BLOCK 702.02 LOT 14 QUALIFICATION CODE _____ ADDRESS (SITE) 101 Chambersbridge Rd PERMIT NO. 07-3883

CONSTRUCTION PERMIT APPLICATION

C07-003972

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

I. IDENTIFICATION

1. Proposed Work Site at: 101 CHAMBERS BRIDGE ROAD (RT. 549)
2. Name of Owner in Fee: 7-Eleven Corporation
   Tel. (516) 883-8484 e-mail ~
   Address 115 Broadhollow Road (street), Melville (municipality), N.Y 11747 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: SILAGY LANDSCAPING INC Tel. (732) 287-5544
   Address 614 Old Post Road e-mail rsilagy@silagylandscaping.com
   License No. OR, if new home, Builder Reg. No. 522 Exp. Date 5.13.08
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ~
   Federal Emp. ID No. 223 227 633 FAX: (732) 287-8978
5. Architect or Engineer Chesapeake Design Group Contact Robert Goldman
   Address 611 N. Eutaw Street, Baltimore MD. 21201 e-mail _____
   Tel. (410) 837-3622 FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Robert Silagy
   Tel. (732) 287-5544 FAX: (732) 287-8978

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 168.00 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	9		
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZP	39		
13. TOTAL	$ 207.00		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

IIa. PROPOSED WORK

- ☐ 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	7,000.00	MD	9/8/07		12-4-07	FM			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		GW	12/4/07		12/4/07				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: *All Units* / *Income-restricted*
   Before Construction _____ / _____
   After Construction _____ / _____
   Net Gain or Loss _____ / _____

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

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

COMMERCIAL

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

Called 12/04/07

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.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. ( ) 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 SILAGY LANDSCAPING, INC.
Address 614 OLD POST ROAD
EDISON NEW JERSEY 08817
Telephone (732) 287-5544
✓ Signature Robert L. Silagy

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
8-13-7	LETTER OF DENIAL FAXED	

☒ Zoning Application deemed complete Initialed: _____ Date: 8/8/8

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

IMPORTANT
A.H.B.T. - MANDATORY FEE - COMMERCIAL

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/3/2011
Control Number C-07-003972
Permit Number 07-3883
Permit Issue Date 12/14/2007
Certificate Number 07-3883

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 101 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702.02 Lot: 14 Qual:

Owner in Fee: SOUTHLAND CORPORATION(THE)%TAX DEPT

Owner Address: P.O. BOX 711 DALLAS TX 75221

Telephone:

Contractor SILAGY LANDSCAPING INC

Address 614 OLD POST ROAD EDISON NJ

Telephone: (732) 287-5544 Fax: (732) 287-8978

License Number or Builders Registration Number: Federal Emp. Number: 22-7227637

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: REPAIR/REPLACE CONCRETE HANDICAP RAMP; ADJUST/CHECK DOOR CLOSURES, REPAIR/UPGRADE STRIPING, UPDATE H/C SIGNAGE

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: 10/3/2011

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

CONSTRUCTION PERMIT

Date Issued 12/14/2007
Control # C-07-003972
Permit # 07-3883

IDENTIFICATION Block: 702.02 Lot: 14 Qualifier
Work Site Location: 101 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee SOUTHLAND CORPORATION(THE)%TAX DEPT
P.O. BOX 711 DALLAS TX 75221
Telephone:

Contractor SILAGY LANDSCAPING INC
Address 614 OLD POST ROAD EDISON NJ
Telephone: (732) 287-5544
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-7227637

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ALTERATION REPAIR/REPLACE CONCRETE HANDICAP RAMP; ADJUST/CHECK DOOR CLOSURES, REPAIR/UPGRADE STRIPING, UPDATE H/C SIGNAGE

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $7,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$168
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$9
CO Fee	
Other	$30
Total	$207
Check No.	1003
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)
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.

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12/14/07
Permit # 07-3883

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 7-ELEVEN CONVENIENCE STORE
101 CHAMBERSBRIDGE RD. BRICK TWP. NJ.

Owner in Fee: 7-ELEVEN CORPORATION

Tel. (516) 888-8484 e-mail

Address 115 Broadhollow Rd. Melville, New York 11747
street municipality zip code

Contractor: SILAGY LANDSCAPING INC Tel. (732)287-5544

Address 614 Old Post Road Edison NJ e-mail rsilagy@silagylandscaping.com

Contractor License No. or Builder Registration No. 522 Exp. Date 5-1-08

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

Federal Emp. ID No. 223 221 639 FAX: (732) 287-8978

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-4-07	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/22/11
Approved by: ~~HA~~

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			1-24-08	FM
Other Slab			9/20/11	FM
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 7000.00
3. Total (1+ 2) $ 7,000.00

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.

Robert A Riley
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1) REPAIR/REPLACE CONCRETE HANDICAP RAMP
2) ADJUST/CHECK DOOR CLOSURES
3) UPDATE H/C SIGNAGE
4) REPAIR/UPGRADE STRIPING

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
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 50.00

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

P 24-06
Builder informed of Railing Requirement once Ramp Reaches 6" High- see ICC ANSI Book

Fig

NOTICE OF VIOLATION AND ORDER TO TERMINATE

Permit Number
Date Issued
Violation Number V-07-00940

IDENTIFICATION

Work Site Location: 101 CHAMBERS BRIDGE RD. Brick Township, NJ

Block: 702.02 Lot: 14 Qualification Code: _____

Owner in Fee: SOUTHLAND CORPORATION(THE)%TAX DEPT

Owner Address: P.O. BOX 711 DALLAS TX 75221

Agent/Contractor _____

Address _____

To: [X] Owner [ ] Other:

[X] Agent/Contractor

DATE OF INSPECTION: 06/29/2007 DATE OF THIS NOTICE: 07/27/2007

ACTION

Take NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

alteration of ada ramp without a permit

You are hereby ***ORDERED*** to terminate the said violations on or before 08/10/2007 .

No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

Further, take *NOTICE* that failure to comply with this ***ORDER*** may result in the assessment of penalties of up to $2,000.00 per week per violation, and a certificate of occupancy will *not* be issued until such penalty has been paid.

If you wish to contest this ***ORDER,*** you may request a hearing before the Construction Board of Appeals of the County of Ocean within 15 days of receipt of this ***ORDER*** as provided by N.J.A.C. 5:23 A-2.1. The Application of the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100.00 and should be forwarded with your application to the Construction Board of Appeals Office at: CONSTRUCTION BOARD OF APPEALS
2 Mott Place
Toms River, NJ 08753

If you have any questions concerning this matter, please call: (732) 262-1027

NOTICE of Violation and ***Order*** to Terminate: _____ Date: 7-27-07
SubCode Official

U.C.C. F241 equiv (rev. 1/2004)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Construction Violation

Identification

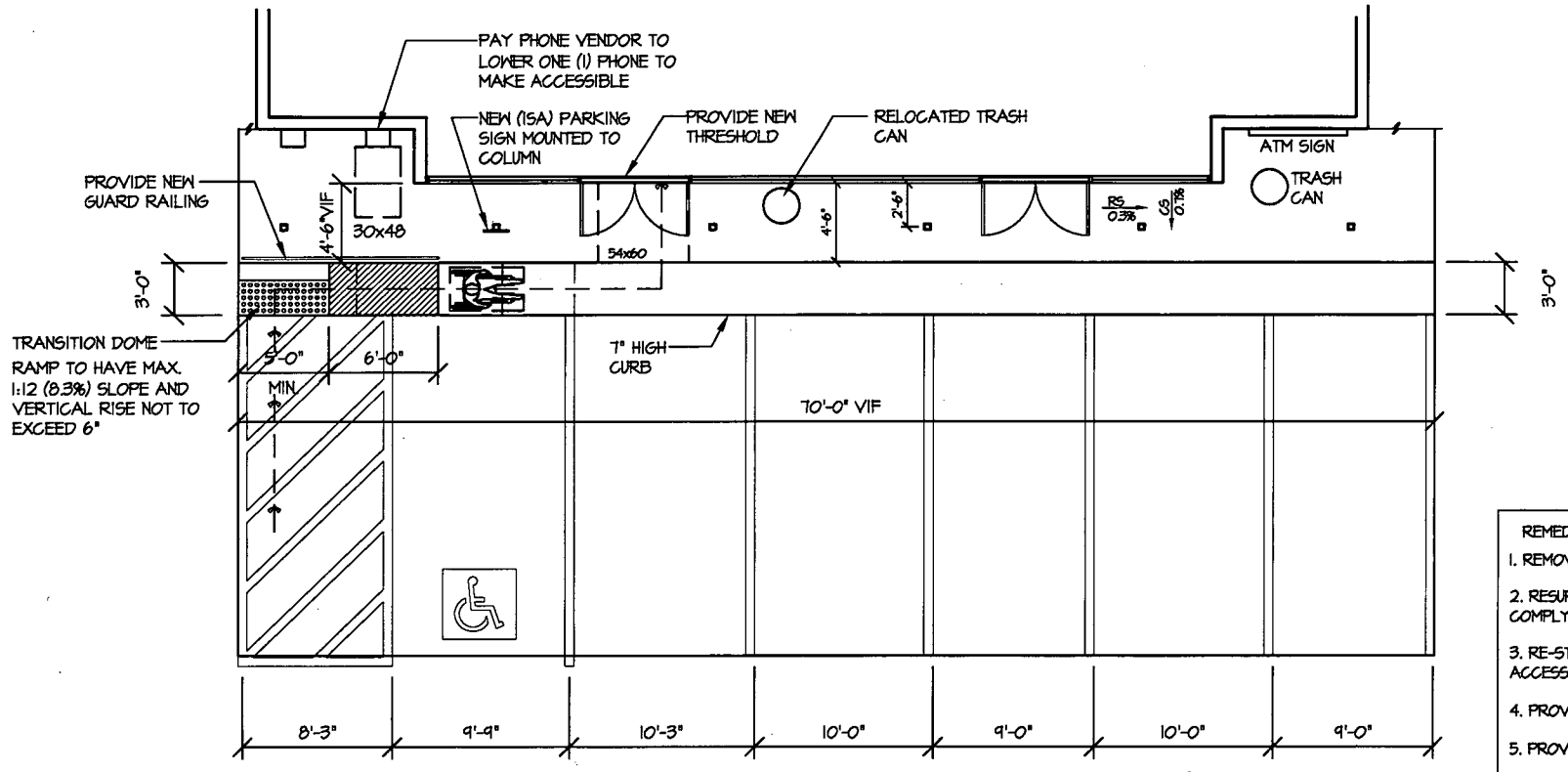
Work Site Location: 101 CHAMBERS BRIDGE RD. Brick Township, NJ
Block: 702.02
Lot: 14
Owner: SOUTHLAND CORPORATION(THE)%TAX DEPT
Owner Address: P.O. BOX 711 DALLAS TX 75221
Telephone:
Agent:
Agent Address:
Telephone:

Infraction Details

Subcode: Administrative
Issuing Officer: Frank Mizer
Issue Date:
Infraction: Notice of Violation and Order To Terminate
Statute: N.J.A.C. 5:23 Uniform Construction Code Regulations Working without a permit NJAC 5:23.2.14(a)
Infraction Summary: alteration of ada ramp without a permit
Certified Mail Number:

Enforcement Details

Inspection Date: 06/29/2007
Notice Date: 07/27/2007
Compliance Date:
Compliance Inspection Date:
Compliance Summary:



G.C. TO VERIFY PAVING TO ALLOW FOR ADEQUATE ACCESSIBLE PATH PER ADAAG REQUIREMENTS

RS-RUNNING SLOPE, USUALLY PARALLEL TO DIRECTION OF TRAVEL

CS-CROSS SLOPE, USUALLY PERPENDICULAR TO DIRECTION OF TRAVEL

NEW CONCRETE

NEW ASPHALT

TRANSITION DOME

REMEDIATION

1. REMOVE EXISTING RAMP
2. RESURFACE ACCESSIBLE PARKING TO COMPLY (4.3.7)
3. RE-STRIPE ACCESSIBLE PARKING AND ACCESS AISLE TO COMPLY (4.6.3)
4. PROVIDE NEW RAMP TO COMPLY (4.8)
5. PROVIDE DETECTABLE WARNING (4.29.2)
6. ADJUST OR REPLACE DOOR CLOSER TO COMPLY (4.13.10)
7. REPLACE THRESHOLD TO COMPLY (4.13.8)
8. PROVIDE NEW ACCESSIBLE PARKING SIGN AS SHOWN (4.6.4)

ARCHITECT:

CDG

The Chesapeake Design Group, Architects
611 North Eutaw Street, Suite 300
Baltimore, MD 21201
410.837.3622

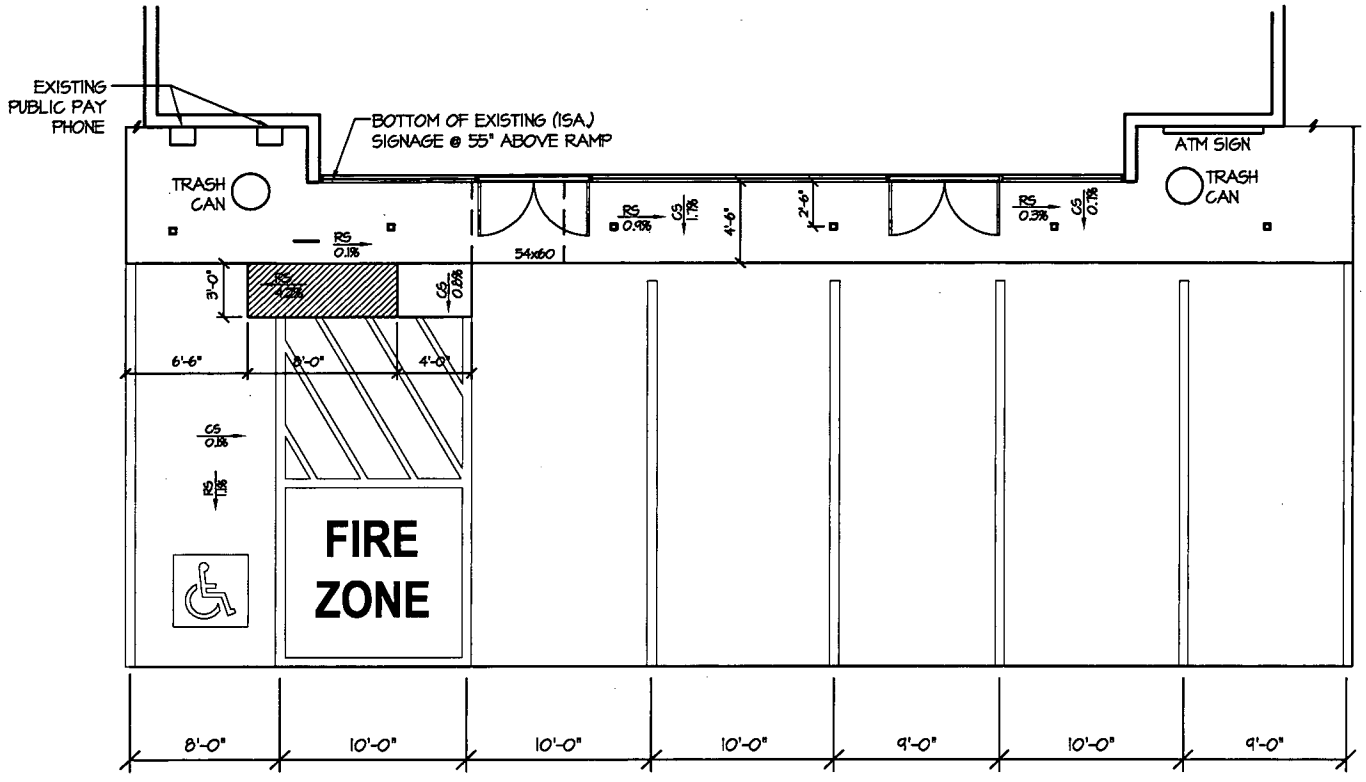
REVISIONS		
NO.	DESCRIPTION	DATE
0	FIRST ISSUE	04/09/07

DATE: 09-20-07
SCALE: 3/32"=1'-0"
PROJECT #: 78E09
DR: SG

REMEDIATION

PROJECT TITLE
7-ELEVEN
101 CHAMBERSBRIDGE RD
101 CHAMBERS BRIDGE RD
BRICKTOWN, NJ
STORE NO. 2411-1028

SHEET TITLE
SK-2
SHEET NO. 2 of 2



G.C. TO VERIFY PAVING TO ALLOW FOR ADEQUATE ACCESSIBLE PATH PER ADAAG REQUIREMENTS

FIELD NOTES

1. PAY PHONES ARE NOT ADA ACCESSIBLE, NEED TO BE LOWERED.
2. ACCESS AILSE IS NON COMPLIANT
3. THRESHOLD NEEDS TO BE ADJUSTED TO BE ADA COMPLIANT.
4. DOORS NEED CLOSURE ADJUSTED AND NEW HARDWARE.

RS-RUNNING SLOPE, USUALLY PARALLEL TO DIRECTION OF TRAVEL

CS-CROSS SLOPE, USUALLY PERPENDICULAR TO DIRECTION OF TRAVEL

ARCHITECT:

CDG

The Chesapeake Design Group, Architects
611 North Eutaw Street, Suite 300
Baltimore, MD 21201
410.837.3622

REVISIONS		
NO.	DESCRIPTION	DATE
0	FIRST ISSUE	04/03/07

DATE: 03-20-07
SCALE: 3/32"=1'-0"
PROJECT #: 7SE09
DB: SG

EXISTING CONDITIONS

PROJECT TITLE
7-ELEVEN
101 CHAMBERSBRIDGE RD
101 CHAMBERS BRIDGE RD
BRICKTOWN, NJ
STORE NO. 2411-1028

SHEET TITLE
SK-1
SHEET NO. 1 of 2

READY-MIXED CONCRETE
AND MASON SUPPLIES

242 DOVER ROAD
SOUTH TOMS RIVER, N.J. 08757
732-244-0636
732-349-7726

BILLING NUMBER:

1 COD

COD CUSTOME

SUFFOLK **REDI-MIX**

CUSTOMER NAME: COD CUSTOMER

JOB NAME:

DELIVERY ADDRESS: Qty Ord: 3.50 Qty Del: 3.50

SILOCY LAND
7-11 RT 70 & CHMBRSBRDGE RD BRICK TWP.

METHOD OF PAYMENT:
C.O.D. ✓ CHARGE _____ 126580

READY MIX CONCRETE	PRICE	AMOUNT
3 1/2 yd x $100.00		315.00
[illegible]		200.00
TAX		36.05
TOTAL		551.05

26Jun07
Driver:RON
140 4000 PSI 3/4 STONE Volume: 3.50 yd3 11:43AM Truck #:... 123

LEFT PLANT	ARRIVED JOB	START DISCHARGE	FINISH DISCHARGE	LEAVE JOB SIGHT	ARRIVE PLANT
1155	1215	1222	1235		

DON'T ADD UNNECESSARY WATER

GALLONS OF WATER ADDED ON JOB _____ AS AUTHORIZED BY CUSTOMER

THE SLUMP STRENGTH AND QUALITY OF CONCRETE IS NOT GUARANTEED IF WATER OR ANY OTHER MATERIAL HAS BEEN ADDED BY OR AT REQUEST OF PURCHASER ON JOB SIGHT

CUSTOMER SIGNATURE

X Robert Lewis

YES ☐ NO ☐

CYLINDERS TAKEN
SLUMP TEST (INCHES) _____
AIR TEST (%) _____

6 MINUTES PER YD. ALLOWED FOR UNLOADING ADDITIONAL TIME WILL BE BILLED @ $15.00 INCLUDING TAX PER ¼ HOUR. FRESHLY MIXED CONCRETE MAY CAUSE A SEVERE SKIN IRRITATION AND BURNS ON INDIVIDUALS WITH SENSITIVE SKIN. AVOID DIRECT CONTACT WITH SKIN IF POSSIBLE AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER.

COMPANY NOT RESPONSIBLE FOR DAMAGE DONE WHEN OFF PUBLIC ROADS

WITHIN REASON WE WILL TRY TO DELIVER THIS PRODUCT TO ANY LOCATION YOU REQUEST. HOWEVER, THE MOMENT WE START FROM THE STREET ONTO THE PROPERTY LINE AND BEYOND, OUR RESPONSIBILITY CEASES COMPLETELY. IF YOU ARE REQUESTING OUR DRIVER TO CROSS THAT PROPERTY LINE, HE IS REQUIRED TO HAVE YOU SIGN THIS CARD INDICATING YOUR ACCEPTANCE OF COMPLETE, UNQUALIFIED RESPONSIBILITY TO ANY DAMAGE DONE INCLUDING COST OF TOW TRUCK IF NECESSARY.

TERMS

PAYMENT

PAYMENT OF THE FULL AMOUNT STATED ON THE FRONT SIDE HEREOF SHALL BE MADE WITHIN THIRTY (30) DAYS OF THE DATE HEREOF. IN THE EVENT PAYMENT IS NOT MADE BY THE PURCHASER WITHIN THE AFORESAID THIRTY (30) DAYS, THEN PURCHASER SHALL BE CHARGED, AND SO AGREES, TO PAY INTEREST ON THE UNPAID BALANCE WHICH SHALL BE COMPOUNDED AT THE RATE OF ONE AND ONE-HALF PERCENT (1-1/2%) PER MONTH. FURTHER, IN THE EVENT SELLER HAS TO INSTITUTE SUIT TO COLLECT ALL MONIES DUE AND OWING, PURCHASER SHALL , IN ADDITION, ALSO PAY TO SELLER REASONABLE ATTORNEY'S FEES PLUS REIMBURSE SELLER FOR ALL COSTS OF SUIT AND COLLECTION, INCLUDING AND NOT LIMITED TO FEES PAID TO PROFESSIONALS.

LIEN

PURCHASER AGREES THAT THE CONCRETE DELIVERED HEREIN SHALL CONSTITUTE A LIEN ON THE PREMISES/BUILDING WHERE DELIVERED AND/OR UTILIZED, AND FURTHER, PURCHASER WAIVES ANY RIGHT(S) THAT IT (HE, SHE) MAY HAVE WITH RESPECT TO THE TIME IN WHICH SELLER MAY BE REQUIRED TO FILE ANY CONSTRUCTION LIEN CLAIMS AND/OR OTHER LIENS, AND THIS INVOICE SHALL BE PURCHASER'S WRITTEN CONSENT TO THE FILING OF SUCH LIEN BEYOND THE TIME REQUIRED BY ANY OF THE AFORESAID STATUTES.

APPLICABLE LAW

THIS AGREEMENT SHALL BE CONSTRUED IN ACCORDANCE WITH THE LAWS OF NEW JERSEY. MOREOVER, PURCHASER AGREES THAT ANY LAWSUIT INITIATED BY AND/OR ON BEHALF OF IT (HE, SHE) SHALL BE VENUED IN OCEAN COUNTY, NEW JERSEY.

READY-MIXED CONCRETE
AND MASON SUPPLIES

242 DOVER ROAD
SOUTH TOMS RIVER, N.J. 08757
732-244-0636
732-349-7726

BILLING NUMBER:

1 COD

COD CUSTOM

SUFFOLK REDI-MIX

CK # 1410

CUSTOMER NAME: COD CUSTOMER

JOB NAME:

DELIVERY ADDRESS: Qty Ord: 3.00 Qty Del: 3.00

SILOGY
7 11 RT 70 BRICK TWP.

140 4000 PSI 3/4 STONE Volume: 3.00 yd3 2:08PM

2/10/07
Driver:KADING
Truck #:... 108

METHOD OF PAYMENT:
C.O.D. ✓ CHARGE _____ 126618

READY MIX CONCRETE	PRICE	AMOUNT
3 yds 4,000		270 00
Freight		20 00
TAX		32 90
TOTAL		$ 502 90

LEFT PLANT	ARRIVED JOB	START DISCHARGE	FINISH DISCHARGE	LEAVE JOB SIGHT	ARRIVE PLANT
1410	1450	1505	1527	1535	

DON'T ADD UNNECESSARY WATER

_____ GALLONS OF WATER ADDED ON JOB AS AUTHORIZED BY CUSTOMER

THE SLUMP STRENGTH AND QUALITY OF CONCRETE IS NOT GUARANTEED IF WATER OR ANY OTHER MATERIAL HAS BEEN ADDED BY OR AT REQUEST OF PURCHASER ON JOB SIGHT

YES ☐ NO ☐

CYLINDERS TAKEN

SLUMP TEST (INCHES) _____

AIR TEST (%) 2.5

CUSTOMER SIGNATURE

x K Kling

6 MINUTES PER YD. ALLOWED FOR UNLOADING ADDITIONAL TIME WILL BE BILLED @ $15.00 INCLUDING TAX PER ¼ HOUR. FRESHLY MIXED CONCRETE MAY CAUSE A SEVERE SKIN IRRITATION AND BURNS ON INDIVIDUALS WITH SENSITIVE SKIN. AVOID DIRECT CONTACT WITH SKIN IF POSSIBLE AND WASH EXPOSED SKIN AREAS PROMPTLY WITH WATER.

COMPANY NOT RESPONSIBLE FOR DAMAGE DONE WHEN OFF PUBLIC ROADS

WITHIN REASON WE WILL TRY TO DELIVER THIS PRODUCT TO ANY LOCATION YOU REQUEST. HOWEVER, THE MOMENT WE START FROM THE STREET ONTO THE PROPERTY LINE AND BEYOND, OUR RESPONSIBILITY CEASES COMPLETELY. IF YOU ARE REQUESTING OUR DRIVER TO CROSS THAT PROPERTY LINE, HE IS REQUIRED TO HAVE YOU SIGN THIS CARD INDICATING YOUR ACCEPTANCE OF COMPLETE, UNQUALIFIED RESPONSIBILITY TO ANY DAMAGE DONE INCLUDING COST OF TOW TRUCK IF NECESSARY.

TERMS

PAYMENT

PAYMENT OF THE FULL AMOUNT STATED ON THE FRONT SIDE HEREOF SHALL BE MADE WITHIN THIRTY (30) DAYS OF THE DATE HEREOF. IN THE EVENT PAYMENT IS NOT MADE BY THE PURCHASER WITHIN THE AFORESAID THIRTY (30) DAYS, THEN PURCHASER SHALL BE CHARGED, AND SO AGREES, TO PAY INTEREST ON THE UNPAID BALANCE WHICH SHALL BE COMPOUNDED AT THE RATE OF ONE AND ONE-HALF PERCENT (1-1/2%) PER MONTH. FURTHER, IN THE EVENT SELLER HAS TO INSTITUTE SUIT TO COLLECT ALL MONIES DUE AND OWING, PURCHASER SHALL , IN ADDITION, ALSO PAY TO SELLER REASONABLE ATTORNEY'S FEES PLUS REIMBURSE SELLER FOR ALL COSTS OF SUIT AND COLLECTION, INCLUDING AND NOT LIMITED TO FEES PAID TO PROFESSIONALS.

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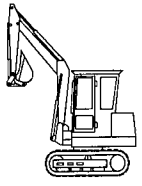
Robert C. Silagy

(732) 287-5544
Fax (732) 287-8978

Silagy Landscaping, Inc.

COMPLETE SITE DEVELOPMENT
EXCAVATING • EQUIPMENT RENTALS
COMPLETE LANDSCAPE SERVICE
PARK & PLAYGROUND CONSTRUCTION

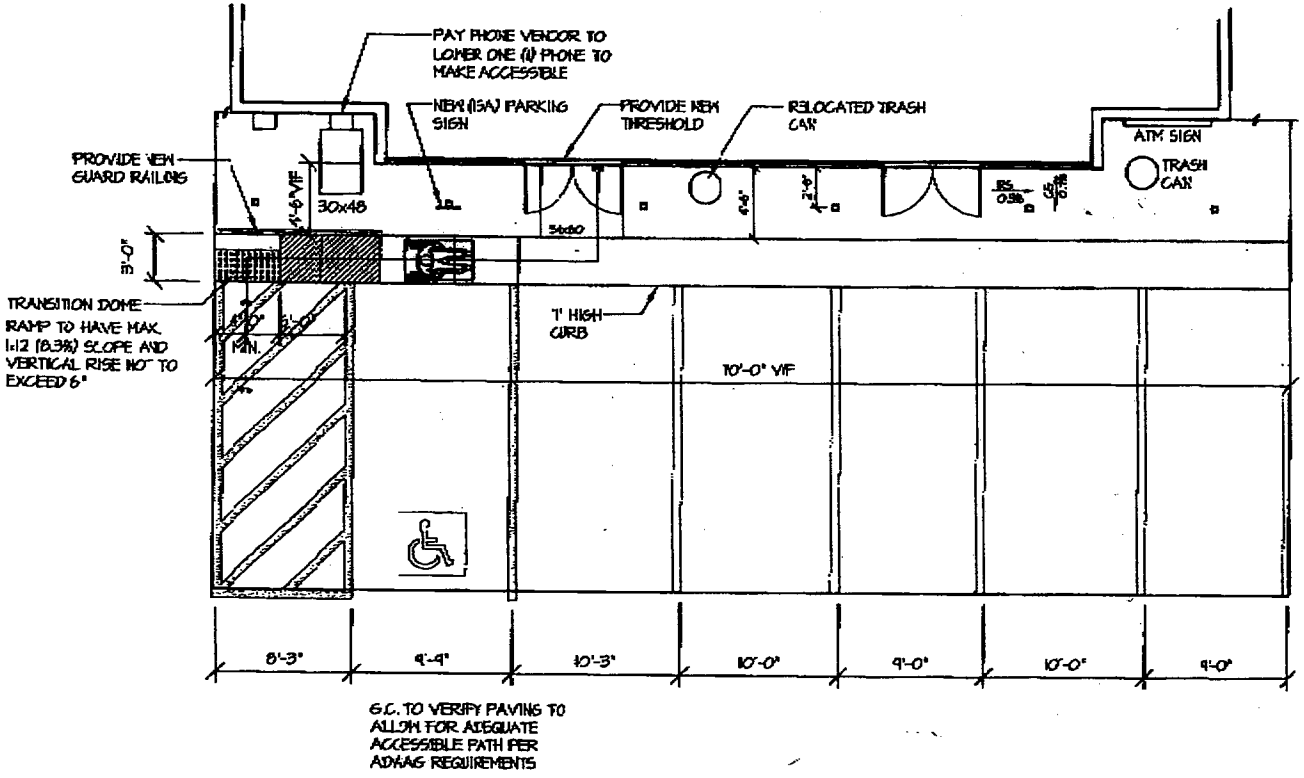


614 Old Post Road
Edison, New Jersey 08817

HARRY / 7-ELEVEN

[redacted]

(Store) - 732-477-0239



REMEDIATION

1. REMOVE 1 WHEEL STOP
2. RESURFACE ACCESSIBLE PARKING TO COMPLY (4.5.7)
3. RE-STRIPE ACCESSIBLE PARKING AND ACCESS AISLE TO COMPLY (4.6.3)
4. PROVIDE NEW RAMP TO COMPLY (4.8)
5. PROVIDE DETECTABLE WARNING (4.29.2)
6. ADJUST OR REPLACE DOOR CLOSER TO COMPLY (4.13.10)
7. REPLACE THRESHOLD TO COMPLY (4.13.8)
8. PROVIDE NEW ACCESSIBLE PARKING SIGN AS SHOWN (4.6.4)

ARCHITECT:

CDG

The Chesapeake Design Group, Architects
611 North Exeter Street, Suite 300
Baltimore, MD 21201
410.837.9622

REVISIONS

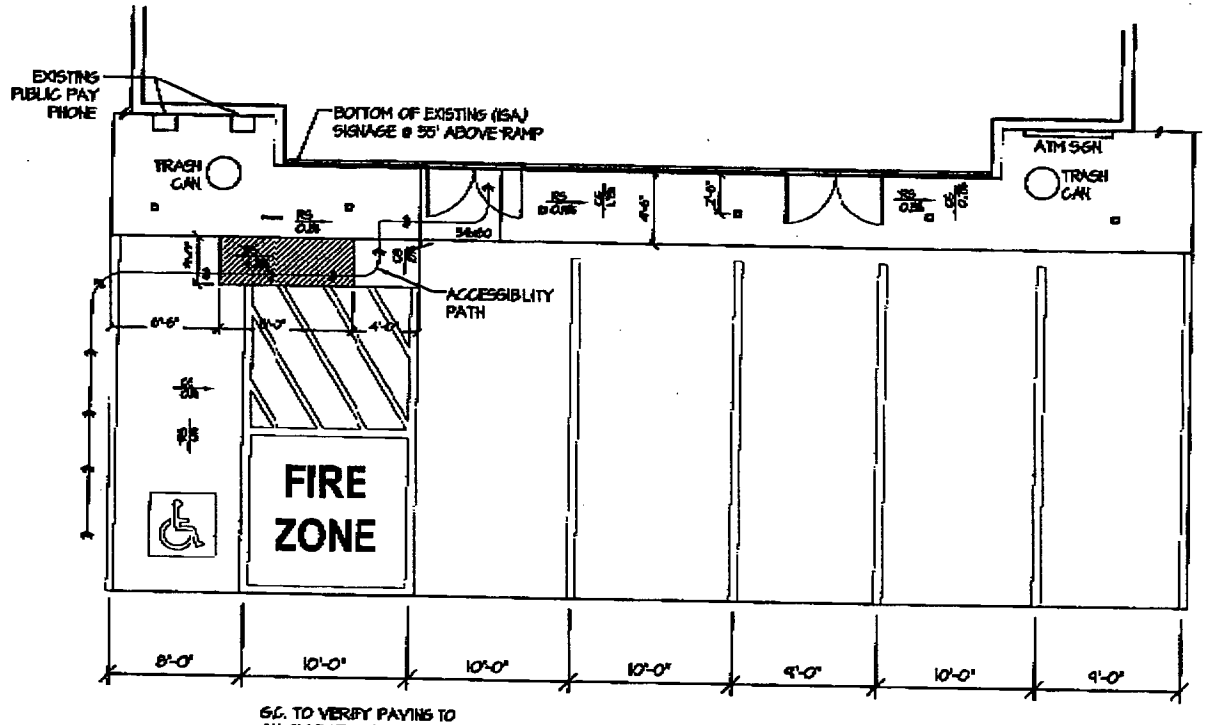
NO.	DESCRIPTION	DATE
0	FIRST ISSUE	08/30/07

DATE: 08-30-07
SCALE: 3/32"=1'-0"
PROJECT #: 78809
DR: BG

REMEDIATION

PROJECT TITLE
7-ELEVEN
101 CHAMBERSBRIDGE RD
101 CHAMBERS BRIDGE RD
BRICKTOWN, NJ
STORE NO 2411-1028

SHEET TITLE
SK-2
SHEET NO. 2 of 2



G.C. TO VERIFY PAVING TO ALLOW FOR ADEQUATE ACCESSIBLE PATH PER ADAAG REQUIREMENTS

RS-RUNNING SLOPE, USUALLY PARALLEL TO DIRECTION OF TRAVEL

CS-CROSS SLOPE, USUALLY PERPENDICULAR TO DIRECTION OF TRAVEL

FIELD NOTES

1. PAY PHONES ARE NOT ADA ACCESSIBLE, NEED TO BE LOWERED.
2. LANDING AT BOTTOM OF RAMP IS NOT 60"
3. THRESHOLD NEEDS TO BE ADJUSTED TO BE ADA COMPLIANT.
4. DOORS NEED CLOSURE ADJUSTED AND NEW HARDWARE.

ARCHITECT:

CDG

The Chesapeake Design Group, Architects
61 North Eutaw Street, Suite 900
Baltimore, MD 21201
410.837.3622

REVISIONS		
NO.	DESCRIPTION	DATE
0	PERMIT ISSUE	[illegible]

DATE: 03-30-07
SCALE: 3/32"=1'-0"
PROJECT #: 79509
DR: BG

EXISTING CONDITIONS

PROJECT TITLE
7-ELEVEN
101 CHAMBERSBRIDGE RD
101 CHAMBERS BRIDGE RD
BRICKTOWN, NJ

STORE NO. 2411-1028

SHEET TITLE
SK-1

SHEET NO. 1 of 2

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 702.02 Lot 14 Qualification Code

Work Site Location 7 ELEVEN CONVENIENCE STORE
101 CHAMBERSBRIDGE RD. BRICK TWP. NJ.

Owner in Fee: 7-ELEVEN CORPORATION

Tel. (516) 688-8484 e-mail

Address 115 Broadhollow Rd. Melville, New York 11747
street municipality zip code

Contractor: SILAGY LANDSCAPING INC Tel. (732) 287-5547

Address 614 Old Post Road Edison NJ e-mail rsilagy@silagylandscaping.com

Contractor License No. or Builder Registration No. 522 Exp. Date 5-1-08

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

Federal Emp. ID No. 223 227 633 FAX: (732) 287-8978

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	12-4-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 70000
3. Total (1+ 2) $ 70000

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.

Robert A Riley
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
1) REPAIR/REPLACE CONCRETE HANDICAP RAMP
2) ADJUST/CHECK DOOR CLOSURES
3) UPDATE H/C SIGNAGE
4) REPAIR/UPGRADE STRIPING

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
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

TOWNSHIP OF BRICK

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

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: JULY 10, 2007

Block: 702.02 Lot: 14

Property Address: 101 CHAMBERSBRIDGE ROAD

I, ROBERT C. SILAGY, AGENT 7-11 (name) of 101 CHAMBERSBRIDGE RD., BRICK (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Robert C Silagy
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.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 12/4/07 Signed:

Rejected on: _____ Signed: _____

Comments:

Township of Brick
Zoning Permit

Approved: Monday, November 19, 2007 **Number:** 1369

Block 702.02 **Lot** 14 **Zone:** B-2, Gen. Business

Property Address: 101 Chambers Bridge Road

Applicant: Robert C. Silagy; Silagy Landscaping, Inc.

Property Owner: Southland Corporation

Existing Use: 7-Eleven convenience store.

Proposed Use: 7- Eleven convenience store.

Proposed Construction: Repair concrete handicap ramp.

Conditions: An additional zoning permit is required for any additional work.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
AUG 9 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

RECEIVED
NOV 19 2007
ZONING

BLOCK 702.02 LOT 14 QUALIFIER

PROPERTY ADDRESS 101 CHAMBERS BRIDGE ROAD

PERSONAL NAME OF APPLICANT ROBERT C. SILAGY

BUSINESS NAME OF APPLICANT SILAGY LANDSCAPING, INC

MAILING ADDRESS OF APPLICANT 614 OLD POST ROAD, EDISON NJ. 08817

PROPERTY OWNER'S FULL NAME 7-ELEVEN CORP 115 BROADHOLLOW RD. MELVILLE, NY

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) EXISTING 7-ELEVEN CONVENIENCE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) 7-ELEVEN CONVENIENCE STORE

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) REPAIR CONCRETE HANDICAP RAMP

CHECKLIST

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

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

COMMERCIAL

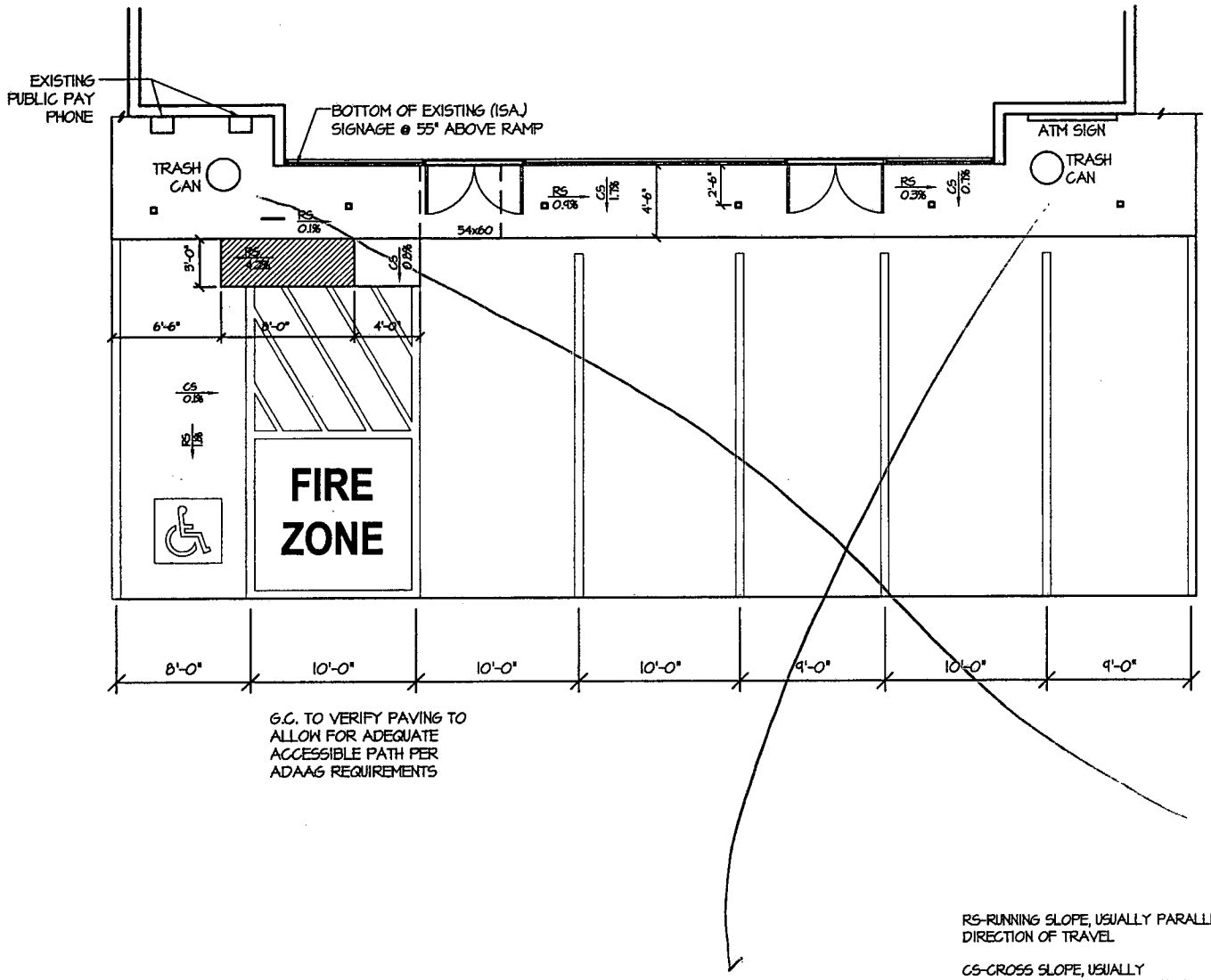
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

SIGNATURE OF APPLICANT Robert C Silagy Date JULY 10, 2007

Reviewed by Zoning Office SC Date 11/19/7 (X) Approved ( ) Denied

March 2003

8/8/07



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RS-RUNNING SLOPE, USUALLY PARALLEL TO DIRECTION OF TRAVEL

CS-CROSS SLOPE, USUALLY PERPENDICULAR TO DIRECTION OF TRAVEL

FIELD NOTES

1. PAY PHONES ARE NOT ADA ACCESSIBLE, NEED TO BE LOWERED.
2. ACCESS AILSE IS NON COMPLIANT
3. THRESHOLD NEEDS TO BE ADJUSTED TO BE ADA COMPLIANT.
4. DOORS NEED CLOSURE ADJUSTED AND NEW HARDWARE.

ARCHITECT:

CDG

The Chesapeake Design Group, Architects
611 North Eutaw Street, Suite 300
Baltimore, MD 21201
410.837.3622

REVISIONS		
NO.	DESCRIPTION	DATE
0	FIRST ISSUE	04/09/07

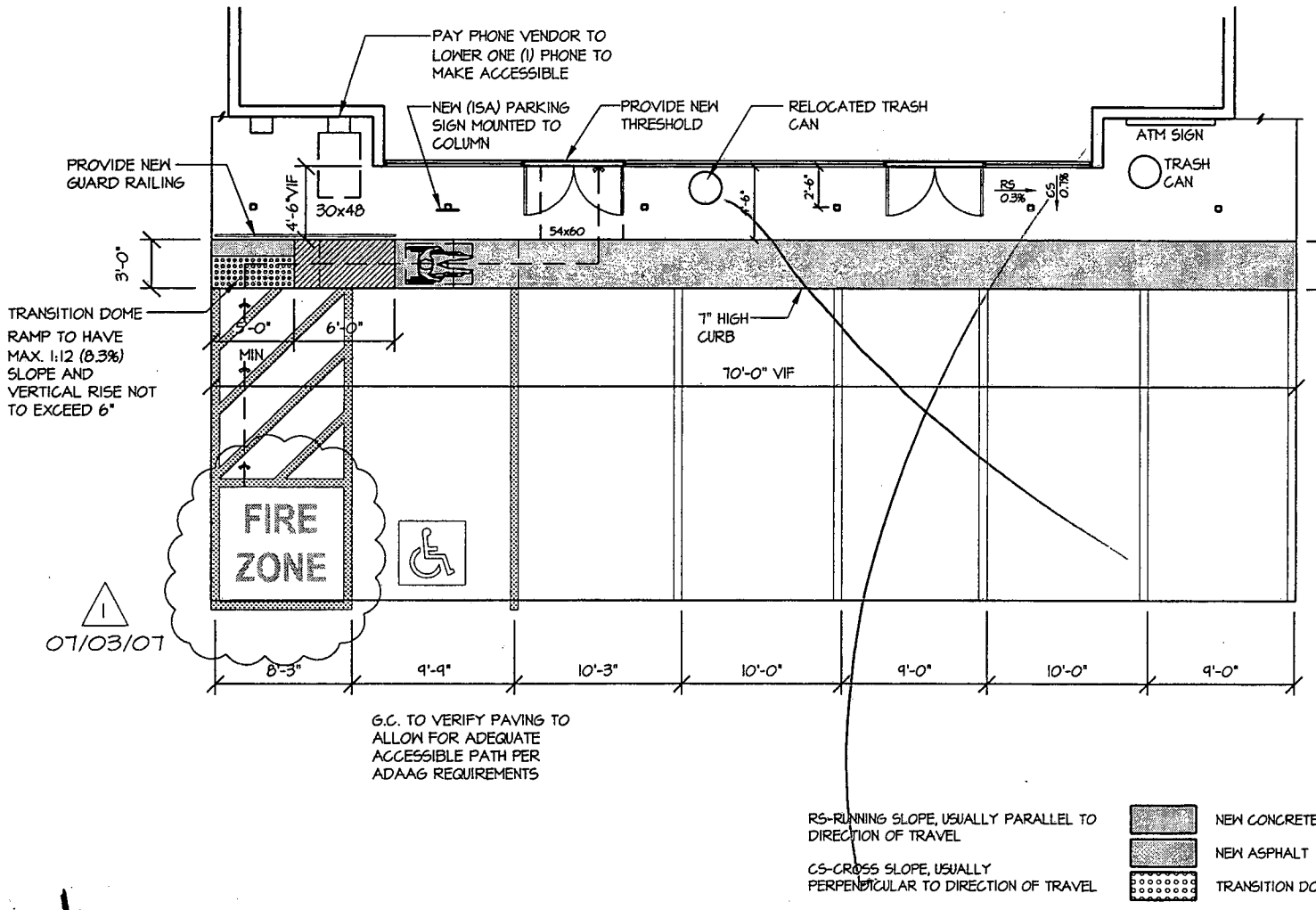
DATE: 03-20-07
SCALE: 3/32"=1'-0"
PROJECT #: 78E09
DB: SG

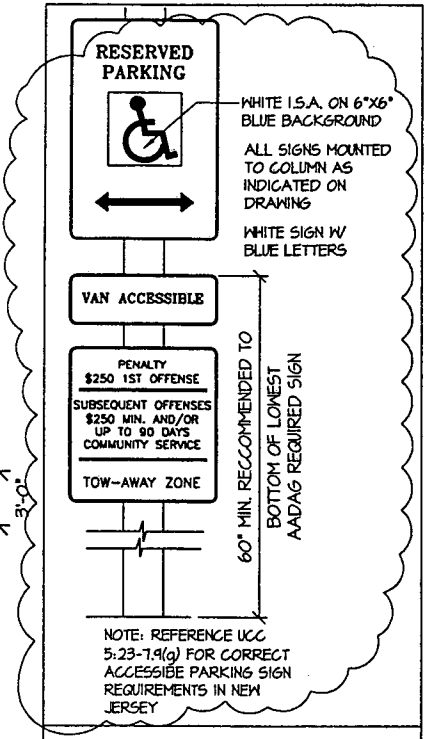
EXISTING CONDITIONS

PROJECT TITLE
7-ELEVEN
101 CHAMBERSBRIDGE RD
101 CHAMBERS BRIDGE RD
BRICKTOWN, NJ
STORE NO. 2411-1028

SHEET TITLE
SK-1
SHEET NO. 1 of 2

05 2007





REMEDIATION

1. REMOVE EXISTING RAMP
2. RESURFACE ACCESSIBLE PARKING TO COMPLY (4.3.7)
3. RE-STRIPE ACCESSIBLE PARKING AND ACCESS AISLE TO COMPLY (4.6.3)
4. PROVIDE NEW RAMP TO COMPLY (4.8)
5. PROVIDE DETECTABLE WARNING (4.29.2).
6. ADJUST OR REPLACE DOOR CLOSER TO COMPLY (4.13.10)
7. REPLACE THRESHOLD TO COMPLY (4.13.8)
8. PROVIDE NEW ACCESSIBLE PARKING SIGN AS SHOWN (4.6.4)

ARCHITECT:

CDG

The Chesapeake Design Group, Architects
611 North Eutaw Street, Suite 300
Baltimore, MD 21201
410.837.3622

REVISIONS		
NO.	DESCRIPTION	DATE
0	FIRST ISSUE	04/02/07
1	REVISION	07/03/07

DATE: 03-20-07
SCALE: 3/32"=1'-0"
PROJECT #: 78E09
DB: SG

REMEDIATION

PROJECT TITLE
7-ELEVEN
101 CHAMBERSBRIDGE RD
101 CHAMBERS BRIDGE RD
BRICKTOWN, NJ
STORE NO. 2411-1028

SHEET TITLE
SK-2
SHEET NO. 2 of 2

05 2007

TOWNSHIP OF BRICK

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

Division of Land Use, Planning
& Affordable Housing

Michael P. Fowler, AICP/PP
Municipal Planner
732-262-1042

Tara B. Paxton, AICP/PP
Assistant Municipal Planner
732-262-4783

Fax: 732-262-8954
www.twp.brick.nj.us

August 13, 2007

Silagy Landscaping Inc.
614 Old Post Road
Edison, NJ 08817

11/19/07 - Resubmitted

RE: 7-Eleven
101 Chambers Bridge Road
Brick, New Jersey

Attn: Robert C. Silagy

Dear Mr. Silagy;

Your application to reconstruct the handicap ramp and to re-stripe the handicap parking spaces and replace the handicap signage for the 7-Eleven at the above referenced address has been rejected for the following reasons:

1) The Architect's full sized set of plans does not match the reduced set of plans with regard to the size of the handicap spaces.

2) A fire zone cannot share the same area as a handicap accessible path.

3) Motor vehicle overhang cannot occur along the accessible route.

Please note that a van accessible handicap parking stall and discharge area is each required to be a minimum of 8 ft in width. Your plans depict a 9 ft. 9 in. wide van accessible parking stall and 13 ft. 6 in. wide discharge area. A redesign of the van accessible parking stall and discharge area to the minimum requirements may be of assistance in redesigning the parking stalls and fire zones.

It is recommended that you contact the Township Engineer and the Construction Official to review your proposal prior to resubmitting revised plans. The revised submission may be exempt from Zoning approval.

Very truly yours,

Michael P. Fowler, AICP/PP
Division of Land Use and Planning

MPF/kb

cc: Frank Mizer, Sub Code Official
Jim Priolo, Township Engineer
Elissa Commins, Asst. Twp Engineer
Sean Kinnevy, Zoning Officer

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 101 CHAMBERSBRIDGE ROAD.

Block: 702.02 Lot: 14

Contractor: SILAGY LANDSCAPING, INC.

Contractor's Address: 614 OLD POST ROAD

Type of Construction (minor, new home): NEW A.D.A. ACCESS RAMP

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

Party responsible for removal: SILAGY LANDSCAPING INC.

Dumpster size: 14 C.Y.

Destination of debris: CLAYTON BLOCK CO.

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

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 that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Robert C Silagy
Signature

JULY 3, 2007
Date

ROBERT C. SILAGY
Print Name