BLOCK 842 LOT 28 QUALIFICATION CODE C5-42 C5-42-1 C45-42-2 ADDRESS (SITE) 1715 RT 88 PERMIT NO. 01-0885

CONSTRUCTION PERMIT APPLICATION

COMMERCIAL

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1715 RT 88
2. Name of Owner in Fee: S&S Check Cashing Inc Tel. (732) 833-2490
   Address 1715 RT 88 (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: GEORGE RAHI Tel. (732) 940-4098
   Address 20 DELAR PARKWAY #601 FRANKLIN PARK, NJ 08823
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Federal Employee No. 015-60-2949 FAX: (____) ______
5. Architect or Engineer ALBERT TAUS Tel. (215) 698-2516
   Address 1187 MOREFIELD RD. PHILADELPHIA, PA
6. Responsible Person in Charge of Work GEORGE RAHI
   Tel. (732) 485-1353/940-4098 FAX (____) ______

retail/interior alteration
changing face of sign

V. FEE SUMMARY (for office use only)

			#A Update	#B Update
1.	Building	$ 554		
2.	Electrical	40	35	
3.	Plumbing	~~10~~		10
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	16.		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 640	35	10

well update plmg

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

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Resubmission Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building					2-14-01	FM			
3. ☐ Addition									
4. ☑ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing				2-15-01	4-12-01	[illegible]			
7. ☑ Electrical					4/4/01	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Ed	2/7/01		2/7/01	[illegible]			
TOTAL COSTS	$20,000								

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:
3. Change in Use Group, Indicate Former:

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

LDS BR 10504620

U.C.C. F100-1 (rev. 3/96)

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 Michal Biwona Date 2-2-2001

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.

(✓) Check if contractor.

Agent Name GEORGE RAHI

Address 20 DELAR PARKWAY # 601
FRANKLIN PARK, NJ 08823

Telephone (732) 485-1353/485-1353

Signature George Rahi

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/02/2001
Control #
Permit # 01-0885

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 842 Lot 28 Qual
Work Site Location 1715 ROUTE 88
TENANT FIT UP/SIGN
Owner in Fee/Occupant S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Telephone (732)833-2490
Contractor GEORGE RAHI
Address 20 DELAR PARKWAY
#601 FRANKLIN PARK, NJ 08823-
Telephone (732)940-4098 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 01-5602949

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP - WAS PIZZA PLACE NOW CHECK CASHING
SIGN FRONT ONLY 44 SQ FT

[ ] 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[X] 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 1009
Collected by: TL

CONSTRUCTION OFFICIAL
U.C.C./F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/02/2001
Control #
Permit # 01-0885

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 842 Lot 28 Qual
Work Site Location 1715 ROUTE 88
TENANT FIT UP/SIGN
Owner in Fee/Occupant S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Telephone (732)833-2490
Contractor GEORGE RAHI
Address 20 DELAR PARKWAY
#601 FRANKLIN PARK, NJ 08823-
Telephone (732)940-4098 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 01-5602949

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP - WAS PIZZA PLACE NOW CHECK CASHING
SIGN FRONT ONLY 44 SQ FT

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 1009
Collected by: TL

CONSTRUCTION OFFICIAL
U.C.C./F260 (rev. 3/96)

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 1715 Rt 88 ..... Block .... 842 ..... Lot 28

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	5/2/01 asper Frank OK
PLUMBING	APPROVED	5/2/01 OK asper Dan
FIRE	APPROVED	N/A
ELECTRIC	APPROVED	5/1/01 OK
ENGINEERING	APPROVED	N/A
O.C.SOIL	APPROVED	N/A
COMMERCIAL OCCUPANCY CARD		N/A
C.C. FROM B.T.M.U.A		N/A asper Carol 5/2/01

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

AFFORDABLE HOUSING ..... 4/24/01 OK .....

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.

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/06/2001
Control #
Permit # 01-0885

04/06/01 12:51PM 000000M2725
*K04 SERV.004
$554.00
$40.00
$16.00
$15.00
$15.00
$-640.00
$640.00
$0.00
#01-0885
BUILDING
ELECTRIC
PLUMBING
CC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 842 Lot 28 Qual

Work Site Location 1715 ROUTE 88
TENANT FIT UP/SIGN
Owner in Fee S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Telephone (732)833-2490

Contractor GEORGE RAHI
Address 20 DELAR PARKWAY
#601 FRANKLIN PARK, NJ 08823-
Telephone (732)940-4098
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 01-5602949

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - WAS PIZZA PLACE NOW CHECK CASHING STORE
SIGN FRONT ONLY 44 SQ FT

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 $ 20,250

Construction Official

04/06/2001
Date

PAYMENTS (Office Use Only)

Building	554
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	16
Cert. of Occupancy	0
Other ZPED	30
Total	640 — 610
Check No.	1009
Cash	
Collected By	TL

U.C.C. F170 (rev. 3/98)

04/17/01 10:16AM 0000000#2912 #X01
#X01 SERV.001 $10.00
#010885 PLUMBING $10.00
***TOTAL $10.00
CASH $10.00
CHANGE $0.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/17/2001
Control #
Permit # 01-0885+B
Permit Issued 04/06/2001

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 842 Lot 28 Qual

Work Site Location 1715 ROUTE 88
SINK
Owner in Fee S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Telephone (732)833-2490

Contractor RON SCAPICCHIO
Address 74 BARVLY RD
EDISON, NJ 08817--
Telephone (732)610-3980
Lic. No. or Bldrs. Reg. No. 9473
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SINK

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	10
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	10
Check No.	
Cash	X
Collected By	DC

Estimated Cost of Work $ 500

Construction Official

04/17/2001
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/05/2001
Date Issued 4/16/01
Control # C5-42
Permit # 01-0885

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

Block 842 Lot 28 Qual

Work Site Location 1715 ROUTE 88
TENANT FIT UP/SIGN

Owner in Fee S&S CHECK CASHING INC

Address 1715 ROUTE 88
BRICK, NJ 08724-

Tele.(732)833-2490

Contractor GEORGE RAHI

Address 20 DELAR PARKWAY
#601 FRANKLIN PARK, NJ 08823-

Tele.(732)940-4098 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 01-5602949

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

TENANT FIT UP - WAS PIZZA PLACE NOW CHECK CASHING STORE
SIGN FRONT ONLY 44 SQ FT

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-14-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-1-01
Approved By: FM

INSPECTIONS	Date (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame	4/10/2001 pm		4/11/2001	JKG
BarrierFree				
Insulation				
Finishes	4/23/2001	NR	JKG	
Energy				
Mechanical				
TCO				
Other				
Final	4-27-01			FM
BarrierFree	N/A		5-7-01	FM

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 $ 20,000
3. Total (1+2)$ 20,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[X] Sign 44 Sq. Ft.	44
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other ALTERATION	510
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 554
DCA Training Fee	$ 16

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

4/@2001 No treated Sill + No App Plans

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/05/2001
Date Issued / /
Control # C?-4?
Permit #

COMMERCIAL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 03/29/2001
Date Issued 4/16/01
Control # C5-42-1
Permit # 01-0885 + A

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

Block 842 Lot 28 Qual
Work Site Location 1715 ROUTE 88
COMMUNICATION POINTS
Owner in Fee S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Tele.(732)940-4098 Fax ( )
Contractor GEORGE RAHI
Address 20 DELAR PARKWAY
#601 FRANKLIN PARK, NJ 08823-
Tele.(732)940-4098
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 01-5602949

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4/6/01
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [X] CA
Date: 5/10/01
Approved By:

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			5/10/01	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
12		Communications Points	
0		Alarm Devices/F.A.C. Panel	
12		TOTAL NUMBERS	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
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	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.

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

458-1800 mike

Date Received 02/05/2001
Date Issued 4/16/01
Control # C5-42
Permit # 01-0885

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

Block 842 Lot 28 Qual

Work Site Location 1715 ROUTE 88
TENANT FIT UP/SIGN

Owner in Fee S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Tele.(732)935-1111 Fax ( )
Contractor ALCOLE ELECTRIC
Address 440 HAROLD AVE
STATEN ISLAND, NY 10312-
Tele.(732)935-1111
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 4/4/01
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Date: 5/9/01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			4/30/01	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			4/30/01	

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
8		Lighting Fixtures	
23		Receptacles	
0		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
7		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
40		TOTAL NUMBERS	40
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
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	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.

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

Paid [ ] Check # Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	40
DCA Training Fee	$	0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/11/2001
Date Issued ~~01/01/1954~~
Control # 104761
Permit # 01-0885+B

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

Block 842 Lot 28 Qual
Work Site Location 1715 ROUTE 88
SINK
Owner in Fee S&S CHECK CASHING INC
Address 1715 ROUTE 88
BRICK, NJ 08724-
Tele.(732)610-3980 Fax ( )
Contractor RON SCAPICCHIO
Address 74 BARVLY RD
EDISON, NJ 08817-
Tele.(732)610-3980
Lic. No. or Bldrs. Reg. No. 9473 9472
Federal Emp. No.

COMMERCIAL

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 $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4/12-01
Approved By:

SUBCODE APPROVAL
[X] CO [ ] CCO [ ] CA
Approved By:
Date: 5-2-01

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	4-30		4-27-01	
Rough			4-27-01	
Water				
Sewer				
Fixtures			5-2-01	
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)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
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 $ 10
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: February 6, 2001 **No.** 1.0098

Block: 842 **Lot:** 28 **Zone:** B-2, Neighborhood Business

Property Address: 1715 Route 88

Applicant: Michael Bivona

Property Owner: Mahesh Uberoi

Existing Use: Vacant retail unit (former pizza restaurant).

Proposed Use: Office (United Check Cashing).

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: Interior work only.

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
FEB 5 2001
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 842 Lot 28 Qualifer _____

PROPERTY ADDRESS 1715 RT 88 Brick NJ 08724

PERSONAL NAME OF APPLICANT Michael Bivona

BUSINESS NAME OF APPLICANT S+S Check Cashing, Inc

PROPERTY OWNER Mahesh Uberoi / Madhu Uberoi

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) was a Pizza

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please decribe) check cashing

COMMERCIAL

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☑ Alteration (design front only)
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state 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.

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 Michael Bivona Date 2-2-01

Reviewed by Zoning Office SK Date 2-6-1 (X) Approved ( ) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 343 LOT 38 SITE ADDRESS 1111 W. 38
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS

APPLICANT PHONE NUMBER
APPLICANT ADDRESS CITY & STATE
PERMIT # NAME OF BUSINESS

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 %

Estimated Assessment $ 10,500 - Date 1/11/1

Estimated Required Fee $ 105. -

Required Deposit on Estimate $ 53.50 Date 1/11/

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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.

1/11/1

AHBT PRELIMINARY APPROVAL

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF LAND USE MANAGEMENT
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax: (732) 262-8954
http://www.twp.brick.nj.us

September 26, 2000

Michael & Deborah Bivona
S & S Check Cashing, Inc.
3 Wellesly Court
Jackson, New Jersey 08527

Re: Block 842 Lot 28
1715 Route 88
Zoning Determination

Dear Mr. & Mrs. Bivona;

The referenced property is located in the B-2, General Business zone, in which an office is a use permitted under Chapter 190 of the Township Code.

Zoning approval is hereby granted to use the vacant unit formerly occupied by a pizzeria for a check cashing business.

Please feel free to contact this office for any additional information or assistance.

Very truly yours,

Sean Kinnevy

Sean P. Kinnevy
Zoning Officer

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P, Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

COMMERCIAL

Date: 2-2-01

Block: 842 Lot: 28

Property Address: 1715 RT 88 Brick NJ 08724

I, Michael Bivona (name) of 1715 RT88 Brick, NJ 08527 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Michael Bivona
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 2/7/01 Signed:

Rejected on: Signed:

Comments:

Plumbing Subcode
Plan Review Record
Township of Brick

Date: 2-15-01

Site Address: 1715 Rt 88

Reviewed By: [illegible]

CORRECTION LIST

No.	Description
	a liscensed Plumber is required by law

Party Called and Phone #: Mike - 833-7490

Resubmitted on: _____ **By:** _____

National Electrical Code
Plan Review Record
Township of Brick

Date: 2-21-01

Site Address: 1715 Rt 88

Reviewed By: MM

CORRECTION LIST

No.	Description
	Licensed Electrician Required
	Resubmit
*	Incomplete alarm & low voltage plans indicate plenum wall cover as updated

Party Called and Phone #: Mike 833 2490

Resubmitted on: _____ **By:** _____

COVER SHEET

FROM Michael Biondo
United Check Cashing
1715 Rt 88
Brick NJ 08724

LOT 842
BLK 28

ATTN: Marcel Renson
732 262-4628

Thank You
Michael

OFFICE OF THE STATE FIRE MARSHAL
FIRE ENGINEERING - BUILDING MATERIALS LISTING PROGRAM

LISTING SERVICE

LISTING No. 7315-1335:104

CATEGORY: Power Units

LISTEE: Altronix, 140 - 58th Street, Building A-3W, Brooklyn NY 11220
Contact: Alan Forman (718) 567-8181

DESIGN: Models AL600ULX and AL600ULM Power Supply Unit. Model AL600ULM is an AL600ULX power supply with an MOM5 multi-output power module. Refer to listee's data sheet for additional detailed product description and operational considerations.

RATING: 115 VAC input, 12 or 24 VDC output

INSTALLATION: In accordance with listee's printed installation instructions, applicable codes & ordinances and in a manner acceptable to the authority having jurisdiction

MARKING: Listee's name, model number, electrical rating and UL label.

APPROVAL: Listed as power supply units for use with separately listed compatible fire alarm control units*. Also suitable for use with access control systems. Authority having jurisdiction should be consulted prior to installation.

NOTE: *For fire alarm use, the standby batteries must provide at least 24 hours standby power during power loss. The battery circuit must be fully supervised.

*Corrected 11-09-98

Date Issued: **JUNE 23, 2000**
Effective issue date to expiration date

Listing Expires **June 30, 2001**

Authorized By:

BEN HO, *Supervising Deputy Program Manager*

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 2/7/01

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

tenant fit up alterations

RE: BLOCK 842 LOT 28 SITE ADDRESS 1715 Rt. 88

TYPE OF SITE _____ TYPE OF BUSINESS check cashing
(Residential/Commercial)

APPLICANT George Rahi CITY & STATE Franklin Park, NJ. 08823

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 10,500

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

2/8/01

Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 10,500

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

4/20/01

Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 842 LOT 28 SITE ADDRESS 1715 Rt. 88
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS
PHONE NUMBER 732-940-4008
APPLICANT PHONE NUMBER
APPLICANT ADDRESS CITY & STATE
PERMIT # 05-42 NAME OF BUSINESS

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 %

Estimated Assessment $ 10,500.- Date 2/9/01
Estimated Required Fee $ 105.- AS PER AGREEMENT OK
Required Deposit on Estimate $ 52.50 Date PD 2/16/01
Check # 33947 Receipt # 45162
Actual Assessment $ 10,500.- N/A Date 4-23-01
Actual Required Fee $ 105.-
Minus Deposit of Estimate $ 52.50
Balance Due $ 52.50 Date 4-23-01
Check # 1071 Receipt # 46411
Amount Paid In Full $ 105.-

N... 5/2/01

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.

2/7/01 - Tax Part.

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

S & S CHECK CASHING, INC.
D/B/A UNITED CHECK CASHING
1715 ROUTE 88
BRICK, NJ 08723

4041

FIRST UNION NATIONAL BANK
FIRSTUNION.COM
PHILADELPHIA, PENNSYLVANIA 19109
ORG. 075 R/T 031000503

NO. 1019
3-50/310

DATE 4-23-01

AMOUNT 52.50

PAY Fifty-two 50/xx

TO THE ORDER OF Brick Township for Affordable Housing Trust Fund

Deborah Petrosa MP

⑈0000 1019⑈ ⑆031000503⑆ 2000003380 10?⑈

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

Business/Development: S & S Check Cashing

Owner/Applicant: United Check Cashing

Property Address: 1715 Rt. 88

Block: 842 Lot: 28

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 4/23/01

Check Number 1019

Estimated Fee

Preliminary Fee Deposit

Final Fee 105.00

Less Preliminary Fee 52.50

Final Fee Deposit 52.50

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

4/24/01
Date

OFFICE OF AFFORDABLE HOUSING

AHOT FINAL APPROVAL

Township of Brick
Counter Form
(PLEASE PRINT)

Permit # C5-42

Site Location: 1715 RT 88 Brick NJ 08724
Block: 842 Lot: 28
Owner's Name: Michael Bivona
Owner's Mailing Address: 3 Wellesly Ct Jackson NJ 08527
Phone: (732) 833-2490

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

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
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 AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Ron Scapicchio
Address: 74 Barvly Rd
Edison NJ 08817
Phone #: 732-610-3980
Lis #: 9473
Federal Emp # or SSN

Technical Data

Fixtures — Quantity

Water Closets
Urinals/Bidets
Bath Tub
Lavatory
Shower
Floor Drain
Sink 1
Dishwasher
Drinking Fountain
Washing Machine
Hose Bib
Gas Piping
Fuel Oil Piping
Water Heater
Steam Boiler
Hot Water Boiler
Sewer Pump
nterceptor/Separator
Backflow Preventer
Greasetrap
Water Cooled A/C or Refrig. Unit
Septic Tank Closure
Sewer Service Connection
Water Service Connection
Active Solar System
Auxiliary Meter
Sprinkler Heads
Sump Pump
Other:

Estimated Cost of Plumbing Work

Signature:

Please Print Name: Ronnie J. Scapicchio

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:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name:

CONTRACTOR'S SEAL

RECEIVED
MAR 29 2001

Township of Brick
Counter Form
(PLEASE PRINT)

update 05-4-1

Site Location: 1775 R788
Block: 842 Lot: 28
Owner's Name: MICHAEL BIVONO
Owner's Mailing Address: 3 WELLESLY CT.
JACKSON, NJ 08527
Phone: (732) 833-2790

BUILDING

Contractor: GEORGE RAHI
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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: GEORGE RAHI
Address: 20 DELAR PARKWAY #601, FRANKLIN PARK, NJ 08823
Phone#: (732) 940-4098
Lis #:
Federal Emp # or SSN [redacted]

Technical Data

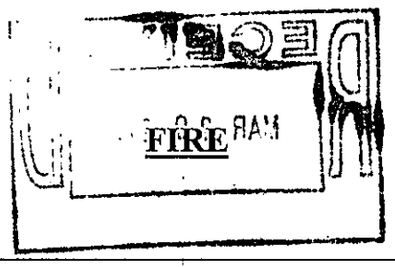
Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	10 TEL. Points 2 DAT
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric 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	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

COMMUNICATION
Estimated Cost of ~~Electrical~~ Work: $100

Signature: George Rahi
Please Print Name GEORGE RAHI

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT



PLUMBING

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

Technical Data

Fixtures Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
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_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

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:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

C5-42
S & S check cashing

Township of Brick
Counter Form
(PLEASE PRINT)

RECEIVED
MAR 12 2001

Site Location: 1715 Route 88
Block: 842 Lot: 28
Owner's Name: Michael Bivona
Owner's Mailing Address: 1715 Route 88 Brick NJ 08724

Phone: (732) 833-2490

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

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: ALCOLE ELEC.
Address: 440 HAROLD AVE.
S.I. N.Y. 10312
Phone#: 718-317-5615 732-935-1111
Lis #: 12623
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures 2x4 layin	8
Receptacles 10 existing	20 new
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights 7 Exit	4 Emergency
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool	
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	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other: 2 GFI, 1 ISO	

Estimated Cost of Electrical Work:

Signature: Dominick Recchia
Please Print Name DOMENICK RECCHIA
CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures — Quantity

Water Closets _____
Urinals/Bidets _____
Bath Tub _____
Lavatory _____
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 _____
Water Cooled A/C or Refrig. Unit _____
Septic Tank Closure _____
Sewer Service Connection _____
Water Service Connection _____
Active Solar System _____
Auxiliary Meter _____
Sprinkler Heads 1
Sump Pump _____
Other:

Estimated Cost of Plumbing Work _____

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 Dem
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks NA capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item — Quantity

Wet Sprinkler Heads existing
Dry Sprinkler Heads _____
Total _____

Smoke Detectors 2 existing
Heat Detectors _____
Total 2

Stand Pipes 1
Kitchen Hood Exhaust System _____

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

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances existing

Furnace Gas
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other:

Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1715 R 88 Brick NJ 08724
Block: 842 Lot: 28
Owner's Name: Michael Bivona
Owner's Mailing Address: 3 Wellesly Ct Jackson NJ 08527

Phone: (732) 833-2490

BUILDING

Contractor: GEORGE RAHI
Address: 20 DELAR PARKWAY #601
Phone#: (732) 940-4098 / 485 135
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

tenant fit-up interior alterations & sign front only

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	1 Sign _____ sq ft

Building Characteristics

Use Group Present: V Proposed: 44sq ft
No of Stories: 1
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: $ 20,000

Cost of New Building:

Total Cost of Building Work:

Signature: George Rahi
Please Print Name GEORGE RAHI

ELECTRICAL

Contractor: Michael Bivona (self)
Address: 3 Wellesly Ct Jackson NJ 08527
Phone#: 732 833-2490
Lis #:
Federal Emp # or SSN

Technical Data

Item	Quantity
Lighting Fixtures	8
Receptacles	20 + 2 GFI
Switches	~~20~~
Detectors	2
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	7 exit + 4 emergency
Communication Points	
Alarm Devices/FAC Panel	
Total	

Pool	
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	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	

Other: 1 ISO outlet in lobby for Mac machine
2 plug mold strips

Estimated Cost of Electrical Work: 200.00

Signature: Michael Bivona
Please Print Name Michael Bivona

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Michael Bivona (self
Address: 3 Wellesly Ct
Jackson NJ 08527
Phone #: 732-833-2490
Lis #:
Federal Emp # or SSN

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	1
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	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

only replacing toilet same location

Estimated Cost of Plumbing Work $ 50.00

Signature: Michael Bivona

Please Print Name: Michael Bivona

FIRE

Contractor: will submit later
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:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name:

CONTRACTOR'S SEAL

Name Deborah Bivona 4568 0000(538474)(1000/BX Rev 01)
For: S&S Check Cashing 55-2/212
Account No 1 0 1 0 0 3 9 4 9 0 2 0 1 DATE 2-14-01

PAY TO THE ORDER OF Township of Brick $ 52,50
Fifty Two 50/xx DOLLARS

FIRST UNION First Union National Bank Newark, NJ

FOR Mandatory Fee Bl. 842 Lt 28 Deborah Bivona

[redacted]

Joseph

Township

Ka
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To
Fr

DABLE Housing
Wolfe
ig Administrator
2-1048
or (732) 920-1456
).brick.nj.us

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 2/14/01

Business/Development: S & S Check Cashing

Owner/Applicant: Deborah Bivona

Property Address: 1715 Rt. 88

Block: 842 Lot: 28

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number 538474

Estimated Fee $ 105.-

Deposit Amount $ 52.50

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

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 _____ Date 2/14/01

EXHIBIT PRELIMINARY APPROVAL