N/A
11-16-94 BQ

BLOCK 701.29 LOT _____ ADDRESS (SITE) _____ PERMIT NO. 3317-94

RECEIVED
NOV 7 1994
DIV. OF INSPECTION

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1 Proposed Work-site at: 270 CHAMBERS BRIDGE RD

2 Name of Owner in Fee: PAGANETTA PLAZA Tel. (HOT.) 779-9128
Address 270 CHAMBERS BRIDGE RD
(street) (municipality) (zip code)

3 Ownership in Fee: Public _____ Private X

4 Principal Contractor: NEWELL ANDERSON Tel. (609) 698-6854
Address 219 WELLS MILLS RD. WARETOWN NJ 08758
License No OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Emp. No _____ Social Security No. [redacted]

5 Architect or Engineer _____ Tel. (____) _____
Address _____

6 Responsible Person In Charge of Work NEWELL ANDERSON Tel. (609) 698-6854

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 30 — | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | 46 | | |
| 5. Other | | | |
| 6. Subtotal | $ 76 — | | |
| 7. Less 20% for State Plan Review | 5 — | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | 20 — | | |
| 12. Other ZPA # 15.00 | | | |
| 13. TOTAL | $ 116.00 | | |

## 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 fix up.

| | Est. Cost |
|---|---|
| 1 ☒ Minor Work (single trade) | 200.00 |
| 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 | 200.00 |
| TOTAL COSTS | 400.00 |

**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 |
|---|---|---|---|---|---|---|---|
| WR | 11/7/94 | | 11/15/94 | | 12/5/94 | | |
| | | | 11/15/94 | | 12/9/94 | | |
| | 11/9/94 | | | | | | |

## 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: THRIFT STORE
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10409573

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

COMMENTS

IMPORTANT
A.H.B.T. EXEMPT

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

| | Name of Code & Edition | | Name of Code & Edition | | |
|---|---|---|---|---|---|
| Building | | Energy | | Other | |
| Electrical | | Barrier Free | | | |
| Plumbing | | Flood Hazard | | | |
| Fire Protection | | As Built Elevation Cert. | | | |
| Mechanical | | Other | | | |

X. CERTIFICATES ISSUED (office use only)

| | | | DATE EXPIRED |
|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | |
| ☐ Temporary Certificate of Occupancy | No. | | |
| ☐ Continued Certificate of Occupancy | No. | | |
| ☐ Certificate of Occupancy | No. | | |
| ☐ Certificate of Approval | No. | | |

# CERTIFICATE

Date Issued 12/9/94
Control #
Permit # 3317-94

## IDENTIFICATION

Block 701.29 Lot 1
Work Site Location 270 Chambers Bridge Rd
Brick, N.J.
Owner In Fee Pagnetta Plaza
Address 270 Chambers Bridge Rd
Brick, N.J.
Tele. ( )
Contractor Newell Anderson
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

**Home Warranty No.** N/A
**Use Group**
**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:

Arthur J. Cerza 3/3
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

# CONSTRUCTION PERMIT

Date Issued 11-18-94
Control #
Permit # 3317-94

IDENTIFICATION Block 701.29 Lot 1

Work Site Location 1 Kinderkamack Rd Contractor Newell Anderson

Address

Owner in Fee Bag. North Plaza

Address 11 Jane Ct Tele. ( ) 

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

Tele. ( ) Federal Emp. No.

or Social Security No. LOT 0.00

is hereby granted permission to perform the following work:

[✓] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

tenant fit-up

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

Estimated Cost of Work $ 400.-

A J Ciesza
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)

| | | | |
|---|---|---|---|
| Building 30.- | BUILDING | | 30.00 |
| Plumbing | FIRE | | 26.00 |
| Electrical | PLAN RVW | | 5.00 |
| Fire Protection 46. | U | | 20.00 |
| Other Plan 5. | ZONEPLOT | | 15.00 |
| Other | TOTAL | 1 | 16.00 |
| DCA Training Fee | CHECK | 1 | 16.00 |
| Cert. of Occ. 20. | CHANGE | | 0.00 |
| Other 11/18/94 NO. 5 | 0029A005 | | 11.00 |
| Total 116 | | | |
| 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
Control #
Permit # 3317-94

11-18-94

**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

Owner in Fee PAGNETTA PLAZA
Address 270 CHAMBERS BRIDGE RD

Tele. (201) 779-9128
Contractor NEWELL ANDERSON
Address 219 WELLS MILLS RD. WARETOWN NJ 08758

Tele. (609) 698-6854
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [X] All | 11/9/94 | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/5/94
Approved By:

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Insulation | | | | |
| Finishes: | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |

Dates (Month/Day)

**B. BUILDING CHARACTERISTICS**

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

**Est. Cost of Bldg. Work:**
1. New Bldg. $ ____
2. Alteration $ ____
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
REMOVAL of 140 Lf of PARTITION WALLS,
INSTALLATION of 20 Lf of NEW PARTITION WALL.
Tenant Fit up

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

**(Office Use Only)**
FEE
$ ____

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

# BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-18-94
Control #
Permit # 3317-94

**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 CHANDLER BRIDGE RD

Owner in Fee PAG-VETTA PLAZA
Address 275 CHANDLER BRIDGE RD

Tele. (HOT) 779-9128
Contractor NEWELL ANDERSON
Address 219 WELLS MILL RT. WARETOWN NJ DBTSB

Tele. (609) 698-6854
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

**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
REMOVAL of 140 Lf of PARTITION WALLS,
INSTALLATION of 140 Lf of NEW PARTITION WALL.
Tenant Fit up

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

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [X] All | 11/14/94 | |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] 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 | | | | |

**(Office Use Only)**
FEE
$

**B. BUILDING CHARACTERISTICS**

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

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

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-1108

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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received
Date Issued 11-18-94
Control #
Permit # 3317-94

**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
Owner in Fee PAGANETTA PLAZA
Address 270 CHAMBERS BRIDGE RD
Tele. (407) 779-9128
Contractor NEWELL-ANDERSON
Address 219 WELLS MILLS RD. WARETOWN NJ 08758
Tele. (609) 698-6854
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. [ ] Elevator
[X] Fire Plans Approved
Date: 11/15/94
Approved by:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/9/94
Approved by:

INSPECTIONS:

| Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Suppression Test | | | | |
| Fire Alarm Test | | | | |
| Smoke Test | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other Tenant Fit Up | | | 12/9/94 | |
| 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** Tenant fit 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 Exit Signs | | |
| Smoke Detectors | | |
| Heat Detectors | | |
| TOTAL Emergency Lites | | |
| Stand Pipes | | |
| Kitchen Hood Exhaust Systems Grease Detector | | |
| 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 $
DCA Training Fee $
Collected by: TOTAL FEE $

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

# TOWNSHIP OF BRICK
## ZONING PERMIT

**Date of Issue:** Nov. 7, 1994 11/94 Z 0227

**Block** 701.29 **Lot** 1 **Zone** B-2,GB

**Property Address:** 270 Chambers Bridge Road, Pag-Netta Plaza

**Owner:** Pag-Netta Plaza **(Phone):** 920-8880

**Applicant:** Family Thrift Stores, Inc. **(Phone):** 920-5944

**Use:** Retail center

**Proposed Construction (if any):** Interior alteration for retail thrift store.

**Conditions:**

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

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

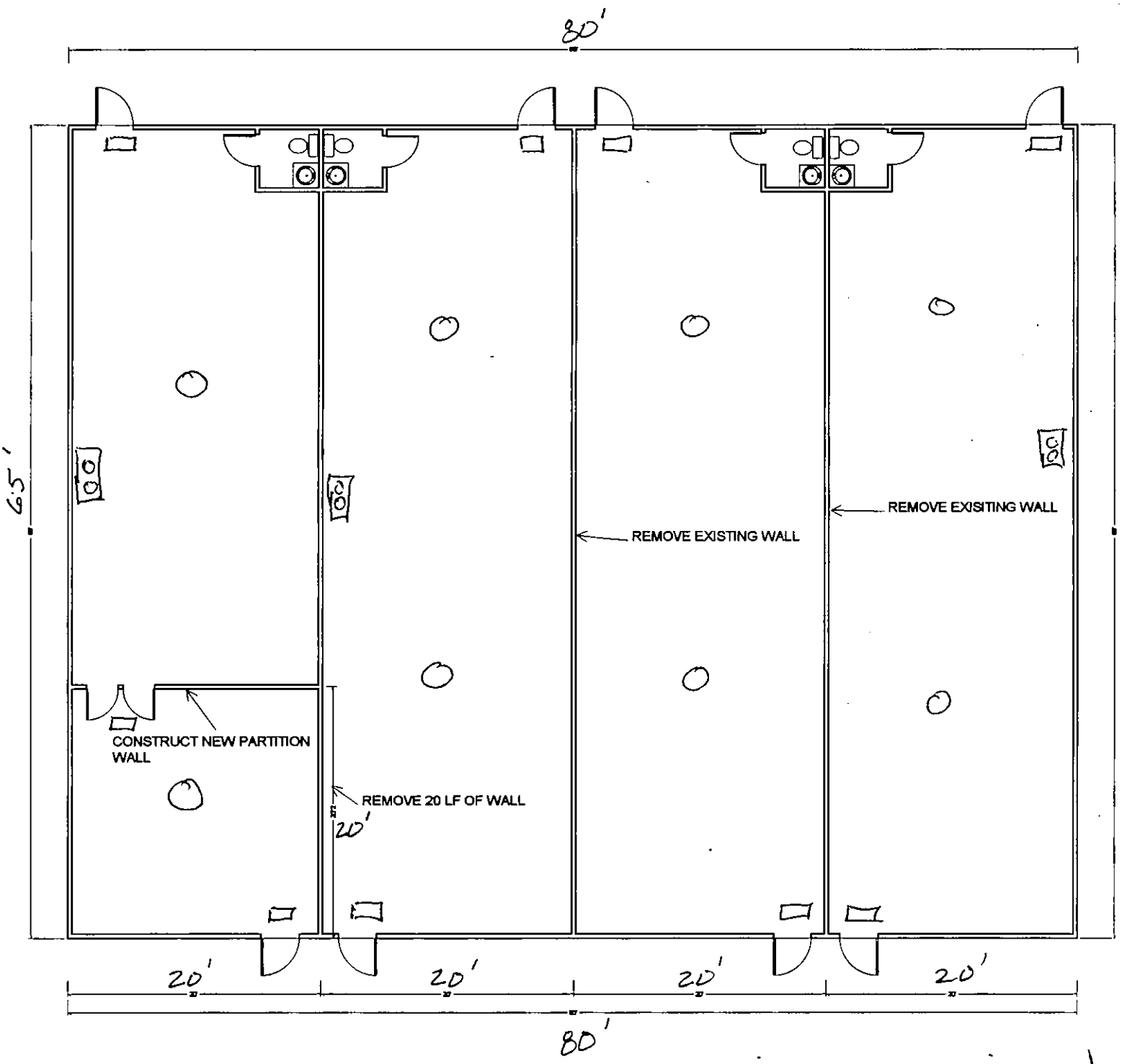
Sean Kinney

Land Use Officer

▭ – Exit Lights

○ – Smoke Detectors

▯ – Emergency Lights




WALLS TO BE REMOVED ARE NON-BEARING AND WILL NOT CHANGE THE STRUCTURAL INTEGRITY OF THE BUILDING.

11/7/94

BRICK TOWNSHIP

Plan Review Class Date By

Zoning

Plumbing

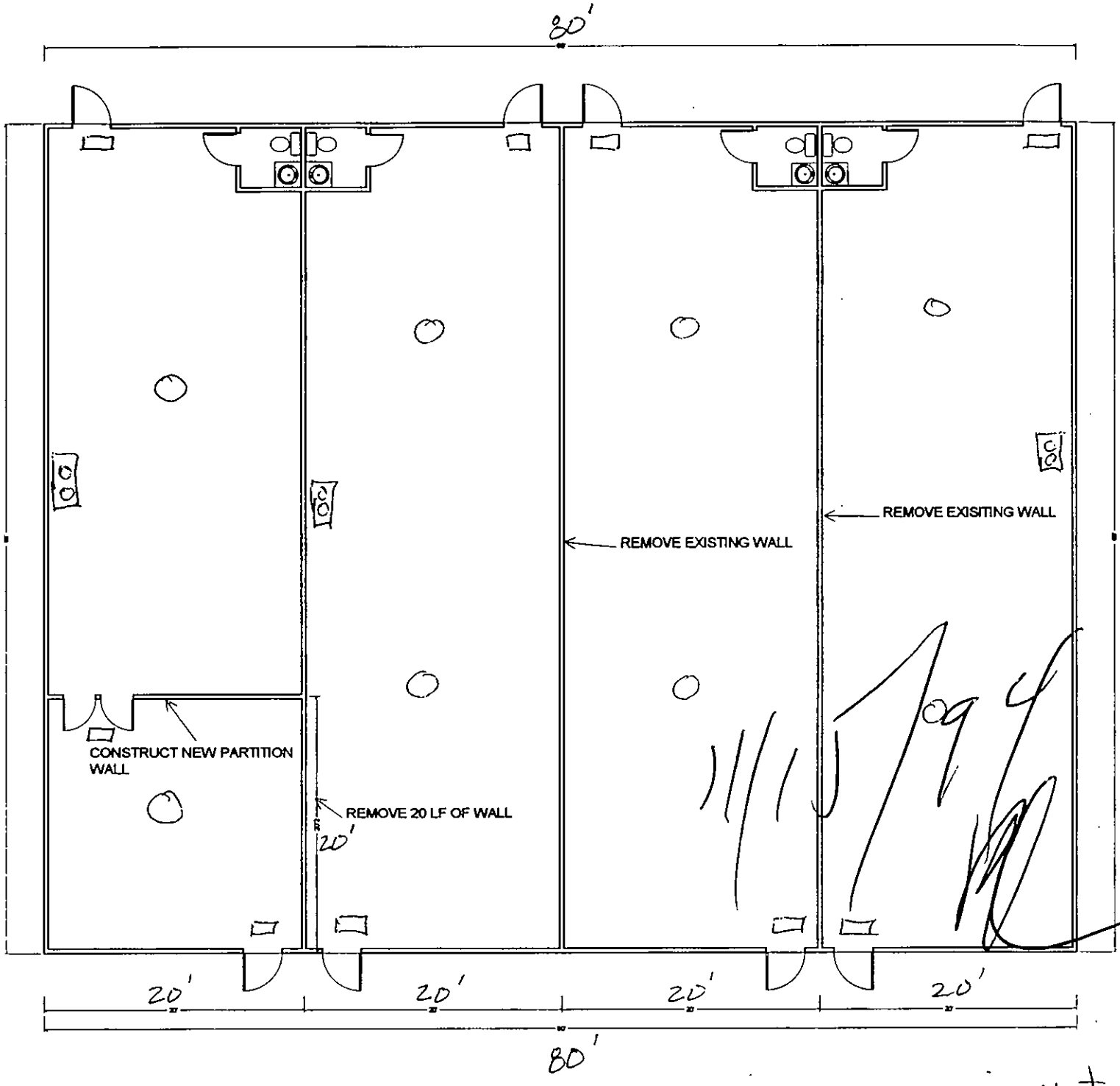
Building

Fire 11/15/94

Energy

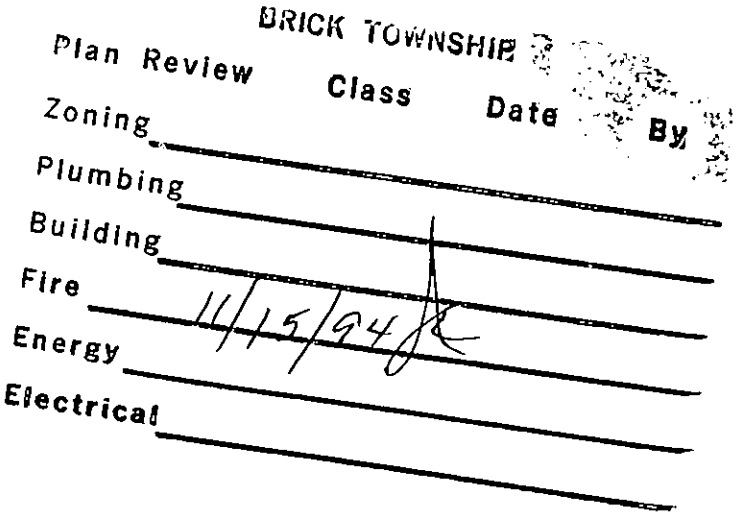
Electrical

▭ - Exit Lights
○ - Smoke Detectors
▯ - Emergency Lights




WALLS TO BE REMOVED ARE NON-BEARING AND WILL NOT CHANGE THE STRUCTURAL INTEGRITY OF THE BUILDING.

11/7/94


BRICK TOWNSHIP
Plan Review
Class
Date
By
Zoning
Plumbing
Building
Fire
11/15/94
Energy
Electrical