BLOCK 852 LOT 4 QUALIFICATION CODE C18.22 ADDRESS (SITE) 1759 Route 88 PERMIT NO. 04-3967

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: 1759 Route 88
2. Name of Owner in Fee: Laurel Itm Plaza Offices LLC Tel. (732) 892-4441
   Address P.O. Box 1802 Point Pleasant Beach, N.J. 08742
   street municipality zip code
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Pharos Contracting Co. Inc Tel. (732) 892-4441
   Address P.O. Box 1802 Pt Pleasant Bch, N.J. 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3402045 FAX: (732) 892-4449
5. Architect or Engineer Feltz + Frizell Tel. (732) 892-0808
   Address 1605 Bay Ave Point Pleasant, NJ Contact Frizell
6. Responsible Person in Charge once Work has Begun JOHN GAZONAS
   Tel. (732) 892-4441 FAX: (732) 892-4449

Tenant fit up (vanilla box)

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	250	30
2.	Electrical		145	
3.	Plumbing		100	40
4.	Fire Protection		65	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge		33	3
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		30	
13.	TOTAL	$	633	113

Change of Use

COMMERCIAL

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction
   After Construction
   Net Gain or Loss
B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

IMPORTANT - MANDATORY FEE - COMMERCIAL A.H.B.T.

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 Walls
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10427647

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 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.

(X) Check if contractor.

Agent Name Pharos Contracting Inc.

Address ~~335~~ PO Box 1802

Point Pleasant Beach NJ 08742

Telephone (~~732~~) 892-4441

Signature _____

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

Constituent Contact Report

Date	Comments	Initials

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 05/10/2006
Tracking Number
Permit Number 04-3967
Permit Issue Date 09/15/2004

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1759 ROUTE 88 -OLD MOVIE THEAT TENANT FIT UP-VANILLA BOX , NJ Block: 852 Lot: 4 Qual:

Owner in Fee: LAURELTON PLAZA OFFICES LLC

Owner Address: PO BOX 1802 PT PLEASANT NJ 08742-

Telephone: 732/892-4441

Contractor PHAROS CONTRACTING

Address 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-

Telephone: 732/892-4441 Fax: (732) 892-4449

License Number or Builders Registration Number: Federal Emp. Number: 22-3402045

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

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: 0
Collected By:

Date Printed: 05/10/2006

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/15/2004
Control #
Permit # 04-3967

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
TENANT FIT UP-VANILLA BOX
Owner in Fee LAURELTON PLAZA OFFICES LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441

Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

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 [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
BUILD DIMISSING WALL, INSTALL FIRE RATED CEILING, PROVIDE 3 EGREES DOORS WITH PANIC HARDWARE & CLOSERS AND SITE WORK
TENANT FIT UP-VANILLA BOX

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 $ 23,500

Construction Official 09/15/2004 Date

PAYMENTS (Office Use Only)

Building	250
Electrical	145
Plumbing	100
Fire Protection	65
Elevator Devices	0
Other	
DCA State Permit Fee	32
Cert. of Occupancy	0
Other ZPEP 30	15
Total	622
Check No.	1326
Cash	
Collected By	MJR

09/15/04 7:56AM 001558#2740
XX02 SERV.002

#3967	
BUILDING	$250.00
ELECTRIC	$145.00
PLUMBING	$100.00
FIRE	$65.00
DCA	$32.00
ZPA	$15.00
EPA	$15.00
CHECK	$622.00

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.34E

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/01/1954
Control #
Permit # 04-3967+B
Permit Issued 09/15/2004

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 952 Lot 4 Qual

Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
CHANGING LOCATION OF BATH
Owner in Fee LAURELTON PLAZA OFFICES LLC.
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441

Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Telephone (732)892-4441
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3402045

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHANGING LOCATIONS OF BATHROOMS

PAYMENTS (Office Use Only)

Building	70
Electrical	0
Plumbing	40
Fire Protection	0
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupanc.	0
Other	
Total	113
Check No.	1353
Cash	
Collected By	ANH

11/04/04 4:02PM 001558#3986
XX01 SERV.001

#3967	
BUILDING	$70.00
PLUMBING	$40.00
DCA	$3.00
CHECK	$113.00

Estimated Cost of Work $ 2,001

D. Newman /Asst/ 01/01/1954
Construction Official Date

U.C.C. F190 (rev. 3/96) NJ UCCARS 5.24E

PERMIT UPDATE

Date Update Issued 03/17/2005
Control # C-05-131496
Permit # 04-3967+C

IDENTIFICATION Block: 852 Lot: 4 Qualifier

Work Site Location: 1759 ROUTE 88 -OLD MOVIE THEAT TENANT FIT UP-VANILLA BOX , NJ

Owner in Fee: LAURELTON PLAZA OFFICES LLC
Address: PO BOX 1802 PT PLEASANT NJ 08742-
Telephone: 732/892-4441

Contractor: PHAROS CONTRACTING
Address: P.O. BOX 1802 PT PLEASANT NJ 08742-
Telephone: 732/892-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3402045

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

FENCE

FENCE UP ON THE ROOF-METAL POST TO SECURE FENCE TO ROOF

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $2,300

Construction Official

03/17/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$50
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$53
Check No.	1427
Cash	$0
Credit	$0
Collected By	Mary Jane Rinaldi

PERMIT UPDATE

Date Update Issued 04/19/2005
Control # C-05-133950
Permit # 04-3967+D

IDENTIFICATION Block: 852 Lot: 4 Qualifier
Work Site Location: 1759 ROUTE 88 -OLD MOVIE THEAT TENANT FIT UP-VANILLA BOX , NJ
Owner in Fee LAURELTON PLAZA OFFICES LLC
Address PO BOX 1802 PT PLEASANT NJ 08742-
Telephone: 732/892-4441

Contractor GENESIS ELECTRIC
Address 1200 MIZZEN AVE BEACHWOOD NJ
Telephone: 732/286-1586
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3467491

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:
ELECTRICAL ALTERATIONS

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $15,000

Construction Official

04/19/2005
Date

U.C.C. F170
equiv (rev 8/03)

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	$0
Electrical	$190
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$20
CO Fee	
Other	$0
Total	$210
Check No.	1442
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09/15/2004
Control # C-05-131496
Date Issued ~~09/16/2004~~ 3-17-05
Permit # 04-3967+C

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

Block 852 Lot 4 Qualification Code

Work Site Location: 1759 ROUTE 88 -OLD MOVIE THEAT

Owner in Fee: LAURELTON PLAZA OFFICES LLC

Address PO BOX 1802 PT PLEASANT NJ

Tel. 732/892-4441

Contractor: PHAROS CONTRACTING

Address P.O. BOX 1802 PT PLEASANT NJ

Tel. 732/892-4441 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-3402045

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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

Signature

called 03 1/13/05 A.M. L.M.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FENCE, FENCE UP ON THE ROOF-METAL POST TO SECURE FENCE TO ROOF

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☒ No Plan Required	1-11-05	FM
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final Barrier-Free			4/13/06	

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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. $0
2. Rehabilitation $2,300
3. Total (1+2) $2,300

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☐ Rehabilitation	$0
☐ Roofing	$0
☐ Siding	$0
☑ Fence ____ Height (exceeds 6')	$50
☐ Sign ____ Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$3
TOTAL FEE	$53

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 09/15/2004
Control # C-05-131496
Date Issued ~~09/15/2004~~ 3-17-05
Permit # 04-3967

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

Block 852 Lot 4 Qualification Code

Work Site Location: 1759 ROUTE 88 -OLD MOVIE THEAT

Owner in Fee: LAURELTON PLAZA OFFICES LLC

Address PO BOX 1802 PT PLEASANT NJ

Tel. 732/892-4441

Contractor: PHAROS CONTRACTING

Address P.O. BOX 1802 PT PLEASANT NJ

Tel. 732/892-4441 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No. 22-3402045

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed U
Constr. Class Present Proposed
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Blbg. 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. $0
2. Rehabilitation $2,300
3. Total (1+2) $2,300

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

FENCE, FENCE UP ON THE ROOF-METAL POST TO SECURE FENCE TO ROOF

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☐ Rehabilitation	$0
☐ Roofing	$0
☐ Siding	$0
☑ Fence ____ Height (exceeds 6')	$50
☐ Sign ____ Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$3
TOTAL FEE	$53

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

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/27/2004
Date Issued ~~01/01/1954~~ 11/4/2004
Control #
Permit # 04-3967+B

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

Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
CHANGING LOCATION OF BATH

Owner in Fee LAURELTON PLAZA OFFICES LLC

Address PO BOX 1802
PT PLEASANT, NJ 08742-

Tele.(732)892-4441

Contractor PHAROS CONTRACTING

Address P.O. BOX 1802
PT PLEASANT, NJ 08742-

Tele.(732)892-4441 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3402045

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

CHANGING LOCATIONS OF BATHROOMS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	10/28/04	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation		(FC)	1-4-05	
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			4/13/05	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	70
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 2,000
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 70
DCA State Permit Fee	$ 3

Paid [ ] Check #
Collected by:

U.C.C. PI10 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 06/19/2004
Date Issued 9/15/04
Control # C18-22
Permit # 04-3967

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
TENANT FIT UP-VANILLA BOX
Owner in Fee LAURELTON PLAZA OFFICES LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor PHAROS CONTRACTING
Address P.O. BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3402045

245-4674
(C) John

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.

COMMERCIAL

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

BUILD DIMISSING WALL, INSTALL FIRE RATED CEILING, PROVIDE 3 EGREES DOORS WITH PANIC HARDWARE & CLOSERS AND SITE WORK
TENANT FIT UP-VANILLA BOX

See Notes on Firestop on New. A-1

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9-10-04	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ]
Date: 11-14-06
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			12-3-2004 over	
BarrierFree				
Insulation		INT. WALLS ONLY	12-27-04	FM
Finishes		No BAIN WALL		
Energy				
Mechanical				
TCO				
Other Above Ceil		2/28/05 over	3/4/05	FM
Final	1/18	over		
BarrierFree			4/13/06	

(7-10 No entry)

B. BUILDING CHARACTERISTICS

Use Group	Present B	Proposed B
Constr. Class	Present	Proposed
No. of Stories	0	
Height of Structure	0 Ft.	
Area Largest Floor	0 Sq. Ft.	
New Bldg. Area/All Floors	0 Sq. Ft.	
Volume of New Structure	0 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 8,000
3. Total (1+2) $ 8,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		250
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0
Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 250
	DCA State Permit Fee	$ 11

U.C.C. F110 (rev. 3/96)

12-22 - Demising walls & bath unit - J

12-18 - 2 penetration in hallway - at steel

2-28-05 PENETRATIONS AROUND STeel AND Pipes
IN ALL Demising ~~[illegible]~~ WALLS. J

DR# 312899761
312899753

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 4/19/05
Control #
Date Issued
Permit # C05-133950

update 01-3967

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

Block 852 Lot 4 Qualification Code
Work Site Location 1759 RT 88

Owner in Fee LAURELTON PLACE OFFICES
Address PO Box 1302
PT PLEASANT BEACH
Tel ( ) 892 4441
Contractor GENESIS ELECTRIC
Address 1200 MIZZEN AVE
BEACHWOOD NJ.
Tel ( ) 2866586 FAX ( ) 3497115
Contractor License No. 9841
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 15,000

COMMERCIAL

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's Signature/Contractor's Seal and Signature

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

Called 4/19/05 CM

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
72		Lighting Fixtures	
16		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
4		Motors—Fract. HP	
6		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	
2	3	KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
2	5	KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
2	200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $ 190
Minimum Fee $ 20
State Permit Surcharge Fee $
TOTAL FEE $ 210

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator

[X] Elec. Plans Approved
Date: 4/30
Approved by: MM

SUBCODE APPROVAL
[X] CO [ ] CCO [X] CA
Date: 12/30/
Approved by: MM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other			7/30 MM	
Service			12/30	
Final				
Barrier-Free			12/30 MM	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

NJ UCCARS5:24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

TCO OK

Date Received 06/19/2004
Date Issued 9/15/04
Control # C18-22 04-3967
Permit #

COMMERCIAL — 08-12-04 changed in computer

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
TENANT FIT UP-VANILLA BOX
Owner in Fee LAURELTON PLAZA OFFICES LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor GENESIS ELECTRIC UNIT 2 312899761
Address 1200 MIZZEN AVE
BEACHWOOD, NJ UNIT 3 312899753
Tele.(732)286-1586
Lic. No. or Bldrs. Reg. No. LAURELTON PLAZA
Federal Emp. No. 22-3467491

B. ELECTRICAL CHARACTERISTICS
Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 9,000

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 8-12-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-23-06
Approved By:

INSPECTIONS Walls only — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough — E. Bay Store / Long Island Store			122104	
Temp Serv				
~~Const Serv~~ Open Ceiling			111805	
~~TCO~~				
~~Other~~ Site Lighting			121064	
~~Service~~ TCo			122505	
Final			122305	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

over

TCO only

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~20~~ 5		Lighting Fixtures	
0		Receptacles	
2		Switches	
0		Detectors	
3		Light Poles	
0		Motors-Fract HP	
4		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
29		TOTAL NUMBERS	~~41~~ 35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
2	200	AMP Subpanels	F00
0	0	AMP Motor Control Center	0
1	2	KW Elect Sign/Outline Light	10
		Other	0
		Other	0

Administrative Surcharge $	0
Minimum Fee $	0
TOTAL FEE $	~~165~~ 145
DCA State Permit Fee $	12

Paid [ ] Check #
Collected by:

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

U.C.C. F120 (rev. 3/96)

12-3-04 TRENCH PASSED by MR, 12-1-04
LIGHTS TUBES ~~6~~ AND PVC 90' UP
TRENCH ON ISLAND PASSED

3-4-05 NEED PROPER PERMITS - 2 - FIXTURES
MORE FIXTURES INSTALLED THEN ON TECH.

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 06/19/2004
Date Issued 9/15/04
Control # C18-22
Permit # 04-3967

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
TENANT FIT UP-VANILLA BOX
Owner in Fee LAURELTON PLAZA OFFICES LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor ABSOLUTE SPRINKLER AND PIPING
Address 367 BRICK BLVD
BRICK, NJ 08723-
Tele.(732)477-9578
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3612011

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 1,500

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 9-10-04
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 22805
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test			22805	
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other ___				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Vanilla Box only for corridor

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

COMMERCIAL

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	65
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Relocation only
Checked OK Plan Review Exam System

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	65
DCA State Permit Fee	$	2

Paid [ ] Check #
Collected by:

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

RS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2004
Date Issued 10/21/2004
Control #
Permit # 04-3967+A

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

Block 852 Lot 4 Qual
Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
CHANGE OF CONTRACTOR
Owner in Fee LAURELTON PLAZA OFFICES LLC
Address PO BOX 1802
PT PLEASANT, NJ 08742-
Tele.(732)892-4441
Contractor R & A WASINNG PLUMBING
Address 125 MECHANIC ST
RED BANK, NJ 07701-
Tele.(732)513-0015
Lic. No. or Bldrs. Reg. No. 1020
Federal Emp. No. 22-3501959

change of contractor 10-21-04

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer 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 [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 4-16-06

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11/9/04	
Rough			1/7/05	
Water				
Sewer				
Fixtures	9/9/05	1/11/06	4/13/06	
Gas Equip.				
Gas Piping				
Solar				
TCO			4/13/06	

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA State Permit Fee $ 0

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/2004
Date Issued 10/21/2004
Control #
Permit # 04-1961+A

(1) [illegible] TWO HWH'S

3/16/05

(1) YORK - UNIT #2 - OK

(2) UNIT #3 NOT READY

9/9/05 UNIT 2 + 3

(1) VACUUM BREAKER LAUNDRY TUB

(2) - THERMOSTATIC MIXING FOR [illegible] - 110 0 10156 - [illegible] 10.16.5

(3) - VACUUM RELIEF NOT ABOVE WATER HEATERS IN ATTIC

(4) - SCH-40 ON RELIEF VALVE DISCHARGE - 10.16.7

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/27/2004
Date Issued ~~01/01/1954~~
Control # 11/4/2004
Permit # 04-3967+B

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

Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
CHANGING LOCATION OF BATH

Owner in Fee LAURELTON PLAZA OFFICES LLC

Address PO BOX 1802
PT PLEASANT, NJ 08742-

Tele.(732)892-4441

Contractor R & A WASHING PLUMBING

Address 125 MECHANIC ST
RED BANK, NJ 07701-

Tele.(732)513-0015

Lic. No. or Bldrs. Reg. No. 1020

Federal Emp. No. 22-3501959

B. PLUMBING CHARACTERISTICS

Use Group Present U Proposed U

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 1

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 10.28.04
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 4-16-06

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			11/9/04	
Rough			1/26/05	
Water				
Sewer				
Fixtures	9/9/05	1/11/06	4/3/06	
Gas Equip.				
Gas Piping				
Solar				
TCO			3/16/05	
Yoke Vent #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 and perform the work listed on this application.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other CHANGE LOCAT	40
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 40
DCA State Permit Fee $ 0

U.C.C. F130 (rev. 3/96)

1/11/06

10166

① UNIT #2

② VACUUM RELIEF - NOT ABOVE WATER HEATER

③ SCH 40 ON RELIEF VALVE DISCHARGE 1016?

④ THERMOSTATIC MIXING FOR LAVS - ASSE 1016

⑤ YOKE PASSED 3/16/05

UNIT #3

① PLUMBING [redacted]

VACUUM RELIEF - OK

② RELIEF VALVE DISCHARGE OK

③ ASSE 1016 - OK

④ METER YOKE NOT FASTENED?

⑤ UPDATE FOR UNIT #2 - #3 - 1/7/05

UNIT #3 WORKING OFF UNIT 2 METER YOKE

NJ 24E

TOWNSHIP OF BRICK
1 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 06/19/2004
Date Issued 9/15/04
Control # C18-22
Permit # 04-3967

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

Block 852 Lot 4 Qual

Work Site Location 1759 ROUTE 88 -OLD MOVIE THEAT
TENANT FIT UP-VANILLA BOX

Owner in Fee LAURELTON PLAZA OFFICES LLC

Address PO BOX 1802
PT PLEASANT, NJ 08742-

Tele.(732)892-4441

Contractor W.J.BRANNAGAN

Address 72 RIVERVIEW AVE
LITTLE SILVER, NJ 07739-

Tele.(732)747-5308

Lic. No. or Bldrs. Reg. No. 9351

Federal Emp. No. 22-3424196

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 5,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 8-5-04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 4-16-06

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	10/20/04		11/9/04	
Rough				
Water				
Sewer				
Fixtures				
Gas-Equip.				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	40
0	Shower	0
0	Floor Drain	0
2	Sink	20
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

COMMERCIAL

Administrative Surcharge $ 0
Minimum Fee $ 0
TOTAL FEE $ 100
DCA State Permit Fee $ 7

Paid [ ] Check # Collected by:

U.C.C. F130 (rev. 3/96)

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

…NSHIP OF BRICK
…1 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Received 06/19/2004
Date Issued
Control # C18-22
Permit #

10/20/04

① - CHANGED LOCATION OF BATHROOMS (AS BUILT)

② - CHANGE OF CONTRACTOR

CO

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor: Absolute Sprinkler of Lyons
Address: 367 Black Blvd, PMB 138
Black NJ 08763
Phone #: 732-477-9578
Lis #: P00102 / 134525
Federal Emp # or SSN 22561201 1

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	10 Relo
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	N/A
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work 1500.-

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name: Michael Kelly

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 Route 88 Brick
Block: 852 Lot: 4
Owner's Name: Laurelton Plaza Offices LLC
Owner's Mailing Address: PO Box 1802
Point Pleasant Bch NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: Amros Contracting Co Inc
Address: PO Box 1802
Point Pleasant NJ 08742
Phone#: 732-892-4441
Lis #
Federal Emp # or SSN 22-340 2045

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points
Alarm Devices/FAC Panel
Total

Pool (Receptacles, Switches, Lights, Motor 1HP)
Spa/Hot Tub/Storable Pool
Electric Range KV
Oven/Surface Unit KW
Electric Water Heater KV
Electric Dryer KV
Dishwasher KV
Garbage Disposal HI
A/C Unit –Central Air KV
Space Heater/Air Handler KV
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KV
Light Stander AMI
Service AMI
Subpanel AM
Motor Control Center AM
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and an authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 Route 88 Brick
Block: 852 Lot: 4
Owner's Name: Laurelton Plaza Offices LLC
Owner's Mailing Address: PO Box 1802
Point Pleasant Bch NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: Thanos Contracting Co Inc
Address: PO Box 1802
Point Pleasant NJ 08742
Phone#: 732-892-4441
Lis #
Federal Emp # or SSN 22-3402045

Technical Data

Description of Work:
Build 200 FT of demising wall.
Install 516 SF of fire rated ceiling.
Provide 3 egress doors with panic hardware & closers.
Site work as per drawing.

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: A2 & B Proposed: B
No of Stories: 1
Height of Structure: 18'2"
Area of the largest floor: 19,190 SF.
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $ $8,000.00

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: John Gazonce
Please Print Name JOHN GAZONCE

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KV
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HI
A/C Unit –Central Air	KV
Space Heater/Air Handler	KV
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KV
Light Stander	AMI
Service	AMI
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and an authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

'ontractor:_____
ıddress:_____
_____
hone #:_____
ıis #:_____
'ederal Emp # or SSN_____

Technical Data

'ixtures Quantity

Water Closets (Toilet)_____
Jrinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

update 1/4/05

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 RT 88
Block: ~~4170.09~~ 852 Lot: ~~3.02~~ 4
Owner's Name: Laurelton Plaza Offices
Owner's Mailing Address:

Phone: (732) 892-4441

04-3967fc

BUILDING

Contractor: Pharos Contracting
Address: 315-321 Hawthorn Ave
Point Pleasant Beach
Phone#: 732 892 4441
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:
Fence up on the roof as per the building inspector Ken probably

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $2300

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name Robert Ryer

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
*Hose Bib*_____
Gas Piping_____ No. of outlets_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____Tons_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Tank Removal _____
Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
CO Detectors _____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System Commercial _____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

update 04-3967+B

Site Location: 1759 ROUTE 88 - OLD MOVIE THEATER
Block: 852 Lot: 4
Owner's Name: LAURELTON PLAZA OFFICES LLC
Owner's Mailing Address: PO BOX 1302
PT PLEASANT, NJ 08742
Phone: (732) 892 4441

BUILDING

Contractor: PANOS CONTRACTING
Address: P.O. BOX 1002
PT PLEASANT, NJ. 08742
Phone#: 732 892 4441
Lis #
Federal Emp # or SSN 22-2402045

Technical Data

Description of Work:

Change location of bathrooms

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $ 200 0.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:
Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit -Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures Quantity

Water Closets (Toilet)_____
Urinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____ No. of outlets_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____Tons_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sump Pump_____
Pool Heater_____
Other:

*Estimated Cost of Plumbing Work*_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___*New* ___*Existing*
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Tank Removal _____
Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
CO Detectors _____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System Commercial _____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1759 Route 88 Brick
Block: 852 Lot: 4
Owner's Name: Laurelton Plaza Offices LLC
Owner's Mailing Address: PO Box 1802
Point Pleasant Bch NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: Morros Contracting Co Inc
Address: PO Box 1802
Point Pleasant NJ 08742
Phone#: 732-892-4441
Lis #
Federal Emp # or SSN 22-340 2045

Technical Data

Description of Work:

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

ELECTRICAL

Contractor:
Address:

Phone#:
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KV
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HI
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KV
Light Stander	AMI
Service	AMI
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work:

I hereby certify that I am the agent/owner of record and an authorized to make this application and perform the work listed on this application.

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: W.J. Brannagan Plg
Address: P.O. Box 6256
Fair Haven N.J. 07704
Phone #: 732-747-3040
Lis #: 9351
Federal Emp # or SSN 22-3421196

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	2
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	2
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work $5,000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [signature]

Please Print Name: William Brannagan

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:

Phone #:
Lis #:
Federal Emp # or SSN

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:
Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision:
Proprietary Supervision:

Flammable Storage Tanks ____capacity____fuel
Combustible Storage Tanks____capacity____fuel
LPG Storage Tanks____capacity____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression
Halon Suppression
Foam Suppression
Dry Chemical
Wet Chemical

Gas/ Oil Fired Appliances:
Gas Stove
Gas Dryer
Furnace (Gas or Oil)
Gas Fireplace
Gas Logs
Total Appliances

Wood Burning Stove
Wood Fireplace
Other:

Estimated Cost of Fire Work

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:

Print Name:

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures	Quantity
Water Closets,(Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ____Electric ____Solar
Heating System is ____New ____Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances _____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 Route 88 Brick
Block: 852 Lot: 4
Owner's Name: Lauretton Plaza Offices LLC
Owner's Mailing Address: PO Box 1802
Point Pleasant Bch NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: Amaros Contracting Co Inc
Address: PO Box 1802
Point Pleasant NJ 08742
Phone#: 732-892-4441
Lis #
Federal Emp # or SSN 22-340 2045

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:_____
Height of Structure:_____
Area of the largest floor:_____
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

*Please Print Name*_____

ELECTRICAL

Contractor: GENESIS Electric
Address: 1200 Mizzen Ave
Beachwood
Phone#: 2861580
Lis #: 9841
Federal Emp # or SSN 22-3967491

Technical Data

Item	Quantity
Lighting Fixtures	105
Receptacles	
Switches	2
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	4
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel 2 – 200	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $4000

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name Anthony Lorenzo

CONTRACTOR'S SEAL

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1759 Route 88 Brick
Block: 852 Lot: 4
Owner's Name: Laurelton Plaza Offices LLC
Owner's Mailing Address: PO Box 1802
Point Pleasant Bch NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: Thomas Contracting Co Inc
Address: PO Box 1802
Point Pleasant NJ 08742
Phone#: 732-892-4441
Lis #
Federal Emp # or SSN 22-340 2045

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft
___Fireplace wd/gas

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $
Cost of New Building: $
Cost of Site Work $
Total Cost of New Building Work: $

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name

ELECTRICAL

Contractor: GENESIS ELECTRIC
Address: 1200 MIZZEN AVE
BEACHWOOD NJ.
Phone#: 732 286 1586
Lis #: 9841
Federal Emp # or SSN 22 346 749.

Technical Data

Item	Quantity
Lighting Fixtures	10
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KV
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HI
A/C Unit –Central Air	KW
Space Heater/Air Handler	KV
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KV
Light Stander	3 - 250W AMI
Service	AMI
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	1 - 1.5 KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $5000<

I hereby certify that I am the agent/owner of record and an authorized to make this application and perform the work listed on this application.

Signature:
Please Print Name: Anthony Lorenzo

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

'ontractor:_____
ıddress:_____
_____
hone #:_____
ıis #:_____
'ederal Emp # or SSN_____

Technical Data

'ixtures Quantity

Water Closets (Toilet)_____
Jrinals/Bidets_____
Bath Tub (w/or w/out shower head)_____
Lavatory (BR Sink)_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Air Conditioner (Condensate Drain)_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Pool Heater_____
Other:

Estimated Cost of Plumbing Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____
Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature:_____

Print Name:_____

Counter Form
PLEASE PRINT

PLUMBING

Contractor: R+A Wensing Plumbing
Address: 125 Mechanic St
Red Bank NJ 07701
Phone #: 732 073-0016
Lis #: 1020
Federal Emp # or SSN 22-3501959

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	No. of outlets
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Air Conditioner (Condensate Drain)	Tons
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sump Pump	
Pool Heater	
Other:	

Estimated Cost of Plumbing Work $3000.00

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: [signature]

Please Print Name: R. Arnold Wensing

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____
_____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: ___Gas ___Oil ___Electric ___Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Tank Removal _____
Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks _____capacity_____fuel
LPG Storage Tanks _____capacity_____fuel

Item	Quantity
Wet Sprinkler Heads	
Dry Sprinkler Heads	
Total	
Smoke Detectors	
CO Detectors	
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System Commercial	

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other:

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Print Name: _____

Township of Brick
Counter Form
(PLEASE PRINT)

04-3967 XA
Change of Contractor Only

Site Location: Laurelton Plaza
Block: 852 Lot: 4
Owner's Name: Laurelton Plaza Offices, LLC
Owner's Mailing Address: P.O. Box 1802
Ft. Pleasant, NJ 08742
Phone: (732) 892-4441

BUILDING

Contractor: _____
Address: _____
_____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft
___Fireplace wd/gas	

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Structure: _____
Volume of New Structure: _____
Total Land Disturbed: _____

Cost of Alteration: $_____

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $_____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
_____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool (Receptacles, Switches, Lights, Motor 1HP)	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Township of Brick
Zoning Permit

Approved: Wednesday, June 30, 2004 **Number:** 1010

Block 852 **Lot** 4 **Zone:** B-3, Highway Dev.

Property Address: 1759 Route 88

Applicant: Stephen LoSacco; Pharo's Contracting

Property Owner Laurelton Plaza Officves, LLC

Existing Use: Office building (former movie theater).

Proposed Use: Office building.

Proposed Construction: Interior alterations for partial tenant fit-up, "vanilla boxes".

Conditions: An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
JUN 21 2004
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 852 LOT 4 QUALIFIER

PROPERTY ADDRESS 1759 RT 88

PERSONAL NAME OF APPLICANT Stephen Lo Sacco

BUSINESS NAME OF APPLICANT Po Box 1802 Point Pleasant Beach

MAILING ADDRESS OF APPLICANT Pharos Contracting

PROPERTY OWNER'S FULL NAME John Gazonas

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Old Movie Theater

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Vanilla boxes

COMMERCIAL

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

***Note:* No partial, taped, faxed, reduced or enlarged copies can be accepted.**

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 6-18-04

Reviewed by Zoning Office _____ Date 6/30/4 (X) Approved ( ) Denied

NEW JERSEY UNIFORM CONSTRUCTION CODE **CUT-IN-CARD**

MUNICIPALITY BRICK

LOCATION 1759 RT 88 UTILITY CO

WR 312899761 UNIT 2 BLK 852 LOT 4

OWNER LAURELTON PLAZA OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 AMP 3°

INSTALLED BY GENESIS ELE LICENSE NO. NA

DATE 7 11 05 PERMIT #04-3967 INSPECTOR

☐ CALLED IN / / Lic. No: 5681

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

NEW JERSEY UNIFORM CONSTRUCTION CODE **CUT-IN-CARD**

MUNICIPALITY BRICK

LOCATION 1759 RT 88 UTILITY CO

WR 312 899 753 UNIT 3 BLK 852 LOT 4

OWNER LAURELTON PLAZA OCCUPANT

"Installation in the above premises has been inspected and is in accordance with N.E.C., utility and DCA requirements."

☐ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 200 AMP 3°

INSTALLED BY GENESIS ELE LICENSE NO NA

DATE 7 11 05 PERMIT #04-3967 INSPECTOR

☐ CALLED IN / / Lic. No: 5651

U.C.C. Form F-3508 1 WHITE—UTILITY 2 CANARY—OFFICE/FILE 3 PINK—OFFICE/CONTRACTOR

Plumbing Plan Review Record

Work site location: 1759 RT. 88

Building Description: _____

Reviewed: _____

Date: 8/8/04

Correction list

No.	Description	Code section
2	- Need Mop Sinks	
2	- B Group - 1-15 W/C-1 MALE	
	W/C-1 FEMALE	
	TENANT # 3 - 1731 SQ 1 - LAV - M	Call Allied
	TENANT # 2 - 1921 SQ 1 - LAV - F	John
	1 - MOP SINK	732-892-4441
		Call - 732-245-4674

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 8-3-04

JURISDICTION _____ *(City, County, Township, etc.)*

BUILDING LOCATION 1758 RT 88 OLD MOVIE Theater *(Street address)*

BUILDING DESCRIPTION _____

REVIEWED BY RCR

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1-	NO SPRinkler drawings (called Absolute 8 304 left message @ 9am)	
	Dropped off 2 sets of plans	
	8-16-04 @ 8:10 called Absolute AGAIN NO PLANS submitted - left detailed message	
	Received 9/9/04	

06/93

FELTZ &
FRIZZELL

Architects LLC

August 12, 2004

Brick Township Building Department
401 Chambers Bridge Road
Brick, N.J. 08723

Re: Laurelton Plaza, 1759 Route 88, Lot 4, Block 852, Brick, NJ

Dear Sirs:

The firestopping indicated at the top of detail 3/A1 shall consist of the following:

- Mineral wool (4pcf) compressed a min. of 25% into fluted area above the gypsum wallboard assembly and a min. of 50% into the joint between the mineral wool in the fluted area and top of the wallboard. Finish flush with both surfaces.
- Apply FS 3000 as manufactured by Grace Construction Products, or equal, over mineral wool a min. of 1/8 in. thick, overlapping the wallboard and decking a min. ½ in. (both sides).

Should you need further information, please do not hesitate to call.

Yours truly,

Verity L. Frizzell
Architect

1605 BAY AVENUE, POINT PLEASANT, NEW JERSEY 08742, PHONE: (732) 892-0208 FAX: (732) 892-0250

FELTZ & FRIZZELL
Architects LLC

August 12, 2004

Brick Township Building Department
401 Chambers Bridge Road
Brick, N.J. 08723

Re: Laurelton Plaza, 1759 Route 88, Lot 4, Block 852, Brick, NJ

Dear Sirs:

The firestopping indicated at the top of detail 3/A1 shall consist of the following:

- Mineral wool (4pcf) compressed a min. of 25% into fluted area above the gypsum wallboard assembly and a min. of 50% into the joint between the mineral wool in the fluted area and top of the wallboard. Finish flush with both surfaces.
- Apply FS 3000 as manufactured by Grace Construction Products, or equal, over mineral wool a min. of 1/8 in. thick, overlapping the wallboard and decking a min. ½ in. (both sides).

Should you need further information, please do not hesitate to call.

Yours truly,

Verity L. Frizzell
Architect

1605 BAY AVENUE, POINT PLEASANT, NEW JERSEY 08742, PHONE: (732) 892-0208 FAX: (732) 892-0250

8-9-04

Township of Brick building subcode
Application review process
Building subcode

Address of application 1759 RT 88

Please be advised that you have been rejected by the building subcode for the following reasons noted on either the framing checklist or our Township checklist.. OR the items listed below.

Please make any corrections on both sets of plans, as lists of information will be rejected.

(1) Supply Details on Fireblocking Noted on A-1 AS ROOF Decking changes Direction in Area OF WALL

(2) Each New Tennant MUST Obtain A Tennant Fit up Permit Showing Walls & Rest Rooms

CALLED John G.
@ 8:35 LEFT Message

LAURELTON PLAZA OFFICES, LLC
Township of Brick

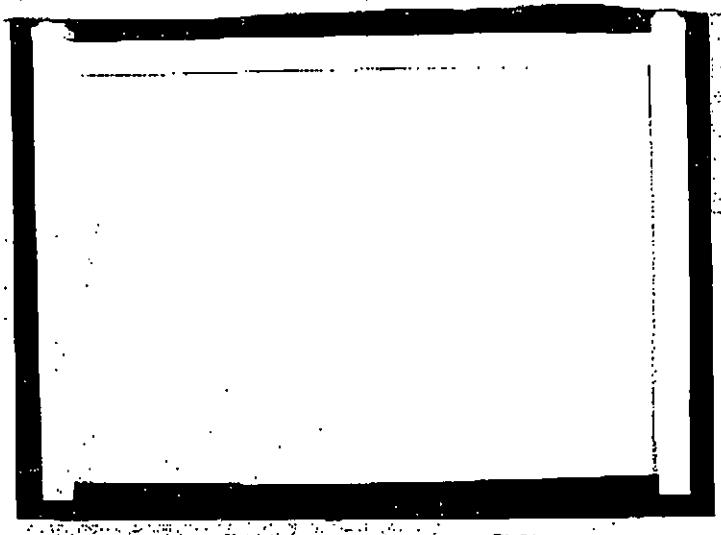
113.00353

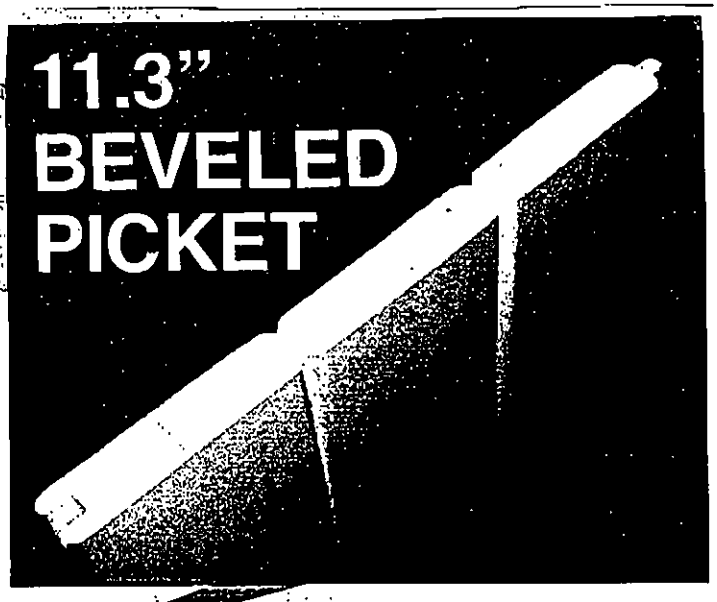
Operating Account

113.00

Materials to be used on roof....

PVC Section w/ post





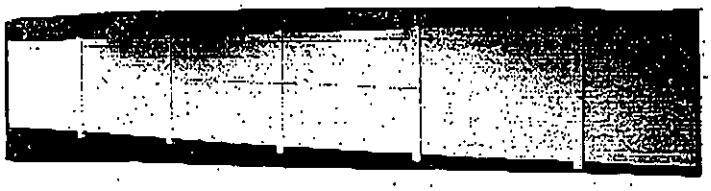
PRESTWICK

FENCE HEIGHT: 4 FOOT, 5 FOOT & 6 FOOT
POST SIZE: 5" X 5"
POST SPACING: 95" ON CENTER
PICKET SIZE: 7/8" X 11.3" TONGUE & GROOVE
PICKET SPACING: NONE
RAIL SIZE: 1 1/2" X 5 1/2"
ALUMINUM REINFORCED BOTTOM RAIL: YES
MEETS BOCA POOL CODES: YES

PVC

FLAT
POST CAP

PVC Post



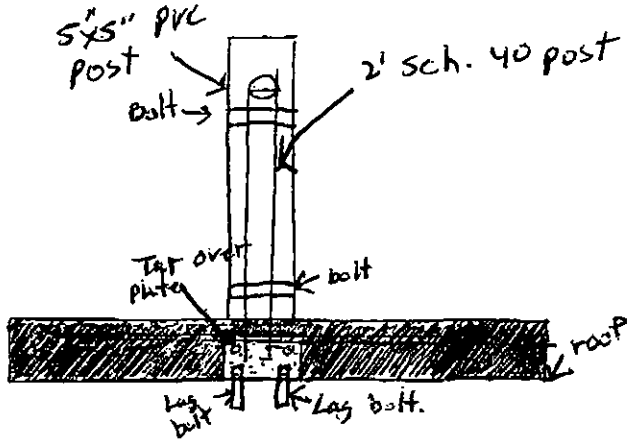
metal post
2" schedule 40
to secure fence to roof top
inside + attached to inside
PVC Post + sections

- What fence will look like...
- View from ground

FLOOR FLANGE PLATE

Metal attached to roof
to secure fence

PVC Installed on Roof



- This is how it will be secured to roof... view from inside of fence.

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER DOVERTON PLAZA DATE 3/2/05

PROPERTY ADDRESS 1259 RT. 88 NORTH BLOCK 852 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP			
2:KITCHEN GROUP			
3:WATER CLOSETS	2	5.0	
4:LAVATORY	2	2.0	
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK	1	3.0	
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE			
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS			

COMMERCIAL

TENANT #3

TOTAL 10.0

GALLONS PER MINUTE _____

SIZE OF SERVICE 1" = 1" 1/0 KE

DATE: 3/2/05 APPROVED: _____

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER DURKLTON PLAZA DATE 3/2/05

PROPERTY ADDRESS 1259 RT. 88 NWE. TINTON BLOCK 852 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(afu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP			
2:KITCHEN GROUP			
3:WATER CLOSETS	2	5.0	
4:LAVATORY	2	2.0	
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK	1	3.0	
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE			
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS			

COMMERCIAL

TENANT #3

TOTAL 10.0

GALLONS PER MINUTE _____

SIZE OF SERVICE 1" = 1" 1/0KK

DATE: 3/2/05 APPROVED: _____

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER LAWRENCE PIZZA DATE 3/2/05

PROPERTY ADDRESS 1759 RT. 88 MAIN THOT BLOCK 852 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP			
2:KITCHEN GROUP			
3:WATER CLOSETS	2	5.0	
4:LAVATORY	2	2.0	
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK	1	3.0	
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE			
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS			

COMMERCIAL

TENANT #2

TOTAL 10.0

GALLONS PER MINUTE _____

SIZE OF SERVICE 1" - 1" YOKE

DATE: 3/2/05 APPROVED: _____

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Charleston Plaza DATE 3/2/05

PROPERTY ADDRESS 1759 AS-88 Main Street BLOCK 852 LOT 4

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP			
2:KITCHEN GROUP			
3:WATER CLOSETS	2	5.0	
4:LAVATORY	2	2.0	
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK			
8:SERVICE SINK	1	3.0	
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE			
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN			
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS			

COMMERCIAL

TENANT #2

TOTAL 10.0

GALLONS PER MINUTE _____

SIZE OF SERVICE 1" - 1" YOKE

DATE: 3/2/05 APPROVED: _____

04-3967

Old Movie Theater (Tenant Fit-up)

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 1759 Rt 88 Block 852 Lot 4

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS	FINALS	FINALS
BUILDING	APPROVED 4/14/06	
PLUMBING	APPROVED 4/16/06	
FIRE	APPROVED 2/28/05	
ELECTRIC	APPROVED 12/23/05	
ENGINEERING	APPROVED	
O.C.SOIL	APPROVED	
COMMERCIAL OCCUPANCY CARD		
C.C. FROM B.T.M.U.A.		

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING 5/10/06

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 852 LOT 4 SITE ADDRESS 1759 Rt. 88
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Office Building
APPLICANT Pharos Contracting Co. Inc. PHONE NUMBER 732-892-4441
APPLICANT ADDRESS PO Box 1802 CITY & STATE Pt. Pleasant, NJ 08742

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 23,500

Frederick R Millman — 7/12/04

Frederick R. Millman, CTA, Tax Assessor — Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 23500

Frederick R Millman — 4/27/06

Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee	$117.50	Date	7/21/04
Check #	1299	Receipt #	327418
Final Fee	$117.50	Date	5/10/06
Check#	11625	Reciept #	
Total Fee Due/Paid	$235.00		
Balance Due	0		

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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.

Office of Affordable Housing

7/9/04 - Tax prelim
7/12/04 - mailed letter
4/26/06 - Tax final

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 852 LOT 4 SITE ADDRESS 1759 Rt. 88
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Hess Building
APPLICANT Khalsa Contracting Co Inc. PHONE NUMBER 732 892-4441
APPLICANT ADDRESS PO Box 1802 CITY & STATE Pt. Pleasant, NJ 08742

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 23,500

Frederick R Millman
Frederick R. Millman, CTA, Tax Assessor — 7/12/04 Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ _____

_____ _____
Frederick R. Millman, CTA, Tax Assessor — Date

Preliminary Fee $117.50 — Date 7/21/04
Check # 1299 — Receipt # 327418

Final Fee _____ — Date _____
Check# _____ — Reciept # _____

Total Fee Due/Paid $235.00
Balance Due _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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.

7/9/04 Telephone.
7/12/04 - Mailed letter

_____
Office of Affordable Housing

327418

1299

LAURELTON PLAZA OFFICES, LLC
PO BOX 1802
POINT PLEASANT BEACH, NJ 08742
(732) 892-4441

OCEANFIRST BANK
PT. PLEASANT BEACH, NEW JERSEY 08742
55-7035-2312

7/16/2004

PAY TO THE ORDER OF Township of Brick $ **117.50

One Hundred Seventeen and 50/100********** DOLLARS

Township of Brick
401 Chanbers Bridge Rd
Brick, NJ 08720

MEMO Assessment

[redacted]

Details on back. Security Features Included.

From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Office Buildings

Owner/Applicant: Laurelton Plaza Offices, LLC

Property Address: 1759 Rt. 88

Block: 852 Lot: 4

DEPOSIT RECEIVED
Mandatory Development Fee
~~Commercial~~
Residential
Inclusionary Development Fee

DATE: 7/21/04

Check Number 1299

Preliminary Fee Paid $117.50

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

7-21-04
Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL