BLOCK 1170.01 LOT 4 QUALIFICATION CODE Coa'23 ADDRESS (SITE) 1672 Rt 88 PERMIT NO. 04-3862

left msg w/secretary 8/26

CONSTRUCTION PERMIT APPLICATION

Hess

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

I. IDENTIFICATION

1. Propsed Work Site at: 1672 RT 88
2. Name of Owner in Fee: Amerada Hess Corp Tel. (732) 750-6000
   Address 1 Hess Plaza (street) Woodbridge (municipality) NJ 07095 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: BOULDER, INC Tel. (215) 295 2798
   Address 96 WILDROSE LANE
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 33 1613353 FAX: (215) 295 1463
5. Architect or Engineer Core States Engineering Tel. (908) 237-1700
   Address 79 MAIN ST Flemington, NJ 08822 ATTN: George
6. Responsible Person in Charge of Work JAMES HUNNELL
   Tel. (267) 220 8927 FAX (215) 295 1463

COMMERCIAL

Replace Gas dispensers

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 85		
2. Electrical	65		
3. Plumbing	70		
4. Fire Protection	46		
5. Elevator Devices			
6. Subtotal	$		
7. Less 35% for State Plan Review			
8. Subtotal	$ 6		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other	ZPEP 30		
13. TOTAL	$ 302		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area — Largest Floor ____ sq. ft.	
4. New Building Area ____ sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq.	
8. Flood Hazard Zone	
9. Base Flood Elevation	
10. Wetlands yes / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building		JH	7/30		8/10/04	FP	12/29/04		DE
3. ☐ Addition						Electric OK 11/15			
4. ☐ Alteration					8/16/04	RP	11/15/04		DE
5. ☒ Fire Protection					8/20/04	RP	11/15/04		DE
6. ☒ Plumbing						Plumbing			
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Em	8/6/04		8/4/04				
TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3 BOCA)
4. ☐ Two-Family (R-4 CABO)
5. ☐ One-Family (R-3 BOCA)
6. ☐ One-Family (R-4 CABO)

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

MANDATORY FEE A.H.B.T. EXEMPTANT COMMERCIAL NO FEE REQUIRED

DATE

LDS BR 10202361 AF

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

( ) Check if contractor.

Agent Name Core States Engineering

Address 79 MAIN STREET

Flemington, NJ 08822

Telephone (908) 237-1700

Signature _____

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/08/2004
Control #
Permit # 04-3862

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 1170.01 Lot 4 Qual

Work Site Location 1672 ROUTE 88-HESS
REPLACE GAS DISPENSERS
Owner in Fee AMERADA HESS CORP
Address 1 HESS PLAZA
WOODBRIDGE, NJ 07095-
Telephone (732)750-6000

Contractor OROMPTON & SEITZ
Address 1721 LORETTA AVE
FEASTEVILLE, PA 19053-
Telephone (215)357-3551
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 23-2603866

Is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [X] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
REPLACE DISPENSERS-ALTERNATE-REPLACE DISP DRIVEMATS & SAW CUT 24"
ASPHALT AROUND
CHANGE OF CONTRACTOR 09-02-04

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 5,500

Construction Official

09/08/2004
Date

C.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

PAYMENTS (Office Use Only)

Building	85
Electrical	65
Plumbing	70
Fire Protection	46
Elevator Devices	0
Other	
DCA State Permit Fee	6
Cert. of Occupancy	0
Other ZPEP	20
Total 2002 -	272
Check No.	1907
Cash	
Collected By	TL

09/08/04 1:16PM 00155842544
XX04 SERV.004
04-3862
BUILDING $85.00
ELECTRIC $65.00
PLUMBING $70.00
FIRE $46.00
DCA $6.00
CPA $15.00
CPA $15.00
CHECK $302.00
CHANGE $0.00
XXTOTAL $302.00

Mg. Cont

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 04-3862

9/8/04

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

Block 1170.01 Lot 4
Work Site Location 1672 Route 88
Laurelton, NJ
Owner in Fee Amerada Hess Corp.
Address 1 Hess Plaza
Woodbridge, NJ 07095
Tele. (732) 750-6562
Contractor Ammann & Sewell
Address 1721 Loretta Ave
Feasterville, PA 19053
Tele. (215) 357-3551 Fax (215) 357-5810
Lic. No.
Federal Emp. No. 232 103 846

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11-16-04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO Prel Insp			11-1-04	
Final			11/15/04	MC

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
3	Other Gas Dispensers	
3	Other Product Lines	
	Other	

Administrative Surcharge	$	70
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	71

U.C.C. F130 (rev 3/96)

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

Ag. Cnt. 1

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3562

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

Block 1170.01 Lot 4
Work Site Location 1672 Route 88
Laurelton, NJ
Owner in Fee Amerada Hess Corp.
Address 1 Hess Plaza
Woodbridge, NJ 07095
Tele. (732) 750-6502
Contractor Thompson & Sons
Address 1721 Loretta Ave
Feasterville PA 19053
Tele. (215) 357-3551 Fax (215) 357-5710
Lic. No.
Federal Emp. No. 232 1103 Sub.

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
15	Other 985 DISPENSERS	
3	Other PRODUCT LINES	
	Other	

Administrative Surcharge	$	10
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	71

U.C.C. F130 (rev. 3/96)

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PLUMBING SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862 P

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

Block 1170.01 Lot 4
Work Site Location 1672 Rt 88
Laurelton NJ
Owner in Fee Amerada Hess Corp
Address 1 Hess Plaza
Woodbridge NJ 07095
Tele. (732) 750-6000
Contractor Maltbie Plumbing
Address 60 Alton Way
Burlington NJ 08016
Tele. (609) 239-2930 Fax (609) 2392936
Lic. No. 10226
Federal Emp. No. 22-3453823

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/12/04
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 11.6.04
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				
Final			11/15/04	DWC

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
7	Other FG Product Piping	
	Other _____	
	Other _____	

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

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PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/8/06
Control #
Permit # D.1.3562

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

Block 1170.01 Lot 4
Work Site Location 1672 Rt 88
Lakewood NJ
Owner in Fee America Hess Corp
Address 1 Hess Plaza
Woodbridge NJ 07095
Tele. (732) 750-6000
Contractor RA Martinelli Plumbing
Address 10 Acton Way
Burlington NJ 08016
Tele. (609) 239-2980 Fax (609) 2392936
Lic. No. 10226
Federal Emp. No. 22-3453823

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/17/06
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

_____
Signature — Contractor's Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
7	Other FG Product Piping	
	Other _____	
	Other _____	

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

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3 Pink = Office Copy
4 Gold = Applicant Copy

Chg Cont.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1672 Route 88
Laurelton, NJ
Owner in Fee American Hess Corp.
Address 1 Hess Plaza
Woodbridge, NJ 07095
Tele. (732) 750-6562
Contractor Crompton & Seitz
Address 1721 Lorraine Ave
Hatboro, PA 19053
Tele. (215) 357-3551 Fax (215) 357-5810
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 232603660

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW ISLANDS (3)
NEW DISPENSERS
NEW PIPING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-2-04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Foundation				
Slab	PADS (North side)		11/5/04	JK
Frame				
Barrier-Free	South side		11/7/04	JK
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			12/1/04	
Barrier-Free				

TYPE OF WORK: NC

- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (exceeds 6')
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement Subchapter 8
  - [ ] Lead Haz. Abatement NJAC 5:17
  - [X] Other Disp. Replacement
- [ ] Demolition

FEE (Office Use Only)

$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 20,000
3. Total (1+ 2) $ 20,000

U.C.C. F110
(rev. 3/96)

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

Chg Cont

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1672 Route 88
Lavallette, NJ
Owner in Fee Amerada Hess Corp.
Address 1 Hess Plaza
Woodbridge, NJ 07095
Tele. (732) 750-6562
Contractor Crompton & Seitz
Address 1721 Liberty Ave
Hasbrouck Hts, NJ 07604
Tele. (201) 257-3551 Fax (201) 257-5810
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2603760

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW ISLANDS (3)
NEW DISPENSERS
NEW PIPING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[X] Other Disp. Replacement
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 20,000
3. Total (1+ 2) $ 20,000

See the Carter

BUILDING SUBCODE TECHNICAL SECTION

COMMERCIAL

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1672 Rt 88
Lawrenceville NJ
Owner in Fee Amerada Hess Corp
Address 1 Hess Plaza
Woodbridge NJ 07095
Tele. (732) 750-6000
Contractor BOULDER, INC JAMES HUMMEL 267 228 8427
Address 46 WILDROSE LANE
LEVITTOWN, PA 19054
Tele. (215) 295 2798 Fax (215) 295 1463
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 331013353

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9-10-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-2-04
Approved by: FM

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Foundation				
Slab		pump 15 in-Ls	11/3/04	JR
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final		11/15/04	12/1/04	JR
Barrier-Free				

over

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ Ft.
Area — Largest Floor _____ Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ _____
3. Total (1+ 2) $ _____

C. CERTIFICATION IN LIEU OF OATH

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

Signature Jan F Hummel

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Dispensers
Alternate:
Replace Disp Drive mats
+ Saw cut 24" Asphalt Around

CALL FOR ALL REQUIRED INSPECTIONS BEFORE POURING CONCRETE.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$ 85
Minimum Fee	$ 3
DCA Training Fee	$
TOTAL FEE	$ 88

U.C.C. F110 (rev. 3/96)

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1472 Rt 88
Lakewood NJ
Owner in Fee Amerada Hess Corp
Address 1 Hess Plaza
Woodbridge NJ 07095
Tele. (732) 750-6600
Contractor BOULDER, INC JAMES HYNNEK 267 228 8477
Address 46 WILDROSE LANE
LEVITTOWN, PA 19054
Tele. (215) 295 2798 Fax (215) 295 1463
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 331013353

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/10/04	FDJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS		Dates (Month/Day)		
Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Barrier-Free				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area — Largest Floor Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+ 2) $

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace Dispensers
Alternate:
Replace Disp Drive mats
+ Saw cut 24" Asphalt Around
CALL For All Required Inspections Before Pouring Concrete.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence _____ Height (exceeds 6')
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement Subchapter 8
  [ ] Lead Haz. Abatement NJAC 5:17
  [ ] Other _____
[ ] Demolition

FEE (Office Use Only)

Administrative Surcharge	$ 25
Minimum Fee	$ 2
DCA Training Fee	$ 5
TOTAL FEE	$ 32

U.C.C. F110
(rev. 3/96)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1672 Rt 88
Laurelton, NJ
Owner in Fee/Occupant Amerada Hess Corp
Address 1 Hess Plaza
Woodbridge NJ 07095
Tele. (732) 750-6000
Contractor Philip Citale, Electr.
Address 519 Holmeville Rd
Langhorne PA 19047
Tele. (215) 757-0325 Fax ( ) same
Lic. No. E8630
Federal Emp. No. 180546393

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9/25/04
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/1/04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
~~Footing~~ Slab			10/4 MW	
Other				
Service				
Final			11/5 04 MW	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Mult. Prod. Dispensers	
1		Single Prod. Disp. (Diesel)	
		Administrative Surcharge	$
		Minimum Fee	$
		DCA Training Fee	$
		TOTAL FEE	$

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. F120 (rev. 3/98)

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 3/8/00
Date Issued
Control #
Permit # 01-3862

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

Block 1170.01 Lot 4
Work Site Location 1472 Rt 88
Carlstadt, NJ
Owner in Fee/Occupant Amerada Hess Corp
Address 1 Hess Plaza
Jamesburg NJ 07075
Tele. (732) 750-6600
Contractor Philip Vitale Elect.
Address 519 Huntingdon Rd
Langhorne PA 19047
Tele. (215) 757-0325 Fax ( ) SAME
Lic. No. E8630
Federal Emp. No. 180546398

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3/25
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
2		Mult. Prod Dispensers	
1		Single Prod Disp (Diesel)	

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

U.C.C. F120 (rev. 3/96)

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

Chg Cont

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1672 Route 88
Laurelton, NJ
Owner in Fee/Occupant Ameradn Hess Corp
Address 1 Hess Plaza
Woodbridge, NJ 07095
Tele. (732) 750-6562
Contractor VICTOR ELECTRO INC.
Address 8420 ALGON AVE
PHILA PA 19152
Tele. (215) 725 3283 Fax (215) 634 4479
Lic. No. 34EI00457700
Federal Emp. No. 23-2829779

B. ELECTRICAL CHARACTERISTICS

Use Group Present 200A 120/240 1Ø Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 9000 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11/5/04
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
~~Other~~ Stab			11/04/04	
Service				
Final			11/5/04	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
4		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
1	X	ELECTRONIC GAS PMP.	
4	X	FUELING DISPENSERS	

COMMERCIAL

Administrative Surcharge	$	65
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	66

U.C.C. F120 (rev. 3/96)

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

Chg Cnt

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1672 Route 88
Laurelton, NJ
Owner in Fee/Occupant American Hess Corp
Address 1 Hess Plaza
Woodbridge, NJ 07095
Tele. (732) 750-6562
Contractor VICTOR ELECTRO INC.
Address 8920 ALGON AVE
PHILA PA 19152
Tele. (215) 725 3283 Fax (215) 634 4479
Lic. No. 34EC045799 00
Federal Emp. No. 23-2829779

B. ELECTRICAL CHARACTERISTICS

Use Group Present 200A 120/240 1Ø Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 9600 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH:

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
4		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		.....	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
4	X	ELECTRONIC GAS MTG.	
4	X	FUELING DISPENSERS	

Administrative Surcharge	$	65
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	66

U.C.C. F120 (rev. 3/98)

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

FIRE SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 043862

Call for scan down and visual

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

Block 11701.01 Lot 4
Work Site Location 1672 Rt 88
Lakewood, NJ
Owner in Fee Amerada Hess Corp
Address 1 Hess Plaza
Woodbridge NJ 07095
Tele. (732) 750 6000
Contractor BOULDER, INC JAMES HUNNEL 267 228 8427 cell
Address 46 WILDROSE LANE
LEVITTOWN PA
Tele. (215) 295-2798 Fax (215) 295 1463
Lic. No. NJ US01343
Federal Emp. No. 331013353

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/6/04
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 11-16-04
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			11-15-04	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____

Alarm Systems [ ] 110v Interconnected **NUMBER**
[ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other Replace GAS Dispensers		25 40

COMMERCIAL

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

U.C.C. F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received 7/8/04
Date Issued
Control #
Permit # OL-3862-

Call for start down on visual

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

Block 117001 Lot 4
Work Site Location 1672 Rt 88
Lakewood, NJ
Owner in Fee Amerada Hess Corp
Address 1 Hess Plaza
Woodbridge NJ 07095
Tele. (732) 750 6600
Contractor
Address
Tele. ( ) 1-2798 Fax (215) 295 1463
Lic. No. NJ 0501343
Federal Emp. No. 33101-3353

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 8/6/04
Approved by: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other Replace Gas Dispensers		3 @ 40

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

UCC F140
(rev. 3/96)

Chg. Cont.

FIRE SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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

Block 1170.01 Lot 4
Work Site Location 1672 Route 88
Laurelton, NJ
Owner in Fee Amerada Hess Corp
Address 1 Hess Plaza
Woodbridge, NJ 07095
Tele. (732) 750-6562
Contractor Compton & Sons
Address 1721 Lovett Ave.
Feasterville PA 19053
Tele. (215) 357-3551 Fax (215) 357-5810
Lic. No.
Federal Emp. No. 232 103 846

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System	See			
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final			11-15-04	
Other				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Dispenser Replacement
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks 3 Displacements		
Type: [ ] Flammable Liquid [✓] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM/Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	1	46
Other		

COMMERCIAL

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	

U.C.C. F140
(rev. 3/96)

Chg. Ctr. /

FIRE SUBCODE TECHNICAL SECTION

Date Received 9/8/04
Date Issued
Control #
Permit # 04-3862

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Work Site Location 1672 Route 88
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Tele. (732) 750-6562
Contractor Crompton & Sons
Address 1721 Linden Ave.
Ardsley, PA 19003
Tele. (212) 357-3551 Fax (215) 357-5740
Lic. No.
Federal Emp. No. 232 003 446

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[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

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D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
Dispenser Replacement
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks 3 Displacers

		FEE (Office Use Only)
Type: [ ] Flammable Liquid [X] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System	**NUMBER**	
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
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Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [X] or Oil [ ] Fired Appliances	1	46
Other _____		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	1
TOTAL FEE	$	

U.C.C. F140
(rev. 3/96)

Township of Brick
Zoning Permit

Approved:	Tuesday, August 03, 2004	**Number:**	1207
Block	1170.01	**Lot**	4
Zone:	H-S		
Property Address:	1672 Route 88		
Applicant:	George Mastoridis, Core States Engineering		
Property Owner:	Amerada Hess Corp.		
Existing Use:	Gasoline Filling Station		
Proposed Use:	Gasoline Filling Station		
Proposed Construction:	Replace existing gasoline dispensers.		
Conditions:	Same size and location. An additional permit is required for any additional work.		

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved:	Tuesday, August 03, 2004	**Number:**	1207
Block	1170.01	**Lot**	4
Zone:	H-S		

Property Address:	1672 Route 88
Applicant:	George Mastoridis, Core States Engineering
Property Owner:	Amerada Hess Corp.
Existing Use:	Gasoline Filling Station
Proposed Use:	Gasoline Filling Station
Proposed Construction:	Replace existing gasoline dispensers.
Conditions:	Same size and location. An additional permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
AUG 2 2004

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 1170.01 LOT 4 QUALIFIER _____

PROPERTY ADDRESS 1672 Rt 88

PERSONAL NAME OF APPLICANT George Mastorakis

BUSINESS NAME OF APPLICANT Core States Engineering

MAILING ADDRESS OF APPLICANT 79 Main Street Flemington, NJ 08822

PROPERTY OWNER'S FULL NAME Amerada Hess Corp

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) GAS STATION

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) GAS STATION

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration Replace GAS Dispensers
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

COMMERCIAL

CHECKLIST

☑ All information completed above
☑ Two (2) copies of a plot plan containing:
☑ All existing and proposed structures
☑ All dimensions of the lot and structures
☑ All setbacks from the structures to the property lines
☑ All adjacent streets and waterways
☑ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 7/30/04

Reviewed by Zoning Office _____ Date 8/3/04 (X) Approved ( ) Denied

** ZONING PERMITS WILL NOT BE ACCEPTED BETWEEN 1-2 PM.

7/30/04

March 2003

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170.01 LOT 4 SITE ADDRESS ~1672 Rt. 88
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Hess
APPLICANT (Hess Retail Operations) PHONE NUMBER 908-237-1700
APPLICANT ADDRESS 19 Main St. CITY & STATE Flemington, NJ 08822

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ 0

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 8/11/04 Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee _____ Date _____
Check # _____ Receipt # _____

Final Fee _____ Date _____
Check# _____ Reciept # _____

Total Fee Due/Paid _____
Balance Due _____

NO FEE REQUIRED

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

APPROVED BY LJT DATE 8/4/04

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

8/10/04 - Tax Assessor.

Barbara Lawrence

Office of Affordable Housing

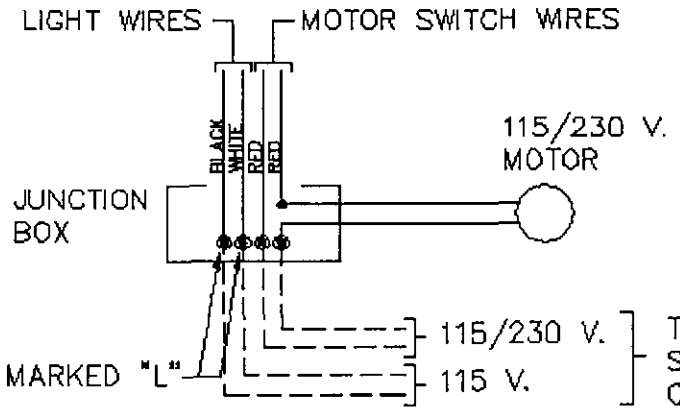
EXISTING DISPENSER

WIRING DIAGRAMS

3900 AND 4000 SERIES SELF-CONTAINED WITH CAM-AC (MECHANICAL RESETS)

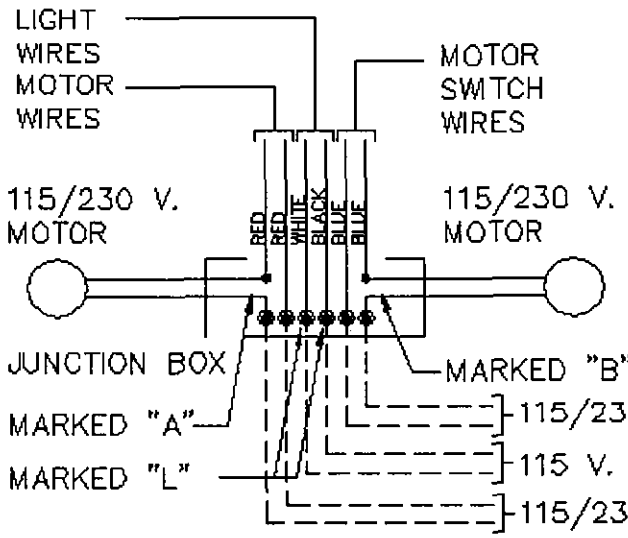
NOTE: ● INDICATES FIELD CONNECTIONS
◉ INDICATES MANUFACTURER'S CONNECTION.
FOR BALLAST WIRING DIAGRAM SEE INSIDE OF BALLAST BOX.

IF MOTOR IS TO BE CONNECTED TO A 230 VOLT SUPPLY LINE A SEPARATE GROUND IS REQUIRED.



ELECTRICAL RATINGS	
MOTOR	1 H.P.
SWITCH	125/250 VAC

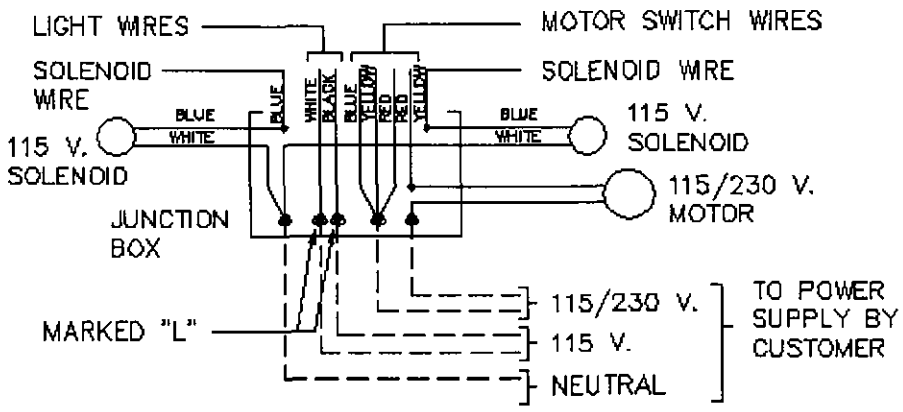
MODELS 3913 & 4013



ELECTRICAL RATINGS	
MOTOR	1 H.P.
SWITCH	125/250 VAC
BALLAST	115 VAC .5 AMPS

MODELS 3925 & 4025

MODELS 3927 & 4027

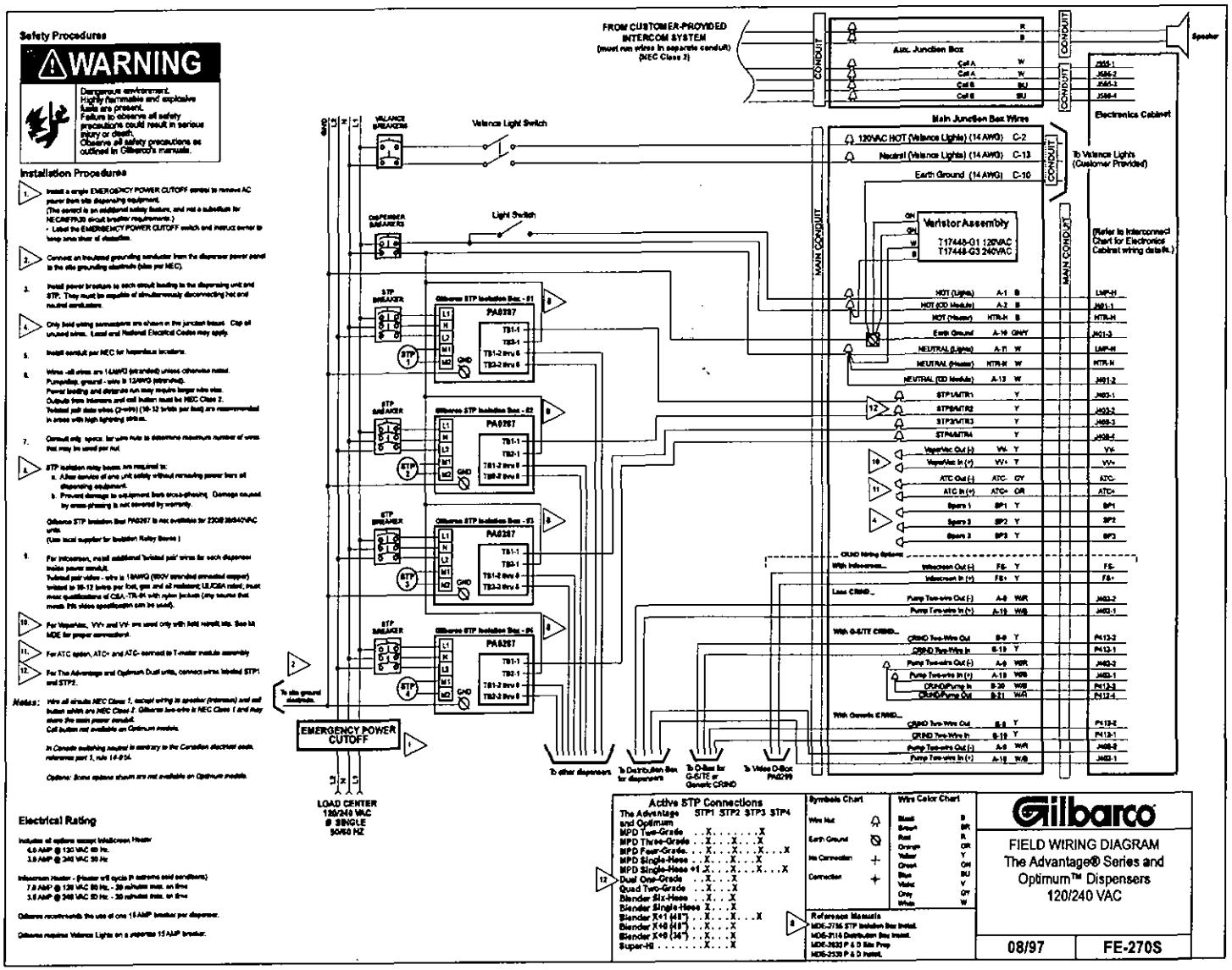


ELECTRICAL RATINGS	
MOTOR	1 H.P.
SWITCH	125/250 VAC
SOLENIOD	115 VAC 200 MA
BALLAST	115 VAC .5 AMPS

H-9276.1

BENNETT®
Muskegon, Michigan 49444

PROPOSED DISPENSER



Montmut 7/25/04

National Electrical Code
Plan Review Record
Township of Brick

Date: 8/9/04

Site Address: 1672 Rt 88

Reviewed By: ME

CORRECTION LIST

No.	Description
	No elect on plan

Party Called and Phone #: Carlo Hennell

Resubmitted on: _____ By: _____

EXISTING DISPENSER

WIRING DIAGRAMS

3900 AND 4000 SERIES SELF-CONTAINED WITH CAM-AC (MECHANICAL RESETS)

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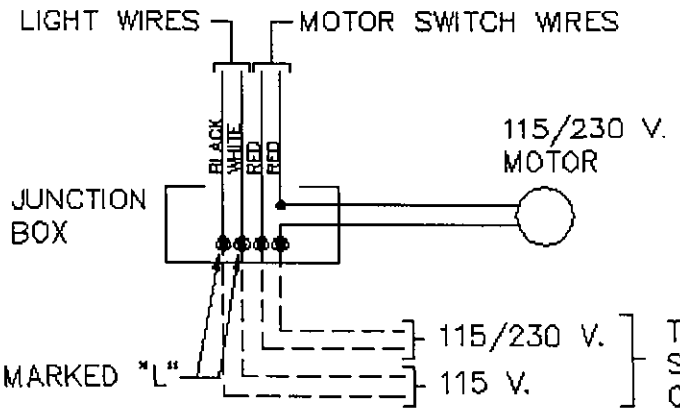
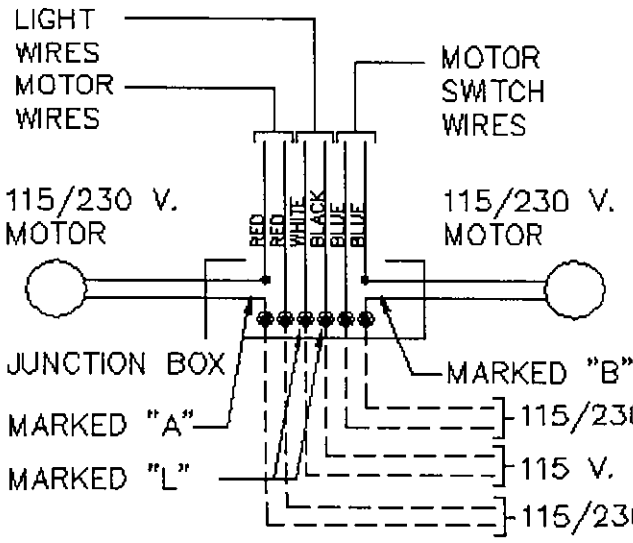


ELECTRICAL RATINGS	
MOTOR	1 H.P.
SWITCH	125/250 VAC

MODELS 3913 & 4013



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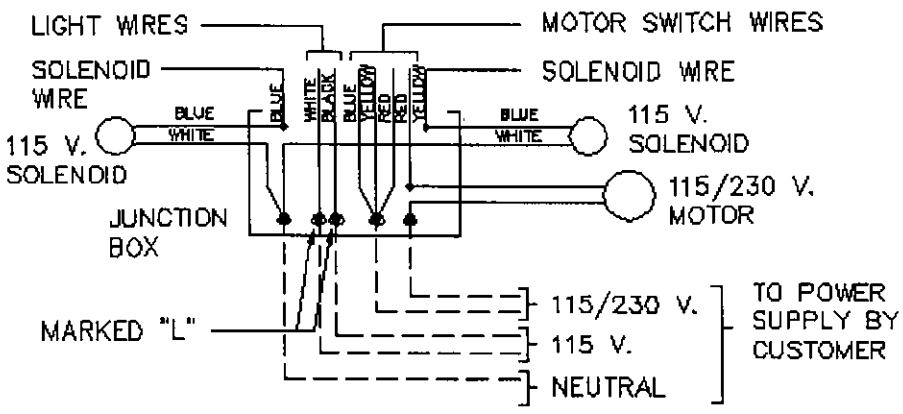
SWITCH	125/250 VAC
BALLAST	115 VAC .5 AMPS

MODELS 3925 & 4025

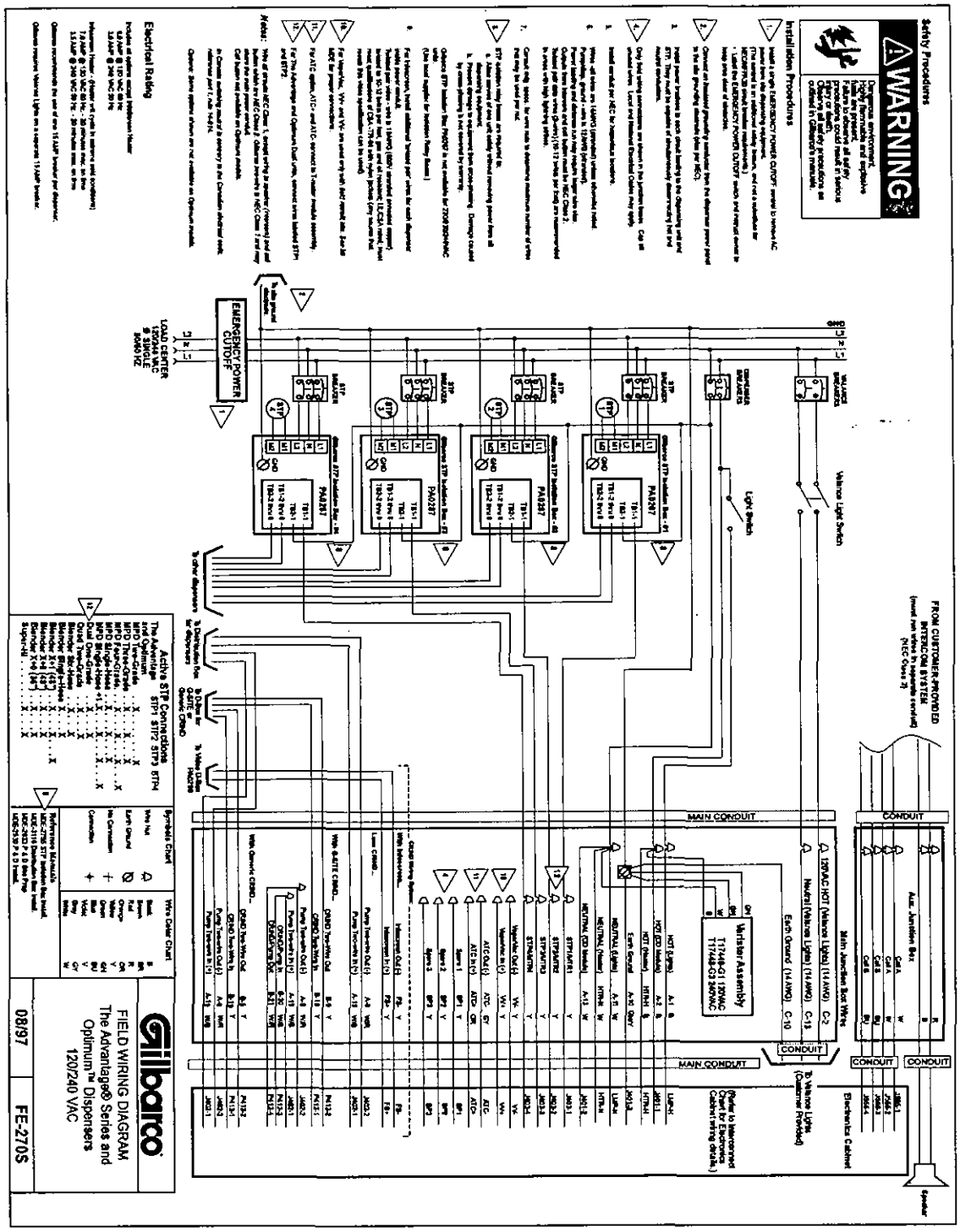
MODELS 3927 & 4027



ELECTRICAL RATINGS	
MOTOR	1 H.P.
SWITCH	125/250 VAC
SOLENIOD	115 VAC 200 MA
BALLAST	115 VAC .5 AMPS

H-9276.1

BENNETT®
Muskegon, Michigan 49444



PROPOSED DISPENSER