



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.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson", is written over the printed name.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020



CONSTRUCTION PERMIT APPLICATION

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

C21-002869

I. IDENTIFICATION

1. Proposed Work Site at: SHCPRite 132 Chamber Bridge rd

2. Name of Owner in Fee: SAKER SHCPRite
 Tel. (732) 462-4700 e-mail _____
 Address 10 centerville rd Helmdel, NJ 07737
street municipality zip code

3. Ownership in Fee: Public _____ Private _____

4. Principal Contractor: Labasco plumbing Tel. (732) 620-1655
 Address 1038 STATE ST e-mail _____
Freehold NJ 07728

License No. OR, if new home, Builder Reg. No. 12286 Exp. Date 1-23

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

Federal Emp. ID No. 222341945 FAX: () _____

5. Architect or Engineer _____ Contact _____
 Address _____ e-mail _____
 Tel. () _____ FAX: () _____

6. Responsible Person in Charge once Work has Begun _____
 Tel. () _____ FAX: () _____

V. FEE SUMMARY (for office use only)		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing	<u>150 ✓</u>		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	\$		
8. Subtotal	\$		
9. State Permit Surcharge Fee			
10. Subtotal	\$ <u>✓</u>		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>151-</u>		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories _____ ft.

2. Height of Structure _____ sq. ft.

3. Area — Largest Floor _____ sq. ft.

4. New Building Area _____ cu. ft.

5. Volume of New Structure _____

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 ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

☐ Building ☐ Electrical ☐ Plumbing ☐ Fire Protection ☐ Elevator

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
						Approval	Rejection
	<u>MF</u>	<u>11/21</u>					

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: _____

2. Use Group, Proposed: _____

3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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

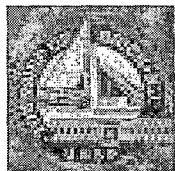
8. ☐ Smoke Control Systems in Open Wells

9. ☐ Underground Storage Tanks

10. ☐ Swimming Pools, Spas and Hot Tubs

11. ☐ LPGas Tanks

12. ☐ Fire Alarm



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/16/2021
Control Number C-21-002869
Permit Number 21-2113
Permit Issue Date 08/10/2021
Certificate Number 21-2113

Certificate
Construction Code Division
(Certificate of Approval)

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 LOBOSCO PLUMBING
Address 10238 ROUTE 33 FREEHOLD NJ 07728
Telephone: (732) 919-3988 Fax: _____ Federal Emp. Number: _____
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: BACKFLOW PREVENTER -- SHOPRITE

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:

Daniel Newman Jr

Construction Official

Date Printed: 09/16/2021

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

Fee: \$0.00
Check Number: _____
Collected By: _____

Page 1



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #

8/10/21

Date Issued
Permit #

21-213

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

Block 701 Lot 00007 Qualification Code _____

Work Site Location SHOPRITE

668 NJ-70 Brick Twp NJ

Owner in Fee: SAKER SHOPRITE

Tel. (732) 462-4700 e-mail _____

Address 10 CENTERVILLE RD, HOLMDEL NJ 07733

Contractor: Labasco plumbing Tel. (732) 620-1655

Address 1038 STATE 33 e-mail _____

Freehold NJ

Contractor License No. 12296 Exp. Date 1-23

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

Federal Emp. ID No. 222341945 FAX: (____) _____

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 \$ 250.00

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 ☒ CA

Date: 9-13-21

Approved by: [Signature]

SEARCH # 36186
CERT - ATTACHED

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: [Signature]

Print name here: Angelo Labasco

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NEW VACUUM BREAKER IN DELI

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	_____
_____	Other	_____

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

SHOP RITE
Received E mail 8-24-21

QPCTMR 09/13

Physical Connection Permit No.: _____ -WPC_____



NEW JERSEY DEPARTMENT OF ENVIRONMENTAL PROTECTION

Quarterly Physical Connection Test & Maintenance Report

1 st Quarter 01/01-03/31	2 nd Quarter 04/01-06/30	3 rd Quarter 07/01-09/30	4 th Quarter 10/01-12/31
--	--	--	--

Date of test 8/18/2021

Instructions: This form is to be completed for each test of each approved valve. It is to be mailed to the Supplier of Water and Local Administrative Authority within 5 days of each test and inspection performed by a Certified Tester. These forms shall be kept at the facility for a period of 5 years (N.J.A.C. 7:10-10.2(f)) and be exhibited upon request.

To: _____

From: (Name of Permit Holder)

SALE SHOP RITE # 641

The backflow prevention device identified below has been tested and inspected as required by N.J.A.C. 7:10-10.6 and is certified to be in compliance with this regulation.

Description of Valve
Manufacturer: WATTS ☐ RPZ ☐ DCVA
Model Number: 008PC or Size: 1/2 in.
Serial Number: 36186
Comments and Notations: PUB

Location of Valve
DELI - PREPARED FOODS

Test Kit Serial # <u>07192545</u> Calibration Date <u>10/2020</u>	PRESSURE TEST			INTERNAL INSPECTION	
	REDUCED PRESSURE ZONE ASSEMBLY			DOUBLE CHECK VALVE ASSEMBLY	
	1 st Check	2 nd Check	Relief Valve	1 st Check	2 nd Check
Initial Test	Closed Tight ☒ at <u>4.5</u> psid Leaked ☐	Closed Tight ☐ at _____ psid Leaked ☐	Opened at <u>1.2</u> psid	OK ☐	OK ☐
Passed ☒	No. 2 Shut-off Valve Closed Tight ☐ Leaked ☐ By-pass Used ☐		Did Not Open ☐	Failed ☐	Failed ☐
Failed ☐					
Repairs & Materials Used					
Test After Repair & Assembly	Closed Tight ☐ psid	Closed Tight ☐ psid	Opened at _____ psid	OK ☐	OK ☐

The Results Shown Above are Certified to be True

Certified Testers Name: SEFF NASKER

Certified Testers Signature: [Signature]

Certifying Authority: KNEGGS

Cert. ID #: 2019-375 Exp. Date: 8/8/22

Tester Phone No: 609-571-2508

Witnesses to test and inspection

Name: _____ Title: _____

Representing: _____

Name: _____ Title: _____

Representing: _____

[Signature]



CONSTRUCTION PERMIT

Date Issued 8/10/21
Control # C-21-002869
Permit # 21-2113

IDENTIFICATION Block: 701 Lot: 7 Qualifier _____
Work Site Location: 744 ROUTE 70 Brick Township, NJ Contractor LOBOSCO PLUMBING
Address 10238 ROUTE 33 FREEHOLD NJ 07728
Owner in Fee BRICKTOWN VE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652 Telephone: (732) 919-3988
Lic. No. or Bldrs. Reg. No. 12296
Telephone: _____ Federal Employee No. _____

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:

BACKFLOW PREVENTER

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 \$250

D. Neuman
Construction Official

7/30/21
Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$150
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$151
Check No.	<u>2311</u>
Cash	\$0
Credit	\$0
Collected By	<u>3:10/21 0045840500</u>

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.