BLOCK 852 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1759 Rte 88 PERMIT NO. 06-1724

CO6.101291

CONSTRUCTION PERMIT APPLICATION

Gmac Realty

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

I. IDENTIFICATION

1. Proposed Work Site at 1759 RT 88 Unit 2+3
2. Name of Owner in Fee: LAURELTON PLAZA, LLC
   Tel. (732) 892 4441 e-mail
   Address 315-321 HAWTHORNE AVE PT PLEASANT NJ 08742
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: PHAROS CONTRACTING Tel. (732 892 4441
   Address 315-321 HAWTHORNE AVE PT PLEASANT e-mail
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date
   Federal Employee No 22 3402045 FAX: (732) 892 4449
5. Architect or Engineer HELLER BERMAN LEWIS Contact
   Address 211 S. 12TH ST PHILADELPHIA PA 19107 e-mail
   Tel. (215) 922 7066 FAX: ( )
6. Responsible Person in Charge once Work has Begun JOHN GIAZONAS
   Tel. (732) 892 4441 FAX: (732) 892 4449

tenant fit up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	1650.	
2.	Electrical		65.	40
3.	Plumbing		45.	
4.	Fire Protection		15	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	132	4
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZIA		30	
13.	TOTAL	$	1992	44

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					5-26-06	EW	6/26/06		
6.	☒ Plumbing					5-30-06	[illegible]	6/29/06		
7.	☒ Electrical					5-24-06	[illegible]	6/27/06		
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition		EW	5/16/06		5/16/06				
	TOTAL COSTS.	75,000								

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:

	All Units	Income-restricted
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:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10524711

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 4-25-06

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

IMPORTANT
I.B.T. - MANDATORY FEE - COMMERCIAL

THE FOLLOWING CHECKED BOXES HAVE BEEN

SUBMITTED ON (DATE) _____

- ☑ JACKET
- ☑ PERMIT
- ☑ BUILDING
- ☐ FIRE
- ☐ H.P.C.
- ☐ ZONING
- ☐ PERMIT UP DATE
- ☑ ELECTRIC
- ☑ PLUMBING
- ☐ BOARD SIGN OFF
- ☐ ROLLED PLANS

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/12/2006
Tracking Number C-06-101297
Permit Number 06-1724
Permit Issue Date 05/31/2006

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1759 ROUTE 88 Brick Township, NJ Block: 852 Lot: 4 Qual:

Owner In Fee: LAURELTON PLAZA OFFICES, LLC

Owner Address: PO BOX 1802 PT PLEASANT BEACH NJ 08742

Telephone: (732) 899-4441

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: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
TENANT FIT UP

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: 10727
Collected By: Inspection Account

Date Printed: 07/12/2006

CONSTRUCTION PERMIT

Date Issued

Permit #

IDENTIFICATION Block 852 Lot 4 Qualification Code

Work Site Location 1759 RT 88

Owner in Fee LAURELTON PLAZA LLC

Address 315-321 HAWTHORNE PO BOX 1802 PT PLEASANT NJ 08742

Tel. (732) 892 4441

Contractor PHAROS CONTRACTING CO INC

Address 315-321 HAWTHORNE AVE PO BOX 1802 PT. PLEASANT N.J 08742

Tel. (732) 892 4441

Lic. No. or Bldrs. Reg. No. 22-3402045

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:

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 $ _____

Construction Official Date

PAYMENTS (Office Use Only)

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Elevator Devices _____

Other _____

DCA State Permit Fee _____

Cert. of Occupancy _____

Other _____

Total _____

Check No. _____

Cash _____

Collected by _____

(see reverse side)

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. Utility services, including septic.
4. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.

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

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

06-12-06

PERMIT UPDATE

Date Update Issued
Control # C-06-102451
Permit # 06-1724+A

IDENTIFICATION Block: 852 Lot: 4 Qualifier

Work Site Location: 1759 ROUTE 88 Brick Township, NJ

Owner in Fee: LAURELTON PLAZA OFFICES, LLC
Address: PO BOX 1802 PT PLEASANT BEACH NJ 08742
Telephone: (732) 899-4441

Contractor: LAURELTON PLAZA OFFICES, LLC
Address: PO BOX 1802 PT PLEASANT BEACH NJ 08742
Telephone: (732) 899-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
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 $3,000

Construction Official

06/12/2006
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$4
CO Fee	
Other	$0
Total	$44
Check No.	759
Cash	$0
Credit	$0
Collected By	Allison Peltier

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

CONSTRUCTION PERMIT

Date Issued 5/31/2006
Control # C-06-101297
Permit # 06-1724

IDENTIFICATION Block: 852 Lot: 4 Qualifier
Work Site Location: 1759 ROUTE 88 Brick Township, NJ
Owner in Fee LAURELTON PLAZA OFFICES, LLC
Address PO BOX 1802 PT PLEASANT BEACH NJ 08742
Telephone: (732) 899-4441

Contractor LAURELTON PLAZA OFFICES, LLC
Address PO BOX 1802 PT PLEASANT BEACH NJ 08742
Telephone: (732) 899-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP

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 $97,700

Construction Official
5/31/2006
Date

PAYMENTS (Office Use Only)

Building	$1,650
Electrical	$65
Plumbing	$40
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$132
CO Fee	
Other	$30
Total	$1,992
Check No.	10727
Cash	$0
Credit	$0
Collected By	Inspection Account

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

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

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

BUILDING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received
Control #

Date Issued 5/31/06
Permit # 06-1724

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 PLAZA LLC

Address 315-321 HAWTHORNE AVE PO Box 1802
PT PLEASANT NJ 08742

Tel. (732) 892 4441

Contractor PHAROS CONTRACTING CO INC

Address 315-321 HAWTHORNE AVE
PT. PLEASANT NJ 08742

Tel. (732) 892 4441 FAX (732) 892 4449

Contractor License No. or Builder Registration 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

INTERIOR FIT OUT OFFICES FOR GMAC - GLORIA NELSON REALTORS

"See Architects letter Attached"

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5-30-06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-6-06
Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			6-6-06	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			*6/27/06	
Other Awning			6/16/06	
Final X			7/6/06	
Barrier-Free				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	B	B
Constr. Class		
No. of Stories	1	
Height of Structure		Ft.
Area — Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 75,000
3. Total (1+ 2) $ 75,000

6-16- Check (1) penetration F/Male BATH EAST side of Bld. (Plmb. penet.) JL

6/27/06 rw - Recomend TCO

1) Door Handles
2) Floors
3) Ceiling
4) Emer Sign not operating

Not Done

ELECTRICAL SUBCODE
TECHNICAL SECTION

COMMERCIAL

~~06-1991~~ Control #

Date Issued 5/31/06

Permit # 06-1724

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: LAUREL ON PLAZA LLC

Tel. (732) 892 4441 e-mail

Address 315-321 HAWTHORNE AVE (street) PO BOX 1802 (municipality) PT. PLEASANT (zip code) 08742

Contractor: GENESIS ELECTRIC Tel. (732) 2861586

Address 1200 MIZZEN AVE (municipality) BRICK (zip code) e-mail GENELEC@AOL.COM

Contractor License No. 9841 Exp. Date 3/09

Federal Employee No. 223467491 FAX: (732) 349112

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 20,000

C. CERTIFICATION IN LIEU OF OATH

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

06-1991

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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: 5/24/06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 6/27/06

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough			6/14/06 TO 6/9/06 TO	COMM AHJ
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service			6/27/06	
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

OVER

U.C.C. F120 (rev. 05/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Reorder from OCS Printing (609) 398-4375

6-9-06

6406

walls- ceiling not complete Both sides
Phone wire Permit?
ceiling devoit

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

COMMERCIAL

B- 37 3643 sf

Date Received 5/31/06
Control #
Date Issued
Permit # 06-1724

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 PLAZA

Address 315-319 HAWTHORNE AVE PO BOX 1802
PT. PLEASANT NJ 08742

Tel (732) 892 4441

Contractor ABSOLUTE SPRINKLER & PIPING

Address PO BOX 4066
BRICK NJ 08723

Tel (732) 477 9578 FAX (732) 477 2977

Fire Protection Equipment, NJ Div of Fire Safety Permit No. P00102

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

Fire Alarm Contractor No.

Federal Emp. No. 22-3612011

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New or [✓] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel:

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

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New or [✓] Existing

[ ] Other ____ Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] *Flammable* or [ ] *Combustible* *Capacity* ____

Total Cost of Fire Protection Work $2,600.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[✓] Fire Plans Approved

Date: 5-26-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [✓] CA

Date: 6-28-06

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.			6/28/06	RJO
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/28/06	RJO
Other				

Dates (Month/Day)

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: RENOVATION OF EXISTING SYSTEM

Water Supply Source

Method of Alarm/Suppression System Supervision EXISTING

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		RELOCATES ONLY
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)	8	
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other		

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

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

Update

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 06-12-06
Control #

Date Issued
Permit # 06-1724-A
C06-10045-1

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 LAURLTON PLAZA OFFICES LLC.
Address PO Box 1802 Pt. PLEASENT BEACH NJ 08742
Tel (732) 899 4441
Contractor COMUSA
Address PO Box 976 BARNEGAT 08005
Tel (800) 209 2588 FAX ( )
Contractor License No. # 493
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 3000 ec

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

D. TECHNICAL SITE DATA

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 6-12-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 62706
Approved by:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Rough + Rough			6 14 06	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			62706	
Barrier-Free				

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

owner

6 4406 WARS + COATING LOW VOLTAGE

PLUMBING SUBCODE
TECHNICAL SECTION

UPDATE C-06-101297
DATE
INITIALED BY
FOR

Date Received 5/31/06
Control #
Date Issued
Permit # 06-1724

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 PLAZA LLC
Tel. (732) 892 4441 e-mail
Address 315-321 HAWTHORNE PO BOX 1802 PT PLEASANT 08742
(street) (municipality) (zip code)

Contractor: BLAZE Plg + Htg Tel. (609) 709-2696
Address 248 Twin Lks Blvd e-mail
Contractor License No. 8503 Twsp. NJ 08087 Exp. Date 11/07
Federal Employee No. 22-3022847 FAX: (609) 296-0665

B. PLUMBING CHARACTERISTICS

Use Group Present X Proposed
Building Sewer Size 4" Public Sewer X Private Septic
Water Service Size 1" Public Water X Private Well
Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[X] Plumbing Plans Approved
Date: 5-30-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 6.29.06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			6/9/06	
Rough			6/9/06	
Water				
Sewer				
Fixtures			6/29/06	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

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

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bide:	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Administrative Surcharge	0
	Minimum Fee	0
	State Permit Surcharge Fee	
	TOTAL FEE	

U.C.C. F130
(rev. 05/05)

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

Reorder from OCS Printing (609) 398-4375

Township of Brick
Zoning Permit

Approved:	Wednesday, May 03, 2006	**Number:**	522
Block	852	**Lot**	4
Zone:	B-3, Hwy. Dev.		

Property Address:	1759 Route 88, Laurelton Plaza, Unit 2 and 3
Applicant:	John Gazonas, Pharos Contracting Co. Inc.
Property Owner:	Laurelton Plaza LLC
Existing Use:	Vacant Office Unit 2 and 3
Proposed Use:	"GMAC" Real Estate Office
Proposed Construction:	Interior alterations.
Conditions:	An additional zoning permit is required for a sign or any other 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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

MAY 1 2006

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 Unit 2+3

PERSONAL NAME OF APPLICANT JOHN GAZONAS

BUSINESS NAME OF APPLICANT PHAROS CONTRACTING CO. INC.

MAILING ADDRESS OF APPLICANT 315-321 HAWTHORNE AVE, PO BOX 1802 PT. PLEASANT NJ 08742

PROPERTY OWNER'S FULL NAME LAURELTON PLAZA LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) OFFICE/RETAIL ~~[illegible]~~ Vacant

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) OFFICE GMAC

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.

COMMERCIAL

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 [signature] Date 4-26-06

Reviewed by Zoning Office JMC Date 5/3/6 (X) Approved ( ) Denied

March 2003

JMC 4/27/06

Tenant Fit-ups

Different use then previous proprietor:

- Zoning Application
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new/replacement electric)
- Plumbing Permit (adding/deleting/changing fixtures)
- Floor plan of before and after---signed

Same use as previous proprietor w/ interior renovations:

- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new fixtures/receptacles)
- Plumbing Permit (adding/deleting/changing plumbing fixtures)
- Drawings of layout before and after--- signed

Same use as previous proprietor w/ no interior changes:

- Tenant Occupancy Verification Form
- Detailed floor plan showing dimension of room, location and size of doors, exit lights, smoke detectors, sprinkler heads, aisle widths, counters, ect…

***Based on the evaluation of the application submitted, a permit and fee may not be necessary. The office will contact the tenant when such a determination has been made.

HELLYER BERMAN LEWIS inc

ARCHITECTURE + INTERIOR DESIGN

May 22, 2006

Township of Brick
Inspections & Building Department
401 Chambers Bridge Road
Brick, NJ 08723

RE: Control Number 101297
1759 Route 88, Brick, NJ for GMAC

To whom it may concern:

In order to have our drawing set comply with the only comment made during the permit review process, which was regarding ICC ANSI A117, Hellyer Berman Lewis proposes to adjust the millwork and appliances showing in Detail #3 on Drawing #A-5.01 in the following manners:
-Remove the left four wall cabinets over the sink, leaving just four wall cabinets on the right side of the elevation. Lower these four remaining wall cabinets, so the bottom shelves of the units are 44" above finished floor. They had previously shown at 62" or so.
-Replace the top-mount freezer/refrigerator with a 21.9 cubic foot side-by-side refrigerator/freezer, whose dimensions are 32-3/4" wide x 33-3/4" deep x 65-7/8" high (Whirlpool #ED2GTKXN or approved equal).

I trust this response will suffice, and the review process of GMAC's permit application can continue. If any person in the Inspections & Building Department has any further questions or concerns about this matter, please do not hesitate to call either me or Ken Bere of this office at 215-922-7066.

Sincerely,

Alice K. Berman, AIA

C: John Gazounas
Catherine France-Pettit

211 South 12th Street Philadelphia, PA 19107 Tel 215.922.7066 Fax 215.922.3778
211 South 12th Street Philadelphia, PA 19107 Tel 215.922.7066 Fax 215.922.3778

HELLYER BERMAN LEWIS Inc.

ARCHITECTURE + INTERIOR DESIGN

Facsimile Transmittal

To: Inspection & Bldg. Dept.
Date: 5/23/06

Company: Township of Brick
Project No: 011.03

Fax No: 1-732-262-8954
Follow Up By Mail: Yes

From: Ken Bere / Alice K. Berman, AIA
Pages (Including Cover): 2

Re: GMAC/ Brick at 1759 Route 88, Brick, NJ **Control #101297**

If there is any problem with the number of pages or clarity of those received, please call us at 215.922.7066

CC:	John Gazaunas	CC:
Company:	Pharos Contracting	Company:
Fax No:	732-892-4449	Fax No:
CC:	Catherine France-Pettit	CC:
Company:	GMAC Residential	Company:
Fax No:	866.795.5811	Fax No:
CC:		CC:
Company:		Company:
Fax No.		Fax No.

Comments:

Land Use/ Bldg Dept Fax:732-262-8954

*** Transmit Conf. Report ***

May 22 2006 14:29

P.1

Telephone Number	Mode	Start	Time	Page	Result	Note
7328924449	NORMAL	22,14:28	0'25"	1	* O K	

Bldg Elect Fire Plumbing (Please mark subcod

CONTROL NUMBER 101297

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1759 Rt 88

DATE REVIEWED: 5-22-06

REVIEWED BY: FM

CONTACT CALLED/FAXED: 892-4449

(1) Section 3 on Page 5:01 Does N
with ICC ANSI A117 For Forward Re

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 101297

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

resubmit
05.24.06
hee received
fat

ADDRESS OF APPLICATION: 1759 RT 88

DATE REVIEWED: 5-22-06

REVIEWED BY: FM

CONTACT CALLED/FAXED: 892-4449

(1) Section 3 on Page 5:01 Does NOT Comply
with ICC ANSI A117 For Forward Reach

HELLYER BERMAN LEWIS inc.

ARCHITECTURE • INTERIOR DESIGN

May 22, 2006

Township of Brick
Inspections & Building Department
401 Chambers Bridge Road
Brick, NJ 08723

RE: Control Number 101297
1759 Route 88, Brick, NJ for GMAC

To whom it may concern:

In order to have our drawing set comply with the only comment made during the permit review process, which was regarding ICC ANSI A117, Hellyer Berman Lewis proposes to adjust the millwork and appliances showing in Detail #3 on Drawing #A-5.01 in the following manners:
-Remove the left four wall cabinets over the sink, leaving just four wall cabinets on the right side of the elevation. Lower these four remaining wall cabinets, so the bottom shelves of the units are 44" above finished floor. They had previously shown at 62" or so.
-Replace the top-mount freezer/refrigerator with a 21.9 cubic foot side-by-side refrigerator/freezer, whose dimensions are 32-3/4" wide x 33-3/4" deep x 65-7/8" high (Whirlpool #ED2GTKXN or approved equal).

I trust this response will suffice, and the review process of GMAC's permit application can continue. If any person in the Inspections & Building Department has any further questions or concerns about this matter, please do not hesitate to call either me or Ken Bere of this office at 215-922-7066.

Sincerely,

Alice K. Berman, AIA

C: John Gazounas
Catherine France-Pettit

211 South 12th Street Philadelphia, PA 19107 Tel 215.922.7066 Fax 215.922.3778
211 South 12th Street Philadelphia, PA 19107 Tel 215.922.7066 Fax 215.922.3778

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK:	*852.00*	LOT:	*4*
SITE ADDRESS:	*1759 Rt. 88*		
CONTROL #:	*06-101297*	WORK TYPE:	*Tenant Fit up*
APPLICANT:	*Pharos Contracting*	PHONE #	*732-892-4441*
APPLICANT ADDRESS	*315-321 Hawthorne Ave.*	CITY/STATE/ZIP:	*Pt. Pleasant, NJ 08742*

MANDATORY DEVELOPER FEES

___ Residential is 1%
_X__ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

Business Name: *GMAC Realty*

The estimated equalized assessed value:

Residential $ -
Commercial $ *36,400.00*

05/05/2006
Date

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

Residential
Commercial $ *36,400.00*

06/27/2006
Date

Prel. Fee (Res)	$ -	Final Fee (Res)	$ -
Prel. Fee (Comm)	$ *364.00*	Final Fee (Comm)	$ *364.00*
Waiver Fee(Res. Only)			
Check #	*10673*	Check #	*10857*
Date Paid	*05/16/2006*	Date Paid	*07/03/2006*

Total Fee Paid (Res) $ -
Total Fee Paid (Com) $ *728.00*

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.

Authorized Signature – Township of Brick