fire Suppression Test | | | |
| ☐ Fire Alarm Test | | | |
| ☐ Smoke Test | | | |
| ☐ TCO | | | |
| ☐ Other | | | |
| ☐ Other | | | |
| ☐ Other | | | |
| ☐ Other | | | |

Failure Date

Approval Date



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 4464
DATE ISSUED 11-20-2002
REVISION DATE _____
Block 579 Lot 5491.0.4
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner B3 Home
Address _____
Tel. () _____
Work Site Address 540 1000-41 Ave

Contractor _____
Address _____
Tel. () _____
Lic. No. _____
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 FIRE DATA

B1. SPRINKLERS

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

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO2
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____

Estimated Cost of Work: \$ _____

B3. ALARM

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

B4. STAND PIPES

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

B5. OTHER

Eme. Equip. - Press. Handlines
Fire Extinguishers
Fire Extinguishers
Subtotal \$ 15

Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (Greater of Minimum
or Subtotal) \$ 30

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

Submt 11/20/02
S/L 379
☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

Review Firestop 5th fl

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 5-12-85

Approved By: [Signature]

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-21-87

Inspected By: [Signature]

INSPECTIONS

Type

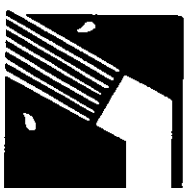
- ☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☐ Other
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
DATE ISSUED 6-12-87
REVISION DATE 6-12-87
Block 549 Lot 5-16
Subdivision _____

A. IDENTIFICATION

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

Owner RED LION PLAZA Contractor PINELAND PLBG. & HTG., INC.
Address _____ Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. (____) _____ Tel. (____) 201 477-0854
Work Site Address _____ Lic. No./Bus. Permit 1722
WEST FARMS STORE Federal Emp. No. 22-1853417

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.
Wesley R. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures TYPE OF WORK: New Additions Fixtures (Wesley Farms Store)

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ 5.-		Garbage Disposal	\$	COLUMN 1 \$ 40.-
3	Bath/ub	15.-		Air Conditioner Unit		COLUMN 2 \$ 35.-
4	Lavatory/Sink	20.-		Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (if applicable) \$
	Washing Machine			Grease Trap	25.-	Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 75.-
	Dishwasher		1	Interceptor		
	Commercial Dishwasher			Backflow Device		
	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace			Vent Stack	10.-	
	Steam Boiler			Solar System		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
1	Water Cooler			Other		
COLUMN 1		\$ 40.-	COLUMN 2		\$ 35.-	

C. PLUMBING CHARACTERISTICS

USE GROUP: Commercial, Store Present 1 1/2 - 3 Proposed 1
Drainage - Material Seh 40 PVC Size 1 1/2 - 3
Building Sewer - Material Spr 35 Size 1
Water Service - Material L60 PSI Size 1
Venting - Material Seh 40 Size 1 1/2 - 2
Estimated Cost of Plumbing Work: \$

D. COMMENTS

ADDITIONAL FEES 5-28-87

☐ Partial Releases ☐ Prototype Processing

UNIFORM
CONSTRUCTION
CODE

PERMIT NO. 8684
DATE ISSUED _____
REVISION DATE 1-6-87
Block 549 Lot 5-6-9-10-12-22
Subdivision _____

When changing contractors, notify this office

Contractor PINELAND PLBG. & HTG., INC.

Address 807 MANTOLOKING RD.

Tel. (____) 201 477-0854

Lic.No./Bus. Permit 1722

TYPE OF WORK: ALU

[illegible]

USE GROUP: Store Present Proposed

Drainage —	Material	Sch 40	PVC	Size	1 1/2" - 3"
Building Sewer—	Material	S.D.R. 35		Size	4"
Water Service—	Material	160	P.S.I	Size	3/4"
Venting —	Material	Sch 40		Size	1 1/2" - 3"
Estimated Cost of Plumbing Work: \$					

☐ Partial Releases ☐ Prototype Processing

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 William R. Dwyer

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
 DATE ISSUED 4/8/87
 REVISION DATE 4/7/87
 Block 644 Lot 5E91012.2
 Subdivision _____

A. IDENTIFICATION

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

Owner Red Lion Plaza Contractor PINELAND PLBG. & HTG., INC.
 Address _____ Address 807 MANTOLOKING RD.
 BRICK TOWNSHIP, N.J. 08723
 Tel. (____) _____ Tel. (____) 201 477-0854
 Work Site Address _____ Lic.No./Bus. Permit 1732
 Federal Emp. No. 22-1853417

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.
Walter R. Dwyer
 AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

Revised Permit

TYPE OF WORK: New & Additions

(BRICK)

No.	Fixture	Fee	No.	Fixture	Fee
<u>1</u>	Water Closet/Bidet/Toilet	<u>80</u>		Garbage Disposal	\$ _____
	Bath tub			Air Conditioner Unit	\$ _____
<u>1</u>	<u>0</u> Lavatory/Sink	<u>5</u>		Indirect Connection	\$ _____
	Shower/Floor Drain			Sewer Ejector	\$ _____
	Washing Machine			Grease Trap	\$ _____
	Dishwasher			Interceptor	\$ _____
	Commercial Dishwasher			Backflow Device	\$ _____
<u>0</u>	Water Heater			Reduced Pressure	\$ _____
	Domestic Boiler/Furnace			Backflow Device	\$ _____
	Steam Boiler			Vent Stack	\$ _____
<u>1</u>	Water Util. Connection			Solar System	\$ _____
<u>1</u>	Sewer Util. Connection			Other <u>Gas</u>	\$ _____
	Hose Bibb			Other _____	\$ _____
	Water Cooler			Other _____	\$ _____
COLUMN 1		\$ <u>15</u>	COLUMN 2		\$ <u>0</u>

Fee

COLUMN 1 \$ 15
 COLUMN 2 \$ 0
 SUBTOTAL \$ 15
 Minimum Plumbing Fee (If applicable) \$ _____
 Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 15

Add fix

C. PLUMBING CHARACTERISTICS

USE GROUP: Bank Present _____ Proposed _____

Drainage - Material Sch 40 Pvc Size 1 1/2-3

Building Sewer - Material SDE 35 Size 4

Water Service - Material 160 Psi Size 3/4

Venting - Material Sch 40 Size 1 1/2-2

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

Rec'd CE #19605
for 1500 add fixtures

☐ Partial Releases ☐ Prototype Processing



USMC
UNIFORM CONSTRUCTION
CODE

PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 4-8-87
DATE ISSUED 4/7/87
REVISION DATE _____
Block 544 Lot 56 90 13.2
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Red Lion Plaza

Contractor PINELAND PLBG. & HTG., INC.

Address _____

Address 80 / MANTOLOKING RD.

Tel. () -----

Tel. (____) 201 477-0854

Work Site Address _____

Lic.No./Bus. Permit 1122

Federal Emp. No. 22-1853417

B. TECHNICAL SITE DATA

Revised Permit

TYPE OF WORK: *Lead + Additional Figures*

(Mines Subs Store)

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	5		Garbage Disposal	\$	COLUMN 1 \$ 45 COLUMN 2 \$ 25 SUBTOTAL \$ 70 Minimum Plumbing Fee (if applicable) \$ Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 70 Add Fix
2	Bathub			Air Conditioner Unit		
3	Lavatory/Sink	25		Indirect Connection		
4	Shower/Floor Drain	15		Sewer Ejector		
	Washing Machine		1	Grease Trap	25	
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
0	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/ Furnace		0	Vent Stack		
	Steam Boiler			Solar System		
1	Water Util. Connection		0	Other Gas		
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1		\$ 45	COLUMN 2		\$ 25	

C. PLUMBING CHARACTERISTICS

USE GROUP: STOAL Present Proposed

Drainage - Material Sch 40 PVC Size 1 1/2 - 4

Building Sewer—Material SP4 35 | Size 4

Water Service-	Material	Size
	160 PSI	3/4

Venting -	
Material	Sch 40
Size	1/4 - 3

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

Items on Previous Permit As Follows:

1-Tier

1-544

2-3, car during

7134

1- Sewer & Water Connection

☐ Partial Releases

☐ Prototype Processing

Rec'd
Add'l
#1
#1609

**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 W. R. Dwyer

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO.	8684
DATE ISSUED	1-6-87
REVISION DATE	
Block 549	Lot 569-10-12-2
Subdivision	

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only		When changing contractors, notify this office	
Owner <u>Eastern Place</u>	Contractor <u>PINELAND PLBG. & HTG., INC.</u>		
Address <u>2518 S. Maple Ave</u>	Address <u>807 MANTOLOKING RD.</u>		
	<u>BRICK TOWNSHIP, N.J. 08723</u>		
Tel. () <u>2518-2540</u>	Tel. () <u>201-477-0854</u>		
Work Site Address <u>2518 S. Maple Ave</u>	Lic. No./Bus. Permit <u>1722</u>		
	Federal Emp. No. <u>22-1853417</u>		

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.

William R. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: NEW

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	25		Garbage Disposal		COLUMN 1 \$ 35
	Bathub		1	Air Conditioner Unit	75	COLUMN 2 \$ 40
1	Lavatory/Sink	5		Indirect Connection		SUBTOTAL \$ 75
1	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (if applicable) \$
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 75
	Dishwasher			Interceptor		
1	Commercial Dishwasher	5		Backflow Device		
	Water Heater			Reduced Pressure Backflow Device		
1	Domestic Boiler/Furnace	15	1	Vent Stack	70	
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other 645	25	
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1 \$ 35			COLUMN 2 \$ 40			

C. PLUMBING CHARACTERISTICS

USE GROUP: Steel Present 1 1/2 - 3 Proposed 1 1/2 - 3

Drainage — Material Sch 40 PVC Size 4

Building Sewer — Material S.D.R. 35 Size 4

Water Service — Material 1/2" PSI Size 3/4

Venting — Material Sch 40 Size 1 1/2 - 3

Estimated Cost of Plumbing Work: \$

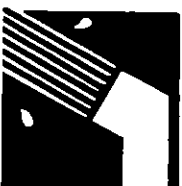
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 4604
 DATE ISSUED 4-8-87
 REVISION DATE 4/17/87
 Block 544 Lot 57-6-10-13
 Subdivision _____

A. IDENTIFICATIONAPPLICANT — *Complete unshaded areas only*

When changing contractors, notify this office

Owner Red Lion PlazaContractor Pineand Reg + Hts

Address _____

Address 807 Meadow Rd

Tel. (____) _____

Tel. (____) _____

Exeter, N.H.

Work Site Address _____

Lic.No./Bus. Permit 1722Federal Emp. No. 22-1853417

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.

Wileen R. Smyth
 AGENT SIGNATURE

B. TECHNICAL SITE DATA*List all fixtures*

TYPE OF WORK:

Barry Parlor.

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal	\$ _____		Garbage Disposal	\$ _____
	Bathrubb	_____		Air Conditioner Unit	_____
3	Laundry /Sink	<u>75</u>		Indirect Connection	_____
	Shower/Floor Drain	_____		Sewer Ejector	_____
1	Washing Machine	<u>5</u>		Grease Trap	_____
	Dishwasher	_____		Interceptor	_____
	Commercial Dishwasher	_____		Backflow Device	_____
	Water Heater	_____		Reduced Pressure	_____
	Domestic Boiler/Furnace	_____		Backflow Device	_____
	Steam Boiler	_____		Vent Stack	_____
	Water Util. Connection	_____		Solar System	_____
	Sewer Util. Connection	_____		Other _____	_____
	Hose Bibb	_____		Other _____	_____
	Water Cooler	_____		Other _____	_____
COLUMN 1		\$ <u>20</u>	COLUMN 2		\$ <u>0</u>

Fee

COLUMN 1 \$ 20COLUMN 2 \$ 0SUBTOTAL \$ 20

Minimum Plumbing Fee (if applicable) \$ _____

Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 20Added fix**C. PLUMBING CHARACTERISTICS**USE GROUP: Stone

Present

Proposed

Drainage —

Material Sch 40

PVC

Size 1 1/2 - 3

Building Sewer —

Material SDR 35Size 4Size 3/4

Water Service —

Material 160 PSISize 3/4Size 1 1/2 - 2

Venting —

Material Sch 40Size 1 1/2 - 2Size 1 1/2 - 2

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS☐ Partial Releases☐ Prototype Processing

Rec'd OK 17/19605
for 20 added fixtures

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
 DATE ISSUED 1-6-87
 REVISION DATE 1-6-87
 Block 549 Lot 56-9-10-12
 Subdivision _____

A. IDENTIFICATION

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

Owner William Placer Contractor PINELAND PLBG. & HTG. INC.
 Address 2545 Elmly Ave Address 807 MANTOLOKING RD.
Brick Twp. BRICK TOWNSHIP, N.J. 08723
 Tel. () _____ Tel. () _____ 201 477-0854
 Work Site Address 2518 to 2545 Lic. No./Bus. Permit 1722
Plumber & Plumber Pt. Federal Emp. No. 22-1853417

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.
William R. Dwyer
 AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: N & W

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ 5				COLUMN 1 \$ 35
	Bathub		1	Garbage Disposal	\$ 15	
1	Lavatory/Sink	\$ 5		Air Conditioner Unit		COLUMN 2 \$ 40
	Shower/Floor Drain			Indirect Connection		SUBTOTAL \$ 75
	Washing Machine			Sewer Ejector		Minimum Plumbing Fee (if applicable) \$ _____
	Dishwasher			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ _____
1	Commercial Dishwasher	\$ 5		Backflow Device		
	Water Heater			Reduced Pressure Backflow Device		
1	Domestic Boiler/Furnace	\$ 15	1	Vent Stack	\$ 14	
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other <u>G4s</u>	\$ 15	
	Sewer Util. Connection			Other _____		
	Hose Bibb			Other _____		
	Water Cooler			Other _____		
	COLUMN 1 \$ 35			COLUMN 2 \$ 40		

C. PLUMBING CHARACTERISTICS

USE GROUP: Steel Present _____ Proposed _____
 Drainage — Material Sch 40 Pvc _____ Size 1 1/4" - 3"
 Building Sewer — Material Sch 35 _____ Size 4"
 Water Service — Material 1/2" PGI _____ Size 3/4"
 Venting — Material Sch 40 _____ Size 1 1/4" - 3"
 Estimated Cost of Plumbing Work: \$ _____

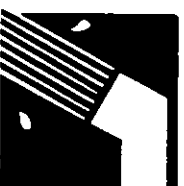
D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK



**PLUMBING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 3684
DATE ISSUED 1-6-87
REVISION DATE 1-6-87
Block 549 Lot 5-A-9-10-
Subdivision 123

A. IDENTIFICATION

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

Owner Paul Lion Player Contractor PINELAND PLBG. & HIG., INC.
Address 2545 Algonk Ave Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. () _____ Tel. () 201 477-0854
Work Site Address 2518-2540 Lic. No./Bus. Permit 1722
Algonk Over Pleasant Pt Federal Emp. No. 22-1853417

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.
Walter A. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: NEW

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/ Backflow <u>Drain</u>	\$ <u>5</u>	1	Garbage Disposal	\$ <u>15</u>	COLUMN 1 \$ <u>35</u>
1	Bathtub			Air Conditioner Unit		COLUMN 2 \$ <u>40</u>
1	Lavatory/ Sink	\$ <u>5</u>		Indirect Connection		SUBTOTAL \$ <u>75</u>
1	Sewer/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (if applicable) \$ <u> </u>
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ <u> </u>
	Dishwasher			Interceptor		
1	Commercial Dishwasher	\$ <u>5</u>		Backflow Device		
1	Water Heater			Reduced Pressure Backflow Device		
1	Domestic Boiler/Furnace	\$ <u>15</u>	1	Vent Stack	\$ <u>10</u>	
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other <u>Gas</u>	\$ <u>15</u>	
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1 \$ <u>35</u>			COLUMN 2 \$ <u>40</u>		

C. PLUMBING CHARACTERISTICS

USE GROUP: Steel Present 1 1/4 - 3 Proposed

Drainage — Material Sch 40 POC Size

Building Sewer — Material SDR 35 Size 4

Water Service — Material 1/60 PSI Size 3/4

Venting — Material 5/8 1/2 Size 1 1/4 - 3

Estimated Cost of Plumbing Work: \$

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

9



TECHNICAL SECTION

Lot 5-6-9-10

When changing contractors, notify this office

Contractor PINELAND PLBG. & HTG., INC.

Address 807 MANTOLOKING RD.

SECRET, CONTINUED

Tel. () 201 477-0854

Lic.No./Bus. Permit 1722

Federal Emp. No. 22-1853417

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: *Adm*

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Trial	\$ 5			
1	Bathub		1	Garbage Disposal	\$ 15
1	Lavatory/ Sink	\$ 5		Air Conditioner Unit	
1	Showers /Floor Drain	\$ 5		Indirect Connection	
	Washing Machine			Sewer Ejector	
	Dishwasher			Grease Trap	
	Commercial Dishwasher			Interceptor	
1	Water Heater	\$ 5		Backflow Device	
1	Domestic Boiler/Furnace	\$ 15	1	Reduced Pressure Backflow Device	
	Steam Boiler			Vent Stack	\$ 10
1	Water Util. Connection		1	Solar System	
1	Sewer Util. Connection			Other Gas,	\$ 15
	Hose Bibb			Other	
	Water Cooler			Other	
				Other	
COLUMN 1		\$ 35	COLUMN 2		\$ 40

TOTAL \$ 75
 Minimum Plumbing Fee
 (If applicable) \$ -
 Total Plumbing Fee
 (Greater of Minimum or Subtotal) \$ -

C. PLUMBING CHARACTERISTICS

USE GROUP: Store Present Proposed

Drainage - Material Sch 40 Pvc Size 1 1/2 - 3

Building Sewer—Material SDR 35 Size 4

Water Service--	Material	160 PSI	Size	3/4
-----------------	----------	---------	------	-----

Venting -	Material	Size
	Sch 40	1 1/2 - 3

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

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.

Walter R. Dwyer

AGENT SIGNATURE

AGENT SIGNATURE

✓

TOWNSHIP OF BRICK



**PLUMBING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 8684
DATE ISSUED _____
REVISION DATE 1-6-87
Block 544 Lot 5-6-9-10
Subdivision _____

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Edwards, Lloyd

Contractor PINELAND PLBG. & HTG., INC.

Address 2371 1st Ave. S.W.

Address 80/ MANILOKING RD.

Answer 11.

BRICK TOWNSHIP, N.J. 08723

Tel. () _____

Tel. () 201-477-0854

Work Site Address 2318 - 2320

Lic.No./Bus. Permit 1124

Darstellung in 9 Dimensionen.

Federal Emp. No. 22-1853417

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: *News*

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closer/Bidet/Urinal	\$ 5			
	Bathtub		1	Garbage Disposal	\$ 15
1	Lavatory/Sink	\$ 3		Air Conditioner Unit	
	Sewer/Floor Drain	\$ 5		Indirect Connection	
1	Washing Machine			Sewer Ejector	
	Dishwasher			Grease Trap	
	Commercial Dishwasher			Interceptor	
1	Water Heater	\$ 5		Backflow Device	
1	Domestic Boiler/Furnace	\$ 15	1	Reduced Pressure Backflow Device	
	Steam Boiler			Vent Stack	\$ 10
1	Water Util. Connection		1	Solar System	
1	Sewer Util. Connection			Other Gas	\$ 15
	Hose Bibb			Other	
	Water Cooler			Other	
				Other	
COLUMN 1	\$ 35		COLUMN 2	\$ 40	

Minimum Plumbing Fee
(If applicable) \$-

Total Plumbing Fee
(Greater of Minimum or Subtotal) \$

COLUMN 1 \$ 35

COLUMN 2 \$ 40

SUBTOTAL \$ 75

C. PLUMBING CHARACTERISTICS

USE GROUP: State Present Proposed

Drainage - Material Sch 40 PVC Size 1/2"-3

Building Sewer— Material Spa 35 Size 4

Water Service—	Material	160 PSI	Size	3/4
----------------	----------	---------	------	-----

Venting -	Sch 40	Size 1 1/2 - 3
Material	Sch 40	

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases

Prototype Processing

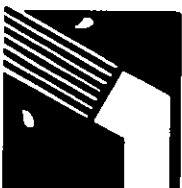
I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Cherie R. Dwyer

AGENT SIGNATURE

TOWNSHIP OF BRICK

TECHNICAL SECTION



PERMIT NO. 8684
DATE ISSUED _____
REVISION DATE 1-6-87
Block 549 Lot 549-10-12
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner, And Sons, Inc.

Address 2545 Niagara Ave

Contractor PINELAND P.B.G. & HTG., INC.
Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723

Tel. (_____) 2514-2246

Tel. () 201 477-0854**Work Site Address**

Lic.No./Bus. Permit 1722

9 Duane St. N.Y. N.Y.

Federal Emp. No. 22-1853417

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 *Walter R. Dwyer*

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: U.S.

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/ Bath / <u>Tub</u>	\$ <u>45</u>			
1	Bathtub		1	Garbage Disposal	\$ <u>15</u>
1	Lavatory/ Sink	<u>20</u> \$		Air Conditioner Unit	
1	Shower /Floor Drain	<u>5</u>		Indirect Connection	
	Washing Machine			Sewer Ejector	
	Dishwasher			Grease Trap	
	Commercial Dishwasher			Interceptor	
1	Water Heater	<u>5</u>		Backflow Device	
1	Domestic Boiler/ Furnace	<u>15</u>	1	Reduced Pressure Backflow Device	
	Steam Boiler			Vent Stack	<u>10</u>
1	Water Util. Connection		1	Solar System	
1	Sewer Util. Connection			Other <u>GAS</u>	<u>15</u>
	Hose Bibb			Other _____	
	Water Cooler			Other _____	
COLUMN 1	\$ <u>35</u>		COLUMN 2	\$ <u>46</u>	
				COLUMN 1 \$ <u>75</u>	
				COLUMN 2 \$ <u>46</u>	
				SUBTOTAL \$ <u>75</u>	
				Minimum Plumbing Fee (if applicable) \$ _____	
				Total Plumbing Fee (Greater of Minimum or Subtotal) \$ _____	

C. PLUMBING CHARACTERISTICS

USE GROUP: Stone Present Proposed

Drainage — Material Sch 40 PVC Size 1 1/2" - 3"

Building Sewer—	Material	Size
	SP/R 35	4

Material	Size
Water Service—	3/4"

Material	Size
Material	1/4" - 3/4"
Venting -	

Estimated Cost of Plumbing Work: \$.

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK



**PLUMBING
SUBCODE
TECHNICAL SECTION**



PERMIT NO. 8684
DATE ISSUED 1-6-87
REVISION DATE 1-6-87
Block 549 Lot 56-9-10-B
Subdivision 1

A. IDENTIFICATION

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

Owner Edwin Pleser Contractor PINELAND PLBG. & HIG., INC.
Address 3545 Maple Ave. Address 807 MANITOLOKING, RD.
Quick n' Q BRICK TOWNSHIP, N.J. 08723
Tel. ()) 201 477-0854
Work Site Address 3518 - 3540 Lic. No./Bus. Permit 1722
Diapers - Dump Pt. PD Federal Emp. No. 22-1853417

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.
Edwin R. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: N.J.

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closer/Bidet/Urinal	\$ <u>35</u>	1	Garbage Disposal	\$ <u>15-</u>	COLUMN 1 \$ <u>35</u>
1	Bathtub	<u>35</u>		Air Conditioner Unit		COLUMN 2 \$ <u>40</u>
1	Lavatory/Sink	<u>35</u>		Indirect Connection		SUBTOTAL \$ <u>75</u>
1	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (if applicable) \$ <u> </u>
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ <u> </u>
	Dishwasher			Interceptor		
	Commercial Dishwasher	<u>5</u>		Backflow Device		
1	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace	<u>15</u>	1	Vent Stack	<u>10</u>	
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other <u>Gas</u>	<u>15-</u>	
1	Sewer Util. Connection			Other <u> </u>		
	Hose Bibb			Other <u> </u>		
	Water Cooler			Other <u> </u>		
COLUMN 1		\$ <u>35</u>	COLUMN 2		\$ <u>40</u>	

C. PLUMBING CHARACTERISTICS

USE GROUP: State Present Proposed

Drainage — Material Sch 40 PVC Size 1 1/2 - 3

Building Sewer — Material Spx 35 Size 4

Water Service — Material 160 Psi Size 3/4

Venting — Material Sch 40 Size 1 1/2 - 3

Estimated Cost of Plumbing Work: \$

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PERMIT NO. 8684
DATE ISSUED _____
REVISION DATE 1-6-87
Block 549 Lot 5-6-940-12
Subdivision _____

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Red Lion Plaza

Contractor PINELAND PLBG. & HTG., INC.

Address 2545 Harper Rd.

Address 807 MANILOKING RD.

BRICK N.J

Tel. () _____

Tel. () 201 477-0854

Work Site Address 2518 - 2570 01

Lic.No./Bus. Permit 1122
22-1853417

HOOPER AUG 2 DRUM 11

Federal Emp. No. 42-100711.

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.

William R. Perry
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: *ANALYSIS*

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Washnet	\$ 5		Garbage Disposal	\$
	Bathub			Air Conditioner Unit	15
1	Lavatory/Sink	5		Indirect Connection	
1	Sewer/Floor Drain	5		Sewer Ejector	
	Washing Machine			Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
1	Water Heater	5		Reduced Pressure	
1	Domestic Boiler/ Furnace	15	1	Backflow Device	
	Steam Boiler			Vent Stack	10
1	Water Util. Connection		1	Solar System	
1	Sewer Util. Connection			Other GAS	15
	Hose Bibb			Other	
	Water Cooler			Other	
COLUMN 1	\$ 35		COLUMN 2	\$ 40	

COLUMN 1 \$ 35

COLUMN 2 \$ 40

SUBTOTAL \$ 75

Minimum Plumbing Fee
(if applicable) \$

Total Plumbing Fee
(Greater of Minimum
or Subtotal) \$

C. PLUMBING CHARACTERISTICS

USE GROUP: Stone Present 1 Proposed 1

Drainage - Material Sch 40 PVC Size 1/2" - 7

Building Sewer - Material	Size
SD 2 35	4

Water Service—	Material	160 PSI	Size	3/4
----------------	----------	---------	------	-----

Venting - Material Sch 40 Size 1 1/2

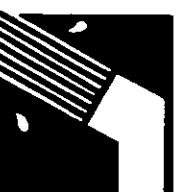
Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
 DATE ISSUED 8-19-87
 REVISION DATE 8-19-87
 Block 549 Lot 29-12
 Subdivision 29-12

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner ROBERTS, BCO'S. Contractor Abdellay Coe Inc
 Address 505 RICHMOND AVE Address 1013 GARDNER ST
POINT HENSON, DELEWARE. Home. Phone RV
 Tel. 1-899-4040 Tel. (301) 220-2020
 Work Site Address WELSH FARMS Lic. No./Bus. Permit 4538
DRIVEWAY RAZA 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:

PLUMBING

WELSH FARMS - PLUMBING ONLY

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1
	Bathtub			Air Conditioner Unit		COLUMN 2
	Lavatory/Sink			Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee
	Washing Machine			Grease Trap		(if applicable)
	Dishwasher			Interceptor		Total Plumbing Fee
	Commercial Dishwasher			Backflow Device		(Greater of Minimum
	Water Heater			Reduced Pressure		or Subtotal)
	Domestic Boiler/			Backflow Device		
	Furnace			Vent Stack		
	Steam Boiler			Solar System		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1		\$	COLUMN 2		\$	

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

NEW PLUMBING OF RECORD 8-19-87 TO
 FINISH PLUMBING FOR STORE FIXTURES ONLY.

☐ Partial Releases ☐ Prototype Processing

When changing contractors, notify this office

Federal Emp. No. 22-1853417

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

TYPE OF WORK: Adj.

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closer/Bidet/Urninal	\$		Garbage Disposal	\$	COLUMN 1 \$
	Bathrub	\$	1	Air Conditioner Unit	\$	COLUMN 2 \$
1	Lavatory/Sink	\$		Indirect Connection		SUBTOTAL \$
1	-Shower/Floor Drain	\$		Sewer/Ejector		Minimum Plumbing Fee (if applicable)
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal)
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
1	Water Heater	\$		Reduced Pressure		
1	Domestic Boiler/ Furnace	\$	1	Backflow Device	\$	
				Vent Stack		
	Steam Boiler			Solar System		
1	Water Util. Connection	\$	1	Other GAS	\$	
1	Sewer Util. Connection	\$		Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1 \$	\$		COLUMN 2 \$	\$	

D. COMMENTS

Proposed

1

1

1

1

Estimated Cost of Plumbing Work: \$

JOB CONDITION/COMMENTS

DATE _____

[illegible]

INSPECTIONS

☐ No Plans Required
☐ Plan Review Approved

Date: 12-86

Approved By: AC

INSPECTIONS FINAL

☐	CA
☐	CCO
☒	CO

Date: 6-12-87

Inspected By: K. W. Felt

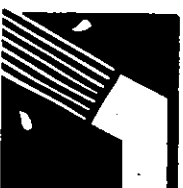
Type	
☒ Slab	
☒ Rough	
☐ Water	
☐ Sewer	
☐ Energy	
☐ Mechanical	
☐ TCO	
☐ Other	

Approval Date

1-7-87

TOWNSHIP OF BRICK

**PLUMBING
SUBCODE**



PERMIT NO. 86-111
DATE ISSUED
REVISION DATE 1-14-87
Block 549 Lot 5-6-9-1A 12
Subdivision

A. IDENTIFICATION

Margaret Clithero

APPLICANT -- Complete unshaded areas only

When changing contractors, notify this office

Owner And Hina, Khas

Contractor PINELAND PLBG. & HTG., INC.

Address 245 Alameda Ave

Address 80/ MANIOLONG RD.

Tel. () 7515-5545

Tel. (_____) 201 477-0854

Work Site Address 2532

Lic.No./Bus. Permit 172

Federal Emp. No. 22-185341

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: W

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ 25		Garbage Disposal	\$	COLUMN 1 \$ 25
	Bathub		1	Air Conditioner Unit	15	COLUMN 2 \$ 15
1	Lavatory/Sink	25		Indirect Connection		SUBTOTAL \$ 75
1	Shower/Floor Drain	15		Sewer Ejector		Minimum Plumbing Fee (if applicable) \$
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
1	Water Heater	3		Reduced Pressure Backflow Device		
1	Domestic Boiler/Furnace	15	1	Vent Stack	10	
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other Gas	15	
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1 \$ 35			COLUMN 2 \$ 40		

C. PLUMBING CHARACTERISTICS

USE GROUP:	Present	Proposed
5 STUAE		

Drainage — Material Sch 40 PVC Size 1 1/2" - 3"

Building Sewer—	Material	Size
	SDA 3Y	4

Water Service--	Material	LxO	PSI	Size
				3/4

Venting - Material Sch 40 Size 1 1/2

Estimated Cost of Plumbing Work: \$

D. COMMENTS

Partial Releases

☐ Prototype Processing

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 _____

JOB CONDITION/COMMENTS

DATE _____

[illegible]

INSPECTIONS

☐ No Plans Required

☐ Plan Review Approved

Date: 12-86

Approved By: PH

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 6-12-87

Inspected By: W. J. J.

Failure Dates	Approval Date
----------------------	----------------------

1-7-87

Type

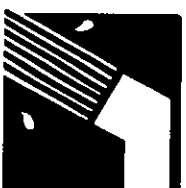
☒	☒	☐	☐	☐	☐	☐	☐
Slab	Rough	Water	Sewer	Energy	Mech	TCO	Other

CA

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 541 Lot 5-6-9-10-12-2
Subdivision _____

A. IDENTIFICATION

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

Owner Pineland Place Contractor PINELAND PLBG. & HTG., INC.
Address 3545 Glenwood Ave. Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. () _____ Tel. () _____ 201 477-0954
Work Site Address 3530 1st Ave. Lic. No./Bus. Permit _____
Through City of Newark, NJ Federal Emp. No. 22-1853417

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.
Walter R. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: NLU

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closer/Bidet/Toilet	\$ 35	1	Garbage Disposal	\$ 25	COLUMN 1 \$ 35
1	Bathub	5		Air Conditioner Unit		COLUMN 2 \$ 40
1	Lavatory/Sink	5		Indirect Connection		
1	Shower/Floor Drain			Sewer Ejector		SUBTOTAL \$ 75
	Washing Machine			Grease Trap		Minimum Plumbing Fee (if applicable) \$
	Dishwasher			Interceptor		Total Plumbing Fee (Greater of Minimum or Subtotal) \$
1	Commercial Dishwasher	5		Backflow Device		
1	Water Heater			Reduced Pressure Backflow Device		
1	Domestic Boiler/Furnace	15	1	Vent Stack	100	
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other Gas	15	
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1		\$ 35	COLUMN 2		\$ 40	

C. PLUMBING CHARACTERISTICS

USE GROUP: Store Present 1 1/2 - 3 Proposed

Drainage - Material Sch 40 PVC Size 1 1/2 - 3

Building Sewer - Material Sch 35 Size 4

Water Service - Material 1/2" PSI Size 3/4

Venting - Material Sch 40 Size 1 1/2 - 3

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTSU.C.C. Form F-130 (8/83)

9



**PLUMBING
SUBCODE**



PERMIT NO. 56-8
DATE ISSUED _____
REVISION DATE 1-16-68
Block 549 Lot 56-9-10-1
Subdivision _____

Thurs?

When changing contractors, notify this office

Contractor PINELAND PLBG. & HTG., INC.

Address 80/ MANIOLOKING RD

BRICA DOWNSHIP, N.J. 08723

Tel. () 201 477-0854

Lic.No./Bus. Permit

Federal Emp. No. 22-183341/

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: NA

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closer/Bidet/Urinal	\$ 5		Garbage Disposal	\$ 15	COLUMN 1 \$ 35
	Bathub		1	Air Conditioner Unit		COLUMN 2 \$ 40
1	Lavatory/Sink	\$ 5		Indirect Connection		SUBTOTAL \$ 75
1	Shower/Floor Drain	5		Sewer Ejector		Minimum Plumbing Fee (if applicable) \$
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
1	Water Heater	5		Reduced Pressure Backflow Device		
1	Domestic Boiler/Furnace	15	1	Vent Stack	10	
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other GAS.	15	
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1 \$ 35			COLUMN 2 \$ 40			

C. PLUMBING CHARACTERISTICS

USE GROUP: Store Present _____ Proposed _____

Drainage - Material Seh 40 PVC Size 1/2" - 3

Building Sewer—	Material <u>SPR</u>	<u>35</u>	Size	<u>4</u>
-----------------	---------------------	-----------	------	----------

Water Service—	Material	160 PSI	Size	3/4
----------------	----------	---------	------	-----

Venting - Material Sch 40 Size 1 1/2 - 3

Estimated Cost of Plumbing Work: \$

D. COMMENTS

- ☐ Partial Releases
- ☐ Prototype Processing

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.

Walter R. Dwyer

AGENT SIGNATURE

AGENT SIGNATURE

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 22-1853417
DATE ISSUED 11-11-22
REVISION DATE 11-11-22
Block 549 Lot 5-4-9-10
Subdivision 122

A. IDENTIFICATION

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

Owner Ind. Fin. Plaza Contractor PINELAND PLBG. & HTG. INC.
Address 2545 Almond Ave Address 807 MANTOLOKING RD.
BRICK TOWNSHIP, N.J. 08723
Tel. () Tel. () 201 477-0854
Work Site Address 2526-2530 Lic. No./Bus. Permit 1722
Almond Ave & Almond Rd Federal Emp. No. 22-1853417

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.
Walter A. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: N.A.

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ 3		Garbage Disposal	\$	COLUMN 1 \$ 35
	Bathub		1	Air Conditioner Unit	15	COLUMN 2 \$ 40
1	Lavatory/Sink	5		Indirect Connection		SUBTOTAL \$ 75
1	Shower/Floor Drain	5		Sewer Ejector		Minimum Plumbing Fee (if applicable) \$
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$
	Dishwasher			Interceptor		
1	Commercial Dishwasher	5		Backflow Device	15	
1	Water Heater			Reduced Pressure		
	Domestic Boiler/Furnace	15	1	Vent Stack		
1	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other Gas	15	
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1 \$ 35			COLUMN 2 \$ 40			

C. PLUMBING CHARACTERISTICS

USE GROUP: Steel Present 1 1/4 - 3 Proposed
Drainage - Material Sch 40 Doc Size
Building Sewer - Material SDR 35 Size 4
Water Service - Material 160 PSI Size 3/4
Venting - Material Sch 40 Size 1 1/4 - 3
Estimated Cost of Plumbing Work: \$

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

PLUMBING SUBCODE TECHNICAL SEC



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE 1-8-87
Block 549 Lot 56-7, 10-13
Subdivision _____

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Ed and Joan

Contractor PINELAND PLBG. & HTG., INC.

Address 2345 Shawnee Rd

Address 80/ MANIOLONG RD.

Tel. () _____

Tel. () 201 477-0854

Work Site Address 2307 E. 1st St.

Lic.No./Bus. Permit _____

Yves Kien / 1948 - 2011

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 have been authorized by the
owner to make this application as his
agent.

W. E. R. Dwyer

AGENT SIGNATURE

AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: REPAIR

No.	Fixture	Fee	No.	Fixture	Fee
1	Water Closet/Bidet/Urinal	\$ 5			
	Bathtub				
1	Lavatory/Sink	3	1	Garbage Disposal	\$ 15
1	Shower/Floor Drain	5		Air Conditioner Unit	
	Washing Machine			Indirect Connection	
	Dishwasher			Sewer Ejector	
	Commercial Dishwasher			Grease Trap	
1	Water Heater	5		Interceptor	
1	Domestic Boiler/ Furnace	15	1	Backflow Device	
	Steam Boiler			Reduced Pressure Backflow Device	
1	Water Uril. Connection		1	Vent Stack	10
1	Sewer Util. Connection			Solar System	
	Hose Bibb			Other Gas	15
	Water Cooler			Other	
				Other	
				Other	
COLUMN 1		\$ 35	COLUMN 2		\$ 40
				COLUMN 1	\$ 35
				COLUMN 2	\$ 40
				SUBTOTAL	\$ 75
				Minimum Plumbing Fee (If applicable)	\$ -
				Total Plumbing Fee (Greater of Minimum or Subtotal)	\$ -

C. PLUMBING CHARACTERISTICS

USE GROUP: Steel Present _____ Proposed _____

Drainage - Material Sch 40 PVC Size

14-3

Building Sewer-- Material SDA 35 Size 1

5

Water Service—	Material	160 PSI	Size

314

Venting -	Material	Sec	40	1	Size

14-3

D. COMMENTS

Estimated Cost of Plumbing Work: \$

100

☐ Partial Releases

☐ **Prototype Processing**

JOB CONDITION/COMMENTS

DATE _____

[illegible]

INSPECTIONS

☐ No Plans Required
☐ Plan Review Approved

Date: 12-86

Approved By:

INSPECTIONS FINAL

☐	CA
☐	CCO
☒	CO

Date: 6-12-87

Inspected By:

Type	Failure Dates			Approval Date
☒ Slab				1-7-87 Jim
☐ Rough				5-8-87 Gye
☐ Water				
☐ Sewer				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 8684
DATE ISSUED 8-19-87
REVISION DATE _____
Block 549 Lot 8494-12
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner MOETUS, 15005 Contractor FINLEY CONSTRUCTION
Address 305 ALICIA ROAD Address 1013 GARDEN CT
HOUSTON, TEXAS 77050 HOUSTON, TEXAS 77050
Tel. 299-4040 Tel. 291-2200-2000
Work Site Address WELSH FARMS Lic. No./Bus. Permit 4558
DRUM/BUNT RAZA Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Ambulatory 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

PLUMBING

TYPE OF WORK:

WELSH FARMS - WINDMILL CLOSURE
WINDMILL CLOSURE - PLUMBING & ELECTRICAL

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1 \$
	Bathub			Air Conditioner Unit		COLUMN 2 \$
	Lavatory/Sink			Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee (If applicable) \$
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/Furnace			Vent Stack		
	Steam Boiler			Solar System		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1		\$	COLUMN 2		\$	

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

NEW PLUMBER OF RECORD 8-19-87 TO
FINISH PLUMBING FOR STORE FIXTURES ONLY.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – PLUMBING

DATE _____

DATE 9/16/87 No Gas Pipe

JOB CONDITION/COMMENTS

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date: _____

Approved By: _____

INSPECTIONS FINAL

CO	☒
CCO	☐
CA	☐

09/01/87

Inspected By: P. McFarland

INSPECTIONS

Type	
☐	Slab
☐	Rough
☐	Water
☐	Sewer
☐	Energy
☐	Mechanical
☐	TCO
☐	Other

Failure Dates

Approval Date

TOWNSHIP OF BRICK

PLUMBING
SUBCODE
TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block <u>47</u> Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only	When changing contractors, notify this office
Owner <u>R & L Inc. Plaza</u>	Contractor <u>PINELAND PLBG. & HTG., INC.</u>
Address <u>3515 11th St.</u>	Address <u>807, MANTOLOKING RD.</u>
	<u>BRICK TOWNSHIP, N.J. 08723</u>
Tel. (____) _____	Tel. (____) <u>201 477-0854</u>
Work Site Address <u>2536-2538-2540</u>	Lic. No./Bus. Permit <u>1727</u>
	Federal Emp. No. <u>22-1853417</u>

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.

William P. DeLuca
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: N.J.C.

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ _____		Garbage Disposal	\$ _____	COLUMN 1 \$ <u>2</u>
1	Bath tub	_____		Air Conditioner Unit	_____	COLUMN 2 \$ _____
1	Lavatory/Sink	_____		Indirect Connection	_____	SUBTOTAL \$ _____
1	Shower/Floor Drain	_____		Sewer Ejector	_____	Minimum Plumbing Fee (if applicable) \$ _____
	Washing Machine	_____		Grease Trap	_____	Total Plumbing Fee (Greater of Minimum or Subtotal) \$ _____
	Dishwasher	_____		Interceptor	_____	
	Commercial Dishwasher	_____		Backflow Device	_____	
	Water Heater	_____		Reduced Pressure Backflow Device	_____	
	Domestic Boiler/Furnace	_____		Vent Stack	_____	
	Steam Boiler	_____		Solar System	_____	
1	Water Util. Connection	_____		Other	_____	
1	Sewer Util. Connection	_____		Other	_____	
	Hose Bibb	_____		Other	_____	
	Water Cooler	_____		Other	_____	
COLUMN 1		\$ _____	COLUMN 2		\$ _____	

C. PLUMBING CHARACTERISTICS

USE GROUP: <u>STNA</u>	Present	Proposed
Drainage — Material <u>Sch 40</u>	Size <u>1 1/2" - 7"</u>	
Building Sewer — Material <u>Sch 35</u>	Size <u>4"</u>	
Water Service — Material <u>1 1/2" PS1</u>	Size <u>3/4"</u>	
Venting — Material <u>Sch 40</u>	Size <u>1 1/2" 3"</u>	
Estimated Cost of Plumbing Work: \$ _____		

D. COMMENTS

EXTRA FEES DUE FOR FLOOR DRAINS
ETC.

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — PLUMBING

DATE

JOB CONDITION/COMMENTS

6-3-87

UNDERGROUND — EXTRA FEES FOR FLOOR DRAINS, ETC.

6-13-87

NOT READY

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date: 12/86

Approved By: AC

INSPECTIONS FINAL

☒ CO ☐ QCO ☐ CA

Date: 9/8/87

Inspected By: D. Mihal

INSPECTIONS

- Type
- | | | | | | | | | | |
|---|--|--|--|--|--|--|--|--|--|
| ☒ Slab | | | | | | | | | |
| ☒ Rough | | | | | | | | | |
| ☐ Water | | | | | | | | | |
| ☐ Sewer | | | | | | | | | |
| ☐ Energy | | | | | | | | | |
| ☐ Mechanical | | | | | | | | | |
| ☐ TCO | | | | | | | | | |
| ☒ Other Final | | | | | | | | | |

Failure Dates

Approval Date

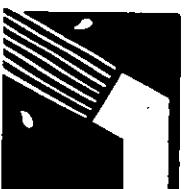
1-7-87
8-5-87

6-13-87

TOWNSHIP OF BRICK



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 6684
DATE ISSUED _____
REVISION DATE _____
Block 549 Lot 5-6
Subdivision _____

A. IDENTIFICATION

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

Owner RED LION PLAZA Contractor PINELAND PLBG. & HTG., INC.

Address _____ Address 807 MANTOLOKING RD.

Tel. () _____ Tel. () 201.477.0854

Work Site Address _____ Lic. No./Bus. Permit 1722

WELSH FARMS STORE Federal Emp. No. 22-1853417

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.

Wesley R. Dwyer
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: New Additional Fixtures

(Welsh Farms Store)

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ 5.00		Garbage Disposal	\$	COLUMN 1
3	Bathrub	15.00		Air Conditioner Unit		COLUMN 2
4	Lavatory/Sink	20.00		Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee
	Washing Machine		1	Grease Trap	25.00	(if applicable)
	Dishwasher			Backflow Device		Total Plumbing Fee
	Commercial Dishwasher			Reduced Pressure		(Greater of Minimum
	Water Heater			Backflow Device	10.00	or Subtotal)
	Domestic Boiler/			Vent Stack		
	Furnace			Solar System		
	Steam Boiler			Other		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
1	Water Cooler			Other		
COLUMN 1		\$ 40.00	COLUMN 2		\$ 35.00	

C. PLUMBING CHARACTERISTICS

USE GROUP: Commercial Store Present 1 1/2" - 3" Proposed

Drainage — Material SDR 40 PVC Size 1 1/2" - 3"

Building Sewer — Material SDR 35 Size 1"

Water Service — Material 1.0 PSI Size 1"

Venting — Material SDR 40 Size 1 1/2" - 2"

Estimated Cost of Plumbing Work: \$ _____

D. COMMENTS

ADDITIONAL FIXTURES 5-25-57

☐ Partial Releases

☐ Prototype Processing

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

☐ No Plans Required
☒ Plan Review Approved

Date: 5-28-87

Approved By: [Signature]

INSPECTIONS FINAL

CA	☐	CCO	☐	CO	☒
----	--------------------------	-----	--------------------------	----	-------------------------------------

Date: 9/21/87

Inspected By: J. McCall

INSPECTIONS

Type	
☐ Slab	
☐ Rough	
☐ Water	
☐ Sewer	
☐ Energy	
☐ Mechanical	
☐ TCO	
☐ Other	

[illegible]

PLAN REVIEW AND INSPECTION - PLUMBING

DATE

6-12-87

NOT READY

JOB CONDITION/COMMENTS

JOB SUMMARY

- ☐ No Plans Required
☒ Plan Review Approved

Date: 4/7/87
 Approved By: D. McIntyre

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 9-25-87
 Inspected By: J. W. Spence

INSPECTIONS

- Type
- ☐ Slab
 - ☒ Rough
 - ☐ Water
 - ☐ Sewer
 - ☐ Energy
 - ☐ Mechanical
 - ☐ TCO
 - ☒ Other FINAL

Failure Dates

Approval Date

9-25-87

6-12-87



UNIFORM CONSTRUCTION
A SERVICE OF

A. IDENTIFICATION

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Carlson, Larry

Contractor PINELAND PLBG. & HTG., INC.

Address 2343 Van Ness Blvd

Address 807 MANTOLOKING RD.

Tel. () _____

Tel. () 201. 477-0854

Work Site Address 2500 25th St NW

Lic.No./Bus. Permit 1722

Federal Emp. No. 44-185341/

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.

AGÉNT SIGNATÛRE

List all fixtures

TYPE OF WORK: *NA*

TYPE OF WORK: *NA*

C. PLUMBING CHARACTERISTICS

C. PLUMBING CHARACTERISTICS

USE GROUP: State Present Proposed

Drainage - Material Sch 40 PVC Size 1 1/2 - 3

Building Sewer— Material SDA 35 / Size 4

Water Service—	Material	160 PSI	Size	3/4
----------------	----------	---------	------	-----

Venting -	Material	Sec 40	Size	14-33
-----------	----------	--------	------	-------

Estimated Cost of Plumbing Work: \$ _____

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS

DATE _____

[illegible]

INSPECTIONS

- ☐ No Plans Required
☐ Plan Review Approved

Date: 12-86

Approved By:

INSPECTIONS FINAL

- CA ☐ CCO ☐ CO ☐

Date: _____

Inspected By: _____

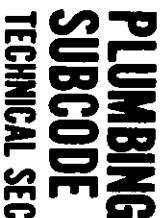
[illegible]

Approval Date

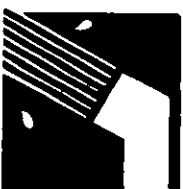
☒	☐	☐	☐	☐	☐	☐	☐
Slab	Rough	Water	Sewer	Elect	Mech	TCO	Other

U.C.C. Form F-130 (8/83)

5



TECHNICAL SECTION



PERMIT NO. 1604
DATE ISSUED 4-6-87
REVISION DATE 4/21/87
Block 544 Lot 5-6-10-
Subdivision _____

APPLICANT – Complete unshaded areas only

Owner Ked Lim Pinta

Contractor Howard Hays + Htg

Address 807 Maplewood Rd

Index NT

Tel. () 477 0854

Lic.No./Bus. Permit 1122

Federal Emp. No. 42-1853417

B. TECHNICAL SITE DATA

TYPE OF WORK:

Beary Parson. 2522 Beary Parson

No.	Fixture	Fee	No.	Fixture	Fee
	Water Closet/Bidet/Urinal			Garbage Disposal	
	Bathub			Air Conditioner Unit	
3	Laundry/Sink	15		Indirect Connection	
	Shower/Floor Drain			Sewer Ejector	
1	Washing Machine	5		Grease Trap	
	Dishwasher			Interceptor	
	Commercial Dishwasher			Backflow Device	
	Water Heater			Reduced Pressure	
	Domestic Boiler/ Furnace			Backflow Device	
	Steam Boiler			Vent Stack	
	Water Util. Connection			Solar System	
	Sewer Util. Connection			Other	
	Hose Bibb			Other	
	Water Cooler			Other	
COLUMN 1		20	COLUMN 2		0

Added fix
06/15/14
X

C. PLUMBING CHARACTERISTICS

Store

Present

1

Proposed

Materia

Yuc

Size 14-3

1

Material

Size 7

1

Materials

+

Size _____

1

Estimated Cost of Plumbing Work: \$

D. COMMENTS

Dec 6/ CE 17/1960
for 20 - C.D.D. physics

☐ Partial Releases

☐ Prototype Processing

**CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and
Small Job Only)**

Wileen R. Dwyer



UNIGRAM CONSTRUCTION
CORP.

**PLUMBING
SUBCODE**



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 544 Lot 5A-9-10-22
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Owner Midwest v. Inc. Contractor PINELAND PLEG. & HTG., INC.
Address 3545 Alameda Ave Address 807 MANTOLOKING RD.
Bruck, Ohio BRICK TOWNSHIP, N.J. 08723
Tel. () Tel. () 201 477-0854
Work Site Address 3522 ~~Alameda Ave~~ Lic.No./Bus. Permit 1722
21400000 Ave. v. Alameda Pk Federal Emp. No. 22-1853417

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

List all fixtures

TYPE OF WORK: NEW

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$ 3.00		Garbage Disposal	\$ 1.00	COLUMN 1 \$ 3.00
	Bathrub		1	Air Conditioner Unit		COLUMN 2 \$ 1.00
1	Lavatory/Sink	\$ 2.00		Indirect Connection		SUBTOTAL \$ 2.50
1	Shower/Floor Drain	\$ 2.00		Sewer Ejector		Minimum Plumbing Fee (If applicable) \$ 0.00
	Washing Machine			Grease Trap		Total Plumbing Fee (Greater of Minimum or Subtotal) \$ 2.50
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
1	Water Heater	\$ 1.00		Reduced Pressure Backflow Device		
1	Domestic Boiler/Furnace	\$ 1.00	1	Vent Stack	\$ 1.00	
	Steam Boiler			Solar System		
1	Water Util. Connection	\$ 1.00	1	Other Gas	\$ 1.00	
1	Sewer Util. Connection	\$ 1.00		Other		
	Hose Bibb			Other		
	Water Cooler			Other		
				Other		

C. PLUMBING CHARACTERISTICS

USE GROUP:	Stone	Present	Proposed
Drainage -	Material Sch 40	PVC	Size 1 1/4 - 3
Building Sewer -	Material SDA 35	1	Size 4
Water Service -	Material 1/40 PSI	1	Size 3/4
Venting -	Material Sch 40	1	Size 1 1/4 - 3
Estimated Cost of Plumbing Work: \$			

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS

JOB SUMMARY

U.C.C. Form F-130 (8/83)



U.S. ARMY
CORPS OF ENGINEERS
UNIFORM CONSTRUCTION
CODE

PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 549 Lot 561072
Subdivision _____

APPLICANT – Complete unshaded areas only

When changing contractors, notify this office

Contractor PINELAND PLBG. & HTG., INC.
Address 807 MANTOLOKING RD.

BRICK TOWNSHIP, N.J. 08723

Tel. () 201 477-0854

Work Site Address 2518

Lic.No./Bus. Permit 1722

Federal Emp. No. 22-1853417

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK: All work

No.	Fixture	Fee	No.	Fixture	Fee	Fee
1	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1 COLUMN 2 SUBTOTAL \$ Minimum Plumbing Fee (If applicable) Total Plumbing Fee (Greater of Minimum or Subtotal) \$
	Bath tub			Air Conditioner Unit		
1	Lavatory/ Sink			Indirect Connection		
	Shower/Floor Drain			Sewer Ejector		
1	Washing Machine			Grease Trap		
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
1	Water Heater			Reduced Pressure Backflow Device		
	Domestic Boiler/ Furnace		1	Vent Stack		
	Steam Boiler			Solar System		
1	Water Util. Connection		1	Other Gas		
1	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
COLUMN 1		\$	COLUMN 2		\$	

C. PLUMBING CHARACTERISTICS

Proposed

14-3

5

3/4

142-3

Estimated Cost of Plumbing Work: \$

D. COMMENTS

☐

Partial Releases

☐

Prototype Processing

CERTIFICATION: LIEU OF OATH:
*(Complete for Minor Work and
SmashJob 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 _____

JOB CONDITION/COMMENTS

JOB SUMMARY:

U.C.C. Form F-130 (8/83)

PLAN REVIEW AND INSPECTION - PLUMBING

DATE _____

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY:

INSPECTIONS

☐ **No Plans Required**☒ **Plan Review Approved**

Date:

Approved By:

INSPECTIONS FINAL

CA ☐ CCO ☐ CO ☐

Date:

Inspected By:

Type	
☐ Slab	
☒ Rough	
☐ Water	
☐ Sewer	
☐ Energy	
☐ Mechanical	
☐ TCO	
☐ Other _____	

[illegible]

Approval Date

EX-1506

INSPECTIONS FINAL

CA	☐	CCO	☐	CO	☐
----	--------------------------	-----	--------------------------	----	--------------------------

Date:

Inspected By:

Wishing Well.



CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION Red Lion Plaza UTILITY CO P.P.

Hooper Ave & Dunn Pt. Rd BLK 549 LOT 5/12.2

OWNER Pat Bottazzi OCCUPANT #2530 Store

"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 150A

RANGE _____ WATER HEATER _____

AIR COND _____

ELECT HEAT _____

MISC _____

COMMENTS Shall only.

No more work No more

DATE 6-5-87 PERMIT # 7901 INSPECTOR B. Koehler

Elec. 104

Insp. Lic # 7



CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION Red Lion Plaza UTILITY CO P.P.

Cor. Hooper Ave. & Dunn Point Rd BLK 549 LOT 5/12.2

OWNER Pat Bottazzi OCCUPANT Store #2532

"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 150A

RANGE _____ WATER HEATER _____

AIR COND /

ELECT HEAT _____

MISC _____

COMMENTS _____

DATE 7-30-87 PERMIT # 7900 INSPECTOR B. Koehler

Elec. 104

Insp. Lic # 29



CUT-IN-CARD

MUNICIPALITY B.T.

LOCATION Red Lion Plaza UTILITY CO P.P.

Cor. Hooper Ave & Dunn Pt. Rd BLK 549 LOT 5/12.2

OWNER Pat Bottazzi OCCUPANT Store #2534

"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 150A

RANGE _____ WATER HEATER _____

AIR COND /

ELECT HEAT _____

MISC _____

COMMENTS _____

DATE 7-10-87 PERMIT # 7898 INSPECTOR B. Koehler

Elec. 104

Insp. Lic # 29

~~Jonathan Skiff~~
~~Medlow~~

MUNICIPALITY

B.T.



CUT-IN-CARD

LOCATION

Red Lion Plaza

UTILITY CO

R.P.

OWNER

Pat Bottazzi

OCCUPANT

Store #2522

"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

150A

RANGE

WATER HEATER

AIR COND

☒

ELECT HEAT

MISC

COMMENTS

Shut off only.

NO WIRE SET.

DATE

6-5-87

PERMIT #

7899

INSPECTOR

B. Poches

Elec. 104

Insp. Lic#

24

~~G.2 Video~~

MUNICIPALITY

B.T.



CUT-IN-CARD

LOCATION

Red Lion Plaza Cor Hooper Ave &

UTILITY CO

R.P.

OWNER

PAT BOTTAZZI

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

150

RANGE

WATER HEATER

AIR COND

☐

ELECT HEAT

MISC

COMMENTS

DATE

6-11-87

PERMIT #

007902

INSPECTOR

F. K. Linder

Elec. 104

Insp. Lic#

1427

~~DATA Realty~~

MUNICIPALITY

B.T.



CUT-IN-CARD

LOCATION

Red Lion Plaza Cor Hooper Ave &

UTILITY CO

R.P.

OWNER

PAT BOTTAZZI

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

150

RANGE

WATER HEATER

AIR COND

☐

ELECT HEAT

MISC

COMMENTS

DATE

6-11-87

PERMIT #

007903

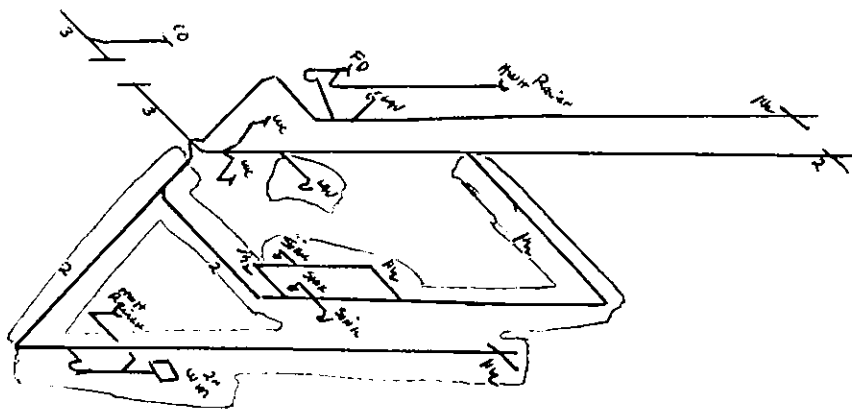
INSPECTOR

F. K. Linder

Elec. 104

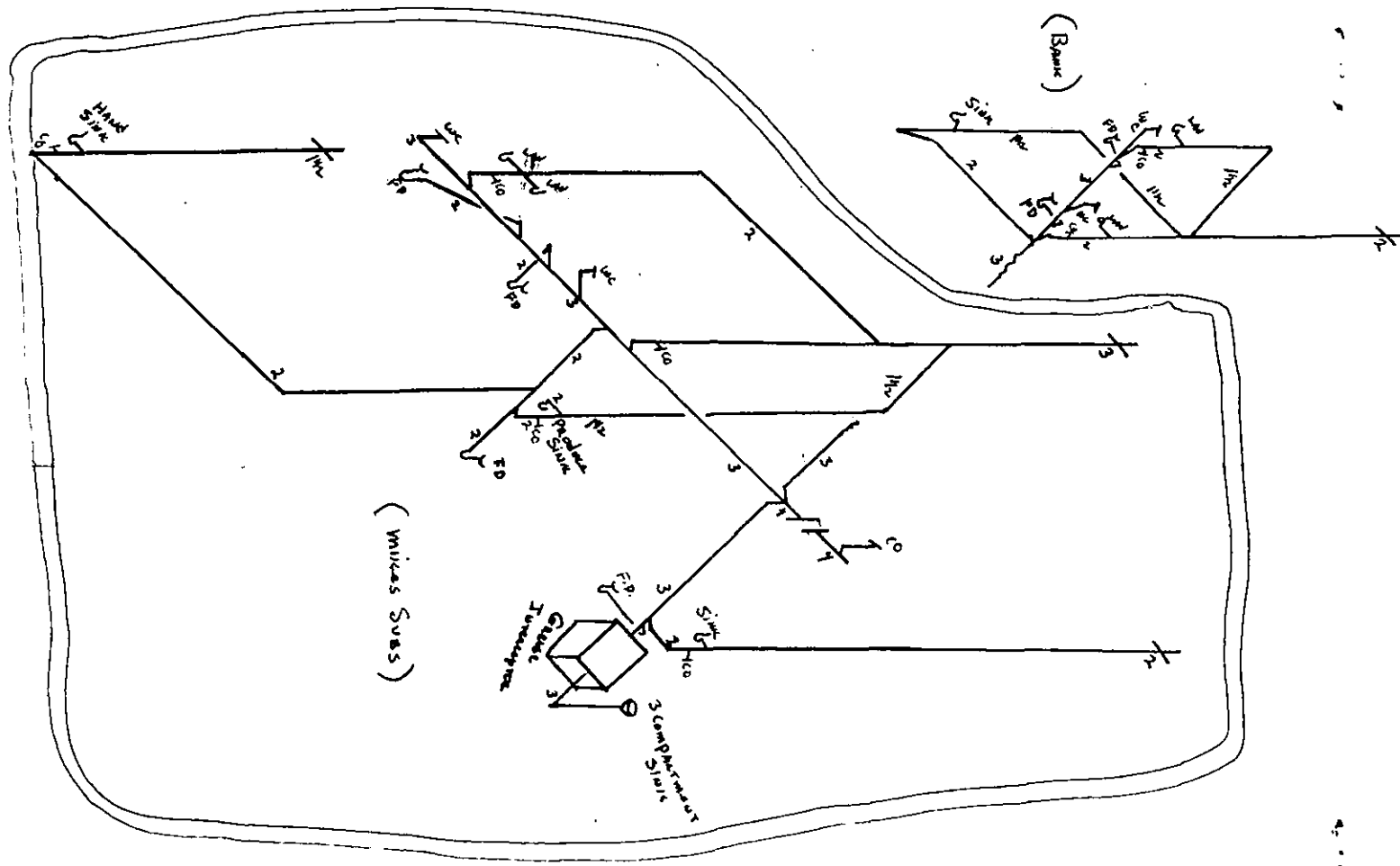
Insp. Lic#

1427



New Areas Highlighted

DM



Red Lion Plaza - Mike's Subs.

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date 6-24-87.....

NAME ..Red.Lion.Plaza.%P..Botazzi.....

ADDRESS ..45.Seville.Drive..Brick,.NJ..08723.....

PROPERTY LOCATION..2534.Drum.Point.Road.Unit.2.....

Account No..1929609..... Block ..549..... Lot.....5.....

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. .

Fay's shoes

For the Authority

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date 6-24-87.....

NAME Red Lion Plaza % P. Botazzi.....

ADDRESS 45 Seville Drive Brick, NJ 08723.....

PROPERTY LOCATION 2532 Drum Point Road.....

Account No. I932000..... Block 549..... Lot 5.....

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.

Margaret Clathes

For the Authority *JAR*.....

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08723

CERTIFICATE OF COMPLIANCE

Date..... 6-11-87

NAME..... Red Lion Plaza % P. Bottazzi

ADDRESS..... 45 Seville Drive, Brick, NJ, 08723

PROPERTY LOCATION..... Drum Point Rd., Unit # 4
Washing Well
2530

Account No..... 1999214..... Block..... 549..... Lot..... 5

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..... *Carleen*
Bodley

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date 6-24-87.....

NAME Red Lion Plaza % P. Bottazzi.....

ADDRESS 45 Seville Drive, Brick, NJ, ... 08723.....

PROPERTY LOCATION Unit #5
2528 Drum Point Rd.....

Account No..... I999222..... Block ... 549.... Lot 5.....

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.

Sueo. Jewell

For the Authority

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date 6-24-87

NAME Drum Point Plaza % P. Bottazzi

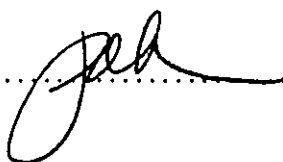
ADDRESS 45 Seville Drive, Brick, NJ 08723

PROPERTY LOCATION 2524 Drum Point Rd Unit #7

Account No. 1999248 Block 549 Lot 5

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.

A.Z. Video

For the Authority 

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date 6-24-87.....

NAME .. Red Lion Plaza % P. Bottazzi.....

ADDRESS ... 45 Seville Drive, Brick, NJ, ... 08723.....

Unit #8

PROPERTY LOCATION.... 2522 Drum Point Rd:.....

Account No.... 1999256 Block .. 549..... Lot... 5.....

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.

Middtown Hair

For the Authority



**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08724

CERTIFICATE OF COMPLIANCE

Date 6-24-87.....

NAME ...Red Lion Plaza % P.A. Botazzi.....

ADDRESS ...45 Seville Drive Brick, NJ 08723.....

PROPERTY LOCATION...2520 Drum Point Road Unit #9.....

Account No.1999264..... Block .549..... Lot 5.....

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.

Mike Subo

For the Authority

[Signature]

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 HIGHWAY 88 WEST
BRICK, NEW JERSEY 08723

CERTIFICATE OF COMPLIANCE

Date.....6-11-87.....

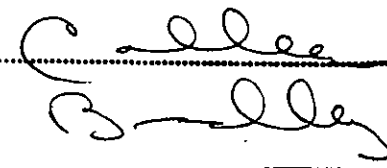
NAME.....Red Lion Plaza % P. Bottazzi.....

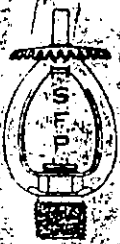
ADDRESS.....45 Seville Drive, Brick, NJ. 08723.....

PROPERTY LOCATION.....Drum Point Rd., Unit #19.....

Account No.....I999272..... Block.....549..... Lot.....5.....

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..........



Shore Fire Protection, Inc.

Designers & Installers Automatic Sprinkler Systems

652 DRUMPOINT ROAD, ERICKTOWN N. J. 08723

October 6, 1986

Pat Bottazzi
Red Lion Restaurant
Hooper & Drum Point Roads
Brick, N. J. 08723

Re: Red Lion Plaze

Att: Pat Bottazzi

Dear Pat,

SHORE FIRE PROTECTION, INC., is pleased to submit our proposal for fire sprinkler work as follows:

Sprinklers

A one pipe system of up-right and pendant automatic sprinklers to be installed in the 65' x 240' store area below wood truss and 2 x 4 ceiling. Concealed piping for 144 up-right sprinklers to be installed above ceiling and 144 pendant sprinklers below. Ceiling is not to be erected until all piping has been tested and installed. This system is to be installed in accordance with the rules and regulations governing a Group II occupancy as defined in NFPA pamphlet #13, with a design basis of sprinklers being spaced at 130 square feet each or less.

Special sprinklers

Install 26 dry pendant sprinklers in outside over hang.

Alarm

Install one 6" flow alarm and connection in each main supply to one wet pipe system.

Dry pipe system

One dry pipe system at roof level. 75 x 250' area requires 146 fire sprinklers heads.

Dry pipe valves

One 6" dry pipe valve and connections in each main supply to one dry pipe system.

Air compressor

One automatic electric drive air compressor to be furnished and installed at a location designated by the Seller.

Air piping

Air piping between dry pipe valve and air compressor.

Alarms

One electric alarm gong to be installed on wet system

One water motor alarm to be furnished and connected to one dry pipe valve. Gong to be located with 10 feet of valve.

Gate valves - check valves

Two 6" gate valves to be installed in the system

Two 6" check valves to be installed in the system

One 4" check valves to be installed in the system

Drain piping

Drain piping to properly drain system to be run to accessible place for discharge.

Supply piping

Schedule 40 and thinwall piping from sprinkler lines to connection with sprinkler system's mains.

Hangers

Necessary hangers in place for supporting the sprinkler piping. It is assumed that the structure is of adequate strenght to hold the sprinkler piping filled with water.

Sprinkler cabinet

One sprinkler cabinet with six sprinklers and sprinkler wrench to be provided for emergency use.

Fire department connection

One 4" fire department connection to be mounted where fire main enters the building.

Freight and hauling

Deliver materials to Buyer's jobsite, and do all local hauling and handling.

Tax

All applicable tax included

Work not included

Wiring of air compressor

6" fire main to inside of building

Wet tap and connections fees

Sprinkler will not be in center of tile

Permits and fees

Alternates

Add one pendant sprinkler \$100.00 per head

Deduct " " "

Relocate one sprinkler \$75.00

Payment terms

50% upon delivery of material to jobsite

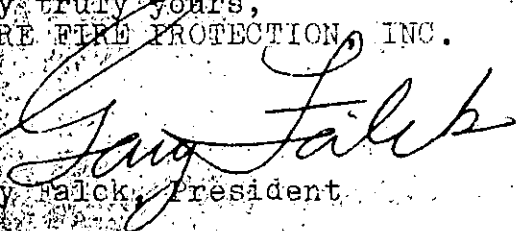
40% upon complete roughing of the system

10% upon final system test.

Price\$37,500.00 **33,600.**

We thank you for the opportunity to submit our proposal and look forward to doing business with you.

Very truly yours,
SHORE FIRE PROTECTION, INC.



Gary Falck, President

Accepted by _____

Date _____

ALL PLATES ARE TO BE CENTERED ON THE JOINT, LEFT TO RIGHT AND TOP TO BOTTOM, EXCEPT WHEN LOCATED BY CIRCLE OR DIMENSION. SEE DRAWING 130 FOR "PLATE LOCATIONS ON TYPICAL JOINTS."

1X4 3 HEM-FIR OR BETTER CONTINUOUS LATERAL BRACING TO BE EQUALLY SPACED, ATTACH WITH (2) 8D NAILS. BRACING MATERIAL TO BE SUPPLIED AND ATTACHED AT BOTH ENDS TO A SUITABLE SUPPORT BY ERECTION CONTRACTOR.

WARNING. SPECIAL HANDLING CARE SHOULD BE TAKEN DURING SHIPPING AND ERECTION. WE RECOMMEND SEEKING ADVICE BY A LOCAL PROFESSIONAL ENGINEER. SEE "WARNING" NOTE BELOW.

IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER AND TRUSS FABRICATOR TO REVIEW THIS DRAWING PRIOR TO CUTTING LUMBER TO

PLATES SHOWN ARE CONTROLLED BY TRUSS FABRICATOR PLATE INVENTORY.

VERIFY THAT ALL DATA, INCLUDING DIMENSIONS AND LOADS, CONFORM TO THE ARCHITECTURAL PLANS/SPECIFICATIONS AND FABRICATOR'S TRUSS LAYOUT.

TRUSS DESIGNED WITH EQUAL PANELS BETWEEN INSIDE ENDS OF SCARF CUTS UNLESS OTHERWISE NOTED.

CAMBER 11/16" AT MIDSPAN BETWEEN BEARINGS.

ALL TOP CHORD SPLICES OCCURRING BETWEEN PANEL POINTS ARE TO BE LOCATED AT APPROXIMATELY 1/4 OF PANEL LENGTH FROM PANEL POINT (WITHIN 12") AND SHOULD NOT OCCUR IN PANELS NEXT TO A PANEL POINT SPLICE.



QUAKERTOWN
BUILDING SUPPLIES &
LUMBER COMPANY
(215) 536-0100
QUAKERTOWN, PA. 18951
(800) 392-6878
ENGLISH TOWN, N.J. 07726

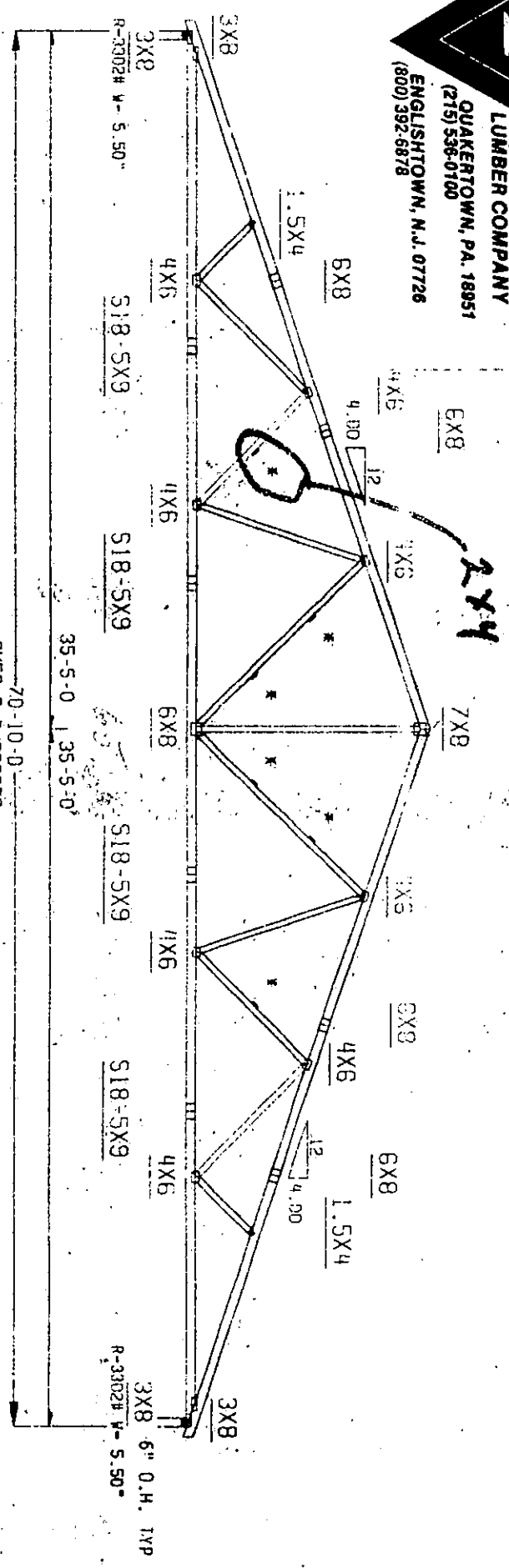


PLATE TYPE--ALPINE SEON-- 24/33 FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR
REV 12.2.0 SCALE-- 0.1250

		IMPORTANT 重要: ALPINE ENGINEERED PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THE SPECIFICATIONS OR ANY DEVIATION FROM THIS DESIGN OR ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH THE "QUALITY CONTROL MANUAL" AT 101. ALPINE CONNECTIONS ARE MANUFACTURED FROM 30 GRADE GRAVITIZED STEEL UNLESS OTHERWISE SPECIFICALLY IDENTIFIED BY BOTH PARTS AND ONE OF THE PARTS TO BOTH PARTS AT EACH JOINT AND LOCATE AS SHOWN. IDENTIFYING AIDS ARE: 1. WELDING, UNLESS OTHERWISE SHOWN, DESIGN. 2. DIMENSIONS, CONFORM WITH APPROXIMATE PROVISIONS OF AISC 360 AND AISC 360-10.	
WARNING 警告: TRUSSES ARE NOT TO BE USED FOR CONSTRUCTION OF BRIDGES, SEE "BRI-76" (BRACING GOOD PRACTICES, COMMENTARY AND RECOMMENDATIONS, AISC). SEE THIS DESIGN FOR FOOTING/SPECIAL PERMITS. HEAVY BRACING REQUIREMENTS, UNLESS OTHERWISE SHOWN. THE CARGO SHALL BE UNIFORMLY APPLIED WITH "APPROXIMATE" 8" TRACKED TO WOOD SHEATHING. BOTTOM CHORD WITH RIGID BRACING OR BRACING AS SPECIFIED ON DESIGN/LOAD NOT USE THIS DESIGN WITH FIVE MEMBER STRUTTED MEMBER.		<i>AWB</i> SPD 03-1986	
DESIGN CRIT	TPI-78	REF	23546-TBS
TC LL	30.0 PSF	DATE	09/03/86
TC PL	7.0 PSF	DRWG	762668
BC DL	10.0 PSF	MD-ENG	DCD/OKD
TOT. LD	47.0 PSF	GR LENS	70-10-0
DUR. FRC	1.15	PITCH	4.0/12
SPACING	24.0"	TYPE	CONN

TC X-LOC L-R	8.29	9.84	18.36	26.89	35.42	43.94	52.47
BC X-LOC L-R	59.71	9.29	12.68	24.05	35.42	47.78	59.71

SPECIAL HANDLING CARE SHOULD BE TAKEN DURING UNLOADING. SUPPORT BY ERECTION CONTRACTOR.

WARNING: THE FOLLOWING INFORMATION IS NOT TO BE RELEASED BY SHIPPING AND ERECTION. WE RECOMMEND SEEKING ADVICE BY LOCAL PROFESSIONAL ENGINEER. SEE "WARNING" NOTE BELOW.

PLATES SHOWN ARE CONTROLLED BY TRUSS FABRICATOR PLATE INVENTORY.

ALL TOP CHORD SPLICES OCCURRING BETWEEN PANEL POINTS ARE TO BE LOCATED AT APPROXIMATELY 1/4 OF PANEL LENGTH FROM PANEL POINT (WITHIN 12") AND SHOULD NOT OCCUR IN PANELS NEXT TO A PANEL POINT SPlice.

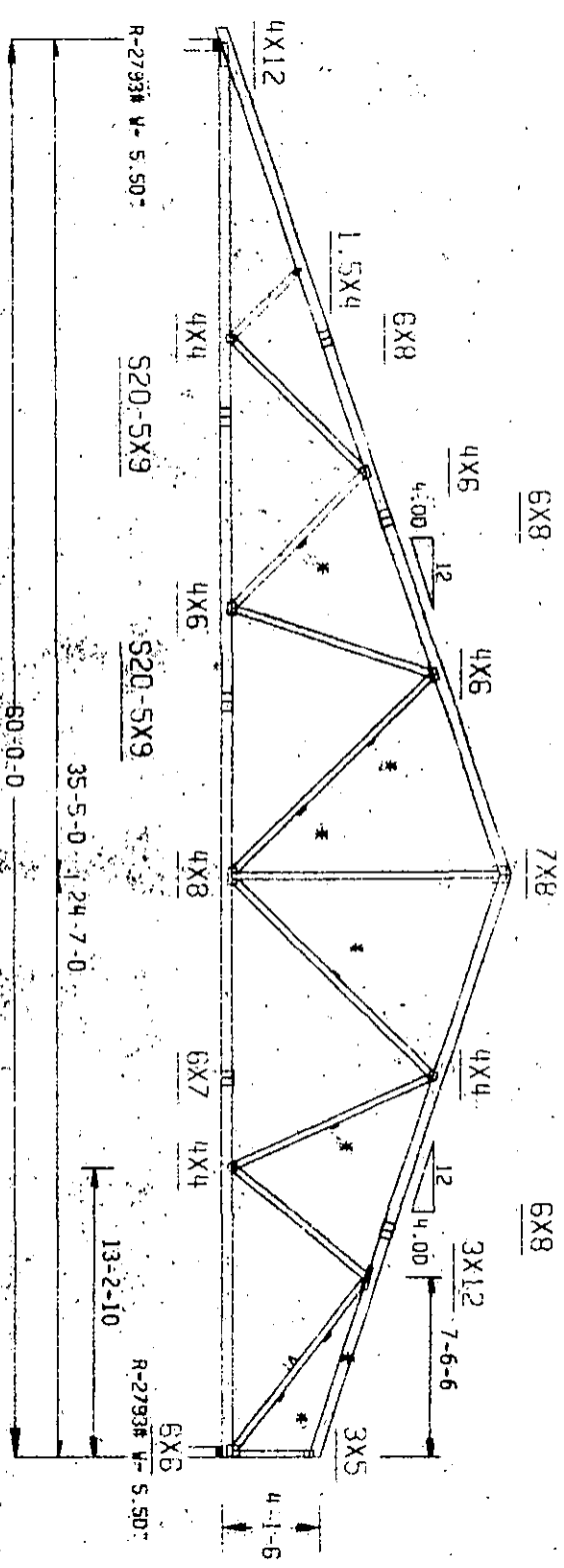
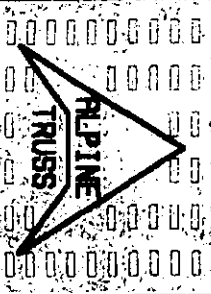


PLATE TYPE--ALPINE SEON-- 24748 FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR

05210 - FROM REV 12.2.0



IMPORTANT NOTICE **警告** 凡有欲採購本公司之鋼管者，請向本公司之經銷商或代理商洽購，以免誤購冒牌貨。本公司之鋼管，係由本公司之工廠直接生產，品質優良，價格低廉，歡迎各界人士垂詢。本公司之鋼管，係由本公司之工廠直接生產，品質優良，價格低廉，歡迎各界人士垂詢。本公司之鋼管，係由本公司之工廠直接生產，品質優良，價格低廉，歡迎各界人士垂詢。

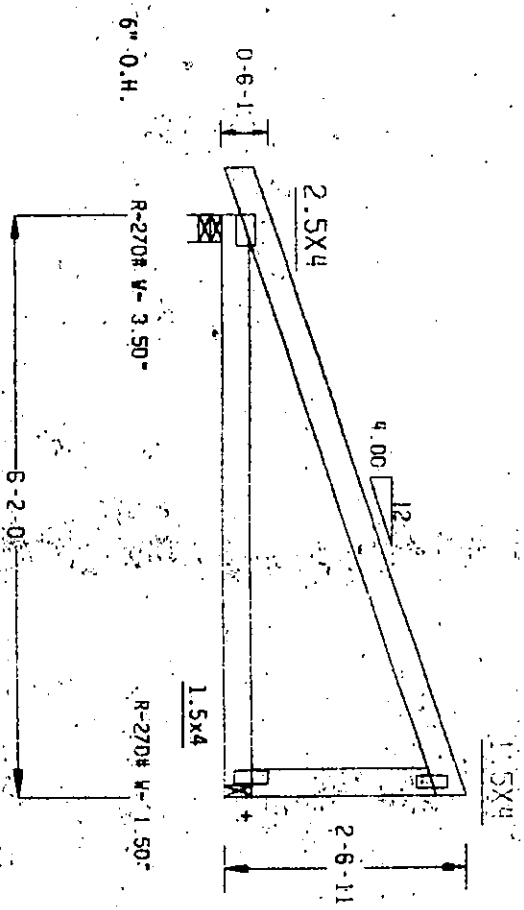
100-443886-100
SEP 03 1986

DESIGN UNIT	P1-78	REF	235946-1B5
IC U1	30.0 PSF	DATE	09/03/86
IC D1	7.0 PSF	DRWG	762669
BL D1	10.0 PSF	MD ENG	DCD/D & D
TOT. LD	47.0 PSF	O/R LEN.	60.0-0
O/R FRC	1.15	PATCH	4.0/12
SPRING	24.0°	TYPE	CDPN

TC X-LOC L-R : 0.29 6.04
BC X-LOC L-R : 0.29 6.04

IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER AND TRUSS FABRICATOR TO REVIEW THIS DRAWING PRIOR TO CUTTING LUMBER TO VERIFY THAT ALL DATA, INCLUDING DIMENSIONS AND LOADS, CONFORM TO THE ARCHITECTURAL PLANS/SPECIFICATIONS AND FABRICATOR'S TRUSS LAYOUT.

* SPECIAL PRECAUTIONS MUST BE TAKEN TO PREVENT THE TRUSS FROM SLIPPING OFF THE BEARING. PROVIDE POSITIVE ATTACHMENT.

**SALE - 0.5000**

DESIGN CRIT.	P	28	REF	23546-1B5
TE LL	30.0	PSF	DATE	09/03/86
TC DL	7.0	PSF	DRWG	762670
BC DL	10.0	PSF	MD-ENG	DCD/PXP
TOT LD	47.0	PSF	O/R LEN.	6-2-0
DUR/FEC	1.15		PITCH	4.0/12
SPRCING	24.0		TYPE	MONO

TOP CHORD	SO.	PINE	#1 DKD	15%
LEFT CHORD	SO.	PINE	#1 DKD	15%
WEBS	SO.	PINE	#3 KD	15%

ALL PLATES ARE TO BE CENTERED ON THE JOINT, LEFT TO RIGHT AND TOP TO BOTTOM, EXCEPT WHEN LOCATED BY CIRCLE OR DIMENSION. SEE DRAWING 130 FOR "PLATE LOCATIONS ON TYPICAL JOINTS."

WARNING. SPECIAL HANDLING CARE SHOULD BE TAKEN DURING SHIPPING AND ERECTION. WE RECOMMEND SEEKING ADVICE BY LOCAL PROFESSIONAL ENGINEER. SEE "WARNING" NOTE BELOW.

PLATES SHOWN ARE CONTROLLED BY TRUSS FABRICATOR PLATED INVENTORY.

TRUSS DESIGNED WITH EQUAL PANELS BETWEEN INSIDE ENDS
OF SCARF CUTS UNLESS OTHERWISE NOTED.

CAMBER 11/16" AT MIDSPAN BETWEEN BEARINGS.

ALL TOP CHORD SPLICES OCCURRING BETWEEN PANEL POINTS
ARE TO BE LOCATED AT APPROXIMATELY 1/4 OF PANEL LENGTH
FROM PANEL POINT (WITHIN 12") AND SHOULD NOT OCCUR IN
PANELS NEXT TO A PANEL POINT SPLICE..

TC X-LOC L-R: Ø.29 9.84 18.36 26.89 35.42 43.94 52.47
6Ø.99 7Ø.54
BC X-LOC L-R: Ø.29 12.68 24.Ø5 35.42 46.78 58.15 7Ø.54

* 1X4#3 HEM-FIR OR BETTER CONTINUOUS LATERAL BRACING TO BE EQUALLY SPACED. ATTACH WITH (2) 8D NAILS. BRACING MATERIAL TO BE SUPPLIED AND ATTACHED AT BOTH ENDS TO A SUITABLE SUPPORT BY ERECTION CONTRACTOR.

ND
*
1X4
BLE
MATE
SUIT



THE TRIANGLE
**BUILDING SUPPLIES &
 LUMBER COMPANY**
 QUAKERTOWN, PA. 18951
 (215) 336-0100
 ENGLISHTOWN, N.J. 07726
 (800) 382-6878

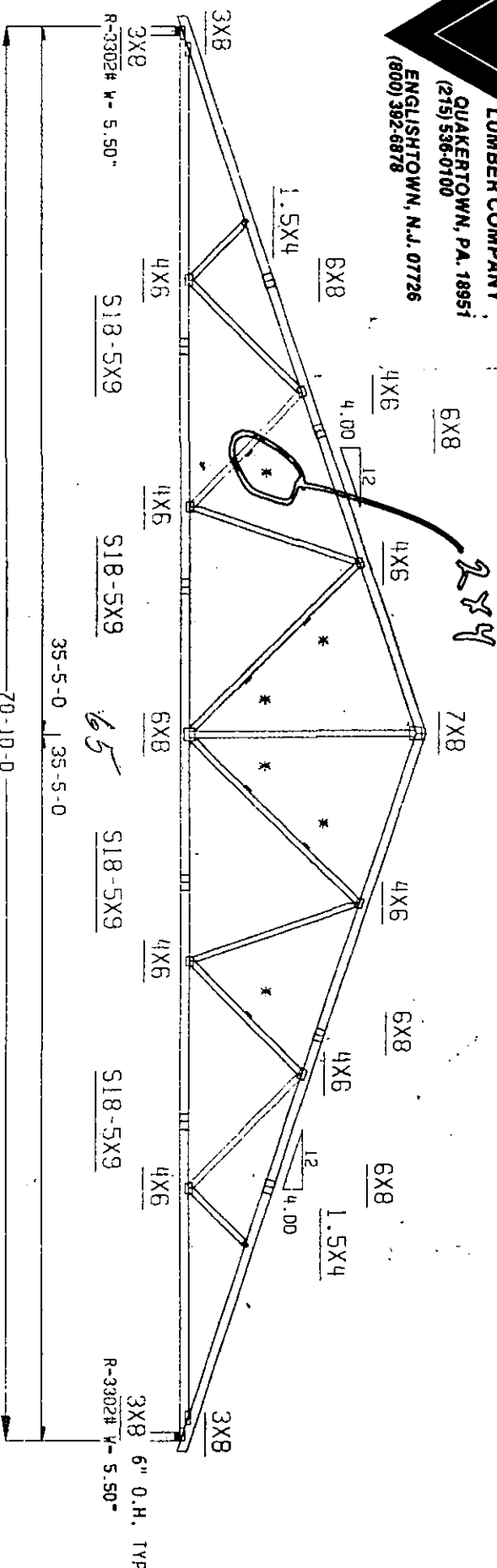


PLATE TYPE--ALPINE

SEON-- 24733

FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR

REV 12.2.D

SCALE - 0.1250

ALPINE TRUSS

★ ★ ★ IMPORTANT ★ ★ ★ PLATINE ENGINEERED PRODUCTS, INC. SHALL NOT BE RESPONSIBLE FOR ANY DEVIATION FROM THESE SPECIFICATIONS OR ANY DEVIATION FROM THIS DESIGN OR ANY FAILURE TO BUILD THE TUBES IN CONFORMANCE WITH THE "QUALITY CONTROL MANUAL" BY TPI. PLATINE CONNECTORS ARE MANUFACTURED FROM 20 GAGE GALVANIZED STEEL UNLESS OTHERWISE SHOWN, MEETING REQUIREMENTS OF ASTM A446 GRADE A. OTHER PLATINE SHOWING, MEETING REQUIREMENTS OF ASTM A446 GRADE A. PLATINE CONNECTORS TO BOTH TYPES AT EACH JOINT AND LOCATE AS SHOWN. DERIVING WORKS ARE "NO" WELDING, UNLESS OTHERWISE SHOWN. DESIGN STANDARDS CONFORM WITH APPLICABLE PROVISIONS OF ASME-B2 AND API-7E OR PCL-50.

[illegible]

AWB
SP03 1986

DESIGN CRIT	TPI-78	REF	23546-TBS
TC LL	30.0 PSF	DATE	09/03/86
TC DL	7.0 PSF	DRWG	762668
BC DL	10.0 PSF	MD-ENG	DCD/DXD
TOT. LD.	47.0 PSF	O/R LEN.	70-10-0
DUR. FRC.	1.15	PITCH	4.0/12
SPACING	24.0"	TYPE	CON

TOP CHORD 2X4 SO. PINE #2 KD 15X
BOT CHORD 2X4 SO. PINE #2 KD 15X
WEBS 2X4 SO. PINE #3 KD 15X

ALL PLATES ARE TO BE CENTERED ON THE JOINT, LEFT TO RIGHT AND TOP TO BOTTOM, EXCEPT WHEN LOCATED BY CIRCLE OR DIMENSION. SEE DRAWING 130 FOR "PLATE LOCATIONS ON TYPICAL JOINTS."
PLATES SHOWN ARE CONTROLLED BY TRUSS FABRICATOR PLATE INVENTORY.

TC X-LOC L-R: 0.29 6.04
BC X-LOC L-R: 0.29 6.04

IT IS THE RESPONSIBILITY OF THE BUILDING DESIGNER AND TRUSS FABRICATOR TO REVIEW THIS DRAWING PRIOR TO CUTTING LUMBER TO VERIFY THAT ALL DATA, INCLUDING DIMENSIONS AND LOADS, CONFORM TO THE ARCHITECTURAL PLANS/SPECIFICATIONS AND FABRICATOR'S TRUSS LAYOUT.

+ SPECIAL PRECAUTIONS MUST BE TAKEN TO PREVENT THE TRUSS FROM SLIPPING OFF THE BEARING. PROVIDE POSITIVE ATTACHMENT.

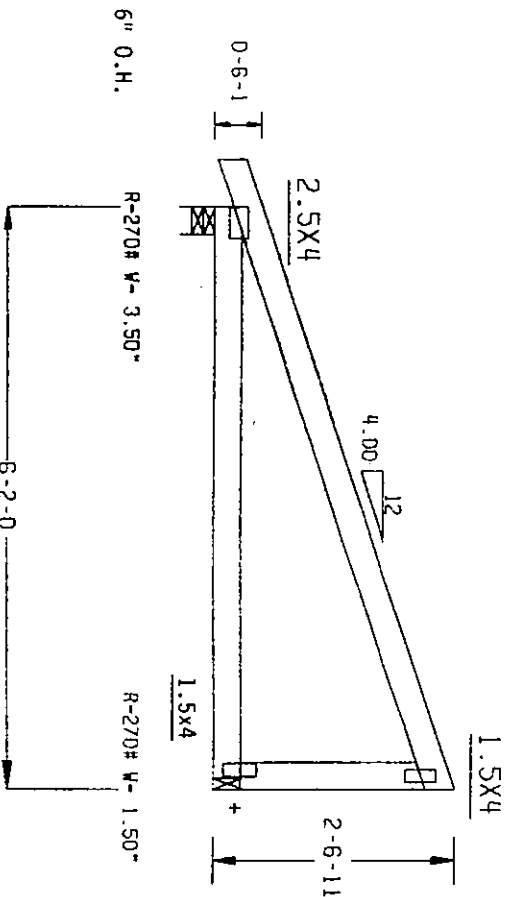


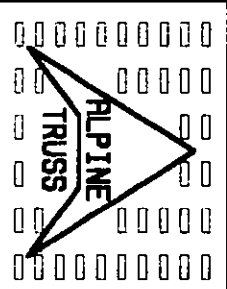
PLATE TYPE--ALPINE

SEON-- 24752

FURNISH A COPY OF THIS DESIGN TO ERECTION CONTRACTOR

REV 12.1.0

SCALE - 0.5000



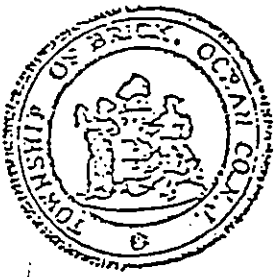
ALPINE ENGINEERED PRODUCTS, INC.
DEVIATION FROM THESE SPECIFICATIONS OR ANY DEVIATION FROM THIS DESIGN OR ANY FAILURE TO BUILD THE TRUSS IN CONFORMANCE WITH THE "QUALITY CONTROL MANUAL" BY IPT, ALPINE CONNECTIONS ARE MANUFACTURED FROM 20 GRADE GALVANIZED STEEL UNLESS OTHERWISE SHOWN. MEETING REQUIREMENTS OF 80% RING DRILL R. APPLY CONNECTIONS TO BOTH SIDES AT EACH JOINT AND LOCKE AS SHOWN. BEARING VIOLETS ARE 4" MINIMUM UNLESS OTHERWISE SHOWN. DESIGN STRIPPER'S CONFORM WITH APPLICABLE PROVISIONS OF *NDS-82 AND *IP1-74 OR ICI-80.

WARNING: TRUSSES REQUIRE EXTREME CARE IN HANDLING, ERECTION AND BRACING. SEE "IP1-76" BRACING WOOD TRUSSES: CONTINGENCY AND RECOMMENDATIONS *IP1.1. SEE THIS DESIGN FOR ADDITIONAL SPECIAL PERMISSIBLE BRACING REQUIREMENTS. UNLESS OTHERWISE SHOWN, TOP CHORD SHALL BE UNilaterALLY BRACED WITH PROPERLY ATTACHED PLYWOOD SHEATHING. BOTTOM CHORD WITH RIGID CEILING OR BRACING AS SPECIFIED ON DESIGN. DO NOT USE THIS DESIGN WITH FIRE RETARDANT TREATED LUMBER.

AWB
SEP 03 1986

DESIGN CRIT	IP1-78	REF
TC LL	30.0 PSF	23546-TBS
TC DL	7.0 PSF	DATE 09/03/86
BC DL	10.0 PSF	DRWG 762670
TOT. LD.	47.0 PSF	MD-ENG DCD/PCD
DUR. FAC.	1.15	O/R LEN. 6-2-0
SPACING	24.0"	PITCH 4.0/12
		TYPE MONO

9386



Township of Brick

477-123⁰

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

CHECK LIST

Sept 12, 1988

Re: Block 549 Lot 5, 6, 9, 10-72.2

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

Administrative _____
Zoning _____
Engineering _____
Building _____
Plumbing _____
Electric _____
Fire _____

SUBMIT HVAC PLANS - Roof Construction

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 building 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.

*Good as written
fire plan signed*

8684

Arthur J. Cierzo, Construction Official

Tenant separation wall to underside of roof
4' Fire Retardant plywood - each side of wall

or

Drafting Every 3000 sq. ft.

Priest: Santa's dead

WOODBIDGE (AP) — A priest's "zeal to emphasize the spiritual dimension" of Christmas prompted him to tell a group of youngsters that Santa Claus is dead and that Rudolph the Red-Nose Reindeer doesn't exist, church officials said Tuesday.

The Diocese of Metuchen issued a statement to clarify comments made by the Rev. Romano Ferraro at the St. John Vianney Roman Catholic Church in Colonia on Saturday.

"He tried to kill Santa," said Joanne Apolonia, a mother who attended the weekend Mass at the church with her Confraternity of Christian Doctrine class. "That's how the kids took it."

Mrs. Apolonia was with her daughter, a first-grader.

The sermon started "very nicely" with Ferraro explaining St. Nicholas' history and telling the children that the saint distributed presents to the poor, a forerunner of gift giving today, she said.

But Ferraro then said that just as Saint Nicholas is dead, so is Santa Claus, she said. He also said there is no North Pole and no Rudolph the Red-Nose Reindeer.

"The emphasis on the birth of Christ and his love always is to be paramount at Christmas," Father Francis J. Sergel, pastor at St. John's, said in the statement.

"It is unfortunate that Father Ferraro, in his zeal to emphasize the spiritual dimension of our celebration, may have appeared to diminish the importance which many, especially children, attach to some of the cultural and secular aspects of the season," Sergel said.

"We regret any lack of sensitivity and any disappointment or disillusionment on the part of children," Sergel added.

He also apologized for any awkwardness or difficulty the comments may have caused parents.

Ferraro could not be reached for comment Tuesday. His secretary, who would not give her name, said he would not be available all day.

Robert Madison, whose child also attended the Mass, said the parents "are going nuts" over the priest's comments.

Observer

12-10-86

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

RECEIVED

JUN 24 1987

DIV. OF INSPECTION

Daniel F. Newman, Mayor

Members of Township Council:
Joseph C. Scarpelli, Council President
Charles E. Anderson
Patrick L. Bottazzi
Mary Anne L. Butler
Edmund H. Hibbard
Warren H. Wolf
David W. Wolfe



Department of Administration, Finance
and Public Affairs

Office of Business Administrator
Robert H. Chankalian, P.E.
Business Administrator/Municipal Engineer
(201) 477-3000, ext. 201

Scott R. MacFadden
Assistant Business Administrator
(201) 477-3000, ext. 202

Date: June 22, 1987

To: Jerome Tansey, Ass't. Mun. Eng.

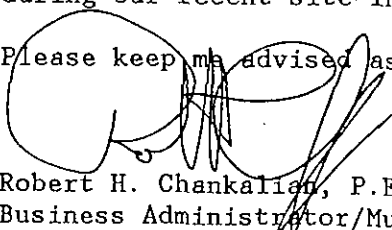
From: Robert H. Chankalian, P.E., Bus. Adm./Mun. Eng.

Re: Commercial Shopping Center Development - Old Town Hall Site
Block 469 Lot 12 and Block 670 Lots 9, 19, 20, 21, 22, 26

As a follow-up to our recent discussion of the subject site this is to verify that you will contact the Department of Environmental Protection regarding the conditions that exist and further that you will advise Mr. Art Cierzo and Mr. Ed Izzo that no approval or permission is to be granted for construction beyond the footing and foundation without your approval.

I enclose for your file the duplicate copy of the photographs you took during our recent site inspection at the above referenced location.

Please keep me advised as to the ongoing status of this project.


Robert H. Chankalian, P.E.
Business Administrator/Municipal Engineer

RHC/dl

cc: Mayor Daniel F. Newman
Mr. Scott R. MacFadden, Ass't. Bus. Adm.
File: Admin002
Engineering
Mr. Arthur Cierzo, Construction Official
Mr. Edward Izzo, Building Subcode Official

100-100000

100-100000

100-100000

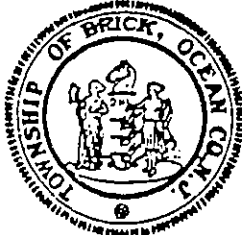
100-100000

C. C. C. C.
Institution

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

Daniel F. Newman, Mayor

Members of the Township Council:
Joseph C. Scarpelli, Council President
Charles E. Anderson
Patrick L. Botazzi
Mary Anne L. Butler
Edmund H. Hibbard
Warren H. Wolf
David W. Wolfe



Department of Engineering

Robert H. Chankalian, P.E.
Business Administrator/Municipal Engineer
(201) 477-3000, ext. 201

Jerome J. Tansey, P. E.
Acting Municipal Engineer
Richard E. Garnett, L.S., P.P.
Municipal Surveyor/Planner
(201) 477-3000

Date: June 23, 1987

To: Robert H. Chankalian, P.E., Bus Adm/Mun Eng

From: Jerome J. Tansey, P.E., Acting Mun Eng

Re: Old Town Hall Site
Block 469, Lot 12
Block 670, Lots 9, 19, 20, 21, 22, 26

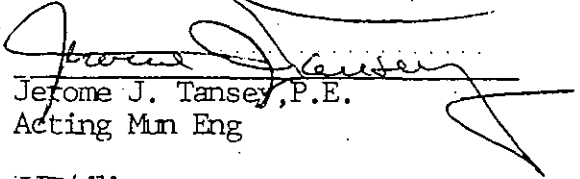
RECEIVED

JUN 25 1987

DIV. OF INSPECTION

The Department of Environmental Protection, Division of Waste Management, has been contacted regarding the subject site. Mr. Pat Ferrarro will have a field inspector visit the site, make an evaluation and determine if there is a need for test holes and methane gas measurements.

The field inspector will contact our office prior to going on-site.


Jerome J. Tansey, P.E.
Acting Mun Eng

JJT/dlb

cc: Mayor Daniel Newman
Scott Mac Fadden, Ass't Bus Adm
Art Cierzo
Ed Izzo
File Admin 002

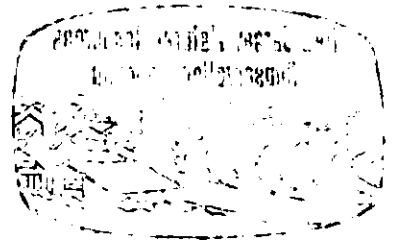
2

Wm. B. Smith
George Smith

2518	DeWitt Savings CC	Unit 1	rec. CC	Clay
2520	^{Hipper} Mike's Subs.	Unit 2		
2522	Med Town Fantastic Hair CC	" 3	✓ CC	
2524	AZ. Video CC	" 4	✓	✓
2526	Roddy Bridget's	5	✓	✓
2528	Transluc Jewelry CC	6	✓	✓
2530	Wishing Well CC	7	✓	✓
2532	Margaret's Clothes	" 8		✓
2534	Shoe Store Toys	" 9		✓
2540	Welsh Farms	" 10		

CG 518	W. DeWitt Savings CC Unit 1	✓	ele	RMG
CG 520	Hoffm. Mike's Subs. CC Unit 2	✓		
CG 522	ele Midtown Handmade Hair CC " 3	✓		
CG 524	ele 'A.Z. Video CC " 4	✓		
CG 526	ele Prosty Bird DATA " 5 hand CC	✓		
CG 528	ele Frank Sue Jew CC " 6	✓		✓
CG 530	ele Wishing Well CC " 7	✓		✓
CG 532	ele Margaret's Clothes CC " 8	✓		✓
CG 534	ele Shoe Store FAYS CC " 9	✓		✓
CG 540	ele Carol's Farms " 10			

6 North Horse, CM 2191, Toms River, NJ 08724
Telephone: 201-844-7618



SOIL CONSERVATION DISTRICT

PROJECT CODE OF RECORD: MUNICIPALITY:

SD NO.:

LOT NO. (a)

☐ Temporary Compliance

☒ Complete Compliance

CONDITIONS

LOT NO.

BLOCK NO.

Total Fees Due: \$

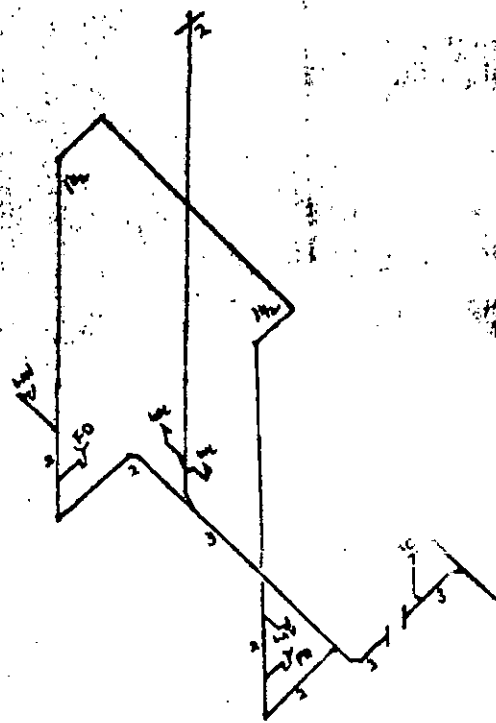
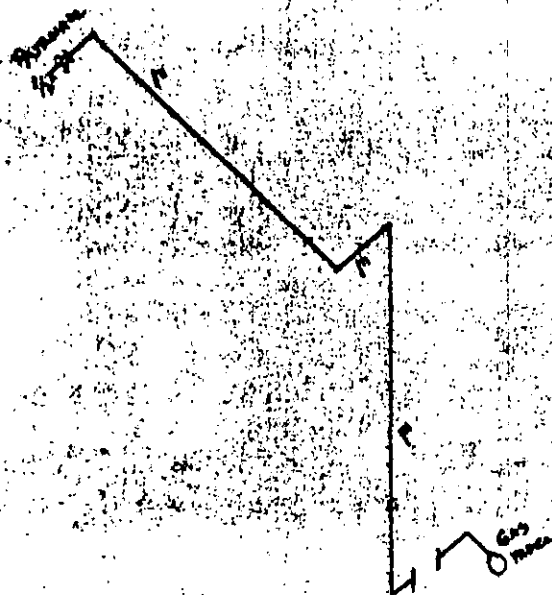
This form is used for the soil erosion and sediment control measures for the spot designated block and lot numbers in compliance to the National Sedimentation Act (NSA) and the Ocean County Soil Conservation District. The NSA requires that the soil erosion and sediment control measures be installed and maintained in accordance with the National Sedimentation Act (NSA) and the Ocean County Soil Conservation District. The NSA requires that the soil erosion and sediment control measures be installed and maintained in accordance with the National Sedimentation Act (NSA) and the Ocean County Soil Conservation District.

AGENT RESPONSIBLE FOR PROJECT

AUTHORIZED SIGNATURE:

Date:

UNCLASSIFIED



Typical for 8 Stones

**THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY**

1551 Highway 88 West
Brick, New Jersey 08724
(201) 458-7000

STATEMENT OF UTILITY SERVICES

APPLICANT: NAME Pat Bottazzi (Red Lion Plaza) TEL. NO. 477-1230

ADDRESS Drum Point Road

PROPERTY IN QUESTION:

BLOCK 549 LOT(S) 5,6,9,10 & ADDRESS Drum Point Rd.
12.2

BTMUA ACCOUNT NUMBER 1932000

SINGLE FAMILY RESIDENTIAL (IN EXISTING SUB-DIVISIONS ONLY)

	<u>WATER</u>	<u>SEWER</u>
1. UTILITY SERVICE CAN BE PROVIDED. APPLICATION FOR SERVICE <u>IS REQUIRED.</u>	<u>X</u>	<u>X</u>

CONNECTION WILL BE PROVIDED AS FOLLOWS:

WATER Drum Point Rd.
(STREET)

SEWER Drum Point Rd.
(STREET)

2. UTILITY SERVICE CANNOT BE PROVIDED AT THIS DATE. APPLICATION IS NOT REQUIRED.

3. UTILITY SERVICE IS PLANNED FOR CONSTRUCTION DURING THE BUDGET YEAR ENDING MARCH 31, 19____. SERVICE MAY BE AVAILABLE SOME TIME THEREABOUT.

ALL OTHER DEVELOPMENT

EXISTING BRICK TOWNSHIP MUA LINES ARE AS SHOWN ON ATTACHED TAX MAP DRAWING NO. _____.

APPLICANT/DEVELOPER IS REQUIRED TO SUBMIT A FORMAL DEVELOPER APPLICATION TO THE AUTHORITY AS SET OUT IN BRICK TOWNSHIP ZONING ORDINANCE NO. 354-79 AS AMENDED, AND AS REQUIRED BY BRICK TOWNSHIP MUA RULES AND REGULATIONS (LATEST REVISION).

DATE: 9-22-86

SIGNED: Heim L. Saul

NOTE: STATEMENT GOOD FOR
90 DAYS ONLY

UTILITY SERVICES FOR NEW HOMES

1. OBTAIN "STATEMENT OF UTILITY SERVICES" AND SIZING SHEET AT BTMUA.
2. FILL OUT SIZING SHEET AND HAVE APPROVED BY THE BRICK TOWNSHIP PLUMBING INSPECTOR.
3. APPLICATION FOR UTILITIES SHOULD BE MADE TO BTMUA AS EARLY AS POSSIBLE, AT WHICH TIME THE SIZING SHEET, SIGNED BY THE TOWNSHIP PLUMBING INSPECTOR, MUST BE SUBMITTED.

APPLICATIONS WITHOUT THE SIGNED SIZING SHEET WILL NOT BE ACCEPTED.

A DEPOSIT OF \$130 IS REQUIRED.

LEAD TIME FOR TAPS TO BE INSTALLED IS BETWEEN 6 AND 8 WEEKS, WEATHER PERMITTING; HOWEVER, TAPS WILL NOT BE SCHEDULED FOR INSTALLATION UNTIL AT LEAST A FOUNDATION EXISTS. FOR INFORMATION ON SCHEDULED INSTALLATIONS, CONTACT THE AUTHORITY OPERATIONS OFFICE.

4. AFTER THE TAPS HAVE BEEN INSTALLED, SEWER AND WATER SERVICE PERMITS ARE TO BE OBTAINED AT THE BTMUA (PERMIT FEE OF \$15 FOR EACH SERVICE).
5. ONCE YOUR SERVICE LINES HAVE BEEN CONNECTED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO ARRANGE FOR AN OUTSIDE INSPECTION.

INSPECTIONS WILL NOT BE MADE UNLESS THE PERMIT HAS BEEN OBTAINED.

6. WATER METER

A METER AND A REMOTE READOUT WILL BE INSTALLED.

IF YOU ARE BUILDING ON A SLAB BASE, PLEASE MAKE ARRANGEMENTS WITH YOUR BUILDER TO RUN A PAIR OF WIRES (18 GAUGE, 2 CONDUIT SOLID BELL WIRE) FROM THE INSIDE METER LOCATION TO WHERE THE OUTSIDE READOUT IS TO BE LOCATED, OR CALL THE BTMUA TO DO SO. THIS MUST BE DONE PRIOR TO INSTALLATION OF SHEET ROCK FOR INTERIOR WALLS.

AFTER ALL INSPECTIONS HAVE BEEN COMPLETED, CALL THE CUSTOMER ACCOUNT DIVISION AT BTMUA TO SCHEDULE THE WATER METER INSTALLATION.

7. CERTIFICATE OF COMPLIANCE

THE C.C. WILL BE ISSUED AFTER THE METER IS INSTALLED AND ALL REQUIREMENTS MET, AT WHICH TIME ANY OPEN TAP FEES AND PERMIT FEES MUST BE PAID IN FULL.

8. INITIAL SERVICE CHARGES

IF THE OWNER DESIRES, THE APPLICABLE INITIAL SERVICE CHARGES MAY BE PAID IN QUARTERLY INSTALLMENTS (PLUS INTEREST) ACCORDING TO AN ESTABLISHED PAYMENT PLAN. SEE OUR CUSTOMER ACCOUNT DIVISION FOR DETAILS.

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date _____

Property Address _____ Block _____ Lot _____

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

<u>Plumbing Fixtures</u>	<u>Number</u>	<u>(sfu) Water Units</u>	<u>(dfu) Drainage Units</u>
1. Water Closet	_____	() _____	() _____
2. Lavatory	_____	() _____	() _____
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	_____	() _____	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	_____	() _____	() _____
11. Floor Drain	_____	() _____	() _____
12. Drinking Fountain	_____	() _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total _____

Gallons per minute _____

Size of Service _____

Date: _____

Approved: _____
Brick Township Plumbing Inspector

THE BRICK TOWNSHIP
MUNICIPAL UTILITIES AUTHORITY

1551 HIGHWAY 88 WEST
BRICK NEW JERSEY 08724

PHONE (201) 458 7000

September 10, 1986

RECEIVED

SEP 10 1986

Township of Brick
Planning Board
401 Chambersbridge Road
Brick, N.J. 08723

BRICK TOWNSHIP PLANNING BOARD

Re Red Lion Shopping Plaza
S&W 834
Block 549
Lots 5, 6, 9, 10, 12 & 2

Gentlemen:

The referenced project has received our Preliminary Approval

It has been reviewed by our Engineering Department for Tentative
and Final Approval

It will be recommended, to our Commissioners, that Final approval
be granted on September 24, 1986

So as not to delay planned installation of the sewer and water
systems, we recommend your department release the drawings and
application to Planning/Adjustment Boards

Very truly yours,

James J. Daley

James J Daley
Engineer

JJD gs

OK as per
RHC 9/10/86

SIZING FOR WATER AND SEWER SERVICES

Property Owner

Red Lion Plaza

Date

12/12/86

Property Address

2518-40 Nguyen

Block

549

Lot

56-910
12-2

Zoning

Use Group

Contractor

License No. Registration

1722

Water Main Size

Water Pressure

Sewer Main Size

Plumbing Fixtures

Number

(sfu) Water Units

(dfu) Drainage Units

1. Water Closet

1

(5)

5

()

5

2. Lavatory

1

()

2

()

2

3. Bath Tub

()

()

4. Shower Stall

()

()

5. Kitchen Sink

()

()

6. Service Sink

()

()

7. Laundry Tray

()

()

8. Dishwasher

()

()

9. Washing Machine

()

()

10. Urinal

()

()

11. Floor Drain

2

()

2

()

2

12. Drinking Fountain

()

()

13. Air Conditioner
(water cooled)

()

()

14. Dental Unit

()

()

15. Lawn Sprinkler
No. of Heads

()

()

16. Fire Sprinkler
No. of Heads

()

()

17.

()

()

18.

()

()

Total

9

9

Gallons per minute

9.5

Size of Service

34

Date:

12-12-86

Approved:

G. J. [Signature]
Brick Township Plumbing Inspector

SIZING FOR WATER AND SEWER SERVICES

Property Owner Red Lion Plaza Date 12/12/86
 Property Address 2518-40 Hanger Block 549 Lot 56-910
 Zoning _____ Use Group _____

Contractor _____ License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>1</u>	(<u>5</u>) <u>5</u>	() <u>5</u>
2. Lavatory	<u>1</u>	() <u>2</u>	() <u>2</u>
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	_____	() _____	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	_____	() _____	() _____
11. Floor Drain	<u>2</u>	() <u>2</u>	() <u>2</u>
12. Drinking Fountain	_____	() _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total 9 9
 Gallons per minute 9-5
 Size of Service 34

Date: 12-12-86

Approved: [Signature]
 Brick Township Plumbing Inspector

SIZING FOR WATER AND SEWER SERVICES

Property Owner Red Lion Plaza Date 12/12/86
 Property Address 2518-40 Noyen Block 549 Lot 56-9 10
 Zoning _____ Use Group _____
 Contractor _____ License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

<u>Plumbing Fixtures</u>	<u>Number</u>	<u>(sfu) Water Units</u>	<u>(dfu) Drainage Units</u>
1. Water Closet	<u>1</u>	<u>(5) 5</u>	<u>() 5</u>
2. Lavatory	<u>1</u>	<u>() 2</u>	<u>() 2</u>
3. Bath Tub	_____	<u>()</u>	<u>()</u>
4. Shower Stall	_____	<u>()</u>	<u>()</u>
5. Kitchen Sink	_____	<u>()</u>	<u>()</u>
6. Service Sink	_____	<u>()</u>	<u>()</u>
7. Laundry Tray	_____	<u>()</u>	<u>()</u>
8. Dishwasher	_____	<u>()</u>	<u>()</u>
9. Washing Machine	_____	<u>()</u>	<u>()</u>
10. Urinal	_____	<u>()</u>	<u>()</u>
11. Floor Drain	<u>1</u>	<u>() 2</u>	<u>() 2</u>
12. Drinking Fountain	_____	<u>()</u>	<u>()</u>
13. Air Conditioner (water cooled)	_____	<u>()</u>	<u>()</u>
14. Dental Unit	_____	<u>()</u>	<u>()</u>
15. Lawn Sprinkler No. of Heads	_____	<u>()</u>	<u>()</u>
16. Fire Sprinkler No. of Heads	_____	<u>()</u>	<u>()</u>
17. _____	_____	<u>()</u>	<u>()</u>
18. _____	_____	<u>()</u>	<u>()</u>

Total 9 9
 Gallons per minute 9-5
 Size of Service 34

Date: 12-12-86 Approved: G. L. [Signature]
 Brick Township Plumbing Inspector

TYLMAN R. MOON
AND ASSOCIATES

ARCHITECTURE

PLANNING

TYLMAN R. MOON, AIA
DAVID A. WESTLAKE, AIA

INTERIOR DESIGN

RECEIVED
DEC 22 1986
DIV. OF INSPECTION

17 December 1986

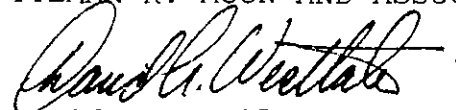
Ms. Judy Gass
Brick Township Building Department
401 Chambers Bridge Road
Brick, New Jersey 08733

Re: Red Lion Plaza, Job #86140

Dear Ms. Gass:

The building volume computes as 261,300 cubic feet.
The building height as measured from floor level is
24 feet ± to the ridge.

Very truly yours,
TYLMAN R. MOON AND ASSOCIATES



David A. Westlake, AIA
For the Firm
DAW/mm

SIZING FOR WATER AND SEWER SERVICES

Property Owner Red Lion Plaza Date 12/12/86
 Property Address 2518-40 N. Myer Block 549 Lot 56-9 10
 Zoning _____ Use Group _____

Contractor _____ License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>1</u>	(<u>5</u>) <u>5</u>	() <u>5</u>
2. Lavatory	<u>1</u>	() <u>2</u>	() <u>2</u>
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	_____	() _____	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	_____	() _____	() _____
11. Floor Drain	<u>2</u>	() <u>2</u>	() <u>2</u>
12. Drinking Fountain	_____	() _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total 9 9
 Gallons per minute 9.5
 Size of Service 34

Date: 12-12-86

Approved: G. L. [Signature]
 Brick Township Plumbing Inspector

SIZING FOR WATER AND SEWER SERVICES

Property Owner Red Lion Plaza Date 12/12/86
 Property Address 2518-40 Hagen Block 549 Lot 56-9 10
 Zoning _____ Use Group _____
 Contractor _____ License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

<u>Plumbing Fixtures</u>	<u>Number</u>	<u>(sfu) Water Units</u>	<u>(dfu) Drainage Units</u>
1. Water Closet	<u>1</u>	<u>(5) 5</u>	<u>() 5</u>
2. Lavatory	<u>1</u>	<u>() 2</u>	<u>() 2</u>
3. Bath Tub	_____	<u>()</u>	<u>()</u>
4. Shower Stall	_____	<u>()</u>	<u>()</u>
5. Kitchen Sink	_____	<u>()</u>	<u>()</u>
6. Service Sink	_____	<u>()</u>	<u>()</u>
7. Laundry Tray	_____	<u>()</u>	<u>()</u>
8. Dishwasher	_____	<u>()</u>	<u>()</u>
9. Washing Machine	_____	<u>()</u>	<u>()</u>
10. Urinal	_____	<u>()</u>	<u>()</u>
11. Floor Drain	<u>2</u>	<u>() 2</u>	<u>() 2</u>
12. Drinking Fountain	_____	<u>()</u>	<u>()</u>
13. Air Conditioner (water cooled)	_____	<u>()</u>	<u>()</u>
14. Dental Unit	_____	<u>()</u>	<u>()</u>
15. Lawn Sprinkler No. of Heads	_____	<u>()</u>	<u>()</u>
16. Fire Sprinkler No. of Heads	_____	<u>()</u>	<u>()</u>
17. _____	_____	<u>()</u>	<u>()</u>
18. _____	_____	<u>()</u>	<u>()</u>

Total 9 9
 Gallons per minute 9.5
 Size of Service 34

Date: 12-12-86 Approved: [Signature]
 Brick Township Plumbing Inspector

SIZING FOR WATER AND SEWER SERVICES

Property Owner

Red Lion Plaza

Date

12/12/86

Property Address

2518-40 Nguyen

Block

549

Lot

56-910
12-2

Zoning

Use Group

Contractor

License No. Registration

1722

Water Main Size

Water Pressure

Sewer Main Size

Plumbing Fixtures

Number

(sfu) Water Units

(dfu) Drainage Units

1. Water Closet

1

(5)

5

()

5

2. Lavatory

1

()

2

()

2

3. Bath Tub

()

()

4. Shower Stall

()

()

5. Kitchen Sink

()

()

6. Service Sink

()

()

7. Laundry Tray

()

()

8. Dishwasher

()

()

9. Washing Machine

()

()

10. Urinal

()

()

11. Floor Drain

1

()

2

()

2

12. Drinking Fountain

()

()

13. Air Conditioner
(water cooled)

()

()

14. Dental Unit

()

()

15. Lawn Sprinkler
No. of Heads

()

()

16. Fire Sprinkler
No. of Heads

()

()

17. _____

()

()

18. _____

()

()

Total

9

9

Gallons per minute

9.5

Size of Service

34

Date:

12-12-86

Approved:

G. J. [Signature]
Brick Township Plumbing Inspector

SIZING FOR WATER AND SEWER SERVICES

Property Owner

Red Lion Plaza

Date

12/12/86

Property Address

2518-40 Noyes

Block

549

Lot

56-9 10
12-2

Zoning

Use Group

Contractor

License No. Registration

1722

Water Main Size

Water Pressure

Sewer Main Size

Plumbing Fixtures

Number

(sfu) Water Units

(dfu) Drainage Units

1. Water Closet

1

(5)

5

()

5

2. Lavatory

1

()

2

()

2

3. Bath Tub

()

()

4. Shower Stall

()

()

5. Kitchen Sink

()

()

6. Service Sink

()

()

7. Laundry Tray

()

()

8. Dishwasher

()

()

9. Washing Machine

()

()

10. Urinal

()

()

11. Floor Drain

2

()

2

()

2

12. Drinking Fountain

()

()

13. Air Conditioner
(water cooled)

()

()

14. Dental Unit

()

()

15. Lawn Sprinkler
No. of Heads

()

()

16. Fire Sprinkler
No. of Heads

()

()

17.

()

()

18.

()

()

Total

9

9

Gallons per minute

9.5

Size of Service

34

Date:

12-12-86

Approved:

Glavin
Brick Township Plumbing Inspector

SIZING FOR WATER AND SEWER SERVICES

Property Owner

Red Lion Plaza

Date

12/12/86

Property Address

2518-40 Haysen

Block

549

Lot

56-910
12-2

Zoning

Use Group

Contractor

License No. Registration

1722

Water Main Size

Water Pressure

Sewer Main Size

Plumbing Fixtures

Number

(sfu) Water Units

(dfu) Drainage Units

1. Water Closet

1

(5)

5

()

5

2. Lavatory

1

()

2

()

2

3. Bath Tub

()

()

4. Shower Stall

()

()

5. Kitchen Sink

()

()

6. Service Sink

()

()

7. Laundry Tray

()

()

8. Dishwasher

()

()

9. Washing Machine

()

()

10. Urinal

()

()

11. Floor Drain

2

()

2

()

2

12. Drinking Fountain

()

()

13. Air Conditioner
(water cooled)

()

()

14. Dental Unit

()

()

15. Lawn Sprinkler
No. of Heads

()

()

16. Fire Sprinkler
No. of Heads

()

()

17.

()

()

18.

()

()

Total

9

9

Gallons per minute

9.5

Size of Service

34

Date:

12-12-86

Approved:

G. J. J. J.
Brick Township Plumbing Inspector

-sizing for water and sewer services

Property Owner Red Lion Plaza Date 12/12/86
 Property Address 2518-40 Nguyen Block 549 Lot 56-9 10
12-2
 Zoning _____ Use Group _____
 Contractor _____ License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>1</u>	(<u>5</u>) <u>5</u>	() <u>5</u>
2. Lavatory	<u>1</u>	() <u>2</u>	() <u>2</u>
3. Bath Tub	_____	() _____	() _____
4. Shower Stall	_____	() _____	() _____
5. Kitchen Sink	_____	() _____	() _____
6. Service Sink	_____	() _____	() _____
7. Laundry Tray	_____	() _____	() _____
8. Dishwasher	_____	() _____	() _____
9. Washing Machine	_____	() _____	() _____
10. Urinal	_____	() _____	() _____
11. Floor Drain	<u>1</u>	() <u>2</u>	() <u>2</u>
12. Drinking Fountain	_____	() _____	() _____
13. Air Conditioner (water cooled)	_____	() _____	() _____
14. Dental Unit	_____	() _____	() _____
15. Lawn Sprinkler No. of Heads	_____	() _____	() _____
16. Fire Sprinkler No. of Heads	_____	() _____	() _____
17. _____	_____	() _____	() _____
18. _____	_____	() _____	() _____

Total

9

9

Gallons per minute

9.5

Size of Service

34

Date: 12-12-86

Approved:

Glavin
 Brick Township Plumbing Inspector

-sizing for water and sewer services

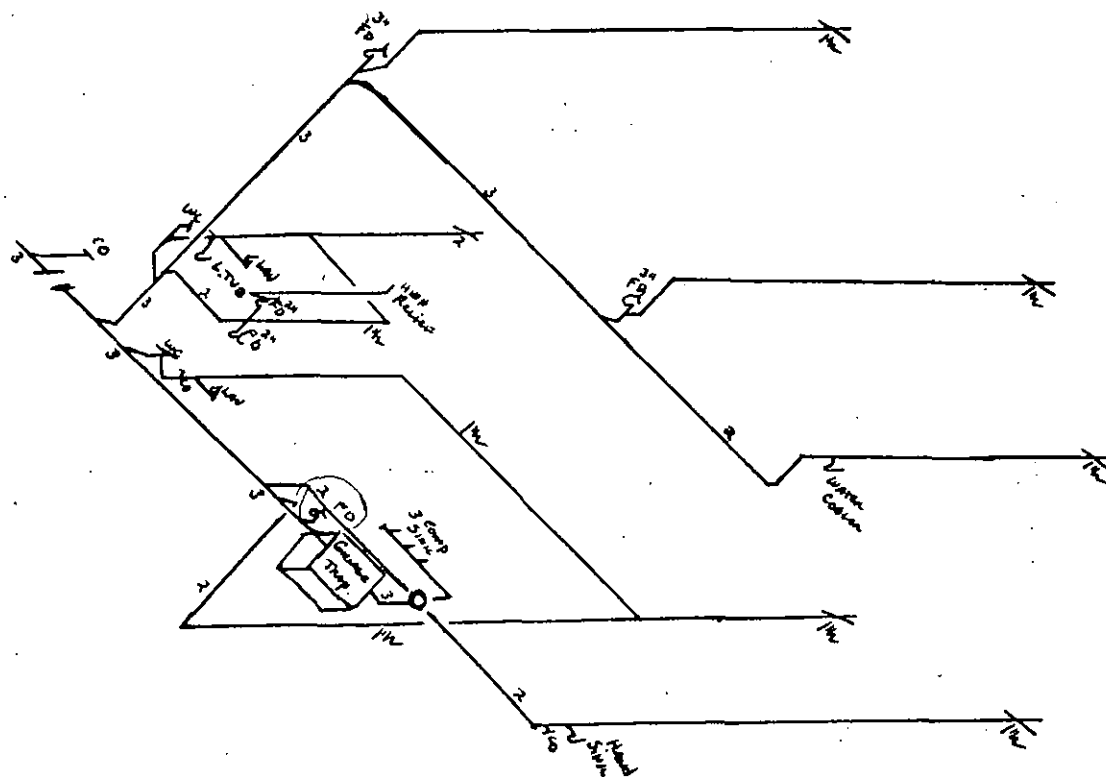
Property Owner Red Lion Plaza Date 12/12/86
 Property Address 2518-40 Noyon Block 549 Lot 56-9 10
 Zoning _____ Use Group _____
 Contractor _____ License No. Registration 1722

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	<u>1</u>	<u>(5) 5</u>	<u>() 5</u>
2. Lavatory	<u>1</u>	<u>() 2</u>	<u>() 2</u>
3. Bath Tub	_____	<u>()</u>	<u>()</u>
4. Shower Stall	_____	<u>()</u>	<u>()</u>
5. Kitchen Sink	_____	<u>()</u>	<u>()</u>
6. Service Sink	_____	<u>()</u>	<u>()</u>
7. Laundry Tray	_____	<u>()</u>	<u>()</u>
8. Dishwasher	_____	<u>()</u>	<u>()</u>
9. Washing Machine	_____	<u>()</u>	<u>()</u>
10. Urinal	_____	<u>()</u>	<u>()</u>
11. Floor Drain	<u>2</u>	<u>() 2</u>	<u>() 2</u>
12. Drinking Fountain	_____	<u>()</u>	<u>()</u>
13. Air Conditioner (water cooled)	_____	<u>()</u>	<u>()</u>
14. Dental Unit	_____	<u>()</u>	<u>()</u>
15. Lawn Sprinkler No. of Heads	_____	<u>()</u>	<u>()</u>
16. Fire Sprinkler No. of Heads	_____	<u>()</u>	<u>()</u>
17. _____	_____	<u>()</u>	<u>()</u>
18. _____	_____	<u>()</u>	<u>()</u>

Total 9 9
 Gallons per minute 9.5
 Size of Service 34

Date: 12-12-86 Approved: [Signature]
 Brick Township Plumbing Inspector



549/5

547



RECEIVED
NOV 29 1988
DIV. OF INSPECTION

PHYSICAL EVIDENCE CONSULTANTS

UNITED PROFESSIONAL BUILDINGS
617 HIGHWAY 71
BRIELLE, NEW JERSEY 08730

(201) 528-5310

November 28, 1988

Bricktown Municipal Offices
401 Chambers Bridge Road
Bricktown, New Jersey 08723

Attention: Building Inspector

Re: Red Lion Plaza

Dear Sir/Madam:

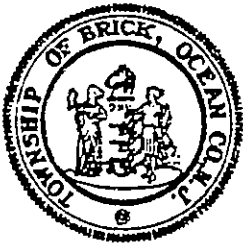
We represent the Franklin Mutual Insurance Company in regards to a building collapse at the Red Lion Plaza on Drum Point Road and Old Hooper Avenue in your town. This collapse took place on January 18, 1987. I would greatly appreciate any reports and photograph(s) that may have been taken at the scene by your department. If you would be kind enough to advise me as to any cost involved, I would be happy to remit same immediately.

Thank you in advance for your anticipated cooperation in this matter.

Sincerely,


Dennis J. Fahey

DJF:khh



Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

December 5, 1988

Physical Evidence Consultants
617 Highway 71
Brielle, New Jersey 08730

Re: Red Lion Plaza

Dear Mr. Fahey,

We received your letter regarding the above referenced site, inquiring about reports that may have been prepared or photo's taken at the scene, when the collapse of roof took place on January 18, 1987.

I am enclosing a copy of the Stop Work Order, informing owner that to resume construction and in accordance to UCC, Special Technical Services are needed as well as Tests (copy enclosed). There were no photo's taken.

The owner elected to remove all collapsed roof material and building debris and rebuild that section from the footing on up, therefore, no special tech services were required to resume construction.

If I can be of further assistance, please don't hesitate to call.

Very truly yours,

Arthur J. Cierzo
Construction Official

AJC/tl

(f) Department inspections: At the request of an enforcing agency, the department may assist the enforcing agency in the inspection of any construction, provided that the enforcing agency has submitted the plans and specifications for such construction to the department.

(g) The construction official shall serve as an agent of the Bureau of Housing Inspection of the Department of Community Affairs for the purpose of inspecting newly constructed and altered hotels and multiple dwellings in order to enforce the provisions of the regulations for the maintenance of hotels and multiple dwellings (N.J.A.C. 5:10). Responsibility for inspection may be delegated to the appropriate subcode official(s).

5:23-2.19 Special technical services

(a) Whenever the construction official and the appropriate subcode official determine that a need for special technical services exists with regard to a particular project for which the municipal enforcing agency is classified to perform plan review, the construction official may require the applicant to obtain and furnish to the construction official at the applicant's expense, a report from a licensed engineer or registered architect. Such report shall contain the information deemed necessary by the construction official to aid in his determination. Such may include, but not be limited to:

1. Plan review services;
2. Site investigation;
3. Structural analysis;
4. Building systems analysis (that is, mechanical, electrical, vertical transportation, and so forth).

(b) The commissioner reserves the right to further regulate the performance of special technical services.

5:23-2.20 Tests

All tests as required by the provisions of the regulations shall be made and conducted under the direction of the enforcing agency and in accordance with such inspection and test procedures as may be prescribed by the provisions of the regulations with the expense of all tests to be borne by the owner or lessee, or the contractor performing the work. The construction official may accept tests and test reports of the department and other government agencies, and in lieu thereof, may accept signed statements and supporting inspection and test reports filed by qualified licensed professionals.

5:23-2.21 Construction control

(a) Responsibilities: The provisions of this section shall define the construction controls required for all buildings involving professional architecture/engineering

INSPECTOR: M. Sullivan

DATE: 5/14/87

JOB: Red Lion Plaza SECTION: —

TYPE OF WORK: C.O. Insp.

PB 1662

WEATHER: Sunny

LOCATION: Corner of Drum Pt. Rd.
Hooper Ave.

TEMPERATURE: 60°

LOT: 5, 6, 9, 10, 12.2

BLOCK: 549

**CERTIFICATE OF OCCUPANCY
INSPECTION CHECK LIST**

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk	✓	
4. Road Pavement	✓	
5. Landscaping & Sodding	✓	
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		

COMMENTS REFERENCING ITEM NUMBER:

O/C 75
5/20/87

RECOMMENDATIONS:

☐ TEMP. C.O.

PLANNING BOARD ENGINEER

☒ FINAL C.O.

MUNICIPAL ENGINEER

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

I _____, Authorized representative of
_____, hereby acknowledge the
above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution
thereof within _____ days of the issuance of Certificate of Occupancy.

Township of Brick
Stop Construction Order

Permit 8684
Date issued 9-23-86
Block 549
Lot 5-6-9-10-12.

Owner; Patrick Bottazzi t/a Red Lion Plaza Agent; SAME

Address; 2545 Hooper Avenue
Brick, N.J. 08723

Work site; Drum Point & Hooper Avenue

Date of Issue; 1-20-87 Compliance Date; ~~immediately~~ Inspection Date; 1-18-87

You are hereby ordered to STOP CONSTRUCTION at the above location as of 1-20-87 until further notice from this enforcing agency.

This Order is entered pursuant to N.J.A.C.5:23-s.31(d) for violation of
Which provides:

Section 5:23-2.19 Special technical services and
Section 5:23-2.20 Tests

(Copy Enclosed)

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:

SAME AS ABOVE - Submit the Above

Failure to comply with this order will result in a penalty of \$ 500.00 per day for each day in which work continues after issuance of this order.

If necessary the enforcing agency will concurrently seek the Order of a court Of competent jurisdiction restraining further work at the above location.

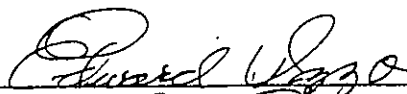
Pursuant to N.J.A.C. 5:23-2.35 et. seq., if you wish to contest the validity of the above action, you may file an appeal with the Construction Board of Appeal of the county of Ocean, within 20 business days of receipt of this form.

The Application to the Construction Board of Appeals may be used for this purpose. Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance upon the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is \$ 50.00 to be forwarded with your application to the Board of Appeals office at: Ocean County Board of Appeals, Toms River NJ 08753

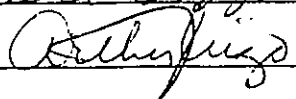
Should you have any question concerning this order, please call:
Arthur J Cierzo Construction Official, 201-477-3000 Ext. 261.

By Order of:



Sub-code Official

Inspection made by:



(If applicable).