CALLED 5-22-95 DT

BLOCK 827 LOT 19 ADDRESS (SITE) PERMIT NO. 16665-95

RECEIVED MAY 11 1995 DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1617 Route 88
2. Name of Owner in Fee: 1617 Route 88 Tel. ( ) 458-5854
   Address 1617 Route 88 (street) Brick (municipality) (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: JAMES J MOSTELLER Tel. (908) 295 0182
   Address 903 Davis Ave Pt Pleasant NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-3050553 Social Security No. _____
5. Architect or Engineer Thomas Gaetano Tel. (908) 308-9419
   Address 120 South St Freehold NJ 07728
6. Responsible Person in Charge of Work JAMES J MOSTELLER Tel. (908) 295 0182

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 210 —		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$ 210 —		
7. Less 20% for State Plan Review	21 —		
8. Subtotal	$ 8 —		
9. DCA Training Fee			
10. Subtotal	$ 20 —		
11. Cert. of Occupancy			
12. Other ZPA	$ 150 —		
13. TOTAL	$ 274 —		

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 sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

INTERIOR FIT-UP

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	10500
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	5/11/95		5/17/95	R	10/19/95		CK
					1/23/96		
					10/4/95		ok
	5/16/95						

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: DOCTOR'S OFFICE
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10208573

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 JAMES J MOSTELLER

Address 903 DAVIS AVE

Pt PLEASANT NJ 08742

Telephone (908) 295-0182

Signature James J Mostella Date 1 May 95

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
☐ Zoning Officer									
☐ 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.									
☐									
☐									

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 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.				

CONSTRUCTION PERMIT

Date Issued 6/28/95
Control #
Permit # 1665-95

IDENTIFICATION Block 827 Lot 19

Work Site Location 1617 Rt 22

Contractor James Mattalles

Address

Owner in Fee 1617 Rt. 22 ... Cleaners

Address Somerville

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:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

interior fit up

PAYMENTS (Office Use Only)		19 #
Building	21— BUILDING	10.00
Plumbing	PLAN RVW	21.00
Electrical	D.C.A.	8.00
Fire Protection	C / O	20.00
Other	ZONEPLOT	15.00
Other	WIK 21 —TOTAL	74.00
DCA Training Fee	8 —CHECK	74.00
Cert. of Occ.	20 —CHANGE	0.00
Other	ZHA - 15 —	
Total	06/28/95 INO. 5 0025A005	14:42
Check No.	# 1117	
Cash		
Collected By:		

BLOCK 827 # 0.00
LOT 0.00

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 $ 10,500.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/28/95
Date Issued
Control #
Permit # 1665-95

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

Block 827 Lot 19
Work Site Location 1617 Route 88
BRICK NJ
Owner in Fee 1617 Route 88
Address 1617 Route 88
BRICK, NJ
Tele. (___) 458-5854
Contractor JAMES J MOSTELLER
Address 903 DAVIS AVE
Pt Pleasant NJ 08742
Tele. (908) 295-0182
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3050553 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	5/19/	[initials]	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			8/2/95	[initials]
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [X] CA			TCO				
Date: 1/23/96			Other				
Approved By: [signature]			Final				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present 5B Proposed 5B
No. of Stories 2
Height of Structure 20 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 $ 10,500
3. Total (1+2) $ 10,500

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

Alteration to existing TENANT SPACE. primarly move A door and change work AREA for NURSES station paint, wallpaper, FORMICA work

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

(Office Use Only)
FEE $

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

U.C.C. Form F-110B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 12/28/95
Date Issued
Control #
Permit # 1665-95

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

Block 827 Lot 19
Work Site Location 1617 Route 88 Brick NJ
Owner in Fee 1617 Route 88
Address 1617 Route 88 Brick, NJ
Tele. ( ) 458-5854
Contractor JAMES J MOSTELLER
Address 903 Davis Ave Pt Pleasant NJ 08742
Tele. (908) 295-0182
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3050553 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[ ] All			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				

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class Present 5B Proposed 5B
No. of Stories 2
Height of Structure 20 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 $ 10,500
3. Total (1+2) $ 10,500

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

Alteration to existing tenant space. primarily move a door and change work area for nurses station paint, wallpaper, Formica work

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

FRONT DOOR DOWN STAIRS TURN RT

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # FEB 195000806

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

Block ~~46~~ 827 Lot 19-20 37-40

Work Site Location 1617 RT 88 BRICK TOWN

Owner in Fee 1617 RT 88 WEST ASSOC.

Address 1617 RT 88 BRICK

Tele. (908) 458-5854

Contractor CARLTON ELECTRICAL INSTALLATIONS INC.

Address 2030 RT 37 E. TOMS RIVER NJ 08753

Tele. (908) 244-0050

Lic. No. 5461

Federal Emp. No. 22-2084550 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed renovation BSMT

[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______

Building Occupied as Office Utility Co. ______

Est. Cost of Elec. Work $ 4,000 —

JOB SUMMARY (Office Use Only)

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough (wires)			5-10-95	3696
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	10/5/95 5432		10/11/95	MAP 6999

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 10/11/95 MAP 6999

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10/11/95
Approved By: MAP 6999

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.

Carl G. Vosatt III
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~26~~ 26		Fixtures (1)	
~~10~~ 30		Receptacles (2)	
~~30~~ 10		Switches (3)	
66		Total 1 + 2 + 3	44
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
~~1~~	~~15 Kw~~	~~A/C Unit RELOCATE~~ (DELETE NOT DONE)	33
		Burglar Alarms	
		Intercoms Panels	
		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	
		Signs	
		Light Standards	
	hp	Motors—Fractional H.P.	
~~1~~	~~20 hp~~	~~Motors—All Others ELEVATOR~~ (DELETE NOT INSTALLED)	33. —
	Kw	Transformers	
	Kw	Generators	
	Amp	Service Entrance	
		Other	

Paid [✓] Check # 2976
Collected by: —

Administrative Surcharge	$
Minimum Fee	$ 110. —
DCA Training Fee	$ 3. —
TOTAL FEE	$ 113. —

U.C.C. Form F-120B

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received ~~5-22-98~~
Date Issued
Control #
Permit # ~~L2410-98~~

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

Block 827 Lot 19
Work Site Location 1617 Route 88
Brick NJ
Owner in Fee 1617 Route 88
Address SAME

Tele. (___) 458-5854
Contractor James J Mostetter
Address 903 Davis Ave
At Pleasant NJ
Tele. (908) 295-0182
Lic. No. ___
Federal Emp. No. 22-3050553 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class. Present 5B Proposed 5B
Heating Systems [ ] New [X] 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
[ ] Fire Plans Approved
Date: ___
Approved by: ___
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ___
Approved by: ___

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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.

James J Mostetter
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 ___ 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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
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-140B
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
Control #
Permit #

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

Block 827 Lot 19
Work Site Location 1617 Route 88
Brick NJ
Owner in Fee 1617 Route 88
Address SAME
Tele. (___) 458-5854
Contractor JAMES J MOSTELLER
Address 903 DAVIS AVE
Ft PLEASANT NJ
Tele. (908) 295-0182
Lic. No. ___
Federal Emp. No. 22-3050553 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class. Present 5B Proposed 5B
Heating Systems [ ] New [X] 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
[ ] Fire Plans Approved
Date: ___
Approved by: ___
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date: ___
Approved by: ___

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical	1			
TCO				
Other				
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.

James J Mostella
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 ___ 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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
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: May 15, 1995 1995 Z 0693

Block 827 Lot 19 Zone B-2, G.B.

Property Address: 1617 Route 88

Owner: 1617 Route 88 West Associates (Phone): 458-5854

Applicant: James J. Mosteller (Phone): 295-0182

Use: Doctor's office: Laurelton Medical Center

Proposed Construction (if any): Interior alteration for Brick Cardiovascular Specialists.

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 Kinnevy

Sean Kinnevy Land Use Officer