callen 9-6-95 ?D

RECEIVED BLOCK 701.12 LOT 1 ADDRESS (SITE) 260 CHAMBERSBRIDGE RD SUITE B1 PERMIT NO. 2313-95

AUG 14 1995

DIV. OF INSPECTION

8/16 NOTIFIED MIKE ZONE LETTER

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1 Proposed Work-site at: PARKWOOD OFFICE BLDG

2 Name of Owner in Fee: W&F Developers INC Tel. (908) 477-2300

Address 317 BRICK BLVD. BRICK N.J 08723
(street / municipality / zip code)

3 Ownership in Fee: Public ______ Private ✓

4 Principal Contractor: SAME Tel. (____) ______

Address ______

License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______

Federal Emp. No. ______ Social Security No. ______

5 Architect or Engineer ______ Tel. (____) ______

Address ______

6. Responsible Person In Charge of Work MICHAEL A. DISALVO Tel. (908) 295-2953

Callen

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 50 —		
2. Electrical			
3. Plumbing			
4. Fire Protection	33		
5. Other			
6. Subtotal	$ 83 —		
7. Less 20% for State Plan Review	8 —		
8. Subtotal	$		
9. DCA Training Fee	2 —		
10. Subtotal	$		
11. Cert. of Occupancy	20 —		
12. Other ZBA	$ 15.00		
13. TOTAL	$ 128.00		

VI. BUILDING/SITE CHARACTERISTICS

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

Tenant fit up

II. PROPOSED WORK

	Est. Cost
1 ☐ Minor Work (single trade)	
2 ☐ Small Job ($5,000 and no prior approvals)	
3 ☐ New Building	
4 ☐ Addition	
5 ☒ Alteration	
6 ☐ Fire Protection	
7 ☐ Plumbing	
8 ☐ Electrical	
9 ☐ Asbestos Abatement	
10 ☐ Demolition	
TOTAL COSTS	2500 —

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[illegible]			9/5/95	[illegible]	9/26/95		[illegible]
			9-5-95	[illegible]	9/28/95		[illegible]
					9/22/95		ok
[illegible]	8/17/95		[illegible]	[illegible]			

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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 0
After Construction 0
Net gain or loss 0 Occupy

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

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

U.C.C. Form F 100A

LDS BR 10409646

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name W & F Developers

Address 317 Brick Blvd.
Brick NJ. 08723

Telephone (908) 477-2300

Signature _____ Date _____
W & F Developers.

OFFICE DATE RECEIVED: _____

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

COMMENTS

IMPORTANT
A.F.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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 2313	9/28/95	
☐ None			

CERTIFICATE

Date Issued 9-28-95
Control #
Permit # 2313-95

IDENTIFICATION

Block 701.12 Lot 1
Work Site Location 260 Chambersbridge Rd.

Owner in Fee W & F Developers, Inc.
Address 317 Brick Blvd.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up - Suite B1

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ~~XXXXX~~ ☒ CERTIFICATE OF APPROVAL

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ceurvels
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

Suite B1

CONSTRUCTION PERMIT

Date Issued 9/12/95
Control #
Permit # 2313-95

IDENTIFICATION Block 701.12 Lot 1

Work Site Location 260 Chanksbridge Rd Contractor Same

Address

Owner in Fee W & J Dev.
Address 310 Brick Blvd. Tele. ( )

Brick, NJ Lic. No. or Bldrs. Reg. No. Exp. Date

Tele. ( ) Federal Emp. No.

or Social Security No. LOT 0.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Tenant fit-up

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

Estimated Cost of Work $ 2500.-

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building 50.-	BUILDING	50.00
Plumbing	FIRE	33.00
Electrical	PLAN RVW	9.00
Fire Protection 33.-	B.C.A.	2.00
Other Plan 8.-	C / O	20.00
Other	ZONEPLOT	15.00
DCA Training Fee 2.-	TOTAL	128.00
Cert. of Occ. 20.-	CHECK	128.00
Other 15.-	CHANGE	0.00
Total 09/12/95 NO. 5	0012A005	09:09
Check No. 102202		
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-12-95
Control #
Permit # 2313-95

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

Block 701.12 Lot
Work Site Location 260 CHAMBERS BRIDGE RD SUITE B1 BRICK N.J. 08723
Owner in Fee W&F DEVELOPERS INC
Address 317 BRICK BLVD. BRICK N.J. 08723
Tele. (908) 477-2300
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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 W&F Developers.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP.

OFFICE SPACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9/19/95	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [X] CA		
Date: 9/27/95		
Approved By:		

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 2500
3. Total (1+2) $ 2500

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other
  - [ ] Other
- [ ] 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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 9-12-95
Control #
Permit # 2313-95

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

Block 701.12 Lot 1
Work Site Location 260 CHAMBERS BRIDGE RD SUITE B1 BRICK N.J. 08723
Owner in Fee W&F DEVELOPERS INC
Address 317 BRICK BLVD. BRICK N.J. 08723
Tele. (908) 477-2300
Contractor SAME
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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 W&F Developers.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP.

OFFICE SPACE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	9/12/95	
[✓] Footing	9/11/95	
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 2500
3. Total (1+2) $ 2500

TYPE OF WORK:

[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Fence Height (6' or over)
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Asbestos Abatement
  [ ] Other
  [ ] Other
[ ] 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

(Progressive)

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # AUG 17 95 0-0-7 5 5 2
Permit #

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

Block 701 • 12 Lot 1

Work Site Location 224 Chambers Bridge Rd. Brick (Parkwood Plaza Shopping Center)

Owner in Fee W+F Develop.

Address Brick

Tele. (___) 477-2300

Contractor Frank Lombardi

Address 318 Reckless St Elizabeth NJ 07206

Tele. (___) 352-3665

Lic. No. 7225

Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

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

Building Occupied as Shopping Ctr Utility Co. _____

Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9/22/95
Approved By: [illegible] 5433

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	8/15/95	5433	8/21/95	5433
Temporary				
Constr. Serv.				
TCO				
Other				
Service			9/22/95	5433
Final				

Temp. Cut-in-Card Date Issued 8/21/95 5433
Final Cut-in-Card Date Issued 9/22/95 5433

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.

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
___		Fixtures (1)	___
___		Receptacles (2)	___
___		Switches (3)	___
___		Total 1 + 2 + 3	___
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
___		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
___	___ Kw	Central heat: oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
1	500 Amp	Service Entrance REPAIR	___
___	___	Other	___

Paid [ ] Check # 2057 Administrative Surcharge $ _____
Minimum Fee $ 75.—
DCA Training Fee $ 1.—
Collected by: _____ TOTAL FEE $ 76.—

U.C.C. Form F-120B

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

WK 117252 (Progress)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued AUG 17 95
Control # 0 0 7 5 5 3
Permit #

Brick

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

Block 701.12 Lot 1
Work Site Location 232 Chambers Bridge Rd Brick (Parkwood Plaze Shopping Cent)
Owner in Fee WTP
Address Brick
Tele. (____) 477-2300
Contractor Frank Lombardi
Address 318 Kendall St Eliz NJ 07206
Tele. (____) 352-3665 [redacted]
Lic. No. 7275
Federal Emp. No. ____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary ✓ [ ] Other ____
Building Occupied as Shopping Ctr Utility Co. ____
Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ____
Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temporary	8/18/95	over	[illegible]	5473
~~Constr. Serv.~~			8/21/95	5473
TCO				
Other				
Service			8/22/95	5473
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued 8/21/95 5473
Final Cut-in-Card Date Issued 8/22/95 5473

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 8/22/95
Approved By: [signature] 5473

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]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
		Fixtures (1)
		Receptacles (2)
		Switches (3)
		Total 1 + 2 + 3
	Kw	Range
	Kw	Oven(s)
	Kw	Surface Unit
	hp	Dishwasher
	hp	Garbage Disposal
	Kw	Dryer
	Kw	A/C Unit
		Burglar Alarms
		Intercoms Panels
		Smoke Detectors
	hp	Whirlpool/spa
		Pool Bonding
	hp	Pool Filter Motor
		Pool Lights
	Kw	Water Heater(s)
	Kw	Central heat: oil, gas or elec.
	Kw	Baseboard Heat Units
		Thermostats
	hp	Heat Pump
	hp	Pump(s)
	Amp	Motor Control Center/Sub Panels
		Signs
		Light Standards
	hp	Motors—Fractional H.P.
	hp	Motors—All Others
	Kw	Transformers
	Kw	Generators
1	800 Amp	Service Entrance REPAIR
		Other

FEE (Office Use Only)

Administrative Surcharge	$
Minimum Fee	$ 75.—
DCA Training Fee	$ 1.-
TOTAL FEE	$ 76.

Paid [✓] Check # 2057
Collected by: ____

U.C.C. Form F-120B

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

WK 11/2/96

(Projessric)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control # AUG 17 95 0 0 7 5 5 1
Permit #

Brick

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

Block 701.12 Lot
Work Site Location 240 Chambers Bridge Rd Brick
Owner in Fee WAT Devcop
Address Brick
Tele. (___) 477-2300
Contractor FRANC LOMBARDO
Address 318 Rebecca St Elizabeth NJ 07206
Tele. (___) 352-2661
Lic. No. 3275
Federal Emp. No. ___ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as Shopping Ctr Utility Co. ___
Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ___
Approved by: ___

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9/22/95
Approved By: [signature]

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough	___	___	___	___
Temporary	8/18	over	[illegible]	5433
~~Constr. Serv.~~	___	___	8/24/95	5455
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	9/22/95	5473
Final	___	___	8/24/95	___
Temp. Cut-in-Card Date Issued			[illegible]	5433
Final Cut-in-Card Date Issued			9/22/95	5473

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.

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

Signature—Contractor Seal

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
___		Fixtures (1)	
___		Receptacles (2)	
___		Switches (3)	
___		Total 1 + 2 + 3	___
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
___		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
___	___ Kw	Central heat: oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
1	600 Amp	Service Entrance	___
___	___	Other	___

Administrative Surcharge	$	___
Minimum Fee	$	75.—
DCA Training Fee	$	1.—
TOTAL FEE	$	76.—

Paid [✓] Check # 2057
$
Collected by: ___

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # SEP 14 95 0 0 8 3 7 7

Brick

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

Block 701.12 Lot 1
Work Site Location 260 Hanover Bridge Rd
Brick
Owner in Fee W+F Dempf
Address Brick
Tele. (___) 477-2300
Contractor Frank Lombardi
Address 318 Deerlick St
Old NJ 07726
Tele. (___) 352-3661
Lic. No. 7227
Federal Emp. No. ___ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ___ Proposed ___
[ ] Pole/Pad # ___ [ ] Temporary [ ] Other ___
Building Occupied as OFFICE Utility Co. ___
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: ___
Approved by: ___

SUBCODE APPROVAL OFFICE
[ ] CO [ ] CCO [ ] CA
Date: 9/12/95
Approved By: [signature]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	9-15-95		9-19-95	
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/22/95	

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.

[signature]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Fixtures (1)	
10		Receptacles (2)	
3		Switches (3)	
19		Total 1 + 2 + 3	___
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
___		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
___	___ Kw	Central heat: oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
___	___ Amp	Service Entrance	___
1	___	Other Exit/emerg Light	___

Paid [X] Check # 2105
Collected by: ___

Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ ___
TOTAL FEE	$ 40.-

U.C.C. Form F-1208 RF
1 White = Inspector Copy
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3 Pink = Office Copy
4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued SEP 14 95
Control # 0 0 8 3 7 7
Permit #

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

Block 701.12 Lot 1
Work Site Location 260 Camden Bridge Rd
Brick
Owner in Fee W+E Devel
Address Brick
Tele. (___) 477-2300
Contractor Frank Lumbardo
Address 318 Reckless Dr
Elizabeth NJ 07206
Tele. (___) 352-3664
Lic. No. 7225
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as Dwell Utility Co. _____
Est. Cost of Elec. Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
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.

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

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D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
6		Fixtures (1)	
10		Receptacles (2)	
3		Switches (3)	
19		Total 1 + 2 + 3	___
___	___ Kw	Range	___
___	___ Kw	Oven(s)	___
___	___ Kw	Surface Unit	___
___	___ hp	Dishwasher	___
___	___ hp	Garbage Disposal	___
___	___ Kw	Dryer	___
___	___ Kw	A/C Unit	___
___		Burglar Alarms	___
___		Intercoms Panels	___
___		Smoke Detectors	___
___	___ hp	Whirlpool/spa	___
___		Pool Bonding	___
___	___ hp	Pool Filter Motor	___
___		Pool Lights	___
___	___ Kw	Water Heater(s)	___
___	___ Kw	Central heat:	
		oil, gas or elec.	___
___	___ Kw	Baseboard Heat Units	___
___		Thermostats	___
___	___ hp	Heat Pump	___
___	___ hp	Pump(s)	___
___	___ Amp	Motor Control Center/Sub Panels	___
___		Signs	___
___	___	Light Standards	___
___	___ hp	Motors—Fractional H.P.	___
___	___ hp	Motors—All Others	___
___	___ Kw	Transformers	___
___	___ Kw	Generators	___
___	___ Amp	Service Entrance	___
1	___	Other Brit/Emerg Light	___

Paid [X] Check # 2105
Collected by: _____

Administrative Surcharge	$ ___
Minimum Fee	$ ___
DCA Training Fee	$ ___
TOTAL FEE	$ 40.-

U.C.C. Form F-1208 RF
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-12-95
Control #
Permit # 2313-95

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

Block 70.12 Lot 1
Work Site Location 260 CHAMBERS BRIDGE RD. SUITE B1 BRICK, NJ
Owner in Fee W&F DEVELOPERS INC.
Address 317 BAKK BLVD BRICK NJ 08723
Tele. (908) 477-2300
Contractor SAME
Address
Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Roof
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 9-5-95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 9/28/95
Approved by:

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO			9/28/95	
Other Tenant Ltr				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE
W&F Developers Inc

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	33
OTHER		

Administrative Surcharge $ 33
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 9-12-95
Control #
Permit # 2313-95

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

Block 701.12 Lot 1
Work Site Location 260 CHAMBERS BRIDGE RD. SUITE B1 BRICK NJ
Owner in Fee WFF DEVELOPERS INC.
Address 317 BRICK BLVD BRICK NJ 08723
Tele. (908) 477-2300
Contractor SAME
Address
Tele. (____)
Lic. No.
Federal Emp. No. _____ or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: ROOF
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 9-5-95
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS:

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

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE
WFF Developers Inc

D. TECHNICAL SITE DATA

Description of Work

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

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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	1	33
OTHER		

Administrative Surcharge $ 33
Paid [ ] Check # _____ Minimum Fee $ _____
DCA Training Fee $ _____
Collected by: _____ TOTAL FEE $ _____

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: August 16, 1995 — 1995 Z 1266

Block 701.12 **Lot** 1 **Zone** B-2, G.B.

Property Address: 260 Chambers Bridge Road

Owner: W & F Developers **(Phone):** 477-2300

Applicant: Same **(Phone):** Same

Use: Office Building; Parkwood Plaza

Proposed Construction (if any): Tenant fit-up for office in Suite B-1.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

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

Sean Kinnevy

Sean Kinnevy — Land Use Officer

TOWNSHIP OF BRICK

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

PLAN REVIEW # _____

PLAN REVIEW

DATE _____

Name _____

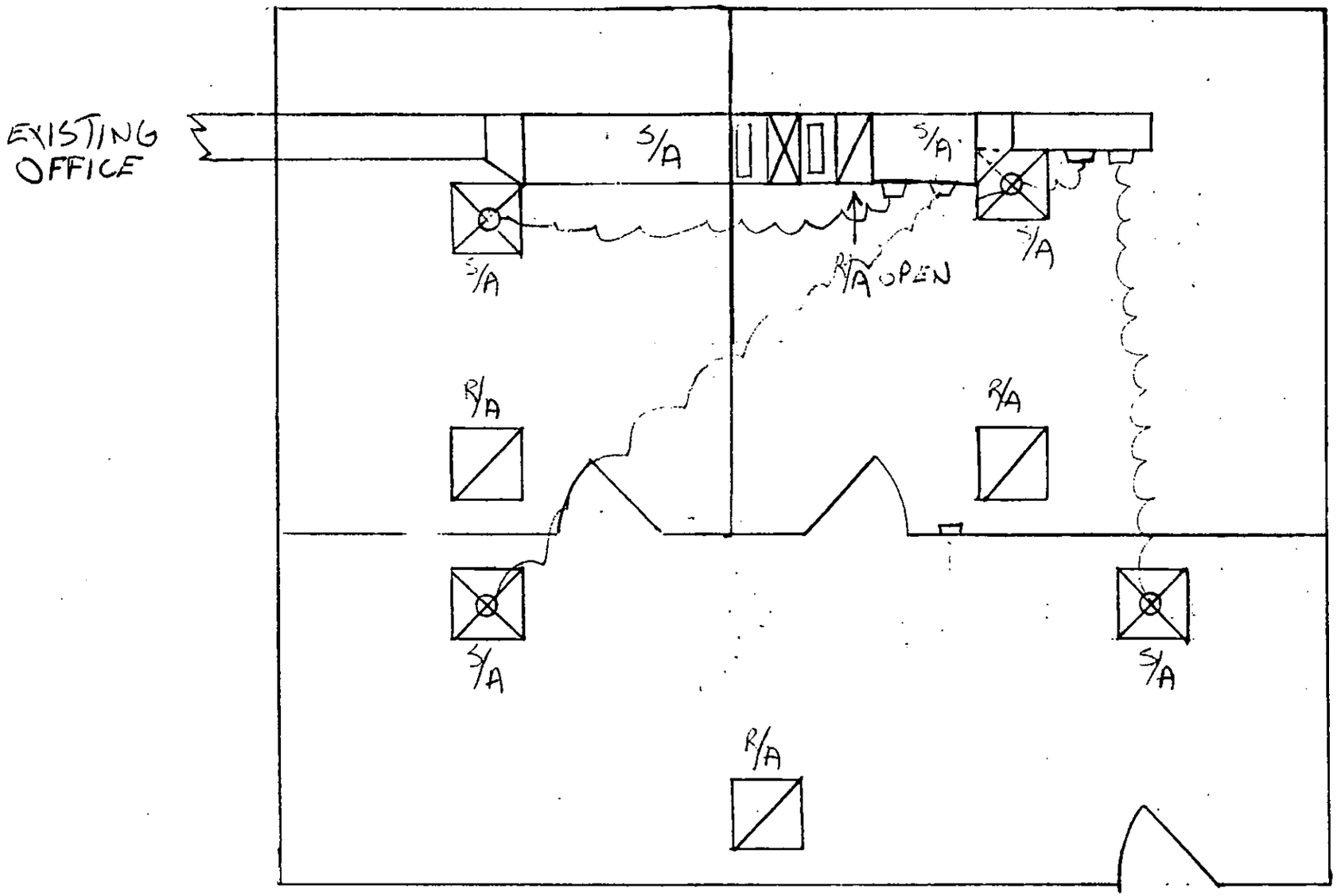
Address Parkwood Office Rd.

Block _____ Lot _____

TOWNSHIP OF BRICK
PLAN REVIEW RECORD

INITIAL		DATE
_____	BUILDING SUBCODE	_____
_____	ELECTRICAL SUBCODE	_____
_____	PLUMBING SUBCODE	_____
_____	FIRE PROTECTION SUBCODE	_____

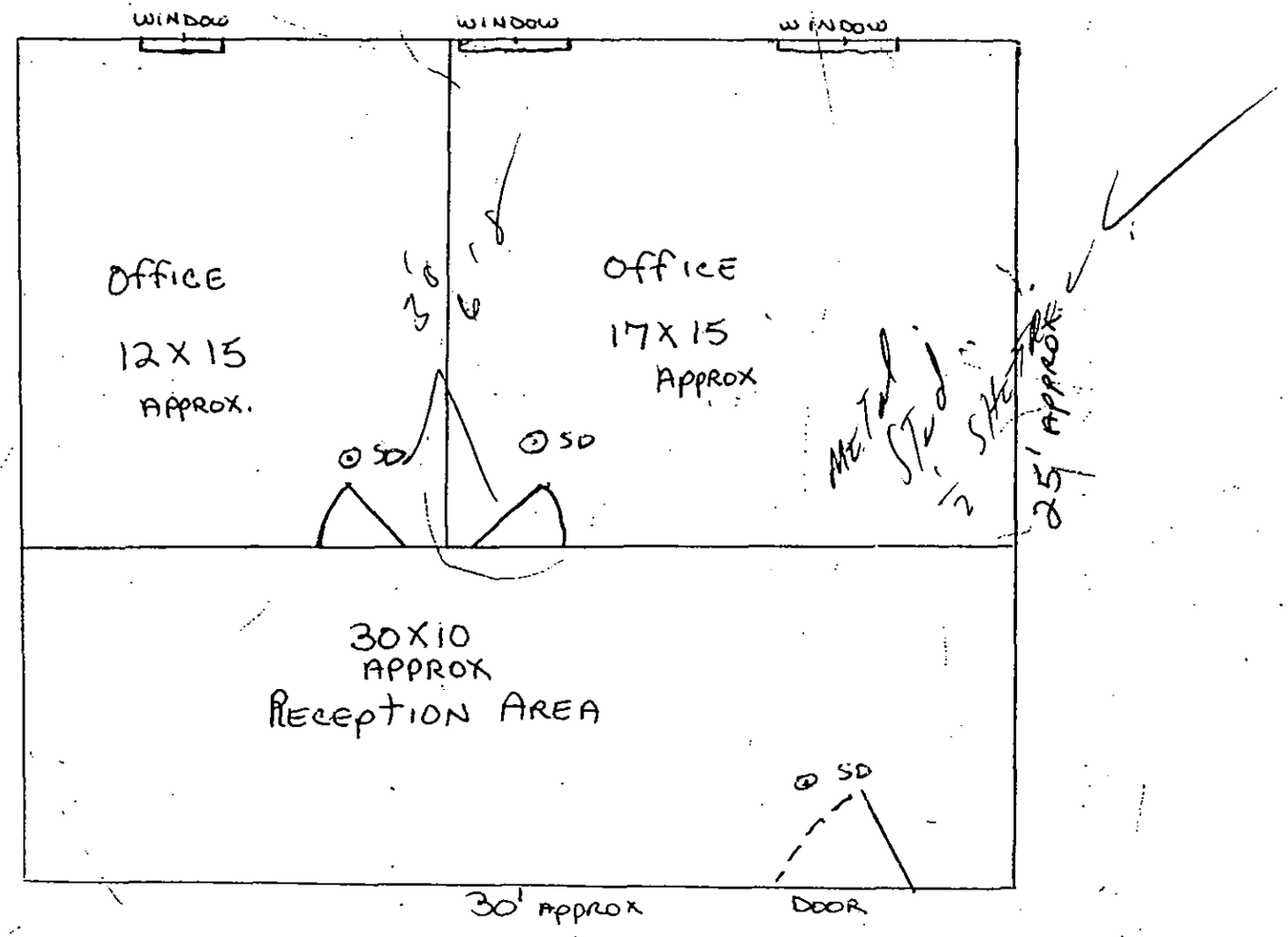
NO.	DESCRIPTION	CODE SECTION NUMBER	DEPT. CHECK OFF
	Door Size.		
	Type of Wall Construction		
	Occupancy Load.		
	Called 9-1-95 9:20		
1			



250 cc occupancy

PARKWOOD

1ST Floor



HALL

EXHIBIT "B"

25 pc appts