BLOCK 547 LOT 6 & 7 ADDRESS (SITE) 451 Brick Blvd PERMIT NO. 828-90

RECEIVED
MAY 8 1990
BUILDING

Called 5-14-90 JC

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: General Stores Unlimited
2. Name of Owner in Fee: Alex Amadio Tel. (201) 370-2553
   Address 451 Brick Blvd (street) Brick (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Omar Tent Rentals Tel. (____) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. 1247-81 Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer ____ Tel. (____) ____
   Address ____
6. Responsible Person In Charge of Work Don Struck Tel. (201) 477-7171

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building 2 Tent	$ 100		
2. Electrical			
3. Plumbing			
4. Fire Protection	50.		
5. Other Tents			
6. Subtotal	$ 150		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 170		

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

2 tents Temp

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	1750.00
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
JP		5/11/90	AK				
	5/16/90		5/16/90	JE	5/31/90		JS

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 Temporary
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10409535

U.C.C. Form F-100A

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 Philip Lamplotte

Address 725 Airport Rd
Lakewood NJ 08701

Telephone (370) 2553

Signature _____ Date _____

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	
☐ 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									
☐									
☐									

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. _____	_____	
☐ Certificate of Approval	No. _____	_____	

General Store

CONSTRUCTION PERMIT

Date Issued 5/16/90
Control #
Permit # 828-90

IDENTIFICATION Block 547 Lot 6 & 7

Work Site Location 451 Brick Blvd

Owner in Fee Alex Constantis
Address 451 Brick Blvd
Brick
Tele. ( ) ____

Contractor Omni Tent Rentals
Address ____
Tele. ( ) ____
Lic. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. ____
or Social Security No. ____ 828

is hereby granted permission to perform the following work:

[ ] BUILDING [ ] PLUMBING [ ] OTHER ____
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

2 Temp Tents

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 $ 1750

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building 100	BLOCK 547 #	0.00
Plumbing	LOT 6 #	0.00
Electrical	BUILDING	100.00
Fire Protection 50	FIRE	50.00
Other	C / O	20.00
Other	TOTAL	170.00
DCA Training Fee	CHECK	170.00
Cert. of Occ. 20	CHANGE	0.00
Other		
Total 170		
Check No. 05716/90 NO. 5 0035A005		15:03
Cash		
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 5/16/90
Date Issued
Control #
Permit # 828-90

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

Block 547 Lot 6 & 7
Work Site Location General Stores Unlimited 451 Brick Blvd
Owner in Fee Alex Amodio
Address 451 Brick Blvd
Tele. (201) 370-2553
Contractor Omar Tent Rentals
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. 1247-81
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] OA		
Date:		
Approved By:		

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

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 $
3. Total (1+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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Temp Tents Two
May 26, 27 & 28
Up 24th Down 29

TYPE OF WORK:
[ ] New Building
[ ] Addition 30x90
[ ] Alteration 20x40
[ ] Roofing
[ ] Siding
[ ] Other
[ ] Demolition
[ ] Miscellaneous
[ ] Fence Height
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[X] Other Temp Tent

(Office Use Only)
FEE
$

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 5/16/90
Date Issued
Control #
Permit # 825-90

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

Block 547 Lot 6c7
Work Site Location 451 Brick Blvd. General Stores Unltd
Owner in Fee Alex Amodio
Address 451 Brick Blvd
Brick, NJ 08723
Tele. (201) 370-2553
Contractor Omar Tent Rentals
Address
Tele. (____)
Lic. No. 1247-81
Federal Emp. No. ____ or Social Security No. ____

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 5/10/90
Approved by: JL
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 5/31/90
Approved by: JL

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Tents 2			5/31/90	JL
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. Riley Langlotte
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work (1) 30 x 90 Temp Tent Certificate of Flame Resistance
(2) 20 x 40

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		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance 30x90 (1)		
OTHER Temp Tent 20x40 (1)		50.00

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

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

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

#1247-81

ISSUED BY

ANCHOR INDUSTRIES, INC.
EVANSVILLE, INDIANA 47711
MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

4-10-81

This is to certify that the materials described have been flame-retardant treated (or are inherently noninflammable) and were supplied to:

NAME: OMAR TENT RENTAL

CITY BRICKTOWN STATE NJ

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with Federal Specification MIL-C-43006D

Method of application: LAMINATED

Type, color and weight of canvas: 13 oz. Dacron Yellow & White

Description of item certified: (3) 30' x 30' Fiesta Tent (1) 20' x 40' Fiesta Tent

Flame Retardant Process Used Will Not Be Removed By Washing

SNYDER MANUFACTURING COMPANY
Name of Applicator of Flame Resistant Finish
NEW PHILADELPHIA, OHIO

Signed: Louis R Brown
TENT DEPARTMENT—ANCHOR INDUSTRIES, INC.
LOUIS R. BROWN

GENERAL STORES
UNLIMITED

May 8, 1990

John P Kinnevy, Jr
401 Chamberbridge Road
Brick, New Jersey 08723

Attention John P Kinnevy
Zoning Officer

Dear Mr Kinnevy

We request permission to hold a trailer-tent sale from
May 26 thru May 28

Omar The Tent Man is going to supply us the tent which will be accompanied be a certificate of fire retardation

Enclosed is a sketch of where the tent and trailer will be placed

Thank you for your consideration in this matter

Sincerely,

Alexander Amodio
Fashion Plus, Inc
T/A General Stores Unlimited

AA lg

enc

451 BRICK BOULEVARD BRICKTOWN NEW JERSEY 08723 (201) 477 7171 — 477 7180

Certificate of Flame Resistance

REGISTERED APPLICATION NUMBER

#1247-81

ISSUED BY

ANCHOR INDUSTRIES, INC.
EVANSVILLE, INDIANA 47711
MANUFACTURERS OF THE FINISHED TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

4-10-81

This is to certify that the materials described have been flame-retardant treated (or are inherently noninflammable) and were supplied to:

NAME: OMAR TENT RENTAL

CITY BRICKTOWN STATE NJ

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with Federal Specification MIL-C-43006D

Method of application: LAMINATED

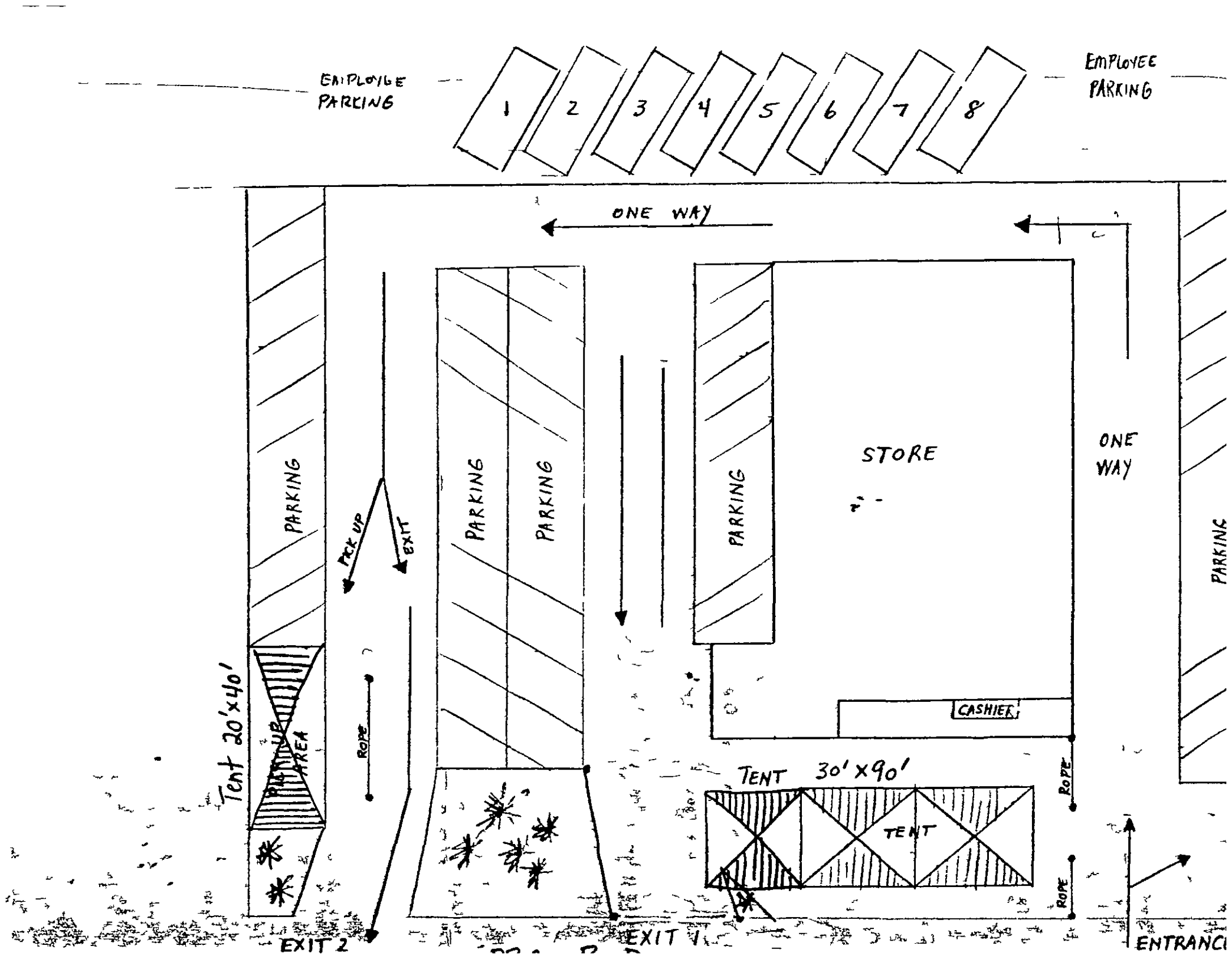
Type, color and weight of canvas: 13 oz. Dacron Yellow & White

Description of item certified: (3) 30' x 30' Fiesta Tent (1) 20' x 40' Fiesta Tent

Flame Retardant Process Used Will Not Be Removed By Washing

SNYDER MANUFACTURING COMPANY
Name of Applicator of Flame Resistant Finish
NEW PHILADELPHIA, OHIO

Signed: Louis R Brown
TENT DEPARTMENT—ANCHOR INDUSTRIES, INC.
LOUIS R. BROWN


EMPLOYEE PARKING
1
2
3
4
5
6
7
8
EMPLOYEE PARKING
ONE WAY
PARKING
PARKING
PARKING
PARKING
PICK UP
EXIT
STORE
ONE WAY
CASHIER
Tent 20'x40'
PICK UP AREA
ROPE
TENT 30'x90'
TENT
ROPE
ROPE
EXIT 2
EXIT 1
ENTRANCE