BLOCK 852 LOT 4.01 ADDRESS (SITE) PERMIT NO. 2020-90

letter sent 10/3/90 tel

RECEIVED SEP 7 1990 BUILDING

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 856 ROUTE 70 BRICKTOWNSHIP N.J.
2. Name of Owner in Fee: NUTRI SYSTEM Tel. (201) 5991800
   Address 15 E MIDLAND AVE. PARAMUS N.J. 07652
   (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: NICK T. FERRAZANO CONST Tel. (201) 4952177
   Address 41 BONNIE DR. N. MIDDLETOWN N.J.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. 154-36-6374
5. Architect or Engineer ALEXANDROW-LANDAU Tel. (201) 628 1771
   Address 126 NEWARK POMPTON TPKE. PEQUANNOCK N.J.
6. Responsible Person In Charge of Work 206-1600 NICK T. FERRAZANO Tel. (201) 4952177

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	142.50	
2. Electrical			
3. Plumbing			
4. Fire Protection		90.-	
5. Other Sprinkler Heads			
6. Subtotal	$	232.50	
7. Less 20% for State Plan Review		5 -	
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy		20 -	
12. Other			
13. TOTAL	$	252.50	

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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 ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

Tenant fit up / alter no ext

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	14,000.00
6. ☒ Fire Protection	250.00
7. ☐ Plumbing	
8. ☒ Electrical	4000.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	18,250.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
JL			9/18/90	JL	2/4/91 JL		
	9/17/90		9/17/90	JL	2-11-91 JE		
					2-13-91 BK		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL-
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: B NUTRI SYSTEM
3. Change in Use Group, Indicate Former:

LDS BR 10312922

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name NICK T. FERRAZANO

Address 41 BONNIE DR.
N. MIDDLETOWN N.J. 07734

Telephone (201) 495 2177

Signature Nick T. Ferrazano Date 9/6/90

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☑ Other Zon	SK	9/14/90	officeath.						
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No. 2020	2-19-91	
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 2-19-91
Control #
Permit # 2020-90

IDENTIFICATION

Block 852 Lot 4.01
Work Site Location 856 Rt. 70

Owner in Fee Nutri System
Address 15 E. Midland Ave.
Paramus, NJ 07652
Tele. ( )

Contractor Nick T. Ferrazano Construction
Address 41 Bonnie Dr.
N. Middletown, NJ
Tele. ( )

Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:

Nutri System office

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

xx☒ **CERTIFICATE OF OCCUPANCY** ☐ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ciesza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 10-22-90
Control #
Permit # 2020-90

IDENTIFICATION Block 852 Lot 4.01

Work Site Location 856 Rt. 70

Owner in Fee Victor Sinatra
Address 1 E. Midland Ave
Paramus NJ

Tele. ( )

Contractor Nick T. Zampa and Son

Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. _____ Exp. Date *0002**

Federal Emp. No. 2020**

or Social Security No. _____ BLOCK 0.00

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [✓] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alter/tenant fit up

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 $ 18250.

A. J. Cuozzo
CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

PAYMENTS **(Office Use Only)** 852 # L4.01 #

Building	BUILDING	12.50
Plumbing	FIRE	0.00
Electrical	PLAN RVW	5.00
Fire Protection	C / O	0.00
Other	TOTAL	17.50
Other	CHECK	17.50
DCA Training Fee	CHANGE	0.00
Cert. of Occ.		
Other 10/22/90 NO. 5 0004A005		15:06
Total		
Check No.		
Cash		
Collected By:		

ELECTRICAL SUBCODE TECHNICAL SECTION

Brick

Date Received
Date Issued
Control # 012035
Permit #

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

Block 852 Lot 24.01
Work Site Location LAURELTON CIRCLE
856 ROUTE 70 BRICKTOWN SHIP. N.J.
Owner in Fee NUTRI SYSTEM
Address 15 E MIDLAND AVE
PARAMUS NJ. 07652
Tele. (201) 599 1800
Contractor AMP ELECTRIC
Address PO 192
WICKATUNK NJ 07765
Tele. (201) 972-0011
Lic. No. 8787
Federal Emp. No. 22-287-8902 or Social Security No.

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 4000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[✓] Elec. Plans Approved
Date: 10-23-90
Approved by: [signature]

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 2-13-91
Approved by: B. Lockey #24

INSPECTIONS: Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	1-8-91 #24		1-9-91	RF #24
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final	2-19 #24		2-13-91	RF #24

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued 2-13-91 #24
Line Dept. P.P.

C. CERTIFICATION IN LIEU OF OATH

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

[signature] Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

R-F

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
38	2x4	Fixtures (1)
24		Receptacles (2)
15		Switches (3)
77		Total 1 + 2 + 3
		Range
		Oven(s)
		Surface Unit
		Dishwasher
		Garbage Disposal
		Dryer
		A/C Unit
		Burglar Alarms
		Intercoms Panels
2		Smoke Detectors
		Whirlpool/spa
		Pool Bonding
		Pool Filter Motor
		Pool Lights
		Water Heater(s)
		Central heat: oil, gas or elec.
		Baseboard Heat Units
		Thermostats
		Heat Pump
		Pump(s)
		Motor Control Center/Sub Panels
		Signs
		Light Standards
		Motors—Fractional H.P.
		Motors—All Others
		Transformers
		Generators
		Service Entrance
6		Other EMERGENCY EXIT SIGNS

FEE (Office Use Only)	
5	
56	

'90 DEC 4 PM 3 33

Administrative Surcharge	$
Minimum Fee	$
TOTAL FEE	$ 56

Paid [ ] Check # 4220
Collected by:

Pd By Nick Ferrazano
41 Bonnie Dr
North Middletown NJ

U.C.C. Form F-120A

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

PRO 103

1-8-91 Norway Local

1-9-91 (1) Need sign circuit for final

1-31-91 Locked

2-6-91 (1) Ground Rod & wire installed in hallway. Exposed to physical Damage

(2) Response under counter need to Bond Reeps (need jumper from Box to Reep)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-22-90
Control #
Permit # 2020-90

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

Block 852 Lot 4.01
Work Site Location LAURELTON CIRCLE
856 ROUTE 70 BRICKTOWNSHIP N.J.
Owner in Fee NUTRI SYSTEM
Address 15 E MIDLAND AVE
PARAMUS N.J. 07652
Tele. (201) 599 1800
Contractor NICK T. FERRAZANO CONST.
Address 41 BONNIE DR.
N. MIDDLETOWN N.J. 07734
Tele. (201) 495 2177
Lic. No.
Federal Emp. No. or Social Security N[redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class. Present Proposed
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: Roof
Total Est. Cost of Fire Prot. Work $ 250 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 9/17/90
Approved by: JE

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 2-11-91
Approved by: JE

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Sprinkler Heads Suppression Test			2-7-91	JE
Fire Alarm Test				
Smoke Test			2-7-91	JE
Mechanical				
TCO				
Other Final	2-7-91		2-11-91	JE
Other				
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.

Nick T. Ferrazano
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work alter

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		30.-
Smoke Detectors	2	
Heat Detectors		
TOTAL	2	
Emergency Lites Battery Back up		20.-
Stand Pipes		
Kitchen Hood Exhaust Systems		
Exit Signs · Battery Back up		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Fire Extinguishers		
Gas or Oil Fired Appliance		
OTHER Plans & Insp	40.	40.-
Administrative Surcharge	$	
Minimum Fee	$	
TOTAL FEE	$	90.-

Paid [ ] Check #
Collected by

U.C.C. Form F-140A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy **PRO 105**

2-7-91 Remove Shield Bolts & Install Panel Bar. on Left Door AC

2-11-91 Vacation Starts

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-22-90
Control #
Permit # 2020-90

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

Block 852 Lot 4.01
Work Site Location LAURELTON CIRCLE
856 ROUTE 70 BRICKTOWNSHIP N.J.
Owner in Fee NUTRI SYSTEM
Address 15E MIDLAND AVE
PARAMUS N.J. 07652
Tele. (201) 599 1800
Contractor NICK T. FERRAZANO CONST.
Address 41 BONNIE DR.
N. MIDDLETOWN N.J. 07734
Tele. (201) 495 2177
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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 Nick T Ferrazano

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENENT ALTERATION
NUTRI SYSTEM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	9/18/90	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10-19-91
Approved By: J. Chrusher

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Footing				
Foundation				
Slab				
Frame			1-8-91	JC
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL FEE $

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 14,000.00
3. Total (1+2) $ 14,000.00

U.C.C. Form F-110A
1 White=Inspector Copy
2 Canary=Office Copy
3 Pink=Office Copy
4 Gold=Applicant Copy

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Called 9/17/98 K

Division of Inspections

A.J. Cierzo,
Construction Official

(201) 477-3000, ext. 252

NUTRA SYSTEMS

CHECK LIST

RE: Block _____ Lot _____ Address LAUREL TON CIR

Please be advised that your application for a construction permit for the subject property has beenrejected due to deficiencies in the following areas:

Administrative _____

Zoning _____

Engineering _____

Building ARCHITECTS will FAX in corrections. (BARRIER FREE)

Plumbing _____

Electric _____

Fire Need Sprinkler Storage Area

See attached review check list(s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a construction permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection(s) have been corrected and the application resubmitted.

Arthur J. Cierzo,
Construction Official

Date _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

October 3, 1990

Nick T. Ferrazano Const.
41 Bonnie Drive
North Middletown, NJ 07748

RE: 856 Rt. 70, Nutri System

Dear Sirs;

Your application has been approved for Alteration (tenant fit-up). Please stop by our office and pay the outstanding fee by 10/17 or the permit will become void. The permit fee is $257.50.

If you have already conducted the work, you are in violation of the New Jersey Uniform Construction Code. After the compliance date our inspectors will be going to every site which has a permit and has not paid a fee. They will be enforcing the U.C.C. sections 5:23-2.14 and 2.16 and assessing a $500.00 a day penalty fee for every day that the violation remains outstanding.

Sincerely yours,

Arthur J. Cierzo
Construction Official

vjgs

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

October 3, 1990

Nick T. Ferrazano Const.
41 Bonnie Drive
North Middletown, NJ 07748

RE: 856 Rt. 70, Nutri System

Dear Sirs;

Your application has been approved for Alteration (tenant fit-up). Please stop by our office and pay the outstanding fee by 10/17 or the permit will become void. The permit fee is $257.50.

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Sincerely yours,

Arthur J. Cierzo
Construction Official

vjgs

ALEXANDROW & LANDAU
Architects
126 Newark Pompton Tpke.
PEQUANNOCK, NJ 07440

(201) 628-1771

LETTER OF TRANSMITTAL

DATE 6/20/90 JOB NO. 9034

ATTENTION

RE: Natri / System Lamella Tent Circle

TO Nick Terazano
c/o Riverdale Square
Shopping Center

WE ARE SENDING YOU ☒ Attached ☐ Under separate cover via Hand del. the following items:

☐ Shop drawings ☒ Prints ☐ Plans ☐ Samples ☐ Specifications
☐ Copy of letter ☐ Change order ☐ _____

COPIES	DATE	NO.	DESCRIPTION
10		A-1	Floor plan, ceiling plan, details

THESE ARE TRANSMITTED as checked below:

☐ For approval ☐ Approved as submitted ☐ Resubmit_____copies for approval
☒ For your use ☐ Approved as noted ☐ Submit_____copies for distribution
☒ As requested ☐ Returned for corrections ☐ Return_____corrected prints
☐ For review and comment ☐ _____
☐ FOR BIDS DUE _____ 19_____ ☐ PRINTS RETURNED AFTER LOAN TO US

REMARKS _____

6 sets signed + sealed

COPY TO Emil Pengue

SIGNED: Burt Landau (for)

PRODUCT 240-3 NEBS Inc., Groton, Mass. 01471.

If enclosures are not as noted, kindly notify us at once.