BLOCK 852 LOT 1 QUALIFICATION CODE C10·58 ADDRESS (SITE) 1743 RT 88 PERMIT NO. 03-0984

Called 3/20

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work Site at: 1743 RT 88
2. Name of Owner in Fee: LP + AMS LLC Tel. (732) 780-7780
   Address 63 W MAIN ST (street) FREEHOLD (municipality) 07728 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: RICHARD JOHNSON Tel. (732) 288-1117
   Address 778 HIGH MEADOW DR TOMS RIVER NJ 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer _____ Tel. (_____) _____
   Address _____
6. Responsible Person in Charge of Work RICHARD JOHNSON
   Tel. (732) 288-1117 FAX (732) 288-9205

Change of owner of business (NO WORK JUST PAINT)

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 35 | | |
| 2. Electrical | | 35 ✓ | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | $ | | |
| 7. Less 20% for State Plan Review | | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | | 1 | |
| 10. Subtotal | | | |
| 11. Cert. of Occupancy | | | |
| 12. Other | | | |
| 13. TOTAL | $ 15 ~~50~~ | 36 | |

NA

## 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

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval / Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|
| 1. ☑ Minor Work | | (illegible) | 3/10/03 | | 3/20/03 | FM | (illegible) COMMERCIAL | |
| 2. ☐ New Building | | | | | | | | |
| 3. ☐ Addition | | | | | | | | |
| 4. ☐ Alteration | | | | | | | | |
| 5. ☐ Fire Protection | | | | | | | | |
| 6. ☐ Plumbing | | | | | | | | |
| 7. ☑ Electrical | | | | | 4/16/03 SB | | 4/24/03 | |
| 8. ☐ Elevator Devices | | | | | | | | |
| 9. ☐ Asbestos Abat. Subch. 8 | | | | | | | | |
| 10. ☐ Lead Hazard Abatement | | | | | | | | |
| 11. ☐ Demolition | | Eve | 3/19/03 | | GWA | | | |
| TOTAL COSTS | $500 | | | | | | | |

OPTIONAL (for office use only)

## 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 BACK DEAL
After Construction BACK DEAL
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10402024

**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 3/10/03

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 _____

Address _____

_____

Telephone ( _____ ) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

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

**X. CERTIFICATES ISSUED** (office use only)

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/26/2003
Control #
Permit # 03-0984

UCC NEW JERSEY

# CONSTRUCTION PERMITE

IDENTIFICATION Block 852 Lot 1 Qual

Work Site Location 1748 ROUTE 88
CHANGE OF OWNER OF BUSINE

Owner in Fee LP & APTS LLC
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Telephone (732)780-7780

Contractor RICHARD JOHNSON
Address 778 HIGH MEADOW DR
TOMS RIVER, NJ 08753-
Telephone (732)288-1117
Lic. No. or Bldrs. Reg. No.
Federal Exp. No.

03/26/03 12:53PM 000000#8567
XXO7 SERV.007
#030984
BUILDING $35.00
ZPA $15.00
CHECK $50.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
CHANGE OF OWNER OF BUSINESS BAGEL/DELI
PAINTING ONLY
ACTUAL JOB COST $4,300.00

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 $ 400

Construction Official 03/26/2003
Date

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 35 |
| Electrical | 0 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA State Permit Fee | 0 |
| Cert. of Occupancy | 0 |
| ~~Other~~ | 15 |
| Total | ~~95~~ |
| Check No. | 1383 |
| Cash | |
| Collected By | ERP |

U.C.C. F170 (rev. 3/96)

C3E

5/1/3 OK
$0

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 04/21/2003
Control #
Permit # 03-0984+A
Permit Issued 03/26/2003

UCC NEW JERSEY

# PERMIT UPDATE

IDENTIFICATION Block 852 Lot 1 Qual

Work Site Location 1742 ROUTE 88
CHANGE OF OWNER OF BUSINE
Owner in Fee LP & APTS LLC
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Telephone (732)780-7780

Contractor KELLY KILOWATT ELEC CO INC
Address P O BOX 885
LAKEWOOD, NJ 08701-
Telephone (732)367-3030
Lic. No. or Bldrs. Reg. No. 5918
Federal Exp. No [redacted]

04/21/03 2:01PM 000000H9293
XX02 SERV.002

H0984
ELECTRIC $35.00
DCA $1.00
CHECK $36.00

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
REWIRE EXISTING WALK IN FREEZER

PAYMENTS (Office Use Only)

| | |
|---|---|
| Building | 0 |
| Electrical | 35 |
| Plumbing | 0 |
| Fire Protection | 0 |
| Elevator Devices | 0 |
| Other | |
| DCA State Permit Fee | 1 |
| Cert. of Occupancy | 0 |
| Other | |
| Total | 36 |
| Check No. | 1342 |
| Cash | |
| Collected By | MJR |

Estimated Cost of Work $ 750

D. Newman
Construction Official

04/21/2003
Date

U.C.C. F190 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/15/2003
Date Issued ~~01/01/1950~~
Control # 4-21-03
Permit # 03-0984+A

Called 4/17

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

Block 852 Lot 1 Qual
Work Site Location 1743 ROUTE 88
CHANGE OF OWNER OF BUSINE
Owner in Fee LP & APTS LLC
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Tele.(732)780-7780
Contractor KELLY KILOWATT ELEC CO INC
Address P O BOX 886
LAKEWOOD, NJ 08701-
Tele.(732)367-3030
Lic. No. or Bldrs. Reg. No. 5918
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4/16/03
Approved By:

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

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temp Serv | | | | |
| Const Serv | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |

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

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

D. TECHNICAL SITE DATA

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 0 | | Lighting Fixtures | |
| 3 | | Receptacles | |
| 0 | | Switches | |
| 0 | | Detectors | |
| 0 | | Light Poles | |
| 0 | | Motors-Fract HP | |
| 0 | | Energency & Exit Lights | |
| 0 | | Communications Points | |
| 0 | | Alarm Devices/F.A.C. Panel | |
| 3 | | 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 |

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 1

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/15/2003
Date Issued ~~01/01/1951~~ 4-21-03
Control 0
Permit # 03-0984+A

Called 4/17

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

Block 352 Lot 1 Qual
Work Site Location 1243 ROUTE 88
CHANGE OF OWNER OF BUSINE
Owner in Fee LP & JPTS LLC
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Tele. (732) 780-7780
Contractor KELLY KILCHATT ELEC CO INC
Address P O BOX 938
LAKEWOOD, NJ 08701-
Tele. (732) 367-3030
Lic. No. or Bldrs. Reg. No. 5916
Federal Exp. N [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present R Proposed R
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 750

JOB SUMMARY (Office Use Only)

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

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

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temp Serv | | | | |
| Const Serv | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |

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

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 (Electrician) (Licensed Signature)

D. TECHNICAL SITE DATA

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 0 | | Lighting Fixtures | |
| 3 | | Receptacles | |
| 0 | | Switches | |
| 0 | | Detectors | |
| 0 | | Light Poles | |
| 0 | | Motors-Fract HP | |
| 0 | | Emergency & Exit Lights | |
| 0 | | Communications Points | |
| 0 | | Alarm Devices/F.A.C. Panel | |
| 3 | | 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 Open 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 |

| | | |
|---|---|---|
| Administrative Surcharge | $ | 0 |
| Minimum Fee | $ | 0 |
| TOTAL FEE | $ | 25 |
| DCA State Permit Fee | $ | 1 |

Paid [ ] Check # _____
Collected by: _____

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/15/2003
Date Issued ~~01/01/1954~~ 4-21-03
Control #
Permit # 03-0984+A

Called 4/17

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

Block 852 Lot 1 Qual
Work Site Location 1743 ROUTE 88
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FREEHOLD, NJ 07728-
Tele.(732)780-7780
Contractor KELLY KILOWATT ELEC CO INC
Address P O BOX 886
LAKEWOOD, NJ 08701-
Tele.(732)367-3030
Lic. No. or Bldrs. Reg. No. 5918
Federal Emp. No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4/16/03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4 22 03
Approved By: LMR

| INSPECTIONS Type | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | | | | |
| Temp Serv | | | | |
| Const Serv | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | 4 22 03 | M |

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

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

D. TECHNICAL SITE DATA

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 0 | | Lighting Fixtures | |
| 3 | | Receptacles | |
| 0 | | Switches | |
| 0 | | Detectors | |
| 0 | | Light Poles | |
| 0 | | Motors-Fract HP | |
| 0 | | Emergency & Exit Lights | |
| 0 | | Communications Points | |
| 0 | | Alarm Devices/F.A.C. Panel | |
| 3 | | 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 |

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA State Permit Fee $ 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/10/2003
Date Issued 3/26/03
Control # C10-58
Permit # 03-0984

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

Block 852 Lot 1 Qual
Work Site Location 1743 ROUTE 88
CHANGE OF OWNER OF BUSINE
Owner in Fee LP & APTS LLC
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Tele.(732)780-7780
Contractor RICHARD JOHNSON
Address 778 HIGH MEADOW DR
TOMS RIVER, NJ 08753-
Tele.(732)288-1117 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req | | |
| [X] All | 3-2003 | FW |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

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 $ 400
3. Total (1+2)$ 400

Industrialized Building:
[ ] State Approved
[ ] HUD

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

CHANGE OF OWNER OF BUSINESS BAGEL/DELI
PAINTING ONLY
ACTUAL JOB COST $4,500.00

No work / call for inspection

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 14 |
| [ ] Roofing | 0 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |
| Administrative Surcharge | $ 0 |
| Minimum Fee | $ 21 |
| TOTAL FEE | $ 35 |
| DCA State Permit Fee | $ 0 |

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/10/2003
Date Issued 3/26/03
Control # ~~C10-58~~
Permit # 03-0984

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

Block 852 Lot 1 Qual
Work Site Location 1743 ROUTE 88
CHANGE OF OWNER OF BUSINE
Owner in Fee LP & APTS LLC
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Tele.(732)780-7780
Contractor RICHARD JOHNSON
Address 778 HIGH MEADOW DR
TOMS RIVER, NJ 08753-
Tele.(732)288-1117 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

JOB SUMMARY (Office Use Only)

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req | | |
| [X] All | 3-2003 | FW |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

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 $ 400
3. Total (1+2)$ 400

Industrialized Building:
[ ] State Approved
[ ] HUD

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

CHANGE OF OWNER OF BUSINESS BAGEL/DELI
PAINTING ONLY
ACTUAL JOB COST $4,500.00

NO WORK / CALL FOR INSPECTION

| TYPE OF WORK | FEE (Office Use Only) |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 14 |
| [ ] Roofing | 0 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

| | | |
|---|---|---|
| | Administrative Surcharge | $ 0 |
| Paid [ ] Check # | Minimum Fee | $ 21 |
| Collected by: | TOTAL FEE | $ 35 |
| | DCA State Permit Fee | $ 0 |

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

8/1/2 ck

Date Received 03/10/2003
Date Issued 3/26/03
Control # ~~C10-58~~
Permit # 03-0984

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

Block 852 Lot 1 Qual
Work Site Location 1743 ROUTE 88
CHANGE OF OWNER OF BUSINE
Owner in Fee LP & APTS LLC
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Tele.(732)780-7780
Contractor RICHARD JOHNSON
Address 778 HIGH MEADOW DR
TOMS RIVER, NJ 08753-
Tele.(732)288-1117 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

COMMERCIAL

D. TECHNICAL SITE DATA
*DESCRIPTION OF WORK*

CHANGE OF OWNER OF BUSINESS BAGEL/DELI
PAINTING ONLY
ACTUAL JOB COST $4,500.00

No work / Call For Inspection

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req ~~3-2003 FM~~
[X] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4-29-03
Approved By: FM

INSPECTIONS — Dates (Month/Day)

| Type | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| BarrierFree | | | | |
| Insulation | | | | |
| Finishes | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 4/29/03 FM | |
| BarrierFree | | | | |

TYPE OF WORK — FEE (Office Use Only)

| | |
|---|---|
| [ ] New Building | $ 0 |
| [ ] Addition | 0 |
| [X] Alteration | 14 |
| [ ] Roofing | 0 |
| [ ] Siding | 0 |
| [ ] Fence 0 Height (exceeds 6') | 0 |
| [ ] Sign 0 Sq. Ft. | 0 |
| [ ] Pool | 0 |
| [ ] Asbestos Abatement Subchapter 8 | 0 |
| [ ] Lead Haz. Abatement NJAC 5:17 | 0 |
| [ ] Other | 0 |
| Other | 0 |
| [ ] Demolition | 0 |

B. BUILDING CHARACTERISTICS

Use Group Present 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 $ 400
3. Total (1+2)$ 400

Industrialized Building:
[ ] State Approved
[ ] HUD

| | |
|---|---|
| Administrative Surcharge | $ 0 |
| Paid [ ] Check # Minimum Fee | $ 21 |
| Collected by: TOTAL FEE | $ 35 |
| DCA State Permit Fee | $ 0 |

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

# Township of Brick
## Zoning Permit

**Approved:** Tuesday, March 18, 2003 **Number:** 249

**Block** 852 **Lot** 1 **Zone:** B-3, Highway Dev.

**Property Address:** 1743 Route 88; Laurelton Plaza

**Applicant:** Richard Johnson; Sammy's New York Bagels Plus

**Property Owner:** LP & Apts., LLC

**Existing Use:** Bagel shop/delicatessen

**Proposed Use:** Same.

**Proposed Construction:** Interior alterations for tenant fit-up.

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

**This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.**

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

# TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

RECEIVED
MAR 10 2003
ZONING

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

BLOCK 852 LOT 1 QUALIFIER

PROPERTY ADDRESS 1743 RT 88

PERSONAL NAME OF APPLICANT RICHARD JOHNSON

BUSINESS NAME OF APPLICANT SAMMY'S NY BAKES PLUS

MAILING ADDRESS OF APPLICANT 1743 RT 88 BRICK

PROPERTY OWNER'S FULL NAME LP + APTS LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) BAGEL / DELI

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling.
☑ Commercial (please describe) BAGEL / DELI

PROPOSED CONSTRUCTION (check all that apply)

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

COMMERCIAL

CHECKLIST

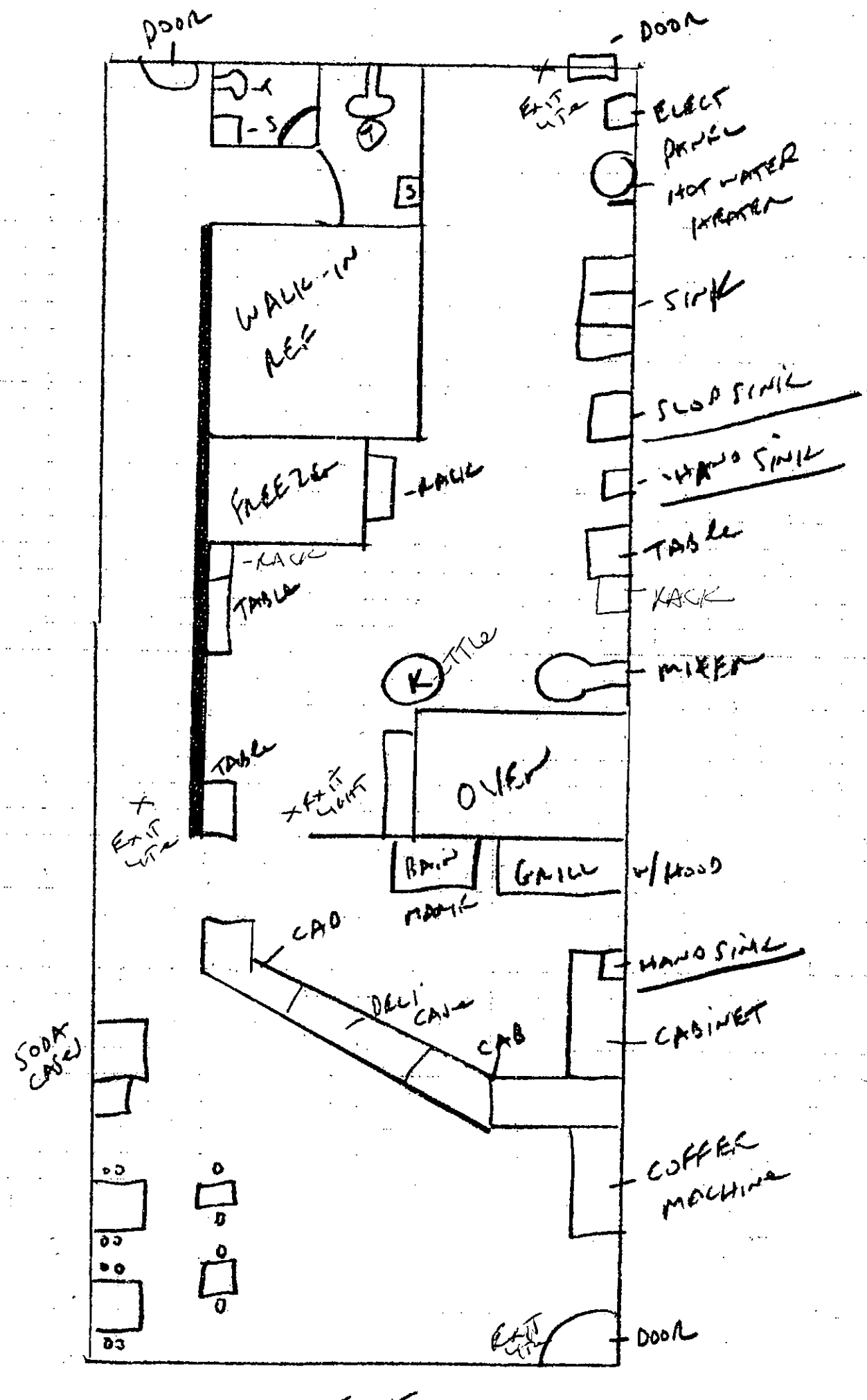
☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board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

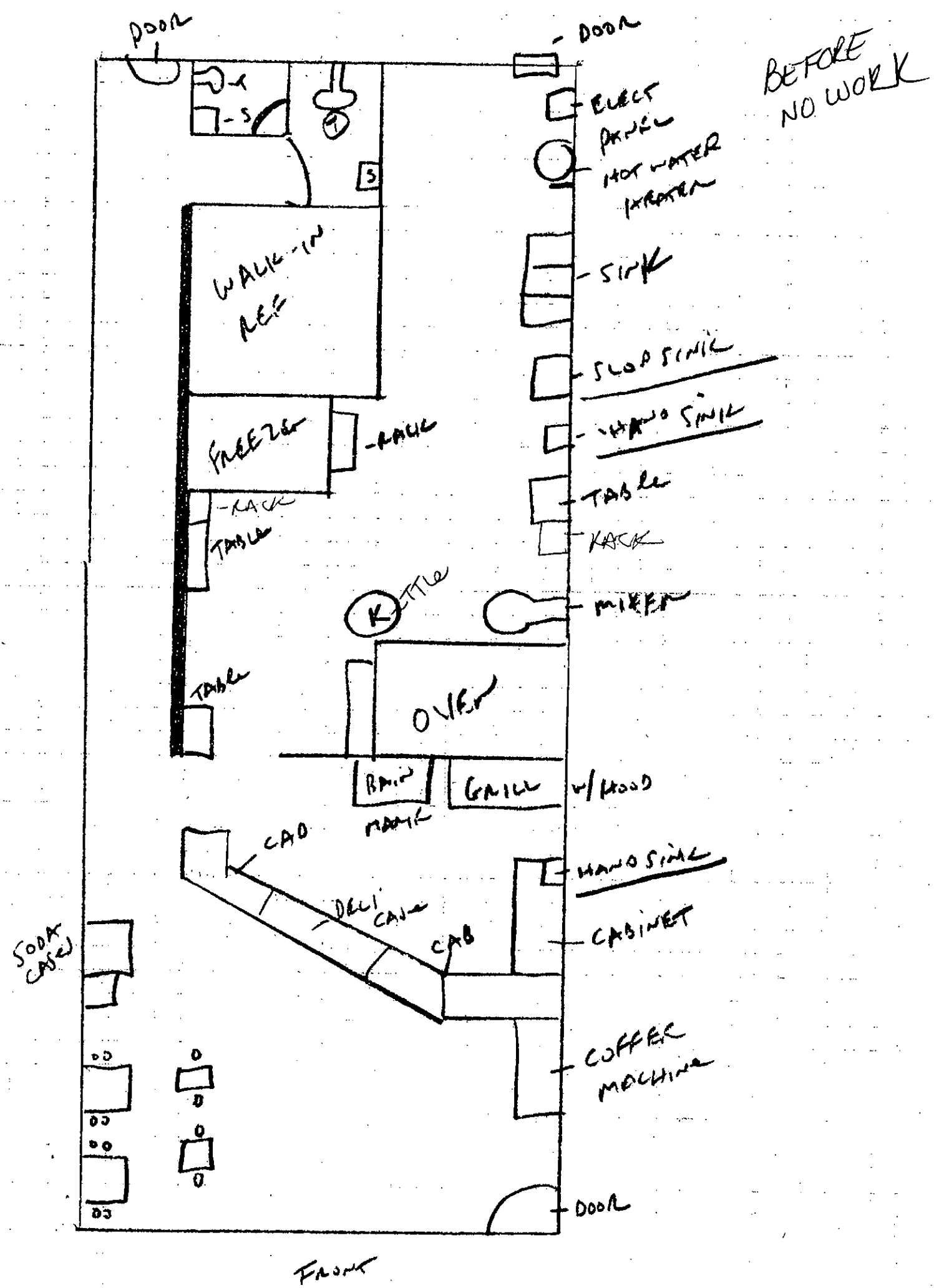
**Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.**

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

SIGNATURE OF APPLICANT _____ Date 3/10/03

Reviewed by Zoning Office PC Date 3/11/3 (X) Approved ( ) Denied


AFTER
NO WORK
DOOR
DOOR
EXIT LITE
ELECT PANEL
HOT WATER HEATER
WALK-IN REF
SINK
SLOP SINK
HAND SINK
FREEZER
RACK
RACK
TABLE
TABLE
RACK
KETTLE
MIXER
TABLE
EXIT LIGHT
OVEN
EXIT LITE
BRAISE
GRILL
W/HOOD
CAB
HAND SINK
DELI CASE
CAB
CABINET
SODA CASE
COFFEE MACHINE
EXIT LITE
DOOR
FRONT


BEFORE
NO WORK
DOOR
DOOR
ELECT PANEL
HOT WATER HEATER
WALK-IN REF
SINK
SLOP SINK
HAND SINK
FREEZER
RACK
RACK
TABLE
TABLE
KETTLE
MIXER
OVEN
TABLE
BROILER
GRILL w/HOOD
CAB
DELI CASE
CAB
HAND SINK
CABINET
SODA CASE
COFFEE MACHINE
DOOR
FRONT

# Counter Form
PLEASE PRINT

## PLUMBING

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

### Technical Data

Fixtures Quantity

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

Estimated Cost of Plumbing Work_____

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

Signature:_____

Please Print Name:_____

**CONTRACTOR'S SEAL**

## FIRE

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

### Technical Data

Description of Work:

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____

Print Name:_____

# Township of Brick
## Counter Form
**(PLEASE PRINT)**

Site Location: 1743 RT 88
Block: 852 Lot: 1
Owner's Name: LP APTS LLC
Owner's Mailing Address: 63 W. MAIN ST
FREEHOLD NJ
Phone: (732) 780-7780

## BUILDING

Contractor: RICHARD JOHNSON
Address: 778 HIGH MEADOW DR
TOMS RIVER
Phone#: 732-288-1117
Lis #
Federal Emp # or SSN [redacted]

**Technical Data**

Description of Work:

NO 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 Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $_____

Cost of New Building: $_____

Total Cost of New Building Work: $ X 0

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

Signature: X

Please Print Name RICHARD JOHNSON

## ELECTRICAL

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

**Technical Data**

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

Estimated Cost of Electrical Work:_____

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

Signature:_____

Please Print Name_____

**CONTRACTOR'S SEAL**

# Township of Brick

## Counter Form

**(PLEASE PRINT)**

Site Location: 1743 Rt 88 Bricktown, NJ.
Block: 852 Lot: 1
Owner's Name: Richard Johnson LP # APT LLC Sammy Bogek
Owner's Mailing Address: 1743 Rt 88
Bricktown, NJ.
Phone: (732) 288-1117

## 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 Structure:
Volume of New Structure:
Total Land Disturbed:

Cost of Alteration: $

Cost of New Building: $

Total Cost of New Building Work: $

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

Signature:

Please Print Name

## ELECTRICAL

Contractor: Kelly Kilowatt Elect. Contr.
Address: P.O. Box 886
Lakewood, NJ 08701
Phone#: 732-367-3030
Lis #: 5918
Federal Emp # or SSN 22-2235701

### Technical Data

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

Estimated Cost of Electrical Work: 750.00

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

Signature: Edward P. Kelly Pres.
Please Print Name EDWARD P. KELLY

CONTRACTOR'S SEAL

# Counter Form
PLEASE PRINT

## PLUMBING

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

### Technical Data

Fixtures Quantity

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

Estimated Cost of Plumbing Work_____

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

Signature:_____
Please Print Name:_____

CONTRACTOR'S SEAL

## FIRE

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

### Technical Data

Description of Work:

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

Wood Burning Stove_____
Wood Fireplace_____
Other:

Estimated Cost of Fire Work_____

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

Signature:_____
Print Name:_____