

CARPET
STORE

Tenant Fit-up.

FINANCIAL OFFICE
VACANT
FLOORING
STORE

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

Eric J. Rosenberg

Date

2-25-03

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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/16/2007
Tracking Number _____
Permit Number 03-0786
Permit Issue Date 03/13/2003
Certificate Number 03-0786

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 1743 ROUTE 88 WEST TENANT FIT UP, NJ Block: 852 Lot: 1 Qual: _____
Owner in Fee: L P & APTS LLC
Owner Address: 63 W MAIN ST FREEHOLD NJ 07728-
Telephone: 732/780-7780
Contractor _____
Address _____
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____
Home Warranty Number: _____
Type of Warranty Plan: ☐ State ☐ Private
Use Group: M Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work Use: _____

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**

This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: \$0.00
Check Number: 1002
Collected By: _____

Date Printed: 02/16/2007

Page 1

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/13/2003
Control #
Permit # 03-0786

UCC NEW JERSEY
CONSTRUCTION
PERMITE

IDENTIFICATION Block 852 Lot 1 Qual

Work Site Location 1743 ROUTE 88 WEST
TENANT FIT UP
Owner in Fee L.P. & APTS. LLC
Address 63 N. MAIN ST
FREEHOLD, NJ 07728-
Telephone (732) 300-7740
Contractor LOUIS ROSENBERG
Address 309 HERVEY AVE
FREEHOLD, NJ 07741-
Telephone (732) 300-4869
Lic. No. or Bldg. Reg. No.
Federal Exp. No.

Is hereby granted permission to perform the following work:
☒ BUILDINGS ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter B only)

DESCRIPTION OF WORK:

TENANT FIT UP NO WORK BEING DONE
HAS FINANCIAL OFFICE (VACANT) HIGH FLOORING STORE

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: 100

DE [Signature] 03/13/2003
Construction Official

Date

PAYMENTS (Office Use Only)

Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
OCA State Permit Fee 0
Cert. of Occupancy 0
Other 1529
Total 1529
Check No. 1002
Cash
Collected By JB

03/13/03 9:56AM 000000048234

X006 SERV.006

#030786
BUILDING \$35.00
ZPA \$15.00
CHECK \$50.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2003
Date Issued 3/13/03
Control # C26-58
Permit #

03-0786

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICABLE INFORMATION WHEN CHANGING
CONTRACTORS. NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1900

Block 852 Lot 1
Work Site Location 1743 ROUTE 88 WEST /

TENANT FIT UP

Owner in Fee L P & APTS LLC

Address 63 W MAIN ST

FREEHOLD, NJ 07728-

Tele. (732) 780-7780

Contractor LOUIS ROSENBERG

Address 309 HENLEY AVE

PINE BEACH, NJ 08741-

Tele. (732) 300-4869 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLM REVIEW Date Initial

No Plans Req 3-13-07

All

Footing

Foundation

Frame

Other

Joint Plan Review Required:

Elect Plumb Fire

SUBCODE APPROVAL Elev

CO CC CA

Date: 2-13-07

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP NO WORK BEING DONE

WAS FINANCIAL OFFICE (VACANT) NOW FLOORING STORE

NO Structural Work Noted

C. CERTIFICATION IN LIEU OF DATA

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

FEE (Office Use Only)

\$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2003
Date Issued 3/13/03
Control # C26-58
Permit #

03-0786

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 WEST

TENANT FIT UP

Owner in fee L P & APTS LLC

Address 63 H MAIN ST

FREEHOLD, NJ 07728-

Tele. (732) 780-7780

Contractor LOUIS ROSENBERG

Address 309 HENLEY AVE

PINE BEACH, NJ 08241-

Tele. (732) 300-4869 Fax ()

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

NO Structural Work Noted

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

No Plans Req. 3-1803 (14)

All

Footings

Foundation

Frame

Other

Joint Plan Review Required:

[] Elect [] Plumb [] Fire

SUBCODE APPROVAL [] Elev

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS

Type

Footings

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 100

3. Total (1+2) \$ 100

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

TENANT FIT UP NO WORK BEING DONE
WAS FINANCIAL OFFICE (VACANT) NOW FLOORING STORE

TYPE OF WORK

[] New Building

[] Addition

[X] Alteration

[] Roofing

[] Siding

[] Fence 0 Height (exceeds 6')

[] Sign 0 Sq. Ft.

[] Pool

[] Asbestos Abatement Subchapter 8

[] Lead Haz. Abatement NJAC 5:17

[] Other

Other

[] Demolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge \$ 0

Minimum Fee \$ 31

TOTAL FEE \$ 35

DCA State Permit Fee \$ 0

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 1743 RT 88 Brick
Block: 852 Lot: 1
Owner's Name: LP # Apts., LLC
Owner's Mailing Address: 63 W. Mount St Freehold
NJ 07728
Phone: (732) 780-7780

BUILDING

Contractor: Louis Rosenberg
Address: 209 Henley Ave
Pine Beach NJ 08741
Phone#: 732-360-4869
Lis # _____
Federal Emp # or SSN [REDACTED]

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: \$ 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: Louis J. Rosenberg
Please Print Name Louis Rosenberg

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

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 ZONING PERMIT

Approved: March 4, 2003

No. 3.0188

Block: 852 **Lot:** 1

Zone: B-3, Highway Development

Property Address: 1743 Route 88, Laurelton Plaza

Applicant: Louis Rosenberg; L.R.A.O., LLC t/a The Carpet Connection

Property Owner: LP & Apt., LLC

Existing Use: Vacant commercial unit, (former financial office).

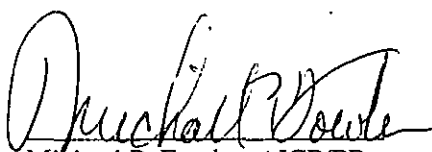
Proposed Use: Flooring store.

Proposed Construction: Interior alterations for tenant fit-up.

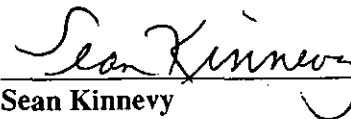
Conditions: An additional zoning permit is required for any additional work.

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.

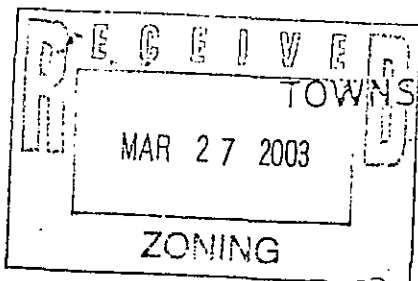
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.



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)

Applications missing any of the following information
will delay processing and may be returned to you.Block 862 Lot 1 Qualifier ---PROPERTY ADDRESS 1743 Rt 88 BrickPERSONAL NAME OF APPLICANT Louis RosenbergBUSINESS NAME OF APPLICANT L.R.A.O., LLC Trading As The Carpet ConnectionPROPERTY OWNER LP & Apt., LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) VACANT FINANCIAL OFFICE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) FLOORING STORE

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition _____
☐ Alteration _____
☐ Porch or deck (state height) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ In-ground ☐ Above-ground
☒ Other (please describe) Tenant FH-UP

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 Louis Rosenberg Date 2-25-03Reviewed by Zoning Office AC Date 3/4/3 (X) Approved () Denied

COMMERCIAL

1026

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 852 LOT 1 SITE ADDRESS 1743 21. St.
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS LAURET TALL
APPLICANT KELLY K. MILLMAN PHONE NUMBER 938 300-4869
APPLICANT ADDRESS 304 HENRY AVE CITY & STATE Piscataway, NJ 08841
LA 938-785-1119

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 %
- ☒ Commercial is .01 %
- ☒ The estimated equalized assessed value of the proposed construction is

\$ 1,000
Frederick R. Millman 3/10/03
Frederick R. Millman, CTA, Tax Assessor Date

- ☐ The final equalized assessed value of the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor Date

Preliminary Fee Required 5.00
Preliminary Paid 5.00
Final Total Fee Required 10.00
Preliminary Paid _____
Final Paid _____
Balance Due _____

Date 3/10/03
Check # _____
Receipt # _____
Date _____
Check # _____
Receipt # _____

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.

3/5/03 - To produce
11.1.03 - 11.1.03

Office of Affordable Housing

Joseph C

Township

S

S

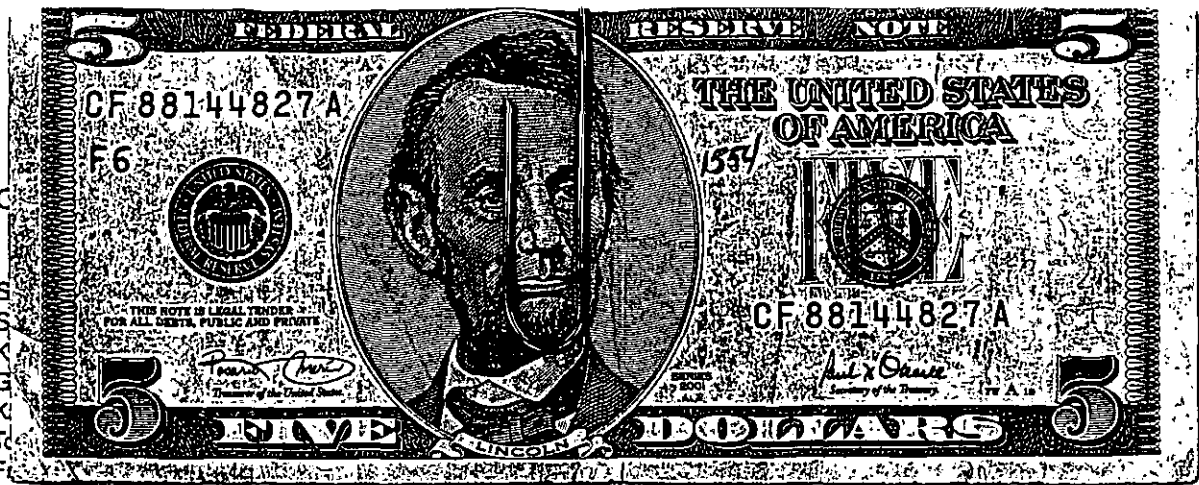
K

G

K

T

F



on & Finance

ousing
ministrator

56
nj.us

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Carpet Store

Owner/Applicant: Louis Resenberg

Property Address: 1743 Rt. 88

Block: 852 Lot: 1

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

DATE: 3/10/03

Check Number Cash

- Preliminary Fee Paid \$ 5.00

Final Fee Paid _____

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

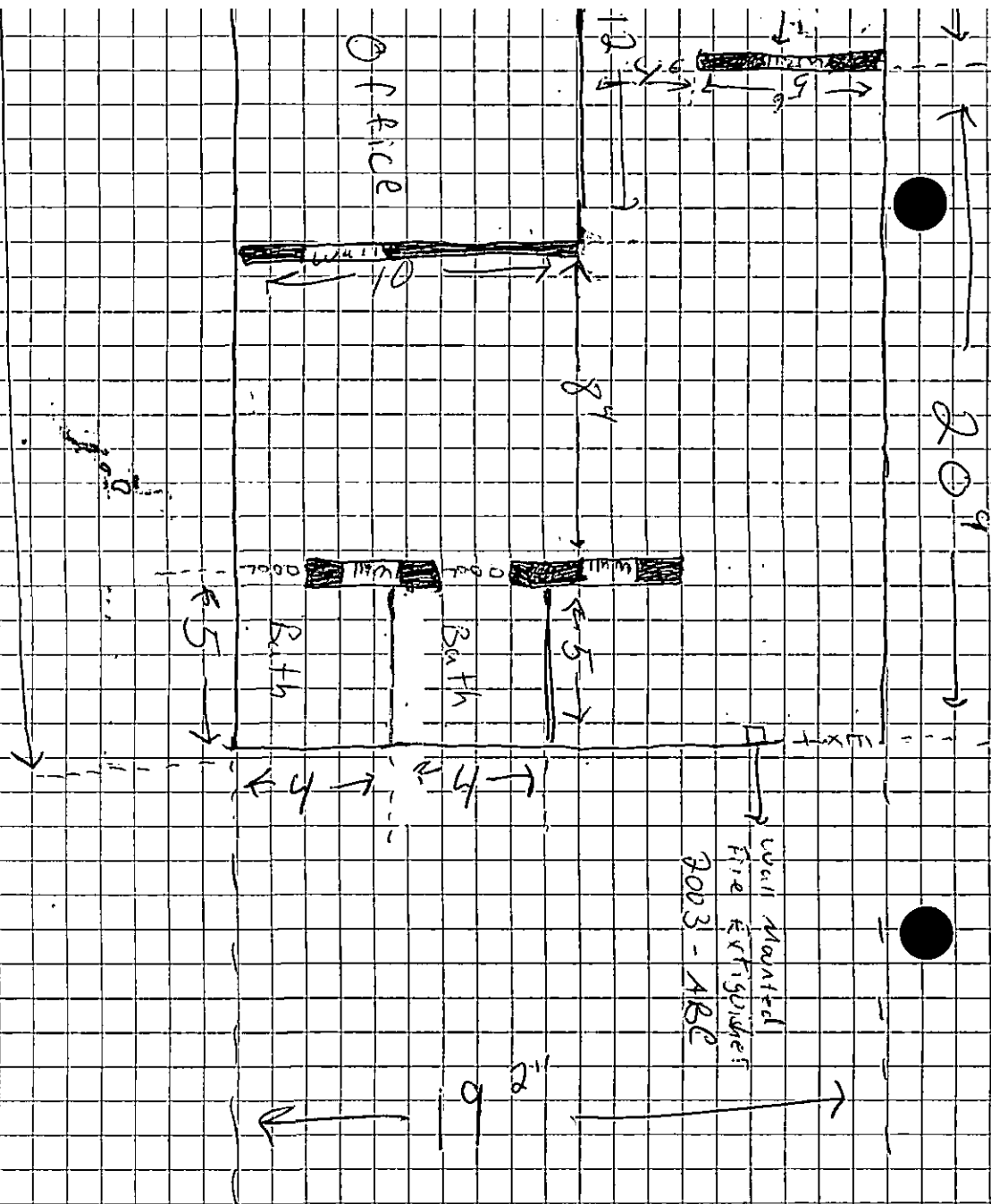
Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

ARBT PRELIMINARY APPROVAL

20'9"



All EXITS HAVE
Red Exit Signs above
all work

AS IS

1. The
 Planning
 Commission
 Free
 Energy
 Electrical

31

Exit

22.9"

53.9

Lights

Wall Mounted
Emergency Lights

74.6"

AS IS

Door

DRICK COMMUNICATIONS
1000 New York - 10250

Roaming

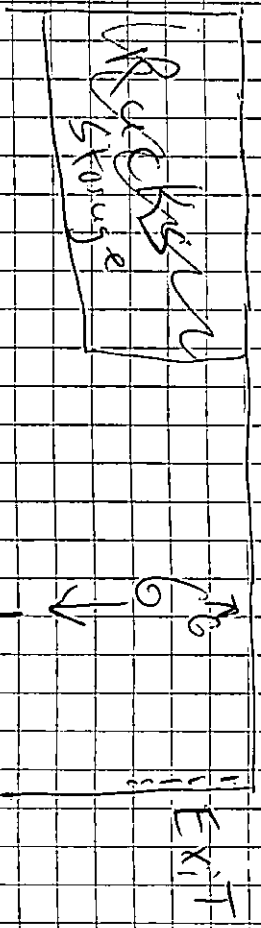
Plumbing

Building

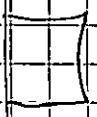
Fire

Energy

Electrical



Dec 5



Proposed Use

BRICK TOWNSHIP

Plan Review Date

Zoning

Plumbing

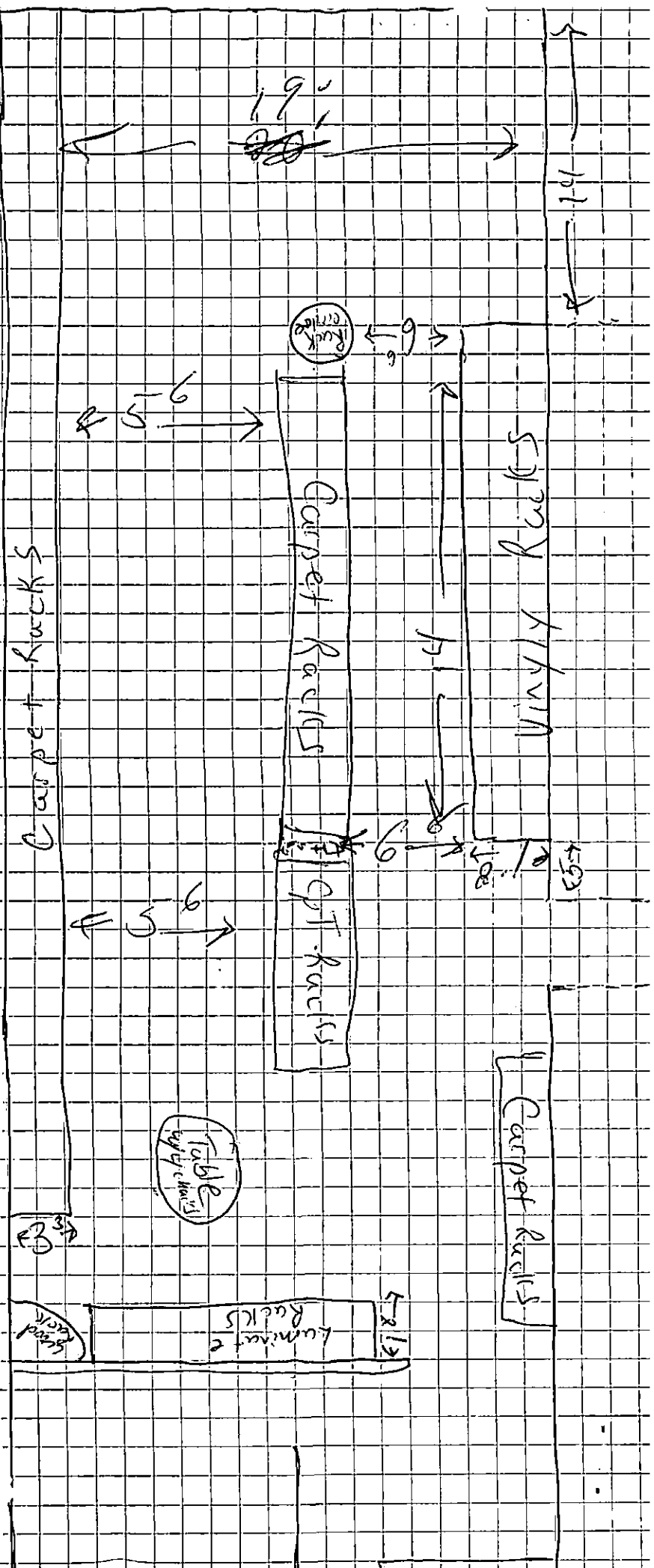
Building 3-13-03

Fire

Energy

Electrical

Proposed Use



BRICK TOWN

1944

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