BLOCK 701-29 LOT 1 UNIT 1 ADDRESS (SITE) 270 Chambersbridge PERMIT NO. 2410-92

PAGNETTA PLAZA 477-8222

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 270 Chambersbridge Rd. UNIT 1 Brick, NJ
2. Name of Owner in Fee: Wiggle Waggle inc. Tel. (908) 477-8222
   Address 270 Chambersbridge Unit 1 (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public ~~X~~ Private X
4. Principal Contractor: Self. 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. ~~X~~ Responsible Person In Charge of Work Mrs Pat Lutz Tel. (~~908~~) 920-6572

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 8 -		
2. Electrical			
3. Plumbing	50 -		
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 104		
7. Less 20% for State Plan Review	3		
8. Subtotal	$		
9. DCA Training Fee	1 -		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 130 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	

II. PROPOSED WORK

Tenant fit up

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

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
			11/17/92	RL	12/4/92 JC		
			11/20/92	gp	12-4-92 JC		
					JH TCO		

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

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

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

VII. DESCRIPTION OF BUILDING USE

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

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

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

U.C.C. Form F-100A

LDS BR 10409053

2016

NOV 17 AM 9:52

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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

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	COMMENTS
☐ 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 zons	JK	11/17/92	P Store	alt.					
☐									
☐									

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

Name of Code & Edition

Building ____________
Electrical ____________
Plumbing ____________
Fire Protection ____________
Mechanical ____________

Name of Code & Edition

Energy ____________
Barrier Free ____________
Flood Hazard ____________
As Built Elevation Cert. ____________
Other ____________

Other ____________

X. CERTIFICATES ISSUED (office use only)

	No.		DATE EXPIRED
☒ Temporary Certificate of Occupancy	No. 240	12/4/92	1-4-93
☐ Temporary Certificate of Occupancy	No. ____	____	____
☐ Continued Certificate of Occupancy	No. ____	____	
☐ Certificate of Occupancy	No. ____	____	
☐ Certificate of Approval	No. ____	____	
☐ None			

CERTIFICATE

Date Issued 12-4-92
Control #
Permit # 2410-92

IDENTIFICATION

Block 701-29 Lot 1
Work Site Location 270 Chambersbridge Rd.

Owner in Fee Wiggle Waggle, Inc.
Address same

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 "WIGGLE WAGGLE"
Pet store

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.

XX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than January 4, 19 93 or the owner will be subject to a fine or order to vacate: Pendigg compliance with plumbing.

Arthur J. Cinzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

Unit 1

CONSTRUCTION PERMIT

Date Issued 11/20/92
Control #
Permit # 2410-92

IDENTIFICATION Block 701.29 Lot 1

Work Site Location Northern Blvd Bridge

Owner in Fee [illegible]

Address [illegible]

Tele. (___) 477 [illegible]

Contractor Same

Address ___

Tele. (___) ___

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

Federal Emp. No. ___

or Social Security No. ___

is hereby granted permission to perform the following work:

[—] BUILDING [—] PLUMBING [ ] OTHER ___

[ ] ELECTRICAL [—] FIRE PROTECTION

DESCRIPTION OF WORK:

Sandblasting

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 $ 1,000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building	8	
Plumbing	50	
Electrical	1/	
Fire Protection	46	**8007**
Other	105	
Other		
DCA Training Fee		
Cert. of Occ.	50	
Other		
Total		
Check No.		
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/20/92
Control #
Permit # 2410-98

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 Chambersbridge Rd UNIT 1
PAG-NETT PLAZA
Owner in Fee Wiggle Waggle INC.
Address 270 Chambersbridge Rd. Brick, NJ 08723
UNIT 1
Tele. (908) 477-8222
Contractor
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:	Dates (Month/Day)			
[ ] All	11/6/92		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes		NOT READY 12-29		
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 12-4-92			Other				
Approved By: J. Thumler			Final				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
Constr. Class Present Proposed
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 900.00
3. Total (1+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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

① The making of a small work room,
② and removal of a non structual wall,
③ and the addition of a window on interior wall

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

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

U.C.C. Form F-110A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # [illegible]

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

Block [illegible] Lot ____
Work Site Location ____
Owner in Fee ____
Address ____
Tele. ([illegible]) ____
Contractor ____
Address ____
Tele. (____) ____
Lic. No. or Bldrs. Reg. No. ____
Federal Emp. No. ____ or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[ ] All	[illegible]	[illegible]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other ____			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present R.3 Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 900.00
3. Total (1+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.

[signature]
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

① The [illegible] of a small [illegible] [illegible] A new [illegible] [illegible] [illegible]

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

(Office Use Only)
FEE
$ ____

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

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

WILL CALL

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

DEC 1 92 0 1 5 2 1 8

Brick

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

Block 204 701-29 Lot 1
Work Site Location Pagnotta Plaza
270 Chambersbridge Rd Brick, NJ 08723
Owner in Fee Wiggle Waggle Inc
Address 270 Chambersbridge Rd Brick, NJ 08723
Unit 1
Tele. (908) 477-8222
Contractor Hinton Electric Inc
Address 104 Creek Rd
Brick NJ
Tele. (908) 840-6333
Lic. No. 11267
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [X] Other Exit, Bat. B.U. Lites
Building Occupied as Store Utility Co. _____
Est. Cost of Elec. Work $ #150.00

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [✓] CCO [ ] CA
Date: 12-3-92
Approved by: [signature]

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-3-92	195

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Line Dept.

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.

David Hinton
Signature-Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ _____
Paid [ ] Check # CASH Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ AC.

M

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FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11/25/92
Date Issued
Control #
Permit # 2410-92

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 Fag-NETT PLAZA

Owner in Fee Wiggle Waggle Inc.
Address 270 Chambersbridge Rd Brick, NJ 08723 UNIT 1
Tele. (908) 477-8222
Contractor
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [✓] Electrical [ ] Solar
[ ] Other
Location:
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.
[X] Fire Plans Approved
Date: 11/20/92
Approved by:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 12-4-92
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other			12-4-92	
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 Tent Set up

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 Tent Set up		
Smoke Detectors		46
Heat Detectors		
TOTAL Emerg Battery Board up		
Stand Pipes		
Kitchen Hood Exhaust Systems Fire Extinguishers		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 46
Collected by TOTAL FEE $

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
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Wiggle Waggle Dog Grooming

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11/20/92
Control #
Permit # 2410-92

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 Chambersbridge Rd.
Pagnetta Plaza Unit #1
Owner in Fee Wiggle Waggle Inc.
Address 207 Chambersbridge Rd.
Brick, NJ 08723
Tele. (908) 477-0888
Contractor Parkland Plumbing & Heating, Inc.
Address 807 Mantoloking Rd.
Brick, NJ 08723
Tele. (908) 477-0854
Lic. No. 3610
Federal Emp. No. 22-1853417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 11-20-92
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO			12-4-92	[signature]

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

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet removal	5 Remove
	Urinal/Bidet	
1	Bath Tub new	5
	Lavatory	
	Shower	
	Floor Drain	5
1	Sink replace	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump test trap	
1	Interceptor/Separator	25.
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 50—
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Wiggle Waggle Dry Cleaning

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11/20/92
Control #
Permit # 2410-92

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.
Paintha Plaza Unit #1
Owner in Fee [illegible] Trust
Address [illegible]
Tele. ( ) [illegible]
Contractor Purcell Plumbing & Heating, Inc.
Address 807 Mantoloking Rd.
Brick NJ 08723
Tele. (908) 477-0754
Lic. No. 3610
Federal Emp. No. 22-1852417 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size
Water Service Size
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 11-20-92
Approved by: [signature]

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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

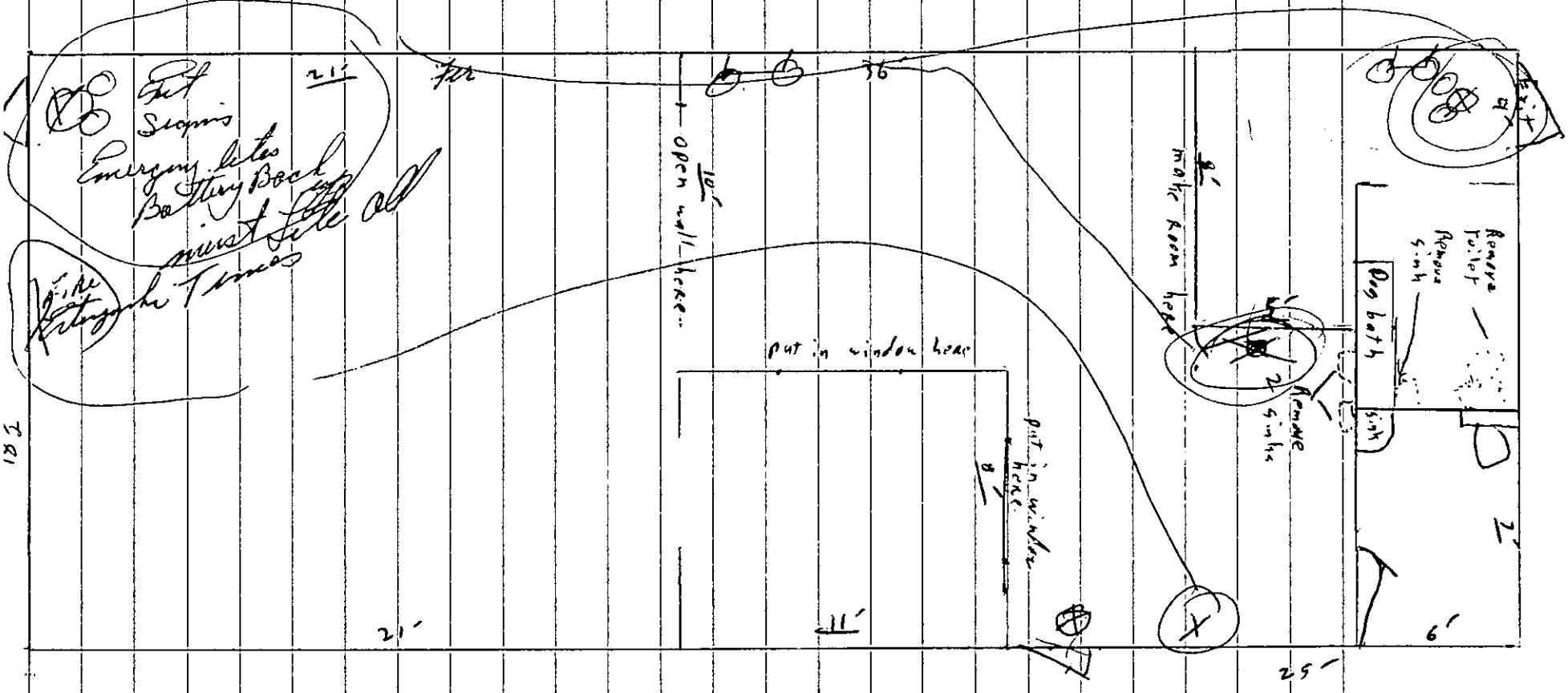
D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5 Remove
	Urinal/Bidet	
1	Bath Tub	5
	Lavatory	
	Shower	
	Floor Drain	5
1	Sink replace	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
1	Interceptor/Separator test trap	25.
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 50—
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Floor Plan



Exit Steps Emergency lites Battery Back up must be all times

Glass 2A 10Be or 20Be

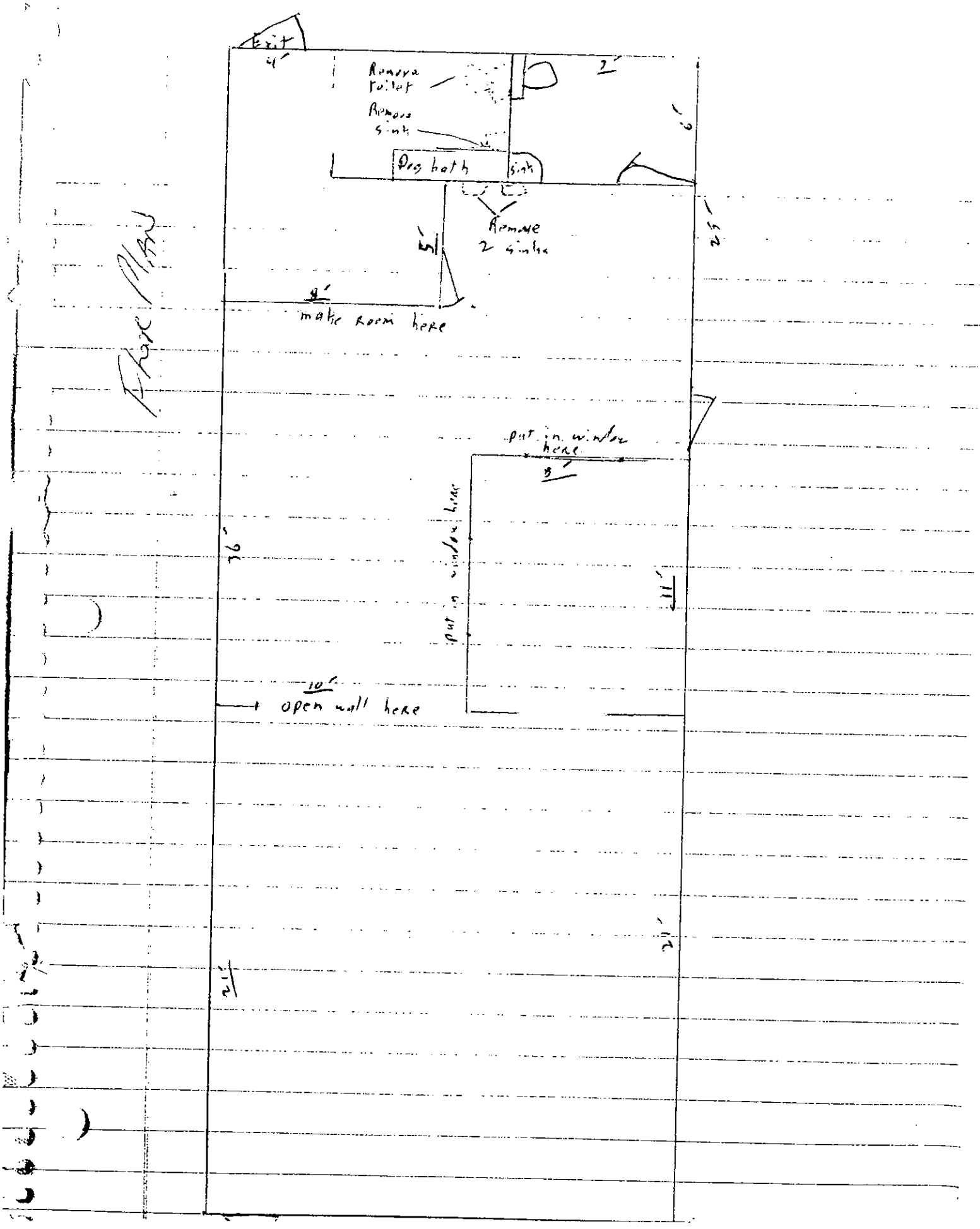
To Whom it may concern,

I was not aware of not been able to put stock on aisle shelves. I don't hold Brick Twp. responsable for anything. As of this date "12-1-92" I will not put anything else on the shelves until all Inspectors have come in to 270 Chambersbridge Rd Unit 1 - "Wiggle Waggle"

Thank You,

Mrs Patricia Lyle

Blk 701-29 Lot. 1


Exit
4'
Remove toilet
Remove sink
Dog bath
sink
2'
6'
Remove 2 sinks
5'
25'
9'
make room here
Floor Plan
put in window here
9'
put in window here
11'
10'
open wall here
21'
21'