BLOCK 830 LOT 21.01 QUALIFICATION CODE _____ ADDRESS (SITE) 1659 RT. 88, UNIT #C BRICK-NJ PERMIT NO. 16-1094

ECC

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII CHE-0009971

I. IDENTIFICATION

1. Proposed Work Site at: 1659 ROUTE 88, UNIT #C, BRICK, NJ-08724
2. Name of Owner in Fee: ADHIPATI LLC / HALCYON PHARMACY
   Tel. (862) 686-1825 e-mail halcyonbrick@gmail.com
   Address 339 TEXAS RD. (street) MORGANVILLE (municipality), NJ-07751 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: AKSHAR BUILDERS Tel. (862) 686-1825
   Address 339 TEXAS RD. e-mail hpatel1070@yahoo.com
   MORGANVILLE, NJ-07751
   License No. OR, if new home, Builder Reg. No. 47418 Exp. Date 02/28/17
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (___) _____
5. Architect or Engineer CHETASEE TRIVEDI / JOSE ORTIZ Contact CHETASEE TRIVEDI
   Address 115 SLOAN CT. MATAWAN-NJ e-mail chetasee@gmail.com
   Tel. (732) 485-1661 FAX: (___) _____
6. Responsible Person in Charge once Work has Begun HIRAL PATEL
   Tel. (862) 686-1825 FAX: (___) _____

V. FEE SUMMARY (for office use only)

		$	Update +/-	Update
1.	Building	250 ✓		
2.	Electrical	150		
3.	Plumbing	110	150 ✓	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$		
8.	Subtotal	$		
9.	State Permit Surcharge Fee	11 -	1	
10.	Subtotal	$		
11.	Cert. of Occupancy	2		
12.	Other			
13.	TOTAL	$ 677 -	151	

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. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

RECEIVED BUILDING MAR 2016

IIa. PROPOSED WORK PHARMACY FIT UP

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		LH			4-2-16	KW			
☐ Electrical					3/19/16	PK			
☐ Plumbing					3-24-16				
☐ Fire Protection					3/30/16	CU			
☐ Elevator		Eng	Exempt		ECC	3/17/16			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____ _____
   Gained, Rental _____ _____
   Lost, Sale _____ _____
   Lost, Rental _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

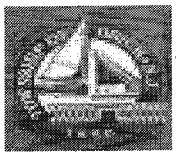
D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/19/2016
Control Number C-16-000971
Permit Number 16-1094
Permit Issue Date 4/7/2016
Certificate Number 16-1094

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1659 ROUTE 88 UNIT C Brick Township, NJ Block: 830 Lot: 21.01 Qual:

Owner in Fee: SYNDALE CORP

Owner Address: PO BOX 3246 HARVEY CEDARS NJ 08008

Telephone:

Contractor AKSHAR BUILDERS

Address 339 TEXAS ROAD MORGANVILLE NJ 07751

Telephone: (862) 686-1825 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - UNIT C ...PHARMACY (PRIOR HAIR SALON)

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/19/2016

U.C.C. F260 (rev. 08/05)

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(f)1.ix:

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. (X) 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. 5:23-2.15(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 HIRAL PATEL

Address 339 TEXAS RD.
MORGANVILLE, NJ-07751

Telephone (862) 686-1825

Signature HKP

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

Halcyon Pharmacy 1170 sq ft "M" 8

Comm Renov 88

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received / Control # 4/7/16

Date Issued / Permit # 16-1094

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

Block 830 Lot 21.01 Qualification Code _____

Work Site Location 1659 ROUTE 88, UNIT #C, BRICK, NJ-08724

Owner in Fee: ADHIPATI LLC / HALCYON PHARMACY

Tel. (862) 686-1825 e-mail hpatel1070@yahoo.com

Address 339 TEXAS RD. (street) MORGANVILLE (municipality), NJ-07751 (zip code)

Contractor: Tenant Tel. ( ) _____

Address _____ e-mail _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ 8,100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity _____

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 3/10/16 Approved by: [illegible]

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3-17-16

Approved by: [signature]

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 5-27-16

Approved by: [signature]

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

Applicant/Contractor sign here: [signature]

Print name here: HIRAL PATEL

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Existing smoke & carbon monoxide detectors in ceiling @ of each

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	2
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 Valve		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		

bldg has existing fire alarm system

COMMERCIAL

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/7/16

Date Issued / Permit # 16-1094

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

Block 830 Lot 21.01 Qualification Code

Work Site Location 1659 ROUTE 88, UNIT #C BRICK, NJ-08724

Owner in Fee: ADHIPATI LLC, HALCYON PHARMACY

Tel. (862) 686-1825 e-mail halcyonbrick@gmail.com

Address 339 TEXAS RD. (street) MORGANVILLE (municipality), NJ-07751 (zip code)

Contractor: AKSHAR BUILDERS Tel. (862) 686-1825

Address 339 TEXAS RD. e-mail hpatel1870@yahoo.com

MORGANVILLE, NJ-07751

Contractor License No. or Builder Registration No. 47918 Exp. Date 02/28/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All 4/2/16		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 04/05/16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 07/18/16

Approved by:

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final 5/25/16	7-14-16	7-14-16		
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed M

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.

Max. Live Load

Max. Occupancy Load

Constr. Class Present ____ Proposed ____

If Industrialized Building:

State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 5000.00

U.C.C. F110 (rev. 11/09)

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.

Sign here: HKP

Print name here: HIRAL PATEL

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK PHARMACY TENANT FITUP Register & Pharmacy counters & shelvings..

COMMERCIAL

TYPE OF WORK:

[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[X] Other TENANT FIT UP FOR PHARMACY
[ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

1) Hiral Patel
862-686-1825 cell

2) ~~Ketan~~
Ketan Patel
201-301-4157

848-241-3129 phone for bus.

3 2A10BC
3/2016

(F) tech

5/25/16 JM

(1) Grab Bars in Bathroom and Lever Handles.

(2) Recommend 30 DAY T.C.O.

7-1[illegible]-16 Final Fail No Entry, No Items

(B) tech

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 4/7/16

Date Issued / Permit # 16-1094

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

Block 830 Lot 21.01 Qualification Code

Work Site Location 1659 ROUTE 88, UNIT #C BRICK, NJ- 08724

Owner in Fee: ADHIPATI LLC

Tel. (862) 686-1825 e-mail halcyonbrick@gmail.com

Address 339 TEXAS RD. MORGANVILLE, NJ-07751

Contractor: Thomas A Kumpa (street) Plumbing (municipality) HTG Tel. (732) 277-5965 (zip code)

Address 334 4TH ST e-mail

South Amboy, NJ 08879

Contractor License No. 10376 Exp. Date 6-17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 142-46-1555 FAX: ( )

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 $ 4100.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Thomas A. Kumpa

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Rough was there, for sink Hook up new sink

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink Handwash	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

COMMERCIAL

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-24-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-19-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
~~Final~~ TCO FINAL			5-25-16 / 7-11-16	

Install service sink + update

PERMIT UPDATE

Date Update Issued 6/22/16
Control # C-16-000971+A
Permit # 16-1094+A

IDENTIFICATION Block: 830 Lot: 21.01 Qualifier
Work Site Location: 1659 ROUTE 88 UNIT C Brick Township, NJ
Contractor AKSHAR BUILDERS
Address 339 TEXAS ROAD MORGANVILLE NJ 07751
Owner in Fee SYNDALE CORP
PO BOX 3246 HARVEY CEDARS NJ 08008
Telephone: (862) 686-1825
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
TENANT FIT UP UPDATE+A...SINK

Note: If constuction 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 $350

D. Neumann Jr. — Construction Official
6/21/16 — Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$151
Check No.	1012
Cash	$0
Credit	$0
Collected By	CW

06/22/16 12:21PM 00155811423 SALES SERV.003
PLUMBING $150.00
DCA $1.00
CHECK $151.00

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 the work installed conforms with 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 granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

Update Permit # 16-1094

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/22/16

Date Issued / Permit # 16-1094+A

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

Block 830 Lot 21.01 Qualification Code

Work Site Location 1659 ROUTE 88, UNIT #C
BRICK, NJ- 08724

Owner in Fee: ADHIPATI LLC / HIRAL PATEL

Tel. (862) 686-1825 e-mail halcyonbrick@gmail.com

Address 339 TEXAS RD. MORGANVILLE, NJ-07751
street municipality zip code

Contractor: THOMAS KUMPA PLUMBING Tel. (732) 277-5965

Address 334 4th St. e-mail hpatel1070@yahoo.com
SOUTH AMBOY, NJ- 08879

Contractor License No 10396 Exp. Date 06/17

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 142401008 FAX: ( )

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 $ 11250.00

MEF 6/22/16

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 sign/Contractor sign and seal here:

Print name here: Thomas A Kumpa

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Adding Mop sink

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

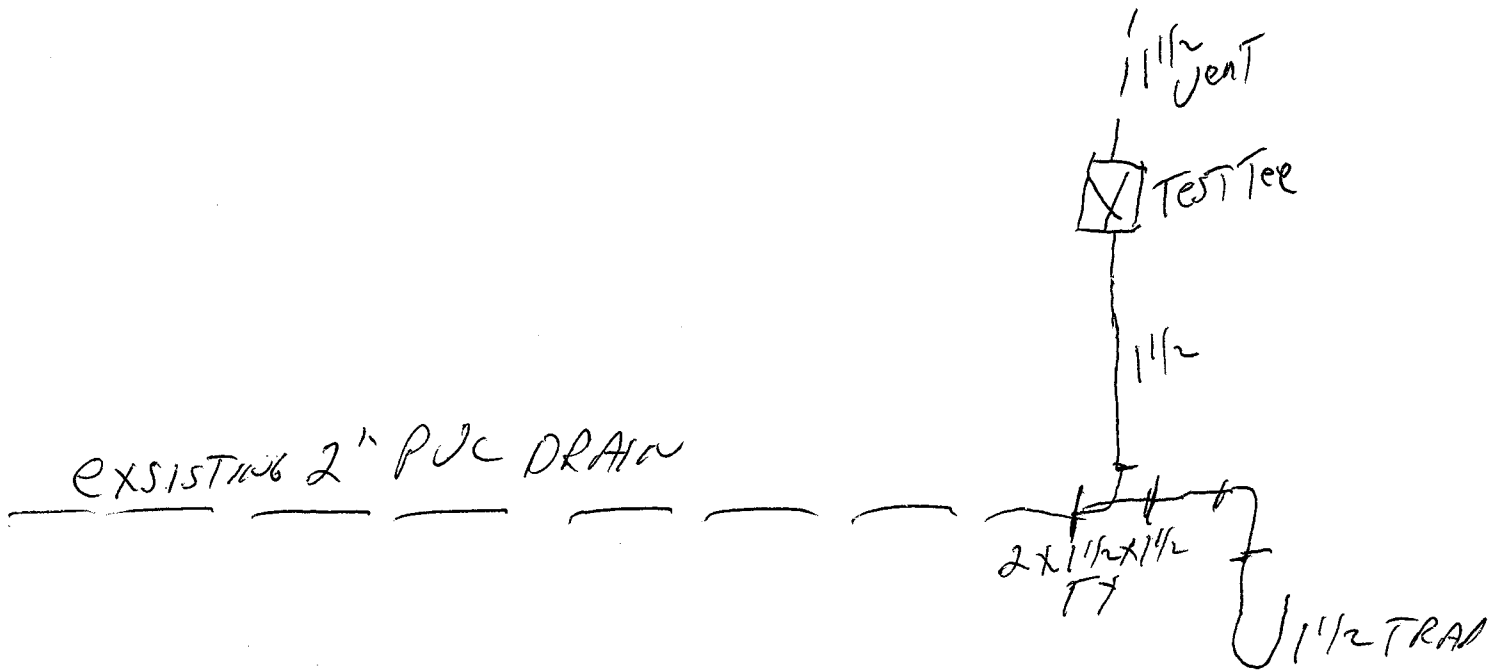
JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 6-21-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 7-12-16
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-11-16	



THere was A LAundry RM.
EXSISTING

THOMAS A KUMFA

ELECTRICAL SUBCODE
TECHNICAL SECTION

"HALCYON PHARMACY"

Date Received 4/7/16
Control #
Date Issued
Permit # 16-1094

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

Block 830 Lot 21.01 Qualification Code

Work Site Location 1659 ROUTE 88 WEST, UNIT-C BRICK, NJ-08724

Owner in Fee: ADHIPATI LLC (HIRAL PATEL)

Tel. (862) 686-1825 e-mail halcyonbrick@gmail.com

Address 339 TEXAS RD. MORGANVILLE, NJ-07751
street municipality zip code

Contractor: Assurance Electrical LLC Tel. (908) 367-0593

Address 33 Goodale Circle e-mail —
New Brunswick NJ 0890

Contractor License No. 17920 Exp. Date 3/31/18

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 471022409 FAX: (—)

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Abdul H. Kargbo

Print name here: Abdul Hamid Kargbo

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: (3) low voltage drops (Cat 5e) (10) new receptacles

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
10		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
3		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	

COMMERCIAL

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 3/19/16 Approved by: RJC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 3/29/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 5/31/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			5/28/16	TJ
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

FOREIGN

CONSTRUCTION PERMIT

Date Issued 4/7/16
Control # C-16-000971
Permit # 16-1094

IDENTIFICATION Block: 830 Lot: 21.01 Qualifier
Work Site Location: 1659 ROUTE 88 UNIT C Brick Township, NJ
Owner in Fee SYNDALE CORP
PO BOX 3246 HARVEY CEDARS NJ 08008
Telephone:

Contractor AKSHAR BUILDERS
Address 339 TEXAS ROAD MORGANVILLE NJ 07751
Telephone: (862) 686-1825
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☑ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
TENANT FIT UP - UNIT C ...PHARMACY (PRIOR HAIR SALON)

Note: If constuction 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 $5,700

Construction Official Date 4/5/16

U.C.C. F170
equiv (rev 1/04)

PAYMENTS (Office Use Only)

Building	$250
Electrical	$150
Plumbing	$150
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$11
CO Fee	
Other	$0
Total	$677
Check No.	1006
Cash	$0
Credit	$0
Collected By	LH

+50
727.-

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 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 the work installed conforms with 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 granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

04/07/16 3:40PM 001550H9349
XX07 SERV.CC7

BUILDING	$250.00
ELECTRIC	$150.00
PLUMBING	$150.00
FIRE	$116.00
DCA	$11.00
ZPA	$50.00
CHECK	$727.00

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK 3/8/16
DATE REC'D LH

ZONING PERMIT APPLICATION

PERMIT # ZP-16-00503
DATE ISSUED 4/7/16

BLOCK: 830 LOT: 21.01 QUALIFIER: ~ SITE ADDRESS: 1659 ROUTE 88, UNIT #C, BRICK NJ-08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: ADHIPATI LLC / Halcyon Pharmacy
   COMPLETE ADDRESS: 339 TEXAS RD. MORGANVILLE, NJ-07751
   PHONE # (862)686-1825 EMAIL: hpatel1070@yahoo.com

2. NAME OF APPLICANT: ADHIPATI LLC / HIRAL PATEL
   APPLICANT ADDRESS: 339 TEXAS RD. MORGANVILLE, NJ-07751
   PHONE # (862)686-1825 EMAIL: hpatel1070@yahoo.com

3. RESPONSIBLE PERSON FOR WORK: HIRAL PATEL
   PHONE# (862)686-1825 FAX# -

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $
TOTAL: $ 50-

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: HAIR SALON (B)
PROPOSED USE: PHARMACY (M)

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: *ADDITION *ALTERATION *PORCH *DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER PHARMACY TENANT FIT UP Halcyon Pharmacy

DESCRIPTION: SHELVING & COUNTER

ZONING REVIEW:
DATE REVIEWED: 3-11-16 DATE DENIED: DATE APPROVED: 3-11-16 INTLS:

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
MAR 15 2016
ZONING

ZONING REVIEW:

DATE REVIEWED: 3/10/16 DATE DENIED: — DATE APPROVED: 3/10/16 INTLS:

DATE:	COMMENTS:	INITIALS:
3/10/16	SENT TO EOC FOR QR	

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-16-00333
Application Date: 03/11/2016
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1659 ROUTE 88**
Unit C
Brick Township, NJ 08724

Block: **830**
Lot: **21.01**
Qualifier:
Zone: **B-1**

Owner: **ADHIPATI LLC/Halycon Pharmacy**
Address: **339 Texas Rd.**
Morganville, NJ 07751

Applicant: **ADHIPATI LLC/Halycon Pharmacy**
Address: **339 Texas Rd.**
Morganville, NJ 07751

Application Approved Date: 03/11/2016

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Medical Offices Halcyon Pharmacy)
Nonconforming Use is:

Work Description:

Tenant Fit-Up - Interior alterations for new tenant.

Changing Use from a hair salon to "Halcyon Pharmacy".

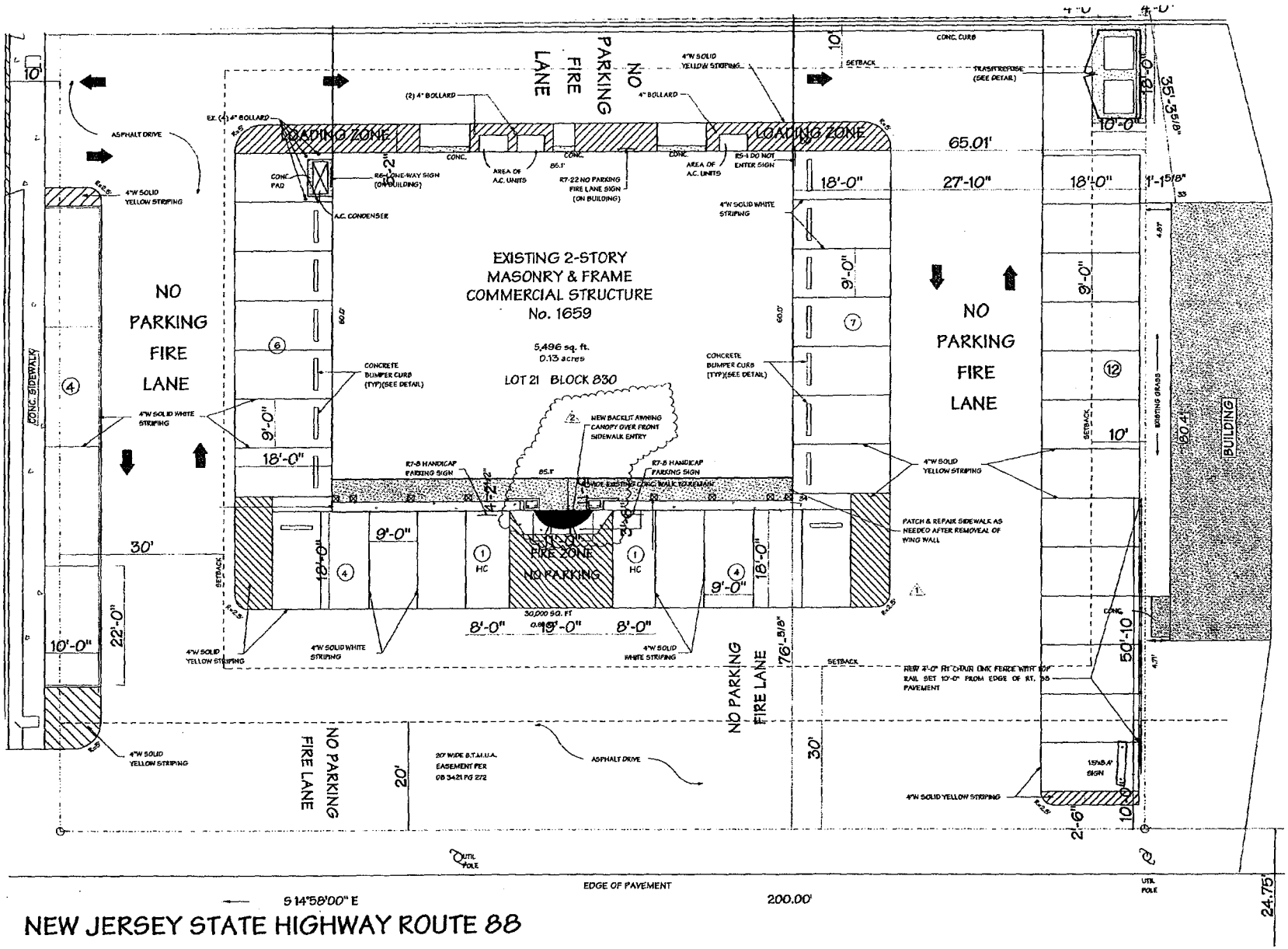
Additional Zoning Permit is required for additional work and signage.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 03/11/2016 Date

Sean Kinnevy, Zoning Officer — 3/10/16 **Date**



ZONING SCHEDULE B-1
(corner lot)

	REQUIRED	EXISTING
Min. Lot Size	12,000 sq.ft.	30,000 sq.ft.
Min. Lot Width	100'	200'
Min. Lot Depth	125'	150'
Front Yard Setback	30'	58.75'
Abutting Front Yard Setback	30'	46.85'
Side Yard Setback	10'	64.92'
Abutting Side Yard Setback	20'	35.15'
Max. Lot Coverage	5,000 sq.ft. (30%)	5,625 sq.ft. (18.3%)
Max. Building Height	2 stories /35'	2 sty./less than 35'
Min. Floor/Building Area	1,000 sq.ft.	10,312 sq.ft.
Max. Allowable Impervious Surface Coverage	80%	± 100%

* = existing / non conforming

ermit Site Plan

Zoning Review
Approval
By: Tenant F.t-u
Date: 3-11-10

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 830 LOT: 21.01 ADDRESS: 1659 ROUTE 88, UNIT #C, BRICK, NJ-08724

IDENTIFICATION:

1. WORK SITE ADDRESS: 1659 ROUTE 88, UNIT #C, BRICK, NJ-08724
2. NAME OF OWNER IN FEE: ADHIPATI LLC

   ADDRESS: 339 TEXAS RD. PHONE #: (862-686-1825

   MORGANVILLE, NJ-07751 FAX #: (-) _____
3. PRINCIPAL CONTRACTOR: AKSHAR BUILDERS

   ADDRESS: 339 TEXAS RD. PHONE #: (862-686-1825

   MORGANVILLE, NJ-07751 FAX #: (-) _____
4. (ARCHITECT) OR ENGINEER: CHETASEE TRIVEDI - JOSE ORTIZ

   ADDRESS: 115 SLOAN CT. MATAWAN NJ-07747 PHONE: # (732) 485-1661
5. RESPONSIBLE PERSON FOR WORK: HIRAL PATEL

   ADDRESS: 339 TEXAS RD. MORGANVILLE, NJ-07751

PHONE #: (862) 686-1825 FAX #: (-) _____ E-MAIL: hpatel1070@yahoo.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER PHARMACY TENANT FIT UP

LENGTH: 56'-4 3/4" WIDTH: 19'-8" HEIGHT: 9'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

TOWNSHIP OF BRICK

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

John G. Ducey, Mayor

Township Council:
Paul Mummolo - President
Heather deJong – Vice President
Jim Fozman
Susan Lydecker
Bob Moore
Marianna Pontoriero
Andrea Zapcic

Division of Engineering

Elissa C. Commins, PE, PP, CME, CPWM, CFM
Township Engineer & Floodplain Manger
Ecommins@twp.brick.nj.us

732-262-1040
Fax: 732-262-2941
www.twp.brick.nj.us

Date: 3/8/16

ENGINEERING
PLOT PLAN EXEMPT FORM
(ONLY IF NOT IN A FLOOD ZONE)

Block: 830 Lot: 21.01

Property Address: 1659 ROUTE 88, UNIT #C, BRICK, NJ- 08724

I, HIRAL PATEL (ADHIPATI LLC) of 1659 ROUTE 88, UNIT #C, BRICK, NJ-08724
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Township Code, Chapter 245, Section 245-29.

HP
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. **Proof that the property is not located in a Flood Hazard Area.**

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS BRICK TOWNSHIP

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1659 ROUTE 88, BRICK, NJ-08724

BLOCK: 830 **LOT:** 21.01

CONTRACTOR: AKSHAR BUILDERS

CONTRACTOR'S ADDRESS: 339 TEXAS RD. MORGANVILLE NJ-07751

Type of Construction(minor, new home): PHARMACY TENANT FIT UP

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: _____

Dumpster Size: _____

Destination of Debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

_____ 03/08/16

Signature Date

_____

Print Name

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	JC	3/10/16							ZA-16-00333
☐ 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.									
☐									
☐									

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.				