BLOCK 827 LOT 19,20,37,40 ADDRESS (SITE) 1617 RT 88 WEST PERMIT NO. 1330-96

RECEIVED MAY 30 1996 DIV. OF INSPECTION

COUNTY CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1617 RT 88 WEST (LAURELTON MEDICAL CENTER)
2. Name of Owner in Fee: 1617 RT 88 WEST ASSOC Tel. 908 458-5854
   Address SAME (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: SAME AS ABOVE Tel. (___) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer JOHN DEPALMA Tel. (908) 688-7738
   Address 2165 MORRIS AVE UNION, NJ 908-891-3333
6. Responsible Person in Charge of Work BARRY GRAND Tel. (908) 505-8327

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	162	46.	
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				273
6. Subtotal	$	102		
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		10		
10. Subtotal	$			
11. Cert. of Occupancy		35		
12. Other ZONING		~~30.00~~		
13. TOTAL	$	177-00		273

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	x 200 sq. ft.	
5. Volume of New Structure	6000 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

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☒ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☑ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	35000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
RK			6/11/96	RK	6/19/97		
					6/23/97		
					5/30/97		
					6/25/97		
	6/11/96		6/11/96	RK			

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

AHBT FINAL APPROVAL

A.H.B.T. - MAINTENANCE FEE - RESIDENTIAL

LDS BR 10200525

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 FORTUNA [illegible] CONST. CO

Address 1078 SILVERTON RD
TOMS RIVER NJ

Telephone (908) 505-8327 BARRY GRAND

Signature _____ Date 5/9/96

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			X	X	X	X	X	X	
☐ 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	
☐									
☐									

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. 1330	6/23/97			

CERTIFICATE

Date Issued 6-23-97
Control #
Permit # 1330-96

IDENTIFICATION

Block 827 Lot 19,20.37.40
Work Site Location 1617 Rt. 88 West

Owner in Fee 1617 Rt. 88 West Associates
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:

Interior alteration - barrier free lavatory and elevator

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:

Frank Mug PP/C

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 6-11-96
Control #
Permit # 1330-96

IDENTIFICATION Block 827 Lot 19,20,37,40

Work Site Location 1617 Rt. 88 West
Owner in Fee 1617 Rt. 88 West Assoc.
Address Same
Tele. ( )

Contractor Samad
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. **0002** Exp. Date 1330**
Federal Emp. No.
or Social Security No. BLDR 0.00

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Comm. addn. 200. 6,000.

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 $ 28,000.

Ray Kuhlke
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only) L19.20.37.

Building	102.-	
Plumbing	BUILDING	102.00
Electrical	D C A	10.00
Fire Protection	C / O	35.00
Other	ZONING OT	15.00
Other	3rd 15. ENG F D	15.00
DCA Training Fee	10 TOTAL	177.00
Cert. of Occ.	35 PLEEU	177.00
Other	Sec 15. CLEANUP	0.00
Total	177.- ADDTAGGS	11:07
Check No.	1476	
Cash		
Collected By:		

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

PERMIT UPDATE

UNIFORM CONSTRUCTION CODE — NEW JERSEY

Date Update Issued 4-29-97
Control #
Permit #
Date Permit Issued 1330-96

IDENTIFICATION Block 827 Lot 19
Work Site Location 1617 Route 88

Owner in Fee 1617 Rt 88 Associate
Address same
Tele. (____)

Contractor Kencor Inc
Address P O Box 1659
West Creste 0[illegible]
Tele. (____)
Lic. No. or Bldrs. Reg. No. BLOCK 0.00
Federal Emp. No. 232180848 H
or Social Security No. LOT 0.00
19 H

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK: Elevator

Estimated Cost of Work $ 28300

J Finazzo
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	SCLLNS	106.00
Building	RTSCLLNS	18.00
Electrical	PLAN RUN	138.00
Plumbing	D.C.A.	3.00
Fire Protection	TOTAL	273.00
Elevator Devices 106	CHECK	273.00
Other P/R 125	CHANGE	0.00
DCA Training Fee	NO. 23 0009A005	0.53
Cert. of Occ.		
Other Dam. 16.		
Total 273—		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

LAWNLTON Medical Center

PERMIT UPDATE

Date Update Issued 2-14-97
Control #
Permit # 1330-96
Date Permit Issued 6/11/96

IDENTIFICATION Block 927 Lot 19, 20, 37, 40
Work Site Location 1617 RT 88 WEST
Owner in Fee 1617 RT 88 WEST ASSOC
Address SAME AS ABOVE
Tele. (908) 458-5854

Contractor John DePalma
Address 1617 RT 88 WEST
Tele. (___) 458-5854
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
HANDI CAP BATHROOM
INTERIOR WORK ONLY
Estimated Cost of Work $ 3500.00

J Curnutte
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	35
Electrical	
Plumbing	20
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	3
Cert. of Occ.	
Other	
Total	58
Check No.	
Cash	
Collected By:	N Hutt

U.C.C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 6/26/96
Control #
Permit # 1330-96
Date Permit Issued

IDENTIFICATION Block 827 Lot 19,20,37 40
Work Site Location 617 RT 9W WEST
Owner in Fee 617 RT 9W WEST ASSOC
Address SAME AS ABOVE
Tele. (914) 458-5454

Contractor ENVIRONMENTAL RECOVERY SYS.
Address Fishkill, NJ. **0002**
Tele. (914) 919-1993 1330**
Lic. No. or Bldrs. Reg. No. BLOCK 0.00
Federal Emp. No. 827 #
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:
TANK Removal

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	46.00
Plumbing	46.00
Electrical	50.00
Fire Protection	4.00
Other	13.42
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No.	
Cash	
Collected By:	

17 # BUILDING
1/1 TOTAL
CASH
CHANGE
06/26/96 NO. 5 00008005

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 5/28/96
Control #
Permit # 1330-96
change pkg

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

Block 827 Lot 19,20,37,40
Work Site Location 1617 RT 88 WEST
Owner in Fee 1617 RT 88 WEST ASSOC
Address SAME AS ABOVE
Tele. 908 458-5654
Contractor Robert Robison
Address 512 Garfield Av Toms River
Tele. ( ) 270 3275
Lic. No. 9060
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Estimated Cost of Plumbing Work $ _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Approved By: [signature]
Date: 5-30-97

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures			5-30-97	
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]
Signature—Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

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

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received RECEIVED
Date Issued FEB 1 4 1997
Control #
Permit # 1330-96 DIV. OF INSPECTION

COMMERCIAL

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

Block 37-40
Work Site Location 1617 RT 88 WEST

Owner in Fee 1617 RT 88 WEST ASSOC
Address 1617 RT 88
BRICK
Tele. (908) 458-5854
Contractor RICHARD A SITEK SR.
Address 1958 SILVERTON RD
TOMS RIVER, NJ.
Tele. (908) 255-9286
Lic. No. 7312
Federal Emp. No. 22-259 2805 or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Estimated Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec.
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-14-97
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 5-30-97

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.

Richard A. Sitek Sr.
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	10
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	10
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Active Solar System	
	Other	

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 20
DCA Training Fee $
Collected by: TOTAL $

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 6-11-96
Control #
Permit # 1330-96

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, 20, 37, 40
Work Site Location 1617 RT 88 WEST BRICK
Owner in Fee 1617 RT 88 WEST ASSOC
Address SAME
Tele. (908) 458-5854
Contractor SAME AS ABOVE
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

3rd Part of addition 1 unit

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	6/11/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 6/23/97		
Approved By:		

INSPECTIONS Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Footing	8/6/96			
Foundation			7-9-96 (over)	
Slab				
Frame			9/3/96	
Insulation			9/16/96	
Finishes:				
Energy				
Mechanical				
TCO				
(Other) FOOTING RAMP			8-8-96	
Final			metal studs - 3/4/96	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	2	
Height of Structure	25 Ft.	
Area—Largest Floor	Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft. 3234	
Volume of New Structure	Cu. Ft.	
Total Land Area Disturbed	Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 12,000
2. Alteration $
3. Total (1+2) $ 12,000

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

ADDITION
ELEVATOR

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

7-9- Found ok up to grade - JK

8/6/96 Still Digging footing not ready — No Plans will reschedule J Dees

8/7/96 Rods in one side not in other, no plans — question on depth ??

7-6- Checked (2) 5/8" sheetrock in elev. shaft. OK JK

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2-14-97
Date Issued
Control #
Permit # 1330-96

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, 20, 37, 40
Work Site Location 1617 RT 88 WEST

Owner in Fee 1617 RT 88 WEST ASSOC
Address SAME AS ABOVE

Tele. (___) 458-5854
Contractor John DeMarco
Address 1617 RT 88 WEST

Tele. (___) 458-5854
Lic. No. or Bldrs. Reg. No. ___
Federal Emp. No. ___ 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

HANDICAPPED BATHROOM
INTERIOR WORK ONLY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2/14	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			6/19	FM

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

(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) $ 1000.00

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
Date Issued 6-26-96
Control #
Permit # 1330-96

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

Block 427 Lot 19, 20, 37, 40
Work Site Location 1617 RT 88 WEST
Owner in Fee ~~SAM~~ 1617 RT 88 WEST ASSOC
Address SAME AS ABOVE
Tele. (908) 458-5854
Contractor SAME AS ABOVE
Address
Tele. (____)
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All
[ ] 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				

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

TANK REMOVAL

CUT

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

RECEIVED

MAR 0 6 1997

DIV. OF INSPECTION

ELEVATOR SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 4-29-97
Control #
Permit # Update 1330-96

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 08723

Owner in Fee 1617 ROUTE 88 WEST ASSOCIATES
Address 1617 ROUTE 88, BRICK, NJ 08723

Tele. (908) 458-5854
Contractor/Installer KENCOR INC
Address PO BOX 1659, 304 WILLOWBROOK LN, WEST CHESTER, PA 19380 Tele. (610) 430-2110
Federal Emp. No. 23-2180847 or Social Security No.
Maintenance/Service Contractor N/A
Address
Tele. ( )

B. ELEVATOR CHARACTERISTICS:

Building Use Group OFFICE
Manufacture DEZCO ELEVATOR COMPONENTS
Machine Rm. Location 1ST FLOOR (ADJACENT)
No. of Stops 2 No. of Openings 2
Travel (ft.) 10'0" Speed (f.p.m.) 95
Type of Control APB Type of Operation SEL/COLL.
Passenger ✓ Freight
Capacity (lbs.) 2500
Year of Installation/Major Alteration ~~1996~~ 1997
Estimated Cost of Elevator Work $ 28,300.00

CORRECTED

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 DATE 3/19/96

D. TECHNICAL SITE DATA (For Routine or Periodic Inspections List State Registration Number for All Devices.)

NO.	ITEM	FEE (Office Use Only)
	Traction or Winding Drum	
____	1 to 10 Floors	
____	Over 10 Floors	
X	Hydraulic	106.00
____	Roped Hydraulic	
____	Escalator/Moving Walk	
____	Dumbwaiter	
____	Stairway Chairlift, Inclined & Vertical Wheelchair Lifts & Man Lifts	
____	Oil Buffers	
____	Counterweight Governor & Safeties	
____	Aux. Power Generator	
____	Alterations	
X	Other PLAN REVIEW	128.00 ~~106.00~~
____	Other	

Administrative Surcharge $ 16.00
Certificate of Compliance $
Paid [ ] Check # DCA Training Fee $ ~~22.00~~
Collected by TOTAL FEE $ ~~150.00~~ 273.00

JOB SUMMARY (Office Use Only)

[ ] No Plan Review
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elec.
[ ] Elevator Plans Approved
Date: April 4 1997
Approved by Robert Burke

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Temp. Const. ID #				
Final				

SUBCODE APPROVAL: CC [X] TCC [ ]

Date: 5/20/97
Approved By: Robert Burke

U.C.C. Form F-150 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Ser INSP
Trench INSP not done
FINAL
Brick

M/H to Contractor
$400 Amp Serv.
change of contractor
& corrected info

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # 960530 · 004526

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

Block 827 Lot 19-20-37 40
Work Site Location 1617 RTE 88 WEST
BRICK TOWN - 08723 N.J
Owner in Fee 1617 RTE 88 - WEST ASSOC.
Address SAME -

Tele. ( )
Contractor ARROW ELECTRIC
Address 514 TRENTON AVE BAXville NJ 08721
Tele. (908) 269-6960
Lic. No. 6359
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as OFFICE Utility Co. _____
Est. Cost of Elec. Work $ 5000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 9601?
Approved by: MM-3

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 9-9-96
Approved By: Bellucci #29

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary	9-24-96 EC		9-26-96	BELLUCCI
Constr. Serv.				
TCO				
Other	9-26-96 #4			
Service				
Final			9-26-96 #4	

Temp. Cut-in-Card Date Issued 9-26-96 #4
Final Cut-in-Card Date Issued 9-9-96 #4 PP

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.

Anthony L Ciccone
Signature—Contractor Seal CK4344 9-24-96

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
4		Fixtures (1)	
4		Receptacles (2)	
4		Switches (3)	
16		Total 1 + 2 + 3	35
	Kw	Range	
	Kw	Oven(s)	
	Kw	Surface Unit	
	hp	Dishwasher	
	hp	Garbage Disposal	
	Kw	Dryer	
1	1.5 Kw	A/C Unit RELOCATE	35
		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.	
1-25	hp	Motors—All Others	35
	Kw	Transformers	
	Kw	Generators	
200 Amp	3Φ Amp	Service Entrance MAINTENANCE	35
		Other	

Paid [✓] Check # 3404 Administrative Surcharge $ _____
Minimum Fee $ 140-
DCA Training Fee $ 4
Collected by: _____ TOTAL FEE $ 144

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

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 4, 1996 — 1996 z 0710

Block 827 Lot 19, 20, 37-40 Zone B-2, G.B.

Property Address: 1617 Route 88

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

Applicant: Same (Phone): Same

Use: Medical office building.

Proposed Construction (if any): 20' by 10' addition for elevator, vestibule, mechanical room and access ramp.

Conditions: Minor site plan approved by Planning Board.

Case No. PB-2151-MSP-V-4/95.

Resolution No. R-42-95 approved June 28, 1995.

Map signed May 3, 1996.

Addition must be setback at least 7.75' from side property line.

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.

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: June 4, 1996 1996 z 0710

Block 827 Lot 19, 20, 37-40 Zone B-2, G.B.

Property Address: 1617 Route 88

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

Applicant: Same (Phone): Same

Use: Medical office building.

Proposed Construction (if any): 20' by 10' addition for elevator, vestibule, mechanical room and access ramp.

Conditions: Minor site plan approved by Planning Board.

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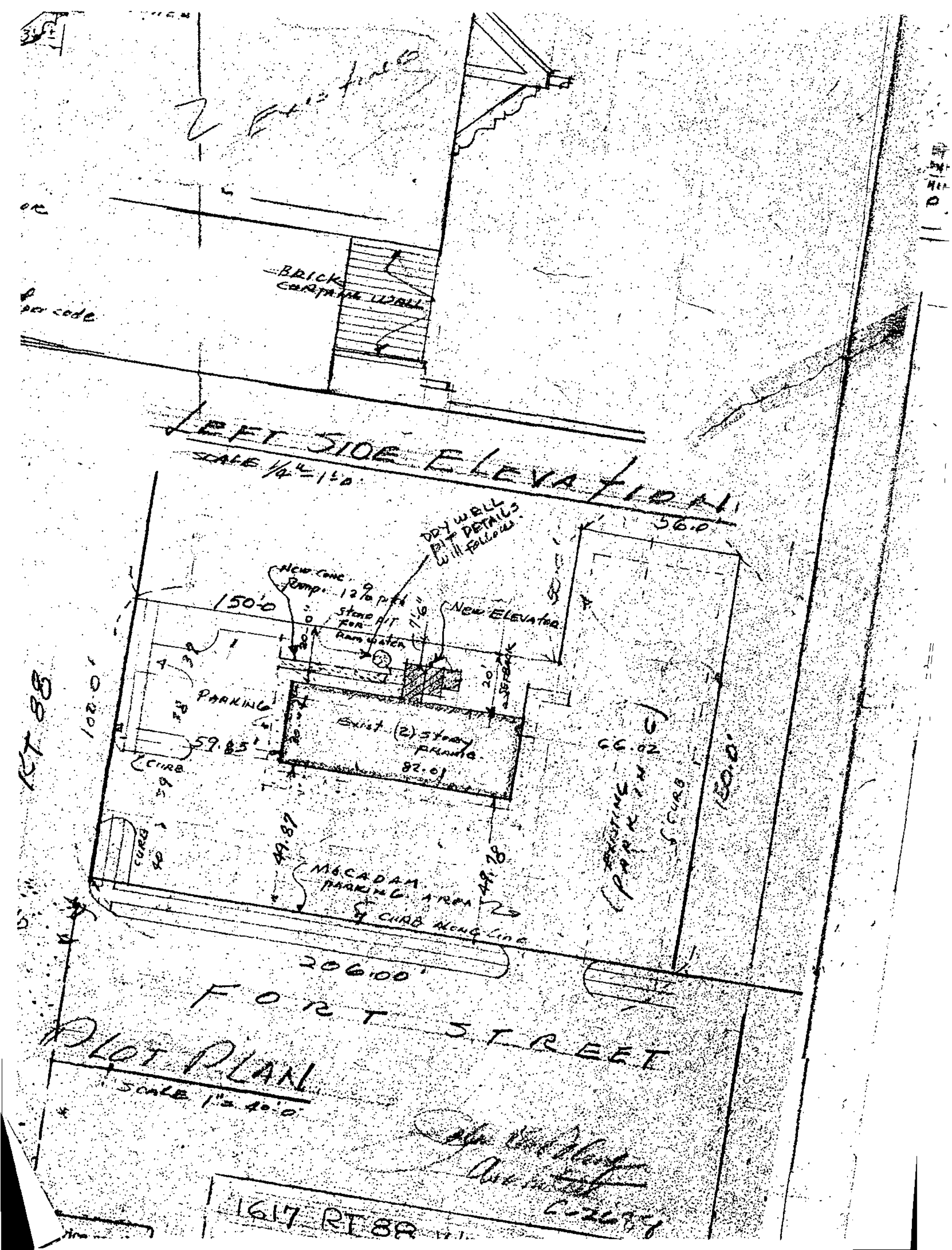
Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy
Zoning Officer



BRICK CURTAIN WALL
per code
LEFT SIDE ELEVATION
SCALE 1/4" = 1'-0
DRY WELL PIT DETAILS WILL FOLLOW
New Conc Ramp. 12% pitch
Stone pit for Rain water
New ELEVATOR
150'-0
56.0
100.0
PARKING
59.83
CURB
Exist (2) story Frame
82.0
66.02
EXISTING PARKING
CURB
150.0
49.87
49.78
MACADAM PARKING AREA & CURB Along Line
206.00
FORT STREET
RT 88
PLOT PLAN
SCALE 1" = 40'-0"
1617 RT 88

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: _____

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK _____ LOT _____ SITE ADDRESS _____

TYPE OF SITE _____ TYPE OF BUSINESS _____
(Residential/Commercial)

APPLICANT _____ CITY & STATE _____

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

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

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

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

CERTIFICATE OF COMPLIANCE

BLOCK 827 LOT (illegible) SITE ADDRESS 1617 Rout. 38

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS (illegible)

APPLICANT (illegible) PHONE NUMBER 858-5837

APPLICANT ADDRESS (illegible) CITY & STATE Cinn. N.J.

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $220. Date 6/12/96

Required Deposit on Estimate $ 1 11[illegible] Date 6/10/96

Check # 1489 Receipt # 9827

Actual Assessment: _____ Date _____

Actual Required Fee: $ _____

Minus Deposit of Estimate $ _____

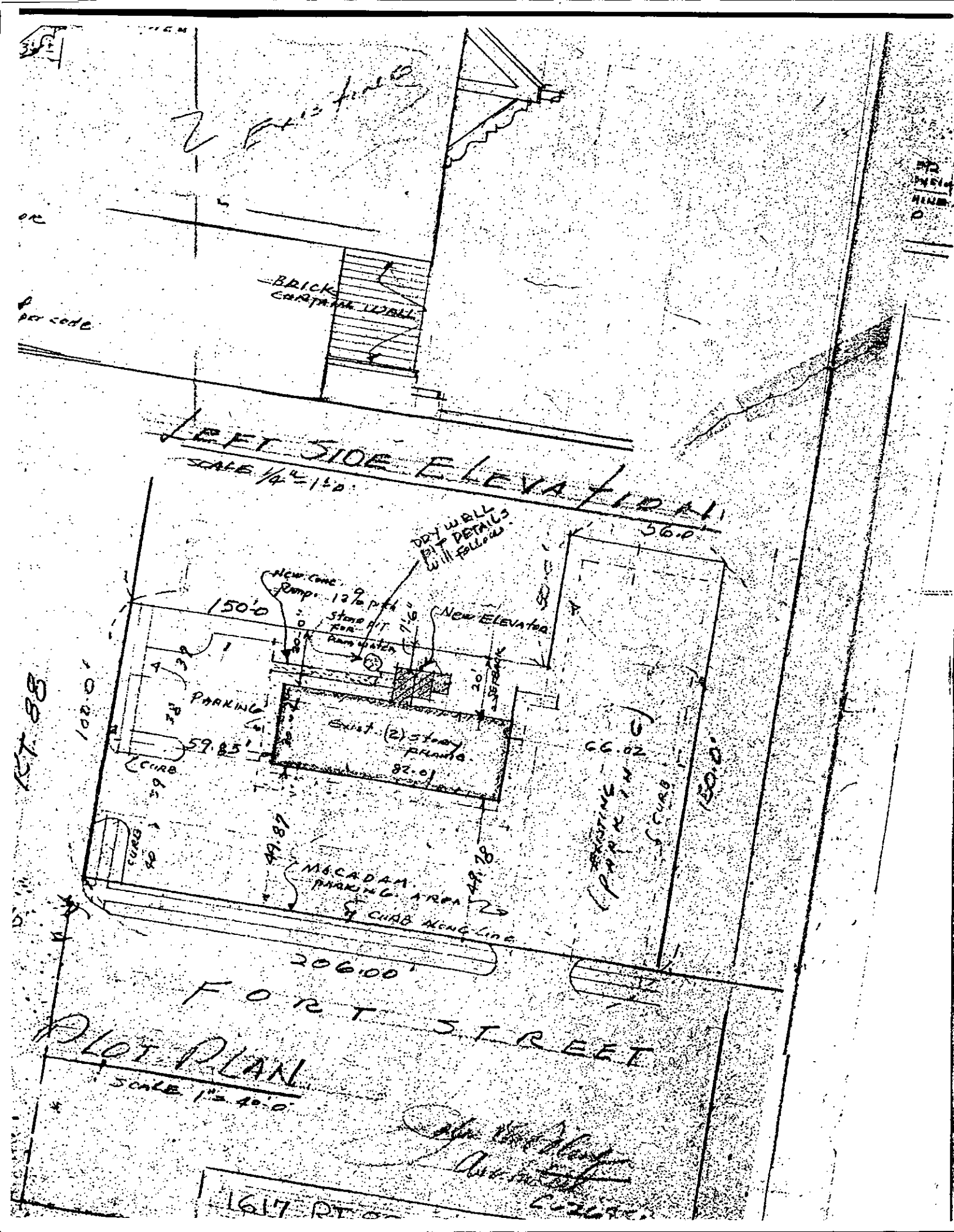
Balance Due $ _____

Amount Paid in Full $ _____ Date _____

Check # _____ Receipt # _____

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

Carol A. Wolfe
Affordable Housing Administrator


BRICK
CAVITY WALL
LEFT SIDE ELEVATION
SCALE 1/4" = 1'-0"
DRY WALL DET. DETAILS WILL FOLLOW
New Conc. Ramp: 12% Path
Stone Pit for Rain water
New Elevator
150'-0"
36.0'
PARKING
Exist. (2) story Granite
59.85'
82.01'
CURB
49.87'
49.78'
MACADAM PARKING AREA
CC.02
EXISTING PARK
150.0'
102.0'
RT 88
206.00'
FORT STREET
PLOT PLAN
SCALE 1" = 40'-0"

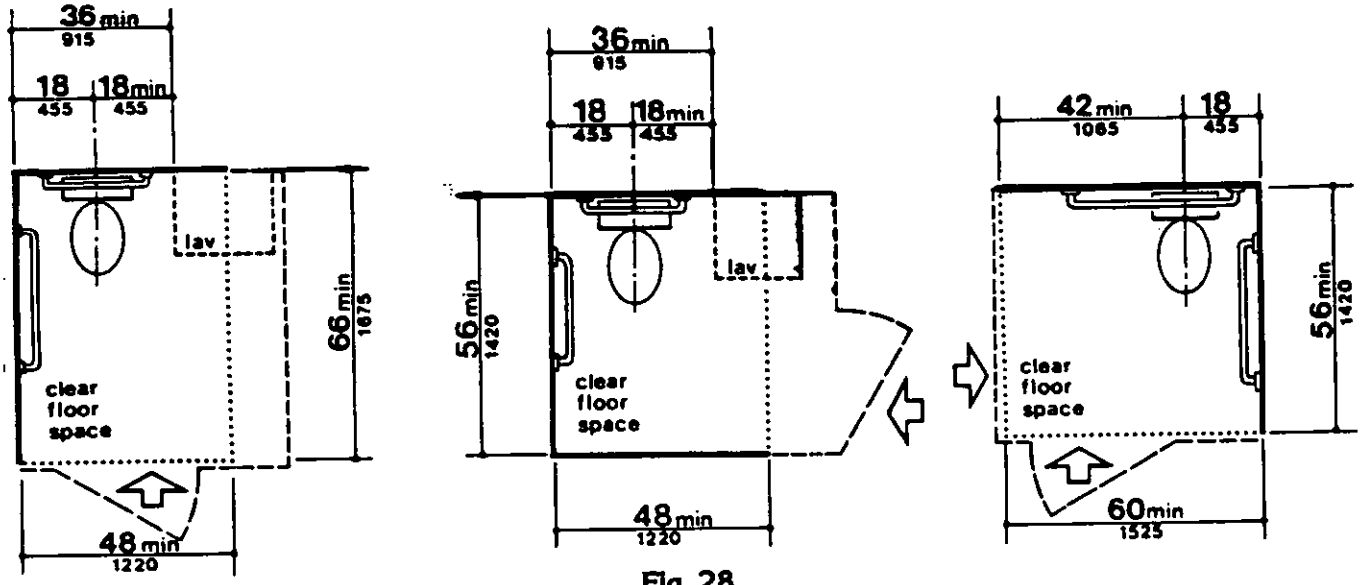


Fig. 28
Clear Floor Space at Water Closets

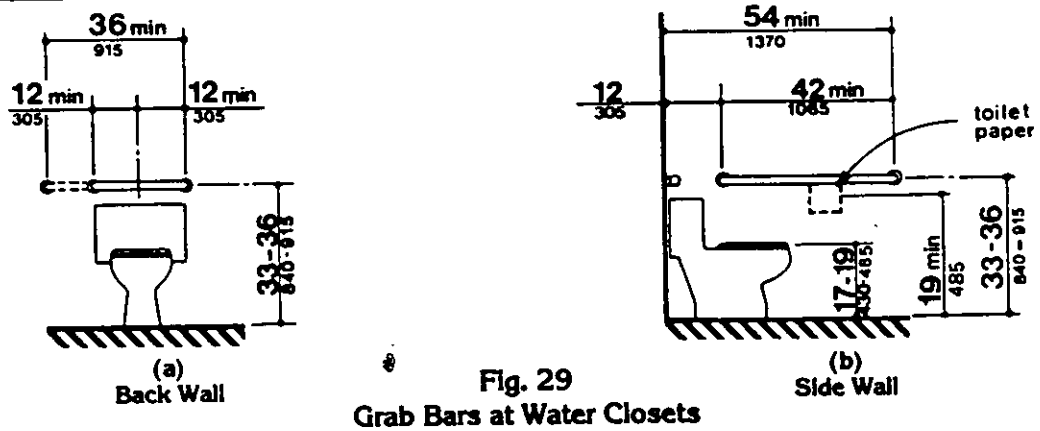


Fig. 29
Grab Bars at Water Closets

4.16.5* Flush Controls. Flush controls shall be hand operated *or automatic* and shall comply with 4.27.4. Controls for flush valves shall be mounted on the wide side of toilet areas no more than 44 in (1120 mm) above the floor.

4.16.6 Dispensers. Toilet paper dispensers shall be installed within reach, as shown in Fig. 29(b). *Dispensers that control delivery, or that do not permit continuous paper flow, shall not be used.*

4.17 Toilet Stalls.

4.17.1 Location. Accessible toilet stalls shall be on an accessible route and shall meet the requirements of 4.17.

4.17.2 Water Closets. Water closets in *accessible* stalls shall comply with 4.16.

4.17.3 Size and Arrangement. The size and arrangement of toilet stalls shall comply with Fig. 30(a). Toilet stalls with a minimum depth of 56 in (1420 mm) (see Fig. 30(a)) shall have wall-mounted water closets. If the depth of toilet stalls is increased at least 3 in (75 mm), then a floor-mounted water closet may be used. Arrangements shown for stalls may be reversed to allow either a left- or right-hand approach.

EXCEPTION: In instances of alteration work where provision of a standard stall (Fig. 30(a)) is structurally impracticable or where plumbing code requirements prevent combining existing stalls to provide space, an alternate stall (Fig. 30(b)) may be provided in lieu of the standard stall.

4.17.4 Toe Clearances. In standard stalls, the front partition and at least one side partition shall provide a toe clearance of at least 9 in (230 mm) above the floor. If the depth of the stall is greater than 60 in (1525 mm), then the toe clearance is not required.

Figure 7.56c
Rear Wall Elevation

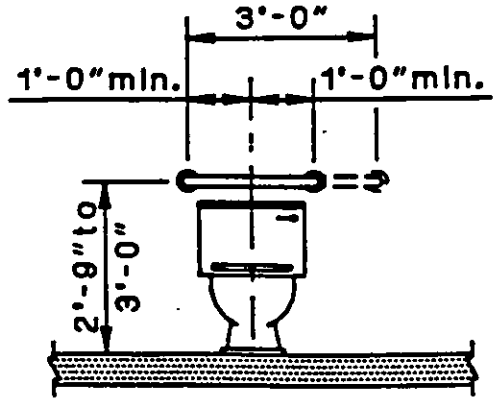
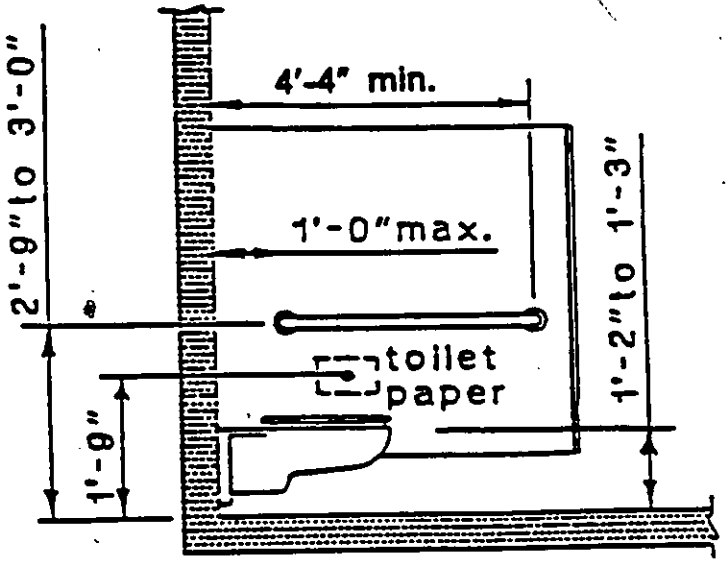


Figure 7.56d
Side Wall



7. Accessible toilet stalls shall have toilet paper dispensers mounted as shown in Figure 7.56d. Height measured from the centerline of the dispenser to the finished floor

2'-9-3'-0 range
+ 1" tolerance
of FC

Prefer 1'-9 of floor
= 17" of floor

4.17.5* Doors. Toilet stall doors shall comply with 4.13. *If toilet stall approach is from the latch side of the stall door, clearance between the door side of the stall and any obstruction may be reduced to a minimum of 42 in (1065 mm).*

4.17.6 Grab Bars. Grab bars complying with the length and positioning shown in Fig. 30(a), (b), (c), and (d) shall be provided. Grab bars may be mounted with any desired method as long as they have a gripping surface at the locations shown and do not obstruct the required clear floor area. Grab bars shall comply with 4.26.

4.18 Urinals.

4.18.1 General. Accessible urinals shall comply with 4.18.

4.18.2 Height. Urinals shall be stall-type or wall-hung with an elongated rim at a maximum of 17 in (430 mm) above the floor.

4.18.3 Clear Floor Space. A clear floor space 30 in by 48 in (760 mm by 1220 mm) shall be provided in front of urinals to allow forward approach. This clear space shall adjoin or overlap an accessible route and shall comply with 4.2.4. *Urinal shields that do not extend beyond the front edge of the urinal rim may be provided with 29 in (735 mm) clearance between them.*

4.18.4 Flush Controls. Flush controls shall be hand operated or automatic, and shall comply with 4.27.4, and shall be mounted no more than 44 in (1120 mm) above the floor.

4.19 Lavatories and Mirrors.

4.19.1 General. The requirements of 4.19 shall apply to lavatory fixtures, vanities, and built-in lavatories.

4.19.2 Height and Clearances. Lavatories shall be mounted with *the rim or counter surface no higher than 34 in (865 mm) above the finished floor. Provide* a clearance of at least 29 in (735 mm) from the floor to the bottom of the apron. Knee and toe clearance shall comply with Fig. 31.

4.19.3 Clear Floor Space. A clear floor space 30 in by 48 in (760 mm by 1220 mm) complying with 4.2.4 shall be provided in front of a lavatory to allow forward approach. Such clear floor space shall adjoin or overlap an accessible route and shall extend a maximum of 19 in (485 mm) underneath the lavatory (see Fig. 32).

4.19.4 Exposed Pipes and Surfaces. Hot water and drain pipes under lavatories shall be insulated or otherwise covered. There shall be no sharp or abrasive surfaces under lavatories.

4.19.5 Faucets. Faucets shall comply with 4.27.4. Lever-operated, push-type, and electronically controlled mechanisms are examples of acceptable designs. Self-closing valves are allowed if the faucet remains open for at least 10 seconds.

4.19.6* Mirrors. Mirrors shall be mounted with the bottom edge *of the reflecting surface* no higher than 40 in (1015 mm) from the floor (see Fig. 31).

4.20 Bathtubs.

4.20.1 General. Accessible bathtubs shall comply with 4.20. For bathtubs in *accessible* dwelling units, see 4.34.5.4.

4.20.2 Floor Space. Clear floor space in front of bathtubs shall be as shown in Fig. 33.

4.20.3 Seat. An in-tub seat or a seat at the head end of the tub shall be provided as shown in Fig. 33 and 34. The structural strength of seats and their attachments shall comply with 4.26.3. Seats shall be mounted securely and shall not slip during use.

4.20.4 Grab Bars. Grab bars complying with 4.26 shall be provided as shown in Fig. 33 and 34.

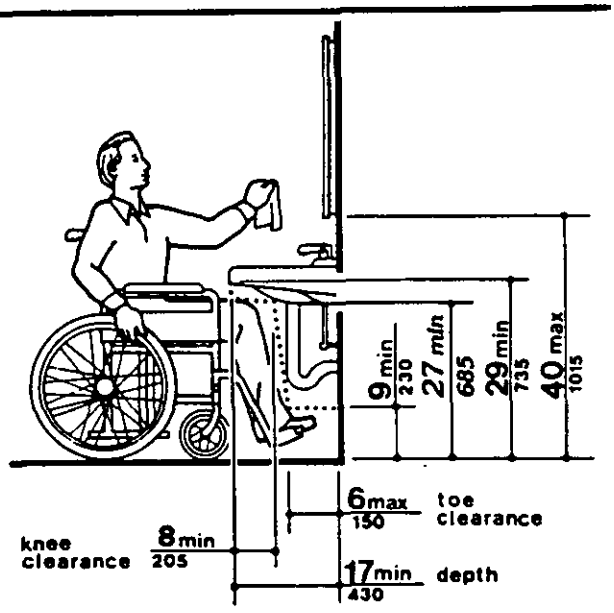


Fig. 31
Lavatory Clearances

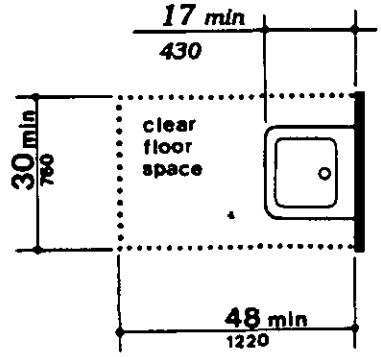


Fig. 32
Clear Floor Space at Lavatories

4.13.6 Maneuvering Clearances at Doors. Minimum maneuvering clearances at doors that are not automatic or power-assisted shall be as shown in Fig. 25. The floor or ground area within the required clearances shall be level and clear. Entry doors to acute care hospital bedrooms for in-patients shall be exempted from the requirement for space at the latch side of the door (see dimension "x" in Fig. 25) if the door is at least 44 in (1120 mm) wide.

4.13.7 Two Doors in Series. The minimum space between two hinged or pivoted doors in series shall be 48 in (1220 mm) plus the width of any door swinging into the space. Doors in series shall swing either in the same direction or away from the space between the doors (see Fig. 26).

4.13.8* Thresholds at Doorways. Thresholds at doorways shall not exceed 3/4 in (19 mm) in height for exterior sliding doors or 1/2 in (13 mm) for other types of doors. Raised thresholds and floor level changes at accessible doorways shall be beveled with a slope no greater than 1:2 (see 4.5.2).

4.13.9* Door Hardware. Handles, pulls, latches, locks, and other operating devices on accessible doors shall have a shape that is easy to grasp with one hand and does not require tight grasping, tight pinching, or twisting of the wrist to operate. Lever-operated mechanisms, push-type mechanisms, and U-shaped handles are acceptable designs. When sliding doors are fully open, operating hardware shall be exposed and usable from both sides. In dwelling units, only doors at accessible entrances to the unit itself shall comply with the requirements of this paragraph. Doors to hazardous areas shall have hardware complying with 4.29.3. *Mount no hardware required for accessible door passage higher than 48 in (1220 mm) above finished floor.*

4.13.10* Door Closers. If a door has a closer, then the sweep period of the closer shall be adjusted so that from an open position of 70 degrees, the door will take at least 3 seconds to move to a point 3 in (75 mm) from the latch, measured to the leading edge of the door.

4.13.11* Door Opening Force. The maximum force for pushing or pulling open a door shall be as follows:

(1) Fire doors shall have the minimum opening force allowable by the appropriate administrative authority.

(2) Other doors.

(a) exterior hinged doors: *(Reserved).*

(b) interior hinged doors: 5 lbf (22.2N)

(c) sliding or folding doors: 5 lbf (22.2N)

These forces do not apply to the force required to retract latch bolts or disengage other devices that may hold the door in a closed position.

4.13.12* Automatic Doors and Power-Assisted Doors. If an automatic door is used, then it shall comply with American National Standard for Power-Operated Doors, ANSI A156.10-1979. Slowly opening, low-powered, automatic doors shall be considered a type of custom design installation as described in paragraph 1.1.1 of ANSI A156.10-1979. Such doors shall not open to back check faster than 3 seconds and shall require no more than 15 lbf (66.6N) to stop door movement. If a power-assisted door is used, its door-opening force shall comply with 4.13.11 and its closing shall conform to the requirements in section 10 of ANSI A156.10-1979.

4.14 Entrances.

4.14.1 Minimum Number. *Entrances required to be accessible by 4.1* shall be part of an accessible route and shall comply with 4.3. Such entrances shall be connected by an accessible route to public transportation stops, to accessible parking and passenger loading zones, and to public streets or sidewalks if available (see 4.3.2(1)). They shall also be connected by an accessible route to all accessible spaces or elements within the building or facility.

4.14.2 Service Entrances. A service entrance shall not be the sole accessible entrance unless it is the only entrance to a building or facility (for example, in a factory or garage).

4.15 Drinking Fountains and Water Coolers.

4.15.1 Minimum Number. *Drinking fountains or water coolers required to be accessible by 4.1 shall comply with 4.15.*

4.15.2* Spout Height. Spouts shall be no higher than 36 in (915 mm), measured from the floor or ground surfaces to the spout outlet (see Fig. 27(a)).

4.15.3 Spout Location. The spouts of drinking fountains and water coolers shall be at the front of the unit and shall direct the water flow in a trajectory that is parallel or nearly parallel to the front of the unit. The spout shall provide a flow of water at least 4 in (100 mm) high so as to allow the insertion of a cup or glass under the flow of water.

4.15.4 Controls. Controls shall comply with 4.27.4. *Unit controls shall be front mounted or side mounted near the front edge.*

4.15.5 Clearances.

(1) Wall- and post-mounted cantilevered units shall have a clear knee space between the bottom of the apron and the floor or ground at least 27 in (685 mm) high, 30 in (760 mm) wide, and 17 in to 19 in (430 mm to 485 mm) deep (see Fig. 27(a) and (b)). Such units shall also have a minimum clear floor space 30 in by 48 in (760 mm by 1220 mm) to allow a person in a wheelchair to approach the unit facing forward.

KENCOR INC.

304 WILLOWBROOK LANE, P.O. BOX 1659
WEST CHESTER, PA 19380

PHONE: (610) 430-2110 / FAX: (610) 430-2109

TO: TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICKTOWN, NJ 08723

NO. 0006

ATTENTION: MR. ARTHUR CIERZO

GENTLEMEN:

WE ARE SENDING YOU

[x] Herewith

[ ] Under separate cover

THE FOLLOWING ITEMS:

DATE	3/3/97	JOB NO.	KR22
JOB NAME	DE PALMA OFFICE BUILDING		
JOB LOCATION	1617 ROUTE 88, BRICK NJ 08723		
RE:	ELEVATOR INSTALLATION		

[x] Plans [ ] Specifications
[ ] Tracings [ ] Prints
[ ] Shop Drawings [ ] Samples
[ ] Catalogue Cuts [ ] Change Order
[ ] Purchase Order [ ] Copy of letter

[x] Other: ELEVATOR SUBCODE TECHNICAL SECTION

COPIES	DATED	NO	DESCRIPTION
3	02/04/95	KR22	SIGNED AND SEALED DRAWINGS
1			ELEVATOR SUBCODE TECHNICAL SECTION

THESE ARE TRANSMITTED as checked below:

[x] For approval [ ] Approved as submitted [ ] Submit ___ copies for distribution
[ ] For your use [ ] Approved as noted [ ] Resubmit ___ copies for approval
[ ] As requested [ ] Returned for corrections [ ] Return ___ corrected prints
[ ] For review and comment [x] Other: PLEASE ISSUE PERMIT
[ ] FOR BIDS DUE _____ 1996
[ ] PRINTS RETURNED AFTER LOAN TO US

REMARKS: KINDLY NOTIFY US AS TO FEES REQUIRED.

COPY TO: JOB FILE

SIGNED Bill Smallsam

CERTIFICATE OF COMPLIANCE

BLOCK 827 LOT (19.20)(37-40) SITE ADDRESS 1617 Route 88

TYPE OF SITE Commercial TYPE OF BUSINESS Medical Building
Residential/Commercial

APPLICANT 1617 Route 88 West Assoc. PHONE NUMBER 458-5859

APPLICANT ADDRESS 1617 Route 88 CITY & STATE Brick N.J.

CASE # _____ NAME OF BUSINESS _____

INCLUSIONARY DEVELOPMENT

☐ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Pd. in Full _____ Date _____

☐ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $220,000.00 Date 6/10/96

Required Deposit on Estimate $ $110.00 Date 6/10/96 #1489

Check # 1489 Receipt # 5027

Actual Assessment: 220,000.00 Date 6/17/97

Actual Required Fee: $ 220.00

Minus Deposit of Estimate $ (110.00)

Balance Due $ 110.00

Amount Paid in Full $ 220.00 Date 6/17/97

Check # 1552 Receipt # 5441

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

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # PB 2151

APPROVAL DATE: 6/28/96
(Planning Board/BOA)

DATE: 6/6/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 827 LOT (19,20 & 37-40) SITE ADDRESS 1617 Rt 88

TYPE OF SITE COMMERCIAL (Residential/Commercial) TYPE OF BUSINESS MEDICAL

APPLICANT Rt 88 W ASSOCIATES CITY & STATE BRICK NJ 08723

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

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

$ 22,000

FRM/BCH

Frederick R. Millman, CTA, Tax Assessor

6/7/96

Date

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

$ 22,000

Frederick R. Millman, CTA, Tax Assessor

6/25/97

Date

CERTIFICATE OF COMPLIANCE

BLOCK 827 LOT (19,20)(37-46) SITE ADDRESS 1617 Route 88

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Medical Building

APPLICANT 1617 Route 88 West Assoc. PHONE NUMBER 458-5859

APPLICANT ADDRESS 1617 Route 88 CITY & STATE Brick N.J.

CASE # _____ NAME OF BUSINESS Beam # 891-3333

INCLUSIONARY DEVELOPMENT

☐ Affordable

Fee Required _____ Date _____

Down Payment _____ Date _____

Balance _____ Date _____

Pd. in Full _____ Date _____

☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☑ Commercial is .01%

Estimated Assessment: $22,000.00 Date 6/10/96

Required Deposit on Estimate $ $110. Date 6/10/96 #1489

Check # 1489 Receipt # 9827

Actual Assessment: 22,000.00 Date 6/25/97

Actual Required Fee: $ 220.00

Minus Deposit of Estimate $ 110.00

Balance Due $ 110.00

Amount Paid in Full $ 220.00 Date 6/26/97

Check # 1553 Receipt # 6564

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

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Joseph C. Scarpelli, Mayor

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # PB 2151

APPROVAL DATE: 6/28/96
(Planning Board/BOA)

DATE: 6/6/96

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 827 LOT (19,20 & 37-40) SITE ADDRESS 1617 RT 88

TYPE OF SITE COMMERCIAL (Residential/Commercial) TYPE OF BUSINESS MEDICAL

APPLICANT RT 88W ASSOCIATES CITY & STATE BRICK NJ 08723

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

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

$ 22,000

FAM/BCH

Frederick R. Millman, CTA, Tax Assessor

6/7/96

Date

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

$ 22,000

Frederick R. Millman, CTA, Tax Assessor

6/25/97

Date

BRICK TOWNSHIP PLANNING BOARD

MINOR SITE PLAN APPROVAL WITH VARIANCES AND DESIGN WAIVERS

RESOLUTION R-42-95

CASE NO. PB-2151-MSP-V-4/95

June 28, 1995

WHEREAS, John DePalma and 1617 Route 88W Associates, having a mailing address of 1617 Route 88W, Brick Town, New Jersey 08723, have applied to the Brick Township Planning Board for minor site plan approval with variances pursuant to N.J.S.A. 40:55D-70C; and

WHEREAS, proof of service as required by law upon property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on June 14, 1995 in the Municipal Building, at which time testimony and exhibits were presented on behalf of the applicant and all interested parties having been heard; and

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is designated as Block 827, Lot 37-40, 19 & 20 on the Municipal Tax Map.

2. The property is located in the B-1 neighborhood business zone. The applicant has applied to construct a 20 Ft. by 10 Ft. addition to the existing medical office building. The proposed addition is for the purpose of constructing an elevator to provide first and second floor building access to the handicapped public. In addition to the elevator, the proposed improvements include a vestibule, mechanical room, access ramp and handicapped parking.

3. The tract size is 23,400 Sq. Ft. and it is located on the southwest corner of the New Jersey Route 88/Fort Street intersection.

IMPORTANT

A.H.B.T. - MANDATORY FEE - RESIDENTIAL

4. The existing use is a medical office building and

5-3-96

AHBT PRELIMINARY APPROVAL

addition.

the proposed use is a medical office building with elevator

5. Lynch, Giuliano and Associates prepared a report to the Board dated May 12, 1995. The Board hereby adopts the findings and incorporates that document in this Resolution by reference.

6. Michael P. Fowler, Municipal Planner, prepared a report to the Board dated May 24, 1995. The Board hereby adopts the findings in that report and incorporates that document in this Resolution by reference.

7. The following variances have been applied for:

Bulk Requirement	Required	Provided
Side Yard	10 Ft.	7.75 Ft.

8. The Board finds the following variances reasonable and should be granted because:

(a) In regard to the required side yard variance, strict application of the Township's Zoning Regulations would result in peculiar and exceptional practical difficulties to, or exceptional and undue hardship upon the applicant as the application relates to a specific piece of property, and that the purposes of the Municipal Land Use Law would be advanced by a deviation from the zoning requirement, and that the benefits of the deviation substantially outweigh any detriment.

(b) The applicant has complied with the requirements of the site plan ordinance and the overall development plan for this property constitutes a substantial upgrading of the medical building and is in consistent with the intent and purpose of the Municipal Development Ordinance. Accordingly, the Board finds that the relief requested can be

granted without substantial detriment to the public good and will not substantially impair the intent and purpose the Township Zoning Ordinance or Master Plan.

NOW, THEREFORE, BE IT RESOLVED by the Brick Township Planning Board on this 28th day of June, 1995 that this application be approved subject to the following conditions:

1. The applicant shall comply with all terms and conditions proposed in the report of Lynch, Giuliano and Associates dated May 12, 1995.

2. The applicant shall comply with all conditions proposed in the report of Michael P. Fowler dated May 24, 1995.

3. The applicant shall comply with all conditions proposed in the report of the Bureau of Fire Safety dated May 10, 1995.

4. The applicant shall comply with all conditions proposed in the report of the Traffic Safety Officer dated May 10, 1995.

5. The applicant shall comply with all standard Planning Board conditions for site plan approval as set forth in Attachment "A."

6. The applicant shall comply with all representations and agreements made by the applicant or its attorney during the presentation of this case.

RESOLUTION: R-42-95

CASE NO. PB-2151-MSP-V-4/95

Juen 28, 1995

MOVED BY Mrs. Fox

SECONDED BY: Councilwoman Fayad

VOTING IN THE AFFIRMATIVE: Councilwoman Fayad Mrs. Fox Mrs. LaDuke Mr. Underwood Mr. Petoia Mr. Reo

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT: Mrs. Barlo Mr. Cierzo Mr. Heidrick Mayor Scarpelli Mr. Scherer

CERTIFICATION

I, E. Joan Kull, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly ADOPTED by the said Planning Board of the Township of Brick at a regular meeting held on the 28th day of June , 1995.

IN WITNESS WHEREOF, I have set my hand this 29th day of June , 1995.

E. Joan Kull

E. JOAN KULL
Clerk of the Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR MINOR SUBDIVISION APPROVAL

1. Applicant shall obtain all approvals required by any Federal, State, County or Municipal agency having regulatory jurisdiction of this development. Upon receipt of such approval(s), the applicant shall supply a copy of the permit(s) to the Board. In the event that any other agency requires a change in the plans approved by this Board, the applicant must reapply to the Brick Township Planning Board for approval of that change.

2. Applicant shall resubmit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

3. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

4. Applicant shall furnish a duplicate mylar of the filed map, certified by the applicant's engineer, to the Township Engineer.

5. Applicant shall post a bond for the setting of monuments in accordance with the map filing law in an amount to be determined by the Township Engineer. Further, the applicant shall post an inspection fund for the verification of compliance with this requirement in an amount to be determined by the Township Engineer.

6. No soil shall be removed from the site without the written approval of the Township Council.

7. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

BRICK TOWNSHIP PLANNING BOARD

MINOR SITE PLAN APPROVAL WITH VARIANCES AND DESIGN WAIVERS

RESOLUTION R-42-95

CASE NO. PB-2151-MSP-V-4/95

June 28, 1995

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WHEREAS, proof of service as required by law upon property owners and governmental bodies has been furnished and determined to be in proper order; and

WHEREAS, a public hearing was held on June 14, 1995 in the Municipal Building, at which time testimony and exhibits were presented on behalf of the applicant and all interested parties having been heard; and

WHEREAS, the Board makes the following factual findings and findings of law:

1. This property is designated as Block 827, Lot 37-40, 19 & 20 on the Municipal Tax Map.

2. The property is located in the B-1 neighborhood business zone. The applicant has applied to construct a 20' Ft. by 10 Ft. addition to the existing medical office building. The proposed addition is for the purpose of constructing an elevator to provide first and second floor building access to the handicapped public. In addition to the elevator, the proposed improvements include a vestibule, mechanical room, access ramp and handicapped parking.

3. The tract size is 23,400 Sq. Ft. and it is located on the southwest corner of the New Jersey Route 88/Fort Street intersection.

4. The existing use is a medical office building and

Ltr. - 2
DePalma - 2
Devona
Ford
Curley
Reid
Eng.
Towns
B.P.S.

Maps Signed - 5-3-96

addition.

the proposed use is a medical office building with elevator

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6. The applicant shall comply with all representations and agreements made by the applicant or its attorney during the presentation of this case.

MOVED BY Mrs. Fox

SECONDED BY: Councilwoman Fayad

VOTING IN THE AFFIRMATIVE: Councilwoman Fayad Mrs. Fox Mrs. LaDuke Mr. Underwood Mr. Petoia Mr. Reo

VOTING IN THE NEGATIVE:

INELIGIBLE TO VOTE:

ABSTAINING:

ABSENT: Mrs. Barlo Mr. Cierzo Mr. Heidrick Mayor Scarpelli Mr. Scherer

CERTIFICATION

I, E. Joan Kull, Clerk of the Planning Board of the Township of Brick, County of Ocean, State of New Jersey, do hereby certify that the foregoing resolution was duly ADOPTED by the said Planning Board of the Township of Brick at a regular meeting held on the 28th day of June , 1995.

IN WITNESS WHEREOF, I have set my hand this 29th day of June , 1995.

E. Joan Kull

E. JOAN KULL
Clerk of the Planning Board

ATTACHMENT "A"

BRICK TOWNSHIP PLANNING BOARD

STANDARD CONDITIONS FOR MINOR SUBDIVISION APPROVAL

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2. Applicant shall resubmit this entire proposal for re-approval should there be any deviation from the terms and conditions of this Resolution or the documents submitted as part of this application, all of which are made a part hereof and shall be binding on the applicant.

3. Applicant shall provide a statement from the Brick Township Tax Collector that all taxes are paid in full as of the date of this Resolution and as of the date of the fulfillment of any condition(s) of this Resolution.

4. Applicant shall furnish a duplicate mylar of the filed map, certified by the applicant's engineer, to the Township Engineer.

5. Applicant shall post a bond for the setting of monuments in accordance with the map filing law in an amount to be determined by the Township Engineer. Further, the applicant shall post an inspection fund for the verification of compliance with this requirement in an amount to be determined by the Township Engineer.

6. No soil shall be removed from the site without the written approval of the Township Council.

7. The applicant shall comply with all provisions and pay all fees established under Article VB (Mandatory Development Fees) of Chapter 190 of the Code of the Township of Brick.

1617 ROUTE 88 WEST ASSOCIATES

EXPLANATION	AMOUNT

1553

55-73/312

PAY AMOUNT OF One hundred Ten and 00/100 DOLLARS

CHECK AMOUNT $ 110 00

DATE	TO THE ORDER OF	DESCRIPTION	CHECK NUMBER
6-25-97	Township of Brick	Affordable Housing	

111011

~~[illegible]~~ VSS

CORESTATES
NEW JERSEY NATIONAL BANK

Diane DePalma

⑈001553⑈ ⑆031200730⑆ 11263160⑈

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 6-26-97

Business/Development: RT 88 W. Associates

Owner/Applicant: RT 88W. Associates

Property Address: 1617 RT. 88 (Dr. DePalma)

Block: 827 Lot: (19.20) (37.40)

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number_____
Estimated Fee_____

Deposit Amount $_____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check No.: 1553
Final Fee: 220.00
Less Deposit: 110.00

Final Payment $ 110 00

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27d-301 et seq. and N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

6-26-97
Date

[illegible]

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

TOWNSHIP OF BRICK

1617 RT 88 WEST 827, 19, 20, 57, 40
k Site Address | Block | Lot

1617 RT 88 WEST ASSOC
ner's Name, Address, Phone

BILL BARR
SAME AS ABOVE ENVIRONMENTAL RECOVERY SYST.
ntractor's Name, Address, Phone
FREEHOLD, NJ 919-1983

struction REMOVAL OF FUEL AND TANK
Describe type (Single -family home, etc.)

molition
Describe type (Structure, roof, siding, etc.)

scribe type and estimated quantity of material

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

ze of dumpster:

stination of discarded debris:

uler's DEP Permit No.:

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

nerator's Certification: Under penalty of criminal and civil prosecution,
r the making or submissin of false statements, representations or omissions,
declare, on behalf of the generator that the contents of this document are
lly and accurately described above and have been disposed or recycled in
coordance with all applicable State and Federal laws and regulations, and
at I have been authorized, in writing, to make such declarations by the
rson in charge of the generator's operation.

Printed/Typed Name: BARRY GRAND | Signature | Date 6/24/96

****

FOR OFFICE USE ONLY

ST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED.

cycling tonnage receipts attached?

rtified tipping receipts attached?

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

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer