Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 701 LOT 7 QUALIFICATION CODE ______ ADDRESS (SITE) 744 Route 70 PERMIT NO. 21-1867

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C21-001324

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

I. IDENTIFICATION

1. Proposed Work Site at: 744 Route 70
2. Name of Owner in Fee: Bricktown VF LLC
   Tel. 201-957-4707 e-mail jnicodemo@vedge.com
   Address 210 Route 4 East (street) Paramus, NJ (municipality) 07652 (zip code)
3. Ownership in Fee: Public ______ Private ✓
4. Principal Contractor: JA Salerno & Sons Tel. 973-267-0967
   Address 14 Ridgedale Ave e-mail ______
   Cedar Knolls NJ 07927
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason ______
   Federal Emp. ID No. 222202759 FAX: ______
5. Architect or Engineer Sargenti Architects Contact Per Sandstrom
   Address 1628 JFK Blvd. Philadelphia PA e-mail ______
   Tel. 215-482-1950 FAX: ______
6. Responsible Person in Charge once Work has Begun Jimmy Salerno
   Tel. 973-267-0967 FAX: 973-267-0306

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	2940 ✓		
2. Electrical		655		
3. Plumbing		410 ✓	200	
4. Fire Protection		116 ✓	250 ✓	175
5. Elevator Devices				
6. Subtotal				
7. Less 20% for State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee		192	29	23
10. Subtotal	$	195		
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	4418	479	198

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

COMMERCIAL

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. Max. Live Load ______
7. Max. Occupancy Load ______
8. If Industrialized Building: State Approved ______ HUD ______
9. Total Land Area Disturbed ______ sq. ft.
10. Flood Hazard Zone ______
11. Base Flood Elevation ______ ft.
12. Wetlands yes ______ no ______

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☒ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☒ Renovation Interior
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
☒ Building	61,000	4/7/21			06/16/21				
☒ Electrical	33,000				4/29/21				
☒ Plumbing	7,100				7-7-21				
☒ Fire Protection	14,198				6/24/21				
☒ ~~Elevator~~ HVAC	17,000	Eng. Exempt			4/21/21	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: ______
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use: Retail
2. Use Group, Proposed: M
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ______

D. Construct. Classification: Present ______ Proposed ______

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Call Tricia 732-642-5362 tmurch@permitsolutionsllc.com - or when ready

Former Payless

Rolled Plans

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division

(Certificate of Approval)

Date Issued 01/20/2022
Control Number C-21-001324
Permit Number 21-1867
Permit Issue Date 07/14/2021
Certificate Number 21-1867

Identification

Work Site Location: 744 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:

Contractor JA SALERNO AND SONS

Address 43 RIDGEDALE AVE Suite 107 CEDAR KNOLLS NJ 07927-

Telephone: (973) 267-0967 Fax: (973) 267-0306 Federal Emp. Number: 22-2202759

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: VANILLA BOX - - FORMER PAYLESS

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 01/20/2022

U.C.C. F260 (rev. 08/05)

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 pancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or 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(f)1.ix:

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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 Uniform Construction Code, N.J.A.C. 5:23-2.15(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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

(X) Check if contractor.

Agent Name J.A. Solerno + Sons

Address 14 Ridgedale Ave
Cedar Knolls, N.J. 07927

Telephone 973-267-0967

Signature James A. Solerno

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 7/14/21
Control #
Date Issued
Permit # 21-1867

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Bricktown VF LLC

Tel. (201) 957-4707 e-mail

Address 210 Route 4 East (street) Paramus (municipality) NJ (zip code) 07652

Contractor: JA Salerno & Sons Tel. (973) 267-0967

Address 14 Ridgedale Ave

Cedar Knolls, NJ 07927 e-mail jimmy@jasalerno.com

Contractor License No. or Builder Registration No. Exp. Date

Federal Emp. ID No. 222202759 FAX: (973) 267-0306

C. CERTIFICATION IN LIEU OF OATH

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

Sign here James A. Salerno

Print name here: James A. Salerno

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Interior preparation of space to make ready for new 6,482 sf tenant fit up. New demising wall between tenant & LL util. room. New facade finishes & concrete stairs. COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	07/16/21	
[ ] Footing/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT

Date: 06/16/21

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 01/20/22

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame		*	9-1-21	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO		*	1-19-22	
Other				
Final 10-12-21	1-19-22		1-20-22	
Barrier-Free				

TYPE OF WORK

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation Landlord work vanilla box
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

B. BUILDING CHARACTERISTICS

Use Group: Present _____ Proposed _____

No. of Stories

Height of Structure

Area — Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Max. Live Load

Max Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:

Ft. State Approved _____ HUD _____

Sq. Ft. **Est. Cost of Bldg. Work:**

Sq. Ft. 1. New Bldg. $

cu. ft. 2. Rehabilitation $ 61,000

3. Total (1+2) $

UCC/F-110
(rev. 11/09)
Professional Printing
(856) 468-7933

1. White-Inspector Copy 2. Canary-Applicant Copy 3. Pink-Office Copy 4. White Tag-Office Copy

* 9-1-21 Frame as per plan But no mid wall Bracing of Blocki
HAVE Design Proff. to comment. JRe

* 1-19-22 Final Needs sheetrock Patching JRe
OK For TCO so Socuma can stock supplies

(B)

tech

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

Brick Township

CORRECTION NOTICE

ADDRESS 744 Rt 70

PERMIT NUMBER 21-1867 BLOCK 201 LOT 7

~~OWNER~~ Final

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

1) Need to Repair wall where sheetrock cut out (ok)
2) Remove all Debris (ok)
3) Have Bld illuminated To See progress (ok)
4) Have Relased Plans on site (ok)

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 10-12-21 INSPECTOR JR

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

000 349 271 42
250A

Date Received 7/12/21
Control #
Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Bricktown VF LLC

Tel. (201) 957-4707 e-mail jnicodemo@vedge.com

Address 210 Route 4 East (street) Paramus (municipality) NJ 07652 (zip code)

Contractor: GIORDANO ELECTRIC CO. Tel. (732) 281-1562

Address 2360 LAKEWOOD RD STE 3-4 e-mail GIOELECCORP@aol.com
TOMS RIVER, NJ 08755

Contractor License No. 10132 Exp. Date 3/31/24

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3162202 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 32,000 –

C. CERTIFICATION IN LIEU OF CA

I hereby certify that I am the (agent) ... application and perform the work ...

Applicant sign/Contractor sign and seal here:

Print name here: JOHN

[X] Licensed Elec. Contractor [ ] Certi... [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Prepare Vanilla box for

QTY.	SIZE	ITEMS	$ (Office Use Only)
		Lighting Fixtures	
5		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
2		Communications Points	
		Alarm Devices/F.A.C.C. Panel	
9		TOTAL NUMBERS	
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
2	19	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
1	60	AMP Service	
2		AMP Subpanels 1-60A, 1-250A	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 4/29/21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 4-29-21
Approved by: MM
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 1-25-22
Approved by: MM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	9-7-21 MM			
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			9-8-21 MM	
Final			1-19-22 MM	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

No work done MM

5B

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

2016401-9248 Wyck

1/20/22

Date Received
Control #
Date Issued
Permit #

1/20/22

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

Block 167 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Princeton VF LLC

Tel. ( ) e-mail

Address 210 Route 4 East Paramus NJ 07652
street municipality zip code

Contractor: Giordano Electric Corp. Tel. (732) 281-1562

Address 2300 Lakewood Rd Ste 3-458 e-mail GioElec@Aol.com
Toms River NJ 08755

Contractor License No. 10132 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3162202 FAX: (732) 281-1563

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record named herein and that I filed this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: John Giordano

[X] Licensed Elec. Contractor [ ] Certif'd Landscape [ ] Owner [ ] Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
1-2 tg

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
1	3	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-20-22
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1-20-22	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

PLUMBING SUBCODE
TECHNICAL SECTION

HVAC

2/14/21

1867 HA

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Bricktown VF LLC

Tel. (201) 957-4707 e-mail jnicodemo@uedge.com

Address 210 Route 4 East Paramus, NJ 07652
(street) (municipality) (zip code)

Contractor: L & D Mechanical Tel. (973) 777-6669

Address 168 Federal Street e-mail

Garfield, NJ 07026

Contractor License No. 36BI01325100 Exp. Date 03/25/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 743163116 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 14,000

C. CERTIFICATION IN LIEU OF [illegible]

I hereby certify that I am the [illegible] and am authorized to make this application and perform the work listed on it.

Applicant sign/Contractor sign and seal here:

Print name here: Bobby Lichenberger

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install 2 new RTU

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
2	Other RTU (new)	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Plumbing Plans Approved

Date: 1.7.21 Approved by: WM

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1.7.21

Approved by: WM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 1-20-2022

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			1-19-22	GR

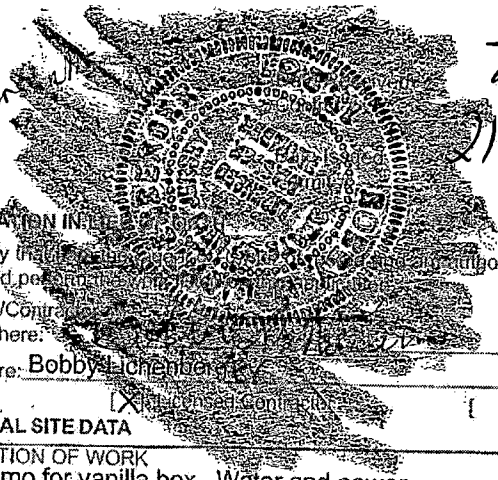
U.C.C. F130 (rev. 10/17)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

Brick Plaza next to Wawa

7/14/21
21-1867



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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Bricktown VF LLC

Tel. (201) 957-4707 e-mail jnicodemo@uedge.com

Address 210 Route 4 East Paramus, NJ 07652
(street / municipality / zip code)

Contractor: L & D Mechanical Tel. (973) 777-6669

Address 168 Federal Street e-mail

Garfield, NJ 07026

Contractor License No. 36BI01325100 Exp. Date ~~03/25/2021~~ 6/30/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 743163116 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 7,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Understab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 7.2.21 Approved by: WM
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 7.7.21
Approved by: WM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-20-2022
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
~~Solar~~ Demo only			9-2-21	
TCO				
Final			9-2-21	

C. CERTIFICATION IN

I hereby certify that I [illegible] and am authorized to make this application and perform [illegible]

Applicant sign/Contractor sign and seal here:

Print name here: Bobby Lichtenberg V

[X] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior demo for vanilla box. Water and sewer

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
2	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
1	Sewer Connection	
1	Water Service Connection	
	Stacks	
	Other interior demo	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

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Internet version

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PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

11/20/22 Date Received
Control #
11/20/22 Date Issued
Permit # 21-18674

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

Block 201 Lot 7 Qualification Code

Work Site Location 244 Route 70

Owner in Fee: Brick Towne UF LLC 210 Rt 4 East

Tel. e-mail

Address 210 Route 4 East Paramus NJ 07652
street municipality zip code

Contractor: Service & Maintenance Corp. Tel. (973) 697-7600

Address 6 Warren Drive Unit A e-mail scott@servicemaintenance
Vernon NJ 07462

Contractor License No. 19HC00497900 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 22-221886 FAX: (973) 697-7600

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500.00

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.

Applicant sign/Contractor sign and seal here:

Print name here: Scott Tiger

[X] Licensed Contractor [ ] Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

F & I (1) 3 & (2) ~~8.5~~ ton rtu's electric cooling gas heat c/w insulation, condensate, controls,

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
X	Other (1) 3 &(2) 8.5T	

KTU

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-20-2022
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			1-20-22	CG

1

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Vanilla Box

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

W/ HVAC

7/14/21

1867 +A

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Bricktown VF LLC

Tel. (201) 957-4707 e-mail jnicodemo@uedge.com

Address 210 Route 4 East Paramus, NJ 07652

Contractor: L&D Mechanical (municipality) Tel. (973) 777-6669

Address 168 Federal Street e-mail

Garfield, NJ 07026

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 1,000

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the agent of [illegible] make this application.

Applicant/Contractor sign here:

Print name here: Bobby Lichenberger

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source 2 new RTU

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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	0	
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances ☒ Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		

CONTRACTOR COPY

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Understab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: 6/24/21 Approved by: MJO

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 6-22-21

Approved by: EG

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6-23-21

Approved by: EG

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

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(Sephora) Space #4

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Vanilla Box

w/ electric

Date Received 7/14/21
Control #

Date Issued
Permit # 21-1867

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Bricktown VF LLC

Tel. (201) 957-4707 e-mail gioelecorp@aol.com

Address 216 Route 4 East (street) Paramus (municipality) NJ (zip code) 07652

Contractor: Giordano Electric Corp. Tel. (732) 281-1562

Address 2360 Lakewood Rd Ste 3-450 e-mail GIOELECORP@AOL.com

Toms River, NJ. 08755

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 10132 Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 22-3162202 FAX: (732) 281-1563

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other

Location:

Total Cost of Fire Protection Work $ 1000-

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 8/2/21 Approved by: CU

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 8/23/21

Approved by: CU

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 9-23-21

Approved by: CU

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			9/23/21	
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.

Applicant/Contractor sign here:

Print name here: John Giordano

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Exit/Em Lights

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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 Exit/Em	2	
TOTAL	2	
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Van Ness Bros - Space 4

Date Received
Control

Date Issued
Permit # 21-1867 HB

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

Block 701 Lot 7 Qualification Code

Work Site Location SEPHORA LANDLORD WORK R 17H-Route 70
BRICK COMMONS SPACE 4 660 RT 70 BRICK NJ 08723

Owner in Fee URBAN EDGE PROPERTIES Bricktown VF LLC

Tel: 201-937-4707 e-mail jnicodemo@uedge.com

Address 210 Route 4 East Paramus, NJ 07652
street municipality zip code

Contractor TJ FIRE PROTECTION INC Tel 732 701 3307

Address 2410 SYLVAN DR #3 email Tjfireinc.aol.com
POINT PLEASANT NJ 08742

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00473

Fire Protection Equipment, NJ Div of Fire Safety Installer No. 153861

FireAlarmContractorNo. N/A Exp.Date 10.2021

Home Improvement Contractor Registration No. or Exemption Reason

FederalEmp.IDNo. 223648017 FAX: 732 701 3109

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Glass Present 11B Proposed 11B

Heating System: [ ] New or [ ] Modification to Existing
or [ ] Conversion or [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other

Location

Total Cost of Fire Protection work $ 11850

Fuel Storage Tank:
Fuel Type: [ ] Flammable or [ ] Combustible
Capacity

Fire Alarm System: [ ] New or [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New or [ ] Existing

Location of Main Control Valve.

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.

Applicant/Contractor

Sign here: Dan Barlow

Print name here: DAN BARLOW

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: MODIFICATION TO SPRINKLER SYSTEM

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		Upgrade
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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 ____ GMP Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	63	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 6-22-21 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL or PERMIT
Date: 6-22-21
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] [ ] CCO [ ] CA
DATE: 6-23-21
Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
SuppressionSys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Conbust Tanks				
Fireplace Venting				
Final			9/22/21	LR
Other				

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Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

1/20/22 Date Received
Control #
1/20/22 Date Issued
Permit #

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

Block 701 Lot 7 Qualification Code

Work Site Location 744 Route 70

Owner in Fee: Pericoccio VF LLC.

Tel. e-mail

Address 210 Route 4 East Paramus NJ 07652
street municipality zip code

Contractor: Service & Maintenance Corp. Tel. (973) 697-7600

Address 6 Warren Drive Unit A e-mail scott@servicemaintenancer

Vernon NJ 07462

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 19HC004979 Exp. Date 06/30/2022

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 222218865 FAX: (973) 697-7605

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [X] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [X] Electric [ ] Solar [ ] Other

Location: Roof/duct

Total Cost of Fire Protection Work $ 300.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [X] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name here: Scott Tiger

[ ] Certified Construction Official exempt applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source F&I 3 duct smk Detectors

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
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 duct smoke detector	3	
TOTAL	3	
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		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [X] Gas [ ] Oil [ ] Solid	1	
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date:
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 1-20-22
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				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

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Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PERMIT UPDATE

Date Update Issued 1/20/2022
Control # C-21-001324+C
Permit # 21-1867+C

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Owner in Fee BRICKTOWN VF LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor JA SALERNO AND SONS
Address 43 RIDGEDALE AVE Suite 107 CEDAR KNOLLS NJ 07927-
Telephone: (973) 267-0967
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2202759

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
VANILLA BOX - FORMER PAYLESS ...UPDATE +C - ADD'L HVAC UNIT

PAYMENTS (Office Use Only)

Building	$0
Electrical	$150
Plumbing	$150
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$428
Check No.	6505
Cash	$0
Credit	$0
Collected By	Nichol Ponsi

Note: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $1,300

D. Hewman Jr. 1/20/22
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 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 the work installed conforms with 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 granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

SARGENTI

September 14, 2021

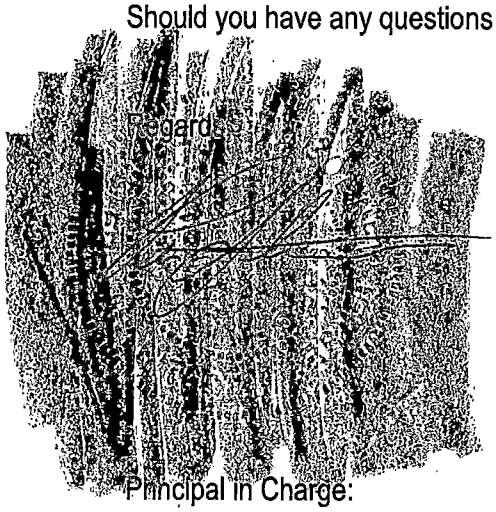
Chelsea Reeves
Project Coordinator
Urban Edge Properties
210 Route 4 East
Paramus, NJ 07652

RE: **Interior Demising Wall Assemblies**

Project: **Sephora LL Work**
Brick Commons, Space #4
744 NJ Route 70
Brick Twp., NJ 08723
Block 701, Lot 7
Permit # 21-1867

In response to the question from the inspector we confirm the following: The interior non-structural demising wall, labeled as partition type "A" on sheet A1.0 of the construction drawings, is not required to have bridging running horizontally through studs. This is not required provided that this wall is constructed as a UL U465 1-hour rated partition with 5/8" gyp board on both sides to up deck, fastened to each individual stud as noted on partition schedule.

Should you have any questions or require additional information, please contact the undersigned.



Regards,

Principal in Charge:
Rob Sargenti

Direct all inquiries to:
Per Sandstrom
Project Manager II
Email: psandstrom@sargarch.com
Phone: 267.240.5266

APPROVED FOR USE
9.23.21

RECEIVED
SEP 23 2021
BUILDING

FILE COPY

T. 215.482.1950 8 Penn Center, 1628 JFK Boulevard, Suite 1810, Philadelphia, PA 19103 www.sargarch.com

PERMIT UPDATE

Date Update Issued 7/14/21
Control # C-21-001324+B
Permit # +B

21-1867+15

IDENTIFICATION Block: 701 Lot: 7 Qualifier

Work Site Location: 744 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC
210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:

Contractor: JA SALERNO AND SONS
Address: 43 RIDGEDALE AVE Suite 107 CEDAR KNOLLS NJ 07927-
Telephone: (973) 267-0967
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2202759

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
VANILLA BOX - FORMER PAYLESS ...UPDATE +B - SPRINKLERS

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$175
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$23
CO Fee	
Other	$0
Total	$198
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $11,850

Construction Official

Date 7/8/21

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 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 the work installed conforms with 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 granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ 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. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

PERMIT UPDATE

Date Update Issued 7/14/21
Control # C-21-001324+A
Permit # +A
C1-1867

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: JA SALERNO AND SONS
Address: 43 RIDGEDALE AVE Suite 107 CEDAR KNOLLS NJ 07927-
Telephone: (973) 267-0967
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2202759

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
VANILLA BOX - FORMER PAYLESS ..UPDATE +A - INSTALL (2) R.T.U.'S

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$200
Fire Protection	$250
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$29
CO Fee	
Other	$0
Total	$479
Check No.	
Cash	$0
Credit	$0
Collected By	

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 $15,000

D Heuman Jr | 7/8/21
Construction Official — Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 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 the work installed conforms with 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 granted.

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4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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☑ A complete copy of released plans must be kept on the job site.

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

CONSTRUCTION PERMIT

Date Issued 7/14/21
Control # C-21-001324
Permit # 21-1967

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Owner in Fee BRICKTOWN VF LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor JA SALERNO AND SONS
Address 43 RIDGEDALE AVE Suite 107 CEDAR KNOLLS NJ 07927-
Telephone: (973) 267-0967
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-2202759

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [x] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [x] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
VANILLA BOX - FORMER PAYLESS

PAYMENTS (Office Use Only)

Building	$2,940
Electrical	$655
Plumbing	$440
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$192
CO Fee	
Other	$0
Total	$4,343
Check No.	7401
Cash	$0
Credit	$0
Collected By	

175
4418

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 $101,100

D. Newman 7/8/21
Construction Official Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

BUILDING $2940.00
ELECTRIC $655.00
PLUMBING $440.00
FIRE $116.00
$192.00
$75.00
CHECK $4418.00

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 the work installed conforms with 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 granted.

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- [x] A complete copy of released plans must be kept on the job site.

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

RECEIVING CLERK: MT
DATE REC'D 4/19/21

ZONING PERMIT APPLICATION

PERMIT # ZP-21-0007
DATE ISSUED 7/14/21

BLOCK: 701 LOT: 7 QUALIFIER: _____ SITE ADDRESS: 744 Route 70 Space #4

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bricktown VF LLC
   COMPLETE ADDRESS: 210 Route 4
   Paramus, NJ 07652
   PHONE # 201-957-4707 EMAIL: jnicodemo@vedge.com

2. NAME OF APPLICANT: Permit Solutions Inc. c/o Tricia Murch
   APPLICANT ADDRESS: 161 Delaware Ave
   Oakhurst NJ 07755
   PHONE # 732-642-5262 EMAIL: tmurch@permitsolutionsinc.com

3. RESPONSIBLE PERSON FOR WORK: Jimmy Salerno
   PHONE# 973-267-0967 FAX# 973-267-0306

4. SIGNATURE OF APPLICANT: Tricia Murch

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: retail
EXISTING USE: Pay Less
PROPOSED USE: Vanilla Box

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Bring existing interior retail space to vanilla box condition

ZONING REVIEW:
DATE REVIEWED: 4-20-21 DATE DENIED: DATE APPROVED: 4-20-21 INITIALS: CE

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-21-00520
Application Date: 4/16/2021
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite **744 ROUTE 70**
Location: **Brick Township, NJ 08723**

Owner: **BRICKTOWN VF LLC**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **Permit Solutions Inc.**
Address: **161 Delaware Ave.**
Oakhurst , NJ 07755

Block: **701** Lot: **7** Qualifier: Zone: **B-3**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Retail Store**

Work Description:

Vanilla Box - Interior alterations to the existing unit to create vanilla box for future tenant.

Additional Zoning Permit is required for additional work and signage.

Note: The future tenant must submit a separate tenant fit up application.

Application Approved Date: 4/20/2021

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer

4/20/2021
Date

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, April 28, 2021

To: BRICKTOWN VF LLC
210 ROUTE 4 EAST
PARAMUS, NJ 07652

RE: Electrical Subcode
Block: 701 Lot: 7 Qual:
744 ROUTE 70
Permit Number: Control Number: C-21-001324
Last Submit Date: Thursday, April 22, 2021

Dear BRICKTOWN VF LLC,

Your request is hereby denied based upon the following infractions.

Plans show 3 R T U Tec show 2 R T U

1 EXISTING

Sincerely,

Thomas Olson, Subcode Official

CC:

NEW JERSEY DIVISION OF CONSUMER AFFAIRS

Kaitlin Carusc
Acting Directo

License Information

Accurate as of April 08, 2021 10:51 AM

Return to Search Results

Name: BOBBY W LICHTENBERGER

Address: Hasbrouck Heights,NJ

Profession/License Type: Master Plumbers,Master Plumber

License No: 36BI01325100

License Status: Active

Status Change Reason: License Issuance

Issue Date: 1/26/2017

Expiration Date: 6/30/2021

NO Board Actions. For more information contact New Jersey State Board of Examiners of Master Plumbers - (973) 504-6420

Documents

No Public Documents

PERMIT SOLUTIONS INC.

161 Delaware Avenue
Oakhurst, NJ 07755

Cell: 732-642-5262
E-mail: tmurch@permitsolutionsinc.com

To:	**Brick Township**	Attn:	**Engineering, Zoning, Construction**
From:	**Tricia Murch**	Email	**tmurch@permitsolutionsinc.com**
Proj:	**744 Route 70**	Re:	**Brick Commons—Space #4**
Date:	April 7, **2021**		**Permit app—Vanilla Box**

☐ Urgent ☒ For review ☒ Please comment ☐ Please reply ☐ Please recycle

RE: Brick Commons
Space #4 to Vanilla Box condition

Attached you will find the following documents:

- ~~Engineering~~ Application—blue with insert
  - Two (2) sets plans—not sealed
- ~~Zoning~~ Application—Green
  - Two (2) set of signed/sealed plans
- ~~Construction~~ Jacket
  - Two (2) sets signed/sealed plans
  - Building Tech Sheet: - 4 pages
  - Electric Tech sheet with associated Fire: s/s - 4 part form each
  - Plumbing Tech Sheet: s/s - 2 pages
  - HVAC with s/s plumbing Tech Sheet and associated Building and Fire Tech Sheets - 2pg ea
  - Sprinkler: Fire Tech Sheet DEFERRED SUBMISSION

All my contact information is above, please contact me if you have any questions or concerns.

Thanks,
Tricia Tricia

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 701 **LOT** 7 **ADDRESS** 744 Route 70 Space #4

IDENTIFICATION:

1. WORK SITE ADDRESS 744 Route 70 Space #4
2. APPLICANT Permit Solutions Inc. c/o Tricia Murch
3. NAME OF OWNER IN FEE Brick town VF LLC
   ADDRESS 210 Route 4 East Paramus NJ 07652
   PHONE 201-957-4707 EMAIL jnicodemo@vedge.com
4. PRINCIPAL CONTRACTOR J.A. Salerno & Sons
   ADDRESS 14 Ridgedale Ave, Cedar Knolls NJ 07927
   PHONE 973-267-0967 EMAIL jimmy@jasalerno.com
5. ARCHITECT OR ENGINEER Sargent, Architects
   ADDRESS 1628 JFK Blvd, Philadelphia, PA
   PHONE 215-482-1950 EMAIL Per Sandstrom
6. RESPONSIBLE PERSON FOR WORK Jimmy Salerno
   ADDRESS 14 Ridgedale Ave Cedar Knolls, NJ 07927
   PHONE 973-267-0967 EMAIL jimmy@jasalerno.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS _____

DRAINAGE EASEMENTS _____

UTILITY EASEMENTS _____

CONSERVATION EASEMENTS _____

FEMA REQUIREMENTS _____

D.E.P. PERMITS _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER _____

APPROVED DATE _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☒ DESCRIPTION Interior work to bring retail space to vanilla box

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____