BLOCK ~~701, B-12~~ 701.29 C19-1 LOT 1 ADDRESS (SITE) #270 PAGNETTA PLAZA units 10-11-12 CHAMBERS BRIDGE RD PERMIT NO. 98-0854

UNITS 10 & 11

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

UNIT 10 & 11 PAGNETTA PLAZA CHAMBER BRIDGE RD 270-206

1 Proposed Work-site at COUNSELING & REFERRAL SERVICES, INC.

2 Name of Owner in Fee: BRICK TOWNSHIP Tel. ( ) 920 2700

Address _____ (street / municipality / zip code)

3 Ownership in Fee: Public _____ Private _____

4 Principal Contractor: CONRAD HILSHEIMER Tel. ( ) 458-8653

Address 721 TANAGER WAY BRICK, NJ. 08724

License No OR, if new home, Builder Reg. No. 020635 Exp. Date 12/99

Federal Emp No _____ Social Security No [redacted]

5 Architect or Engineer BARLO & ASSOC Tel. ( ) 477-1631

Address MANTOLOKING ROAD

6. Responsible Person In Charge of Work CONRAD H. Tel. ( ) 458 8853

V. FEE SUMMARY (for office use only)

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

Plumb State + Local

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories
2. Height of Structure
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 / no
11. Fire Grading
12. Max. Live Load
13. Max. Occupancy Load

TENANT RETRO FIT

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	85,000-

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
CDS	3/19/98		4-6-98	FM	6/12/98		DC
			4/2/98	JS	6/5/98	5/11/98	DC
			4-3-98	DDC	6/22/98		DC
CDC	5/29/98		3/2/98	DD	Elec 6/8/98		

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

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

LDS BR 10409572

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

Signature _____ Date _____

II. AGENT SECTION

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

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

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

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

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

(X) Check if contractor.

Agent Name Conrad Hirschheimer & Son Const. Inc

Address 721 Tanager Way Brick, NJ

Telephone ( ) 458 8853

Signature _____ Date 3/19/98

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								
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☐ Other								
☐								
☐								

COMMENTS

PLEASE INDICATE ON PLANS

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. 0854	6/23/98	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	

CERTIFICATE

Date Issued 6/23/98
Control #
Permit # 98-0854

IDENTIFICATION

Block 701.29 Lot 1
Work Site Location 270 Chambers Bridge Rd 10&11
Brick, N.J. 08723
Owner in Fee Township of Brick
Address 401 Chambers Bridge Rd
Brick, N.J. 08723
Tele. ( )
Contractor C. Hilsheimer
Address 721 Tanager Way
Brick, N.J. 08724
Tele. ( )
Lic. No. or Bldrs. Reg. No. 020635
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R-3 1 hour
Maximum Live Load
Description of Work/Use:

Tenant Fit Up

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **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:

L Cuniazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/06/98
Control #
Permit # 98-0854

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 701.29 Lot 1

Work Site Location 270 CHAMBERS BRIDGE RD 10 &11
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/COUNSEL & RE
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Telephone (732)920-2700

Contractor CONRAD HILSHEIMER
Address 721 TANGER WAY
BRICK, NJ 08724-
Telephone ( )
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 26-5624879
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [X] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
TENANT FIT UP / COUNSELING & REFERRAL SERVICES
UNIT 10 & 11

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 $ 87,600

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	0
Check No.	
Cash	
Collected By:	

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/19/98
Date Issued 4/6/98
Control # C19-1
Permit # 98-0857

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD 10 &11
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/COUNSEL & RE
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)920-2700
Contractor CONRAD HILSHEIMER
Address 721 TANGER WAY
BRICK, NJ 08724-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-5624879
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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP / COUNSELING & REFERRAL SERVICES
UNIT 10 & 11

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-6-98	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	4/13/98		4/16/98	
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6-22-98	

TYPE OF WORK			FEE (Office Use Only)
[ ] New Building			$ 0
[ ] Addition			0
[X] Alteration			2,135
[ ] Roofing			
[ ] Siding			
[ ] Fence	0	Height (6' or over)	0
[ ] Sign	0	Sq. Ft.	0
[ ] Pool			0
[ ] Asbestos Abatement			0
[ ] Other			0
Other			0
Demolition			0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 85,000
3. Total (1+2)$ 85,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ EXEMPT 0
Collected by:	TOTAL FEE	$ 2,135
	DCA Training Fee	$ 68

U.C.C. Form F-110B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/19/98
Date Issued 4/6/98
Control # C19-1
Permit # 98-085

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD 10 &11
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/COUNSEL & RE
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)920-2700
Contractor CONRAD HILSHEIMER
Address 721 TANGER WAY
BRICK, NJ 08724-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-5624879
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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP / COUNSELING & REFERRAL SERVICES
UNIT 10 & 11

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-6-98	EM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	2,135
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 85,000
3. Total (1+2)$ 85,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ EXEMPT 0
TOTAL FEE	$ 2,135
DCA Training Fee	$ 68

Paid [ ] Check #
Collected by:

U.C.C. Form F-110B

Unit 10

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

Buck

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

Block 701 B-12 Lot 1
Work Site Location 270 Chamber Bridge Rd.
Buck town
Owner in Fee Township of Buck
Address same

Tele. (____)
Contractor FNE
Address 214 Sunset Lane
Howell N.J.
Tele. (____) 905 9812
Lic. No. 9455
Federal Emp. No. ____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____
[ ] Pole/Pad # ____ [ ] Temporary [ ] Other ____
Building Occupied as R&E Utility Co. ____
Est. Cost of Elec. Work $ 9400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 3-24-98
Approved by: #145

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough			4/15/98	5433 OVER
Temporary				
Constr. Serv.				
TCO				
Other	4/14/98	5433		
Service				
Final				

Dates (Month/Day)

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

SUBCODE APPROVAL
[ ] CO [✓] CCO [ ] CA
Date: 6-8-98
Approved By: #195

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

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

MAR 24 98 002394

NO.	SIZE	ITEM	FEE (Office Use Only)
51		Fixtures (1)	
70		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	
4		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	
7	Exit	Signs	
8	Emrg	Light Standards	
	hp	Motors—Fractional H.P.	
	hp	Motors—All Others	
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
DCA Training Fee $ N/C
Collected by: RF TOTAL FEE $ ____

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/19/98
Date Issued 4/6/98
Control # C19-1
Permit # 98-0854

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD 10 &11
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/COUNSEL & RE
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)920-2700
Contractor CONRAD HILSHEIMER
Address 721 TANGER WAY
BRICK, NJ 08724-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-5624879
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Construction Class Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ROOF
Total Est Cost of Fire Prot. Work $ 100 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4/2/98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5/1/98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other Joint Trench Energy Tubes			5/1/98	
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

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 0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity 0	Fuel	
L.P.G. Storage Tanks	( ) Capacity 0	Fuel	
L.N.G. Storage Tanks	( ) Capacity 0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	NOT	not Required B"
Heat Detectors	0	
TOTAL	NOT	35
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ EXEMPT
DCA Training Fee $ 0

U.C.C. Form F-1408

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/19/98
Date Issued 04/06/98
Control #
Permit # 98-0854

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD 10 &11
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/COUNSEL & RE
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)920-2700
Contractor CONRAD HILSHEIMER
Address 721 TANGER WAY
BRICK, NJ 08724-
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 26-5624879
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Construction Class Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ROOF
Total Est Cost of Fire Prot. Work $ 100 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4/5/96
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/5/98
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test			6/5/98	
Mechanical				
TCO				
Other				
Other				
Other Emt Signs Emergency Lights				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks	( ) Capacity	0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity	0	Fuel	
L.P.G. Storage Tanks	( ) Capacity	0	Fuel	
L.N.G. Storage Tanks	( ) Capacity	0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	2	
Heat Detectors	0	
TOTAL	2	35
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other		0
Other		0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. Form F-140B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/19/98
Date Issued 4/16/98
Control # C19-1
Permit # 98-0854

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD 10 &11
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/COUNSEL & RE
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)920-2700
Contractor RALPH CAMPIONE
Address 131 FREEPORT BLVD
UNKNOWN, NJ
Tele.(732)341-2675
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 34-12675
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-3-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 6-22-98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	4-13-98		4-17-98	
Rough			4-17-98	
Water				
Sewer				
Fixtures	6-15-98		6-22-98	
Gas Equip.	6-15-98		6-22-98	
Gas Piping				
Solar				
TCO				

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ Exempt
DCA Training Fee $ 2

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. Form F-1308

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 03/19/98
Date Issued 4/6/98
Control # C19-1
Permit # 98-0854

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD 10 &11
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/COUNSEL & RE
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)920-2700
Contractor RALPH CAMPIONE
Address 131 FREEPORT BLVD
UNKNOWN, NJ
Tele.(732)341-2675
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 34-12675
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-3-98
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer			4-6-98	EMF
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ Exempt 85
DCA Training Fee $ 2

U.C.C. Form F-1308

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 20, 1998 1998 - 0274

Block 701.29 Lot 1 Zone B-2, G.B.

Property Address: 270 Chambers Bridge Road

Owner: Township of Brick (Phone): (732) 262-1050

Applicant: Conrad Hilsheimer (Phone): (732) 458-8853

Existing Use: Vacant unit in Pag-Netta Plaza; Units 10 and 11.

Proposed Use: Office - Counseling and Referral Services, Inc.

Proposed Construction (if any): Interior alteration for tenant fit-up for offices; 3,240 square feet.

Conditions: Interior work only.

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.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 701 - B12 (19) LOT 1

PROPERTY ADDRESS 270 CHAMBERS BRIDGE RD

NAME OF OWNER BRICK TOWNSHIP OWNER'S PHONE ( )

NAME OF APPLICANT CONRAD HILSHEIMER & SON CONT INC.

APPLICANTS COMPLETE ADDRESS 721 TANAGER WAY BRICK 08724

APPLICANTS PHONE NUMBER ( )4588853 APPLICANTS BUSINESS NAME SAME

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) SHOPPING CENTER/OFFICE/RETAIL

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) COUNSELING & REFERRAL SERVICE

☐ Other (please describe) _____

PROPOSED CONSTRUCTION INTERIOR TENNANT FIT UP 3200 sq ft

All Dimensions 50' W 60' L 14' Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

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 [signature] PRES. Date 3/19/98

Reviewed by Zoning Officer Date 3/20/98 ☒ Approved ☐ Rejected

SITE LOCATION Rag Metta Plaza BLOCK 701 B-12 LOT 1 DESCRIPTION OF WORK Tenant Retro Fit

OWNER Boro Township. PHONE 920-2700 ADDRESS 401 Chambers Bridge Rd STATE NJ ZIP 08753

Counseling & Referral Services Inc

BUILDING INSPECTION

Contractor CONRAD HUSTHEIMER & SON Cont. Inc

Address 721 TANGER WAY Phone ( ) 458 8853

LIC # 020695 FEDERAL EMP. NO. (or SSN#) 265 62 4879

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] pres

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ 89,000

ADDITION (3) $ _____ TOTAL (1+2+3) $ _____

BUILDING CHARACTERISTICS

	PRESENT	PROPOSED
USE GROUP		
CONSTRUCTION CLASS		
NO. OF STORIES 1	HT. OF STRUCTURE 16	FT.
AREA: LARGEST FLOOR 3200		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS 100,000		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED 0		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

PLUMBING INSPECTION

Contractor RALPH CAMPIONE

Address 131 FREEPORT BLVD Phone (732) 341-2675

LIC # B102887 FEDERAL EMP. NO. (or SSN#) 265 62 4879

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AND AM AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WORK LISTED ON THIS APPLICATION.

SIGNATURE (Contractor's Seal) Ralph Campione

Estimated Cost of Plumbing Work: $ 2500-

Sewer Size EXISTING Water Size EXISTING

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
2	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
2	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
1	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
1	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

FIRE INSPECTION

Contractor CONRAD HUSTHEIMER & SON Cont Inc

Address 721 TANGER WAY Phone (458 8853

LIC # 020695 FEDERAL EMP. NO. (or SSN#) 265 62 4879

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 WOR ON THIS APPLICATION.

SIGNATURE (Contractor's Seal) [signature]

Estimated Cost of Fire Prot. Work: $ _____

HEATING TYPE (X) GAS ( ) OIL ( ) ELECTRICAL ( ) Solar

Location ROOF HEATING SYSTEM ( ) NEW (X) EXIS

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

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Syst
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppression
2	Smoke Detectors		Foam Suppression
	Heat Detectors		Dry Chemical
	TOTAL		Wet Chemical
			Gas or Oil Fired Ap
	Stand Pipes		Other
	Kitchen Hood Exhaust System		

SUBCODE OFFICIAL: ☐ Approved ☐ Disappro

COMMENTS 6/3/98

uation: _____

): _____

BOCA®
PLAN REVIEW RECORD

Plan Review #. _____

Date 4-2-97

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

RISDICTION Alby
(City, County, Township, etc.)

ILDING LOCATION Pag. Vista Plaza
(Street address)

ILDING DESCRIPTION _____

VIEWED BY _____ Call Jim Tilley 477-7751

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Dwg MP1 does not show pipe sizes	
	Is there any gas work	
	Is Unit on site own Building drain	
	applicant was called 4-2-97	

e plan review accomplished as indicated in this record is limited to those code sections specifically identified herein.
 NOTE: In order that we might develop other programs and provide additional services of benefit to the Code ministration profession, please re-order additional copies of this form from:

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

BOCA®
PLAN REVIEW RECORD

Valuation: _____ Plan Review #: _____

Fee: _____ Date JE

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Unit. 10 & 11. Ragnetta Plaza
(City, County, Township, etc.)

BUILDING LOCATION Chantress Brook Bridge
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY J.E.

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
1.	3 A3) to be 2 hr. Wall from Slab to underside of Roof Deck. as per Conversation with Jim will Send Letter JE	
	Bldg — 3/27 JE Need Occ. Load # Fire Wall Rating - Same As requirement For Fire — Arch. Notified	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick

DATE MARCH 11, 1998

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 701 B-12 Lot 1

Dear Sir:

I, COUNSELING & REFERRAL SERVICES of LIONS HEAD office PARK 920 2800
(Name) (Address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

Applicant's Signature

458 8853
Phone #

1. **Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.**

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

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved OK **Date** 3/24/98 **BY**

Rejected **Date** **BY**

REMARKS:

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel.: 732-477-7751
Fax: 732-477-6788
E-mail: abatareinc@aol.com

April 2, 1998

Mr. Bernie Reilly
Plumbing Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: Counseling & Referral Services, Inc.
Tenant Fit-Up at Pag-Netta Plaza
Permit Control No. C19-1

Dear Mr. Reilly:

As per our conversation the following is a list of items discussed and additional information requested on the above referenced project:

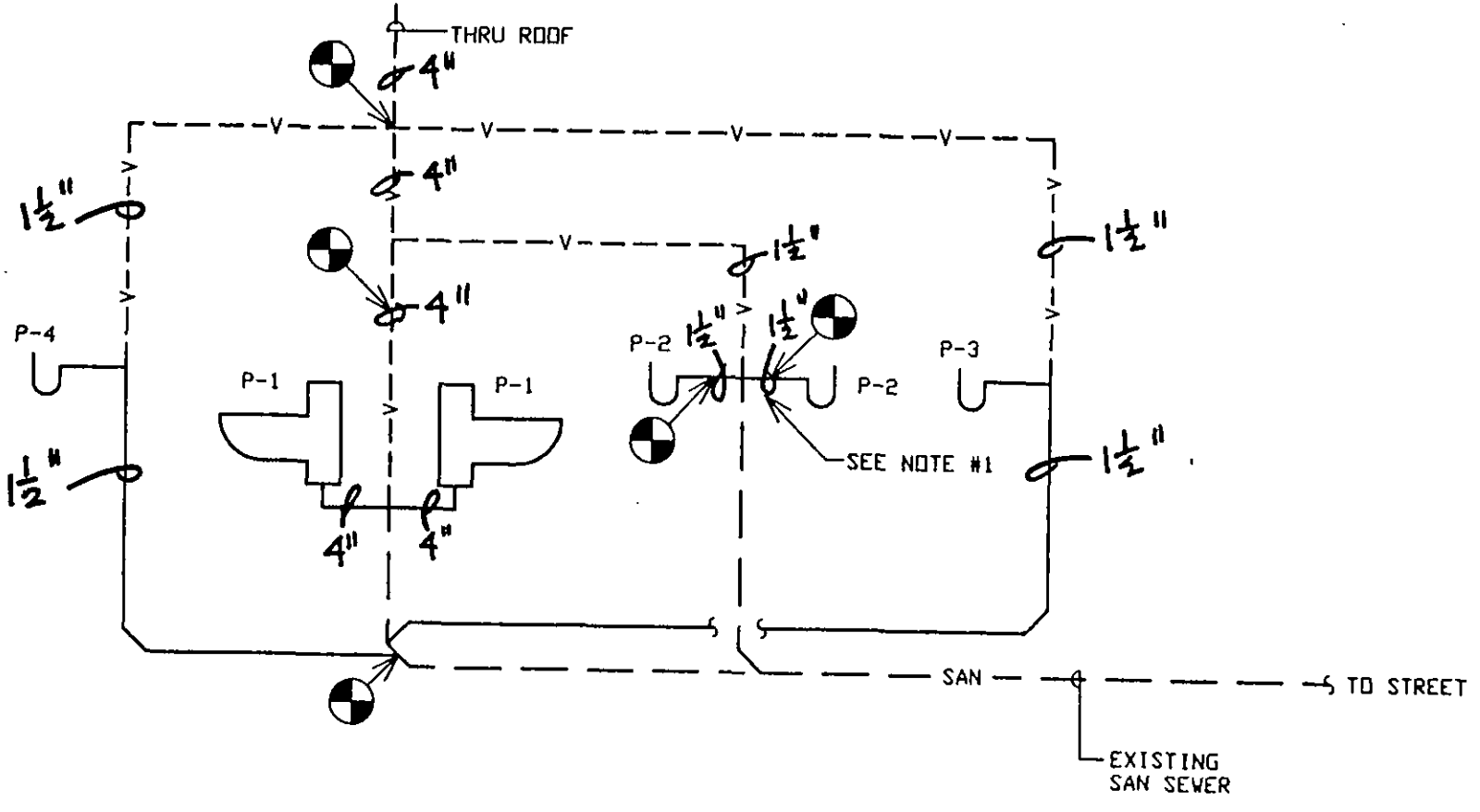
- Occupant load will be 33 based on BOCA Table 1008.1.2 for 3,240 S.F. Business use and a calculation of 1 occupant per 100 S.F. of gross floor area.
- Pipe sizes are shown on Drawing No. MP-2-Plumbing Fixture Schedule. I have also attached a copy of the Sanitary Riser Diagram with pipe sizes indicated.

I trust the above adequately responds to your comments. Should you have any questions or require more information, please do not hesitate to contact me.

Very Truly Yours,
BARLO & ASSOCIATES, P.A.

Paul L. Barlo AIA, P.P.
N.J. Lic. No. 07498

cc: Arch File 9712



SANITARY RISER

NO SCALE

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel.: 732-477-7751
Fax: 732-477-6788
E-mail: abatareinc@aol.com

April 2, 1998

Mr. Bernie Reilly
Plumbing Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
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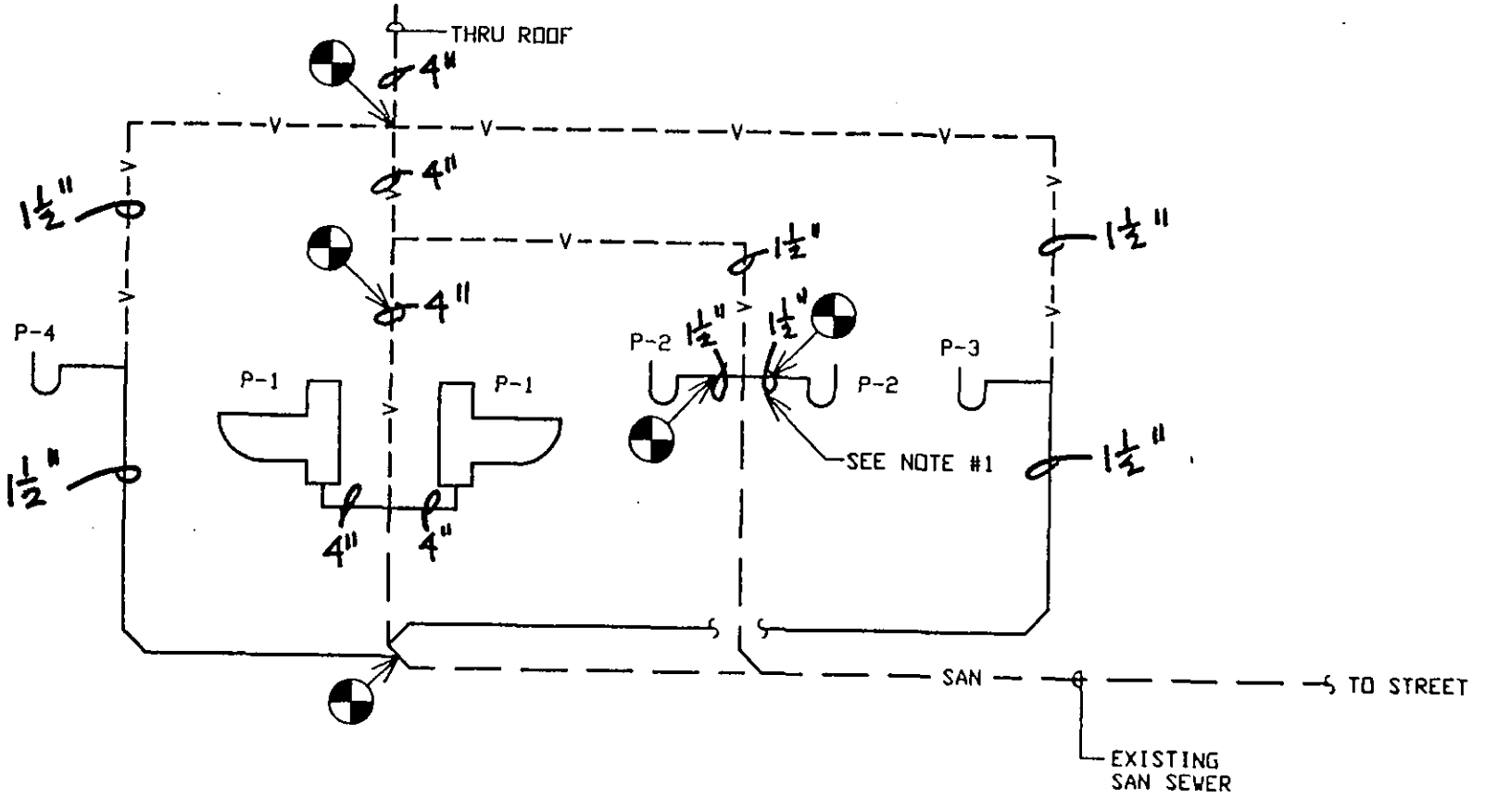
Paul L. Barlo AIA, P.P.
N.J. Lic. No. 07498

cc: Arch File 9712



SANITARY RISER

NO SCALE

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel.: 732-477-7751
Fax: 732-477-6788
E-mail: abatareinc@aol.com

April 2, 1998

Mr. Bernie Reilly
Plumbing Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

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Tenant Fit-Up at Pag-Netta Plaza
Permit Control No. C19-1

Dear Mr. Reilly:

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Very Truly Yours,
BARLO & ASSOCIATES, P.A.

Paul L. Barlo AIA, P.P.
N.J. Lic. No. 07498

cc: Arch File 9712

BRICK TOWNSHIP
By
Date
Class
Plan Review
Zoning
Plumbing 4-3-98
Building
Fire
Energy
Electrical

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel.: 732-477-7751
Fax: 732-477-6788
E-mail: abatareinc@aol.com

BRICK TOWNSHIP

April 2, 1998 Fall Review Class Date 6

Zoning _____
Plumbing 4-3-98
Building _____
Fire _____
Energy _____
Electrical _____

Mr. Bernie Reilly
Plumbing Subcode Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: Counseling & Referral Services, Inc.
Tenant Fit-Up at Pag-Netta Plaza
Permit Control No. C19-1

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Very Truly Yours,
BARLO & ASSOCIATES, P.A.

Paul L. Barlo AIA, P.P.
N.J. Lic. No. 17498

cc: Arch File 9712

4-3-98

Plan Review Class Date

Zoning

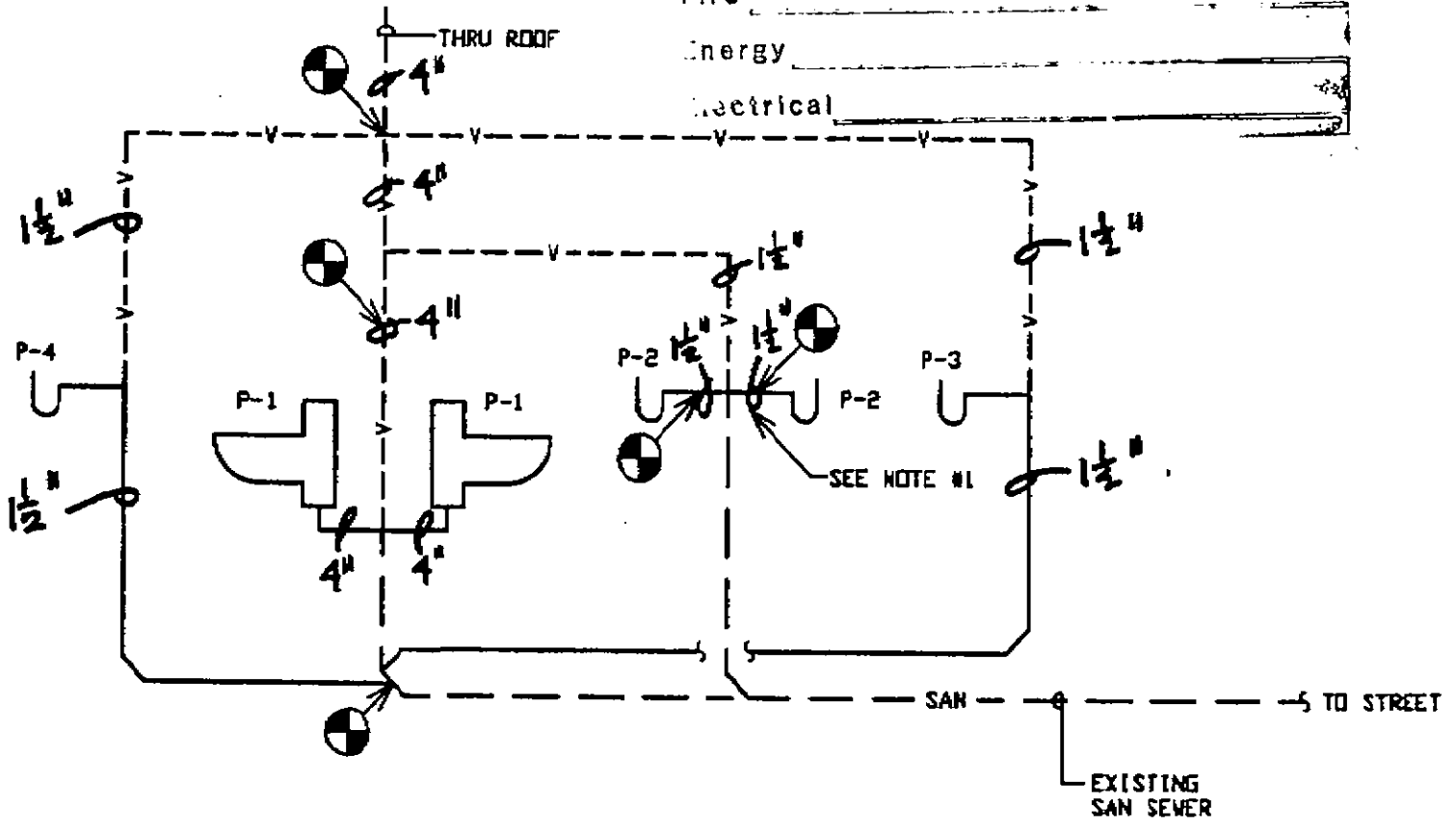
Plumbing 4-3-98 BJC

Building

Fire

Energy

Electrical



SANITARY RISER

NO SCALE

BRICK TOWNSHIP

Plan Review Class Date

Zoning

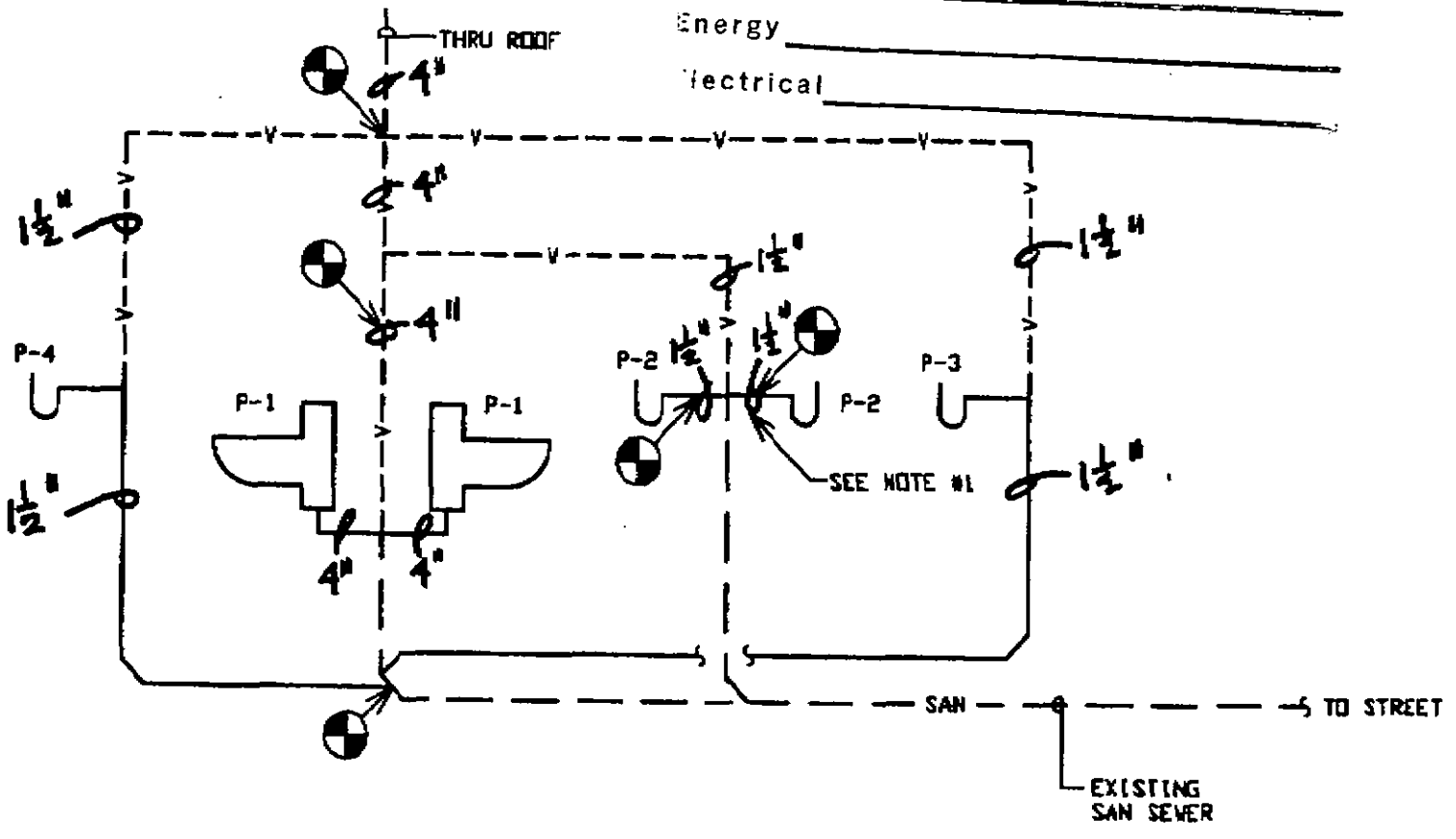
Plumbing 4-3-98

Building

Fire

Energy

Electrical



SANITARY RISER

NO SCALE

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel.: 732-477-7751
Fax: 732-477-6788
E-mail: abatareinc@aol.com

April 8, 1998

Mr. Joseph Curiazza
Construction Official
Township of Brick
Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: Pag-Netta Plaza
Fire Separation Assemblies

Dear Mr. Curiazza:

As per your request, the attached is a Location Plan of the above referenced project showing the locations of the new 2 hour fire separation assembly walls dividing the existing building into separate fire areas. I've also included a description of the assemblies and a breakdown of the different areas, their uses and sizes.

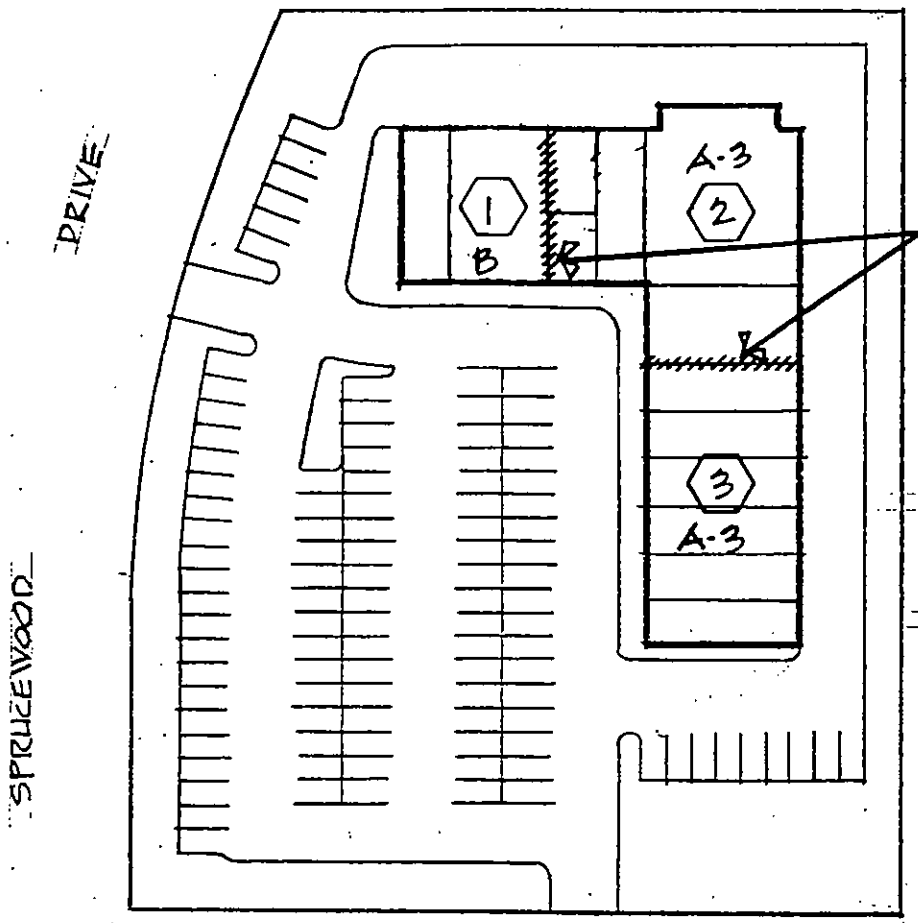
I trust this adequately responds to your request. Should you have any questions or require additional information, please do not hesitate to contact me.

Very Truly Yours,
BARLO & ASSOCIATES, P.A.

Paul L. Barlo AIA, P.P.
N.J. Lic. No. C7498

PLB/gjg

cc: R. MacDonald, Township of Brick
Joe Evaristo, Building Department
Frank Miser, Building Department
Arch File 9813



LOCATION PLAN

AREA 1	B- BUSINESS	3,900 SF PROVIDED	
		8,316 SF ALLOWED W/ AREA INCREASE DUE TO STREET FRONTAGE	
AREA 2	A-3 ASSEMBLY	9,510 SF PROVIDED	
		9,896 SF ALLOWED W/ AREA INCREASE DUE TO STREET FRONTAGE	
AREA 3	A-3 ASSEMBLY	7800 SF PROVIDED	
		9030 SF ALLOWED W/ AREA INCREASE DUE TO STREET FRONTAGE	

PAGNETTA PLAZA

LOT 1 BLOCK 701, B12
270 CHAMBERS BRIDGE RD.
BRICK TOWNSHIP N.J.

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

270 CHAMBERS BRIDGE
PENNETH PLAZA — 701, B-12 — 1
Work Site Address — Block — Lot

BRICK TOWNSHIP TENANT Counseling & Referral Services Inc
Owner's Name, Address, Phone

CONRAD HILSHEIMER & SON CONSTRUCTION
Contractor's Name, Address, Phone

Construction TENANT RETRO FIT
Describe type (Single -family home, etc.)

Demolition MINOR SHEETROCK & WOOD PARTITIONS
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material

Name, address and phone of party responsible for removal of debris:

CONTRACTOR 4588853

Size of dumpster: N/A

Destination of discarded debris: BRICK

Hauler's DEP Permit No.: N/A

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin 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 or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

Conrad Hilsheimer & Son Const — pres — 3/19/98
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUE

Recycling tonnage receipts attached?

Certified tipping receipts attached?

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3-24-98

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 7n129 LOT 1 SITE ADDRESS 270 Chambersbridge Rd

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Pagnotta Plaza Tenant & Twp

APPLICANT Brick Township CITY & STATE Brick NJ

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

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

$ 71,200

Frederick R. Millman, CTA, Tax Assessor

3/24/98

Date

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

$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 701.29 LOT 1 SITE ADDRESS 270 Chamberbridge Rd
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Tenant Fit up

APPLICANT Bret Tarosh PHONE NUMBER
APPLICANT ADDRESS 40 Chamberbridge Rd CITY & STATE Brick NJ
PERMIT # NAME OF BUSINESS Pasquale Plaza

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required ____ Date ____
- Down Payment ____ Date ____
- Balance ____ Date ____
- Paid In Full ____ Date ____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 71300 est Date 3-24-98
Estimated Required Fee $
Required Deposit on Estimate $ Date
Check # Receipt #
Actual Assessment $ Date
Actual Required Fee $
Minus Deposit of Estimate $
Balance Due $ Date
Check # Receipt #
Amount Paid In Full $

IMPORTANT
A.H.B.T. - EXEMPT

Fees Imposed To Date
Fees Reached $15,000 Date

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

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold