BLOCK 701.29 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 3845-97

RECEIVED
NOV 18 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

Landmark

Application 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: VINCENT CASTALDO Tel. (732) 293-5461
   Address 462 BOCA RATON RD Lakehurst NJ.
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Joseph Cannaro 220 Tel. (201) 339-1628
   Address 24 East 31 Bayonne N.J. 07002
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date 7610
   Federal Employee No. 22-1943105 FAX: (201) 339-1628
5. Architect or Engineer _____ Tel. (201) 339-1628
   Address _____
6. Responsible Person in Charge of Work Bob Cannaro 220
   Tel. (201) 339-1628 FAX (201) 339-7610

tenant set up

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 450		
2. Electrical			
3. Plumbing	265		
4. Fire Protection	414		
5. Elevator Devices			
6. Subtotal	$ 1545		
7. Less 20% for State Plan Review	1159		
8. Subtotal	$		
9. DCA Training Fee	14		
10. Subtotal			
11. Cert. of Occupancy	1143		
12. Other			
13. TOTAL	$ 1557		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

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

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	18,000.								

OPTIONAL (for office use only)

		PRT	11/14/97		11-19-97	PRT	3/12/98		
							3/4/98		
					12-5-97	ON	3/16/98		
							3/16/98		

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
5. ☐ Cross-Connections/Backflow Preventers
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:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10409544

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 X _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(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 X Bob Glow LUCA LAUNDRY EQUIP

Address 1500 W. BLANCKE ST.
LINDEN, N.J. 07036

Telephone (908) 862-8200

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____		
☐ Certificate of Approval	No. _____	_____	_____		
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____	_____

CERTIFICATE

Date Issued 3/17/98
Control #
Permit # 97-3845

IDENTIFICATION

Block 701.29 Lot 1
Work Site Location 270 Chambers Bridge Road (270)
Brick, N.J. Pag-Netta Plaza
Owner in Fee Vincent Castaldo
Address 467 Boca Raton Rd
Lavalette, N.J.
Tele. ( )
Contractor Joseph Cannarozzo Inc
Address 24 East 31 St
Bayonne, N.J.
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 TO AN EXISTING LAUNDERMAT

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:

J. Cannarozzo
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 12-10-97
Control #
Permit # 3845-97

IDENTIFICATION Block 201.29 Lot 1

Work Site Location 270 Chanticleer Bridge Rd.

Owner in Fee Custadio

Address Lavalette

Tele. ( ) 793-5461

Contractor Joseph Carmichael

Address Bayville NJ.

Tele. (201) 0 339-4628

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

Federal Emp. No. _____

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

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 $ 18000

Lawrence Frank Mc

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	450.-
Plumbing	265.-
Electrical	
Fire Protection	414.-
Other	
Other	
DCA Training Fee	14.-
Cert. of Occ.	
Other	
Total	1143.-
Check No.	10164
Cash	
Collected By:	JRJ

U.C.C. Form F-170C

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

[ ] Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

[ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

[ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

[ ] A complete copy of approved plans must be kept on the job site.

If you do not understand any of this information, please ask.

"LAUNDRY MAT"

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12-10-97
Date Issued
Control #
Permit # 3845-97

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 CHAMBRIDGE RD.
BRICK N.J.
Owner in Fee VINCENT CASTALDO
Address 467 BOCA RATON DR
LAVALETTE N.J.
Tele. (732 793-5461
Contractor JOSEPH CANNAROZZO INC.
Address 24 EAST 31 STREET
BAYONNE N.J. 07002
Tele. (201) 339-1628
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1943105 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.				Dates (Month/Day)			
[X] All	11-19-97	FM	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 3-12-98			~~Other~~				
Approved By:			Final			3/12/98	

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

INTERIOR DEMO ONLY
Existing laundromat to laundromat tenant fit up

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] 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 12-10-97
Date Issued
Control #
Permit # 3845 97

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 CHAMBRIDGE RD. BRICK NJ.
Owner in Fee VINCENT CASTALDO
Address 467 BOCA RATON DR LAVALETTE NJ.
Tele. (732) 793-5461
Contractor JOSEPH CANNARozzo INC.
Address 24 EAST 31 STREET BAYONNE NJ. 07002
Tele. (201) 339-1628
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-1943105 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

INTERIOR DEMO ONLY
Existing laundromat to laundromat + texas pet up

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] 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	11-19-97	FM
[ ] 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) $

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

FIRE SUBCODE TECHNICAL SECTION

Date Received 12-10-97
Date Issued
Control #
Permit # 3845-97

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

Block 70.29 Lot 1
Work Site Location 270 Chambers Brook Rd. Brick Town NJ.
Owner In Fee Vincent Costaldo
Address Same.
Tele. ( )
Contractor Charles Neal Elect.
Address 39 Hudson Ave. W. Long Branch NJ. 07734
Tele. (732) 767-4949 Fax (732) 495-5005
Lic. No. 7662
Federal Emp. No. 138-64-5231

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [✓] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[N] Building [X] Plumbing
[N] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: _____
Approved by: 3/11/98

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			3/11/98	
Smoke Control				
TCO				
Final				
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: Tennent Setup Laundry. NO use change
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ____ Fuel ____

Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other dryers - 18 dryers 9 Stacks 9 Connec.	18	414 —
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 414.

U.C.C. F140
(rev. 3/96)

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3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE SUBCODE TECHNICAL SECTION

Date Received 12-10-97
Date Issued
Control #
Permit # 3845-97

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 Brick Town NJ.
Owner in Fee Vincent Crystaldo
Address Same.

Tele. ( )
Contractor Charles Neal Elect.
Address 39 Hulsey Ave. W. Rancocas NJ. 07734
Tele. (732) 787-4947 Fax (732) 495-5005
Lic. No. 7662
Federal Emp. No. 138-64-5231

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
Heating Systems [ ] New [✓] Existing [ ] HVAC
Type: [✓] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other _____
Location: _____
Total Cost of Fire Protection Work $ _____

Fire Alarm System
New [ ] Existing [ ]
Location of Panel: _____
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[✓] Building [X] Plumbing
[✓] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION (BELIEF OR OATH)

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tennent Setup Laundry. NO use change.
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combustible Liquid
[ ] LPG [ ] LNG Capacity ___ Fuel ___

Alarm Systems [ ] 110v Interconnected [ ] System

	NUMBER	FEE (Office Use Only)
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	28	
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other dryers -	18	~~8.00~~
Kitchen Hood Exhaust System	18 dryers 9 Stacks 9 connec.	414
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	
TOTAL FEE	$	414.

U.C.C. F140
(rev. 3/96)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12-10-97
Date Issued
Control #
Permit # 384597

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

Block 201.29 Lot 1
Work Site Location PIG-NEIIA S.C.
270 CHAMBERS BRIDGE RD.
Owner in Fee VINCENT CASTALDO
Address 467 CHAMBERS BRIDGE ROAD
BRICKTOWN
Tele. (908) 223-5461
Contractor JERSEYWIDE PL. + HTG.
Address 1500 W. BLANCKE ST
LINDEN, NJ 07036
Tele. (908) 862-2200
Lic. No. 9453
Federal Emp. No. 22-3065515 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R Proposed R
Building Sewer Size 4" Public Sewer 4" Private Septic
Water Service Size 2" Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[X] Plumb. Plans Approved
Date: 12-4-97
Approved by: JEN

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] DCA
Approved By:
Date: 3/10/98

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			1-9-98	JM
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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.

Richard J. Luca
Signature—Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
23	Washing Machine	230
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
1	Hot Water Boiler	35
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
1	Other CONNECTS DRYERS TO EXIST. MANIFOLD	N/A

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 265

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 12-10-97
Date Issued
Control #
Permit # 384597

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

Block 201.29 Lot 1
Work Site Location PIG-NEIIA S.C.
220 CHAMBERS BRIDGE RD.
Owner in Fee VINCENT CASTALDO
Address 467 CHAMBERS BRIDGE ROAD
BRICKTOWN
Tele. (908) 293-4461
Contractor JERSEYWIDE PL + HTG.
Address 1500 W. BLANCKE ST
LINDEN, N.J. 07036
Tele. (908) 862-2200
Lic. No. 9453
Federal Emp. No. 22-3065515 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size 4" Public Sewer 4" Private Septic
Water Service Size 2" Public Water ✓ Private Well
Estimated Cost of Plumbing Work $ 3,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[✓] Plumb. Plans Approved
Date: 12-4-97
Approved by: DA

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
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.) 44

NO.	FIXTURE/EQUIPMENT		FEE (Office Use Only)
	Water Closet	11	
	Urinal/Bidet		
	Bath Tub		
	Lavatory		
	Shower	11	
	Floor Drain		
	Sink		
	Dishwasher		
	Drinking Fountain		
23	Washing Machine		230
	Hose Bibb		
	Water Heater		
	Fuel Oil Piping		
	Gas Piping		
	Steam Boiler		
1	Hot Water Boiler		35
	Sewer Pump		
	Interceptor/Separator		
	Backflow Preventer		
	Greasetrap		
	Water Cooled A/C or Refrigeration Unit		
	Sewer Connection		
	Water Service Connection		
	Active Solar System		
1	Other CON. GAS DRYERS TO EXIST. MANIFOLD		N/A

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL $ 265

U.C.C. Form F-130B

1 White = Inspector Copy
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TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 262-1038
Fax (908) 920-4850

DATE: 11/19/92

Municipal Engineer
401 Chambers Bridge Road
Brick NJ 08723

RE: Block: 701 Lot: 29

Dear Sir;

I, VINCENT CASTALDO (Name) of 270 CHAMBERS BRIDGE ROAD (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

VINCENT CASTALDO Applicant's signature 908-793-5761 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 DATE: _____ BY: _____

Rejected DATE: _____ BY: _____

REMARKS: _____

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 ROAD 701.29 1
Work Site Address Block Lot

VINCENT CASTALDO 467 BOCA RATON RD LAVALETTE N.J.
Owner's Name, Address, Phone

JOSEPH CANNAROZZO 24 E. 31st ST. BAYONNE, N.J. 07002
Contractor's Name, Address, Phone

Construction RETAIL STORE
Describe type (Single -family home, etc.)

Demolition WOOD, SHEETROCK, CONCRETE
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material _____

Name, address and phone of party responsible for removal of debris:
GROUND HOG DEMOLITION, WALL TOWNSHIP (732) 528-5756

Size of dumpster: _____

Destination of discarded debris: _____

Hauler's DEP Permit No.: _____

**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.

JOSEPH CANNAROZZO .....
Printed/Typed Name Signature Date

****

FOR OFFICE USE ONLY

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

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