BP called 3-27-97

BLOCK 1170.01 LOT 4 ADDRESS (SITE) 1672 Rt 88 & John St PERMIT NO. 662-97

RECEIVED
MAR 0 6 1997
DIV. OF LAND USE REGULATION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Hess Gas Rt 88 & John St Brick Twp
2. Name of Owner in Fee: Amerada Hess / Hess Realty Corp Tel. (908) 750-6000
   Address 1 Hess Plaza (street) Woodbridge (municipality) 07095 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Salomone Bros Inc Tel. (201) 305-6022
   Address 17 Demarest Dr, Wayne NJ 07470
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-2107164 Social Security No. ____
5. Architect or Engineer Metsky-Zuckerman Tel. (201) 857-1010
   Address 60 Pompton Ave Verona NJ
6. Responsible Person in Charge of Work R. Ray Tonizzi Tel. (215) 788-4006 ✓

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	410		
2. Electrical				
3. Plumbing		75		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$	485		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		14		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other 2/17		415		
13. TOTAL	$	514		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 10 ft.	
3. Area—Largest Floor 600 sq. ft.	
4. New Building Area 0 sq. ft.	
5. Volume of New Structure ____ cu. ft.	
6. Construction Classification ____	
7. Total Land Area Disturbed 0 sq. ft.	
8. Flood Hazard Zone ____	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no ____	
11. Max. Live Load ____	
12. Max. Occupancy Load ____	

II. PROPOSED WORK

alter.

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	16,000
6. ☐ Fire Protection	
7. ☒ Plumbing	1000
8. ☒ Electrical	1800
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	18,800

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	WP	3/6/97						
				3-26-97	DJL	5/12/97		DJL
	CWC	3/10/97		3/27/97				

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: Gas Station
2. Use Group: B
3. Change in Use Group, Indicate Former: ____

LDS BR 10516276

U.C.C. Form F-100B

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

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

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

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

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

(X) Check if contractor.

Agent Name Salomone Bros INC

Address 17 Demarest Dr.

Wayne NJ 07470

Telephone (201) 305-0022

Signature Raymond Ragonielli operations Mgr Date 3/4/97

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

SEE PREVIOUS PAGE FOR EXPLANATION

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

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

X. CERTIFICATES ISSUED **(office use only)**

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

CONSTRUCTION PERMIT

Date Issued 3/31/97
Control #
Permit # 662-97

IDENTIFICATION Block 1170.01 Lot 4

Work Site Location 1672 Rt 88

Contractor Salomone Bros
Address 17 Demarest Dr
Wayne NJ 07470

Owner in Fee Hess Realty Corp
Address Amerada Hess
1 Hess Plaza Woodbridge

Tele. (____)

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

Federal Emp. No. 27 2107164
or Social Security No. ________

is hereby granted permission to perform the following work:

[✓] BUILDING [✓] PLUMBING [ ] OTHER ________
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Alteration

PAYMENTS (Office Use Only)	
Building	410 —
Electrical	
Plumbing	75
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	14
Cert. of Occ.	
Other ZBA	15 —
Total	514
Check No.	# 1842
Cash	
Collected By:	JF

BLOCK 1170 #
4 #
BUILDING 41[illegible].00
PLUMBING 7[illegible].00
D.C.A. 1[illegible].00
ZONEPLOT 1[illegible].00
TOTAL 51[illegible].00
CHECK 51[illegible].00
CHANGE [illegible].00
03/31/97 NO 5 0023A005 1[illegible]:44

(see reverse side)

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 $ 17000

J. Curanzy Jr.
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C 1 WHITE—INSPECTOR 2 CANARY—OFFICE 3 PINK—OFFICE 4 GOLD—APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/31/97
Date Issued
Control # 662-97
Permit #

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 & JOHN ST, BRICK TWP

Owner in Fee AMERADA HESS INC HESS REALTY CORP.
Address 1 HESS PLAZA
WOODBRIDGE NJ 07095
Tele. (908) 750-6000
Contractor SALOMONE BROS INC
Address 19 DEMAREST DR
WAYNE NJ 07470
Tele. (201) 305-0022
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2107164 or Social Security No.

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 Raymond Joniaki

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
change location of the door to sales area, add cabinets to sales area and office area for coffee service

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	3-24-97	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			3-31-97	

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present Proposed
No. of Stories 1
Height of Structure 10' Ft.
Area—Largest Floor 600 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 16,000.00
3. Total (1+2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence Height (6' or over)
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other change DOOR LOCATION
[X] Other ADD CABINETS
[ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 3/31/97
Date Issued
Control #
Permit # 662-97

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 Brick Twp

Owner in Fee Hess Realty Corp
Address 1 Hess Plaza
Woodbridge N.J 07095
Tele. (908) 750-6000
Contractor S KMC Mechanical
Address 61 Brush Hill Rd
Kinnelon, NJ
Tele. (201) 283-9645
Lic. No. 6405
Federal Emp. No. _____ or Social Security No. 137-50-4422

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size _____ Public Sewer X Private Septic _____
Water Service Size _____ Public Water X Private Well _____
Estimated Cost of Plumbing Work $ 1000 -

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 3-26-97
Approved by: BJA

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

INSPECTIONS Type:	Dates (Month/Day) Failure	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 Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
2	Floor Drain	20
3 Comp.	Sink	0
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	35
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
X	Other Water Lines AND Filter for Coffee	10

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ ~~50~~ 75
DCA Training Fee $ _____
Collected by: _____ TOTAL $ _____

U.C.C. Form F-130B

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 7, 1997 1997 - 1211

Block 1170.01 Lot 4 Zone H-S

Property Address: 1672 Route 88

Owner: Hess Realty Corp. (Phone): (908) 750-6000

Applicant: Ray Tonielli; Salomone Bros., Inc. (Phone): (908) 788-4006

Mailing Address: 17 Demarest Drive, Wayne, N.J. 07470

Existing Use: Hess Service Station

Proposed Use: Hess Service Station

Proposed Construction (if any): Interior alterations, new door entrance and "Mountain Top Coffee Shop" logo band sign.

Conditions:

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

Members

Gary Casperson, *Chairman*
Walter F. Rehak, *Vice Chairman*
Robert Singer, *Secretary-Treasurer*
Leon Dwulet, M.D.
Barbara Hiering
Robert S. Laureigh
John J. Mallon
Patricia Seeber
Warren Wolf
James F. Lacey, *Freeholder Liaison*
Seymour J. Kagan, Counsel

OCEAN COUNTY HEALTH DEPARTMENT
P.O. Box 2191
Toms River, NJ 08754-2191
(908) 341-9700

Joseph J. Przywara
Acting Public Health Coordinator

1170.01
4

April 15, 1997

ATTN: CONSTRUCTION CODE OFFICIAL
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

RE: Proposed Floor Plans
Block Lot
Amerada Hess Station
1672 Route 88
Brick, NJ 08723

Dear Sir,

I have reviewed the floor plans for the above-referenced proposed food establishments and have found them to be in substantial compliance with Chapter XII, the New Jersey State Retail Food Code.

If you should have any questions, please feel free to contact me at this office.

Very truly yours,

Fredrick C. Seeber

Fredrick C. Seeber
Sanitary Inspector

FCS :bd

cc: Brick Township Board of Health

OCEAN COUNTY HEALTH DEPARTMENT

No: _____

SANITARY INSPECTION REPORT

ESTABLISHMENT INFORMATION

PHONE # 1-908-750-7101

ESTABLISHMENT TRADING NAME Amerada Hess

NUMBER AND STREET 1072 Rt. 88

CITY OR MUNICIPALITY Brick

ZIP CODE 08723

ESTABLISHMENT LICENSE NO. —

COMMUN. CODE 1506

RISK II

ESTABLISHMENT CODE 39

GOODS
- ☐ DESTROYED
- ☐ EMBARGOED

EVALUATION
- ☒ SATISFACTORY
- ☐ CONDITIONALLY SATISFACTORY
- ☐ UNSATISFACTORY

WATER SUPPLY
- ☒ Public - Community
- ☐ Individual (Public - Non-Community)

OWNER INFORMATION
(Complete this section only if different from establishment information)

NAME OF OWNER(S), CORPORATION OR REGISTERED AGENT Amerada Hess Corp.

NUMBER AND STREET 1 Hess Plaza

CITY OR MUNICIPALITY Woodbridge

STATE N.J.

ZIP CODE 07095

COMMUN. CODE —

TIME (2400 HOURS)

DATE	BEGIN	END
4/4/97	10:00	10:25

COMPLAINT NO. _____

COMPLAINT REC. _____

COMPLAINT INSPECTED _____

INSPECTION TYPE
- ☐ COMPLAINT
- ☐ INITIAL INSPECTION
- ☐ REINSPECTION
- ☒ PLAN REVIEW
- ☐ CONFERENCE

TYPE OF ESTABLISHMENT
- ☒ RETAIL
- ☐ WHOLESALE
- ☐ VENDING MACHINE NO. OF MACHINES _____
- ☐ FROZEN DESSERTS
- ☐ OTHER _____

Herbert W. Roeschke
Health Officer
Sunset Avenue
P.O. Box 2191
Toms River, N.J. ~~08754-2191~~
Telephone No. 908-341-9700 ext. 7467

NAME OF INSPECTING OFFICIAL (Print) Fredrick C. Seeber

SIGNATURE OF INSPECTING OFFICIAL Judith C. Seeber

PERMANENT REG. NO. B-1979

H.D.64

DETAILED DATA SHEET

OCEAN COUNTY HEALTH DEPARTMENT
ENVIRONMENTAL HEALTH SERVICES

CONTINUATION SHEET

Establishment Trading Name: Amerada Hess	Establishment License No.	Date: 4/7/97
Signature of Inspecting Official: Judith C. Berlin	Municipality: Brick	Time - (2400 Hours) Begin: 10:00

REG. NO.	REMARKS (Please specify area)
NOTE: —	No violations of Chapter XII — Plan approved.
NOTE: —	Establishment requires pre-operational inspection.

(Attach additional sheets if necessary)

H.D. 67

CERTIFICATE OF COMPLIANCE

BLOCK 11710.01 LOT 4 SITE ADDRESS 472 Rt. 28 E.

TYPE OF SITE Commercial TYPE OF BUSINESS Retail
Residential/Commercial

APPLICANT Hess Realty PHONE NUMBER 750-6000

APPLICANT ADDRESS 1 Hess Plaza CITY & STATE Scotch Plains NJ

CASE # _____ NAME OF BUSINESS —

INCLUSIONARY DEVELOPMENT

❒ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

❒ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

❒ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: -0- Date 2/13/97

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

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.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3/17/97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170.01 LOT 4 SITE ADDRESS 1677 Rt 88 East

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Retail

APPLICANT Hess Realty CITY & STATE 1 Hess Plaza

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 0

Frederick R. Millman, CTA, Tax Assessor

3/17/97

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date