

9/14 + c/o

RECEIVED

AUG 28 1989

TOWNSHIP OF BRICK INSPECTION



CONSTRUCTION PERMIT APPLICATION

DIV. OF INSPECTION

RECEIVED Page 1

AUG 28 1989

I. IDENTIFICATION

1. Proposed Work at: 1743 rt 88w. Bricktown N.J. Laurethon Plaza
2. Owner Name: Partnership One Tel. (201) 780-8888
- Address: 4063 W. Main St. Freehold, N.J. 07728
3. Principal Contractor: G.B. LTD. Tel. (201) 780-8888
- Address: 63 W. Main St. Freehold, N.J. 07728
- Lic. No. or Builder Reg. No. _____ Federal Emp. No. 22-2501592
4. Architect or Engineer: N/A Tel. () _____
- Address _____
5. Responsible Person in Charge of Work: Robert Malkoff Tel. (201) 780-8888

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration 9 c/o
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☒ Building/Structural	\$ <u>10,000</u>
2. ☒ Plumbing	<u>500</u>
3. ☐ Electrical	_____
4. ☒ Fire Protection	<u>500</u>
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST	\$ <u>11,000</u>

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b) If other than new construction, enter no. of dwelling units: _____
4. ☐ One-Family (R-3a) Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☒ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmaries (I-2)
18. ☐ Group Homes (I-3)
19. ☒ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

*State Specific Use: Slidden paint store

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☒ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☒	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10312928

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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

Robert Malkoff

TEL.

201, 280-8888

ADDRESS

c/o G.B. LTD.

43 W Main St. Freehold, N.J. 07928

SIGNATURE

Robert Malkoff

852

SUBDIVISION

537

PRIOR APPROVALS CHECKLIST

[illegible]

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

EDITION OF CODE

EDITION OF CODE

☐ Flood Hazard

☐ One and Two Family Dwellings

 Building

☐ Electrical☐ Plumbing

☐ Mechanical

Energy

☐ **Barrier Free**

☐ Other

☐ As Built

Certification

☐ Other

TOWNSHIP OF BRICK

"Glidden Paint Store"



CERTIFICATE

CERT. NO.	15321
DATE ISSUED	11-9-89
Block	852 Lot 1
Subdivision	

IDENTIFICATION

Owner	Partnership One	Agent	G.B. Ltd.
Address	C/O 63 N. Main St.	Address	
	Freehold, NJ		
Tel. ()		Tel. ()	
Work Site Address		Lic. No.	
	1743 Rt. 88 West	Federal Emp. No.	

PAYMENTS

Fees Remitted	\$
☐ Check No.	
☐ Cash	
☐ Other	
Collected By	
Date	

CERTIFICATE OF OCCUPANCY/APPROVAL

A. ☐ CERTIFICATE OF OCCUPANCY

☒ CERTIFICATE OF APPROVAL

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

B. ☐ 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.

C. ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

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

D. DESCRIPTION OF WORK:

Retail store - Glidden Paints

USE GROUP	M	FIRE GRADING	3 hours
MAXIMUM LIVE LOAD		MAXIMUM OCCUPANCY LOAD	
SPECIFIC USE	Paint store		

FINAL COST OF CONSTRUCTION: \$ 11,000.

Arthur J. Cerizo
CONSTRUCTION OFFICIAL



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

9-6-89

5321

IDENTIFICATION Block 852 Lot 1Work Site Location 1743 Rt. 88 W.

Contractor

G.B. LTD.

Address

Owner in Fee

Partnership One

Address

63 W. Main St.
Frederick, MD

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Federal Emp. No.

or Social Security No.

0002

is hereby granted permission to perform the following work:

☒ BUILDING ☒ PLUMBING ☐ OTHER
☐ ELECTRICAL ☒ FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alteration & C/O

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 \$

11,000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		S321*
Building	BLOCK	0.00
Plumbing	852 #	
Electrical	LOT	0.00
Fire Protection	1 #	
Other	BUILDING	82.50
Other	PLUMBING	15.00
DCA Training Fee	FIRE	65.00
Cert. of Occ.	PLAN REV	5.00
Other	C / O	20.00
Total	187.50	TOTAL 187.50
Check No.	CHECK	187.50
Cash	CHANGE	0.00
Collected By: <u>Falo</u>		



**BUILDING
SUBCODE**



PERMIT NO.	5-1324
DATE ISSUED	9-28-89
REVISION DATE	
Block	852 Lot 1
Subdivision	

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner <u>Partnership One</u>	Contractor <u>G.R. LTD.</u>
Address <u>4642 W Main St.</u>	Address <u>4642 W Main St.</u>
<u>Freehold, N.J.</u>	<u>Freehold, N.J. 07928</u>
Tel. (201) <u>780-8888</u>	Tel. (201) <u>780-8888</u>
Work Site Address <u>1742 W 88th,</u>	Lic. No. _____
<u>Freehold, N.J.</u>	Federal Emp. No. <u>22-2501592</u>

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Build 3 partitions for slow room
and office approx. 42 lin ft.
Sheetrock ext walls - change doors
(w/ty) new ceiling tiles - Remove
Roughing - Remove 25' 8" partitions
Remove 105' 000' walls, install
12'x10'x6" concrete slab adjacent
to bay door

TYPE OF WORK:

- ☐ New Building
☐ Addition
☒ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

☐ See Plans

SUBTOTAL

Minimum Building
Fee (if applicable)

Total Building Fee
(Greater of Minimum
or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____	Total Building Area-All Floors _____	Sq. Ft.
Height of Structure _____ Ft.	Volume of Structure _____	Cu. Ft.
Area-Largest Floor _____ Sq. Ft.	Total Land Area Disturbed _____	Sq. Ft.
Estimated Cost of Building Work: \$ _____		

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block 452 Lot 1
Subdivision _____

When changing contractors, notify this office

Contractor Central Veterinary Services

Address HOUMA, LA.

1984 EL-30110.NJ

Tel. (214) 431-5036

Lic. No.

Federal Emp. No. 222-048-1251

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Sachse

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation

- | | | |
|-------------------------------------|---------------|--------------------------|
| ☐ | Roofing | ☐ |
| ☐ | Siding | ☐ |
| ☐ | Other | ☐ |
| ☐ | Demolition | ☐ |
| ☐ | Miscellaneous | ☐ |
| ☐ | Fence | ☐ |
| ☒ | Sign | ☐ |
| ☐ | Pool | ☐ |
| ☐ | Elevator | ☐ |
| ☐ | Other | ☐ |

SUBTOTAL

Minimum Building Fee (if applicable)

Total Building Fee
(Greater of Minimum
or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP:	Present	Proposed

No. of Stories _____

Total Building Area--All Floors _____ Sq. Ft.

Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.

Area - Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.

Estimated Cost of Building Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

CERTIFICATION IN LIEU OF OATH:
(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

PLAN REVIEW AND INSPECTION – BUILDING

DATE _____

JOB CONDITION/COMMENTS[illegible]

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐	No Plans Required	_____
☐	All	_____
☐	Footings/Foundation	_____
☐	Frame	_____
☐	Architectural	_____
☐	Other	_____

INSPECTIONS FINAL

CO	CCO	CA
☒	☐	☐

Date: 11-2-86

Inspected By: _____

INSPECTIONS

Type	
☐ Footing/Foundation	
☐ Slab	
☐ Frame	
☐ Architectural	
☐ Insulation	
☒ Finishes	
☐ Energy	
☐ Mechanical	
☐ TCO	
☐ Other	

11-2-85

U.C.C. Form F-110 (8/83)



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 5-3221
DATE ISSUED 9-26-89
REVISION DATE _____
Block 852-Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only

When changing contractors, notify this office

Owner GE LTD OPER Co, Inc. Contractor P/199 Hensley h
Address 630 MAIN ST, SUITE B Address PO BOX 757
Freehold, N.J. 07728 Highway rd
Tel. (201) 780-8888 Tel. (201) 774-1766
Work Site Address 1743 Rte. 88 W Lic. No./Bus. Permit 4742
Brick Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Charles Hensley
AGENT SIGNATURE

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1
	Bathtub	\$		Air Conditioner Unit	\$	COLUMN 2
<u>1</u>	Lavatory/Sink	<u>5-</u>		Indirect Connection		SUBTOTAL \$
	Shower/Floor Drain			Sewer Ejector		Minimum Plumbing Fee
	Washing Machine			Grease Trap		(If applicable)
	Dishwasher			Interceptor		Total Plumbing Fee
	Commercial Dishwasher			Backflow Device		(Greater of Minimum
	Water Heater			Reduced Pressure		or Subtotal)
	Domestic Boiler/			Backflow Device		
	Furnace			Vent Stack	<u>10-</u>	
	Steam Boiler			Solar System		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1 \$ <u>5-</u>			COLUMN 2 \$ <u>10-</u>		

C. PLUMBING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____
Drainage — Material _____ Size _____
Building Sewer — Material _____ Size _____
Water Service — Material _____ Size _____
Venting — Material _____ Size _____
Estimated Cost of Plumbing Work: \$ 500-

D. COMMENTS

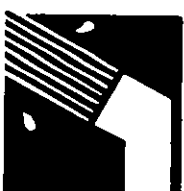
Remove WALL HUNG BASIN
INSTALL LAUNDRY TRAY SINK

☐ Partial Releases

☐ Prototype Processing



PLUMBING SUBCODE TECHNICAL SECTION



PERMIT NO. 53321
DATE ISSUED 9-6-89
REVISION DATE _____
Block 852 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only When changing contractors, notify this office

Owner GE MID OPEL CO. INC. Contractor Alvin Alouleyh
Address 6300 MAIN ST. SUITE B Address 111 BOX 251
Freehold N.J. 07728 Usitug NJ
Tel. 201 780-8868 Tel. 201 771-1766
Work Site Address 1793 Rt. 28 W Lic. No./Bus. Permit 47-2
Asphalted Plaza St. 8-9 Federal Emp. No. _____

B. TECHNICAL SITE DATA

List all fixtures

TYPE OF WORK:

No.	Fixture	Fee	No.	Fixture	Fee	Fee
	Water Closet/Bidet/Urinal	\$		Garbage Disposal	\$	COLUMN 1
	Bath tub			Air Conditioner Unit		COLUMN 2
1	Lavatory/Sink	5-		Indirect Connection		\$ 5-
	Shower/Floor Drain			Sewer Ejector		\$ 10-
	Washing Machine			Grease Trap		
	Dishwasher			Interceptor		
	Commercial Dishwasher			Backflow Device		
	Water Heater			Reduced Pressure		
	Domestic Boiler/			Backflow Device		
	Furnace			Vent Stack		10-
	Steam Boiler			Solar System		
	Water Util. Connection			Other		
	Sewer Util. Connection			Other		
	Hose Bibb			Other		
	Water Cooler			Other		
	COLUMN 1	\$ 5-		COLUMN 2	\$ 10-	

C. PLUMBING CHARACTERISTICS

USE, GROUP: _____ Present _____ Proposed _____

Drainage - Material _____ Size _____

Building Sewer - Material _____ Size _____

Water Service - Material _____ Size _____

Venting - Material _____ Size _____

Estimated Cost of Plumbing Work: \$ 500-

D. COMMENTS

REMOVE WALL HUNG BASIN
INSTALL LAUNDRY TRAY SINK

☐ Partial Releases

☐ Prototype Processing

PLAN REVIEW AND INSPECTION - PLUMBING

DATE _____

JOB CONDITION/COMMENTS[illegible]

JOB SUMMARY

☒ No Plans Required
☐ Plan Review Approved

Date: 9-6-88

Approved By:

INSPECTION'S FINAL

CA	☐	CCO	☐	CO	☒
----	--------------------------	-----	--------------------------	----	-------------------------------------

Date: 11-2-87

Inspected By:

INSPECTIONS

Type

Failure Dates

Approval Date

☐	☐	☐	☐	☐	☐	☐	☐
Slab	Rough	Water	Sewer	Energy	Mech.	TCO	Other

[illegible]

INSPECTION'S FINAL

CA	☐	CCO	☐	CO	☒
----	--------------------------	-----	--------------------------	----	-------------------------------------

Date: 11-2-87

Inspected By:



**FIRE
SUBCODE**



PERMIT NO. 5321
DATE ISSUED 9-6-89
REVISION DATE _____
Block 852 Lot 1
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only	When changing contractors, notify this office
Owner <u>Partnership DNE</u>	Contractor <u>G.B. LTD.</u>
Address <u>46 G.B. LTD.</u>	Address <u>43 W. Main St.</u>
<u>143 W. Main St. Freehold</u>	<u>Freehold, N.J.</u>
Tel. <u>(201) 780-8888</u>	Tel. <u>(201) 780-8888</u>
Work Site Address <u>1743 rt. 88 W.</u>	Lic. No. _____
<u>Bricktown N.J.</u>	Federal Emp. No. <u>22-2561592</u>

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Robert W. W. W.
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS		B3. ALARM	
TYPE: ☐ Wet ☐ Dry ☐ Other _____	FEE _____	TYPE: ☐ Manual ☐ Automatic	FEE _____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)		Supervision Type: ☐ Local ☐ Central	
No. of Heads: <u>2</u> No. of Spare Heads: _____		Estimated Cost of Work: \$ _____	
☐ Valves Supervised - Method: _____		B4. STAND PIPES	
Water Supply - Source: _____ Size: _____		Pipe Size: _____ Pump Size: _____	
FD Connection Location: <u>Domestic Water</u>		Water Source: _____ Size: _____	
Estimated Cost of Work: \$ <u>25</u>		FD Connection Location: _____	
B2. SPECIAL SUPPRESSION SYSTEMS		Hose Station: ☐ Yes ☐ No	
TYPE: ☐ Dry Chemical ☐ CO ₂		Estimated Cost of Work: \$ _____	
☐ Halon ☐ Foam		B5. OTHER	
☐ Other _____		Emergency <u>Freehold Police</u>	
Manual Pull: ☐ Yes ☐ No		<u>Brady Street Garage</u>	
Locations: _____		<u>Freehold Police</u>	
Estimated Cost of Work: \$ _____		Subtotal	
		Minimum Fire Protection Fee (If Applicable)	
		Total Fire Protection Fee (Greater of Minimum or Subtotal)	
		<u>65</u>	

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____

Heating Systems - Location: _____

Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____

Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____

Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing



**FIRE
SUBCODE**



PERMIT NO. 5321
DATE ISSUED 9-6-89
REVISION DATE
Block 952 Lot 1
Subdivision

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner Anthony's One

Address 1111 G.H. Hwy.

12345678901234567890

Tel. (201) 780-8888

Work Site Address 12345678901234567890

12345678901234567890

Contractor G.B. LTD.

Address 12345678901234567890

12345678901234567890

Tel. (201) 780-8888

Lic. No. 12345678901234567890

Federal Emp. No. 12345678901234567890

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Anthony's One
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other

Area Sprinkled: ☐ Full ☐ Partial (specify in comments)

No. of Heads: 2 No. of Spare Heads:

☐ Valves Supervised - Method:

Water Supply - Source:

Size:

FD Connection Location:

Estimated Cost of Work: \$ 25

FEE

B3. ALARM

TYPE: ☐ Manual ☐ Automatic

Supervision Type: ☐ Local ☐ Central

☐ Proprietary ☐ Remote Location

Estimated Cost of Work: \$

FEE

B4. STAND PIPES

Pipe Size: Pump Size:

Water Source: Size:

FD Connection Location:

Hose Station: ☐ Yes ☐ No

Estimated Cost of Work: \$

B5. OTHER

Estimated Cost of Work: \$

\$

Subtotal

Minimum Fire Protection Fee (if Applicable) 115

Total Fire Protection Fee (Greater of Minimum or Subtotal) 65

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP

Present

Proposed

Heating Systems - Location:

Type: ☐ Gas

☐ Oil

☐ Electrical

☐ Solar

☐ Other

Fuel Storage Tank - Location:

Fuel Type:

Capacity:

Total Estimated Cost of Fire Protection Work: \$

D. COMMENTS

☐ Partial Releases

☐ Prototype Processing

PLAN REVIEW AND INSPECTION - FIRE

DATE

JOB CONDITION/COMMENTS

11-2-89 *Complete* *with Code*

JOB SUMMARY

- ☐ No Plans Required
☐ Plan Review Approved

Date: *8/31/89*

Approved By: *[Signature]*

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: *11-2-89*

Inspected By: *[Signature]*

INSPECTIONS

Type

- ☐ Fire Suppression Test
☐ Fire Alarm Test
☐ Smoke Test
☐ TCO
☒ Other *Panel*
☐ Other
☐ Other
☐ Other

Failure Date

Approval Date

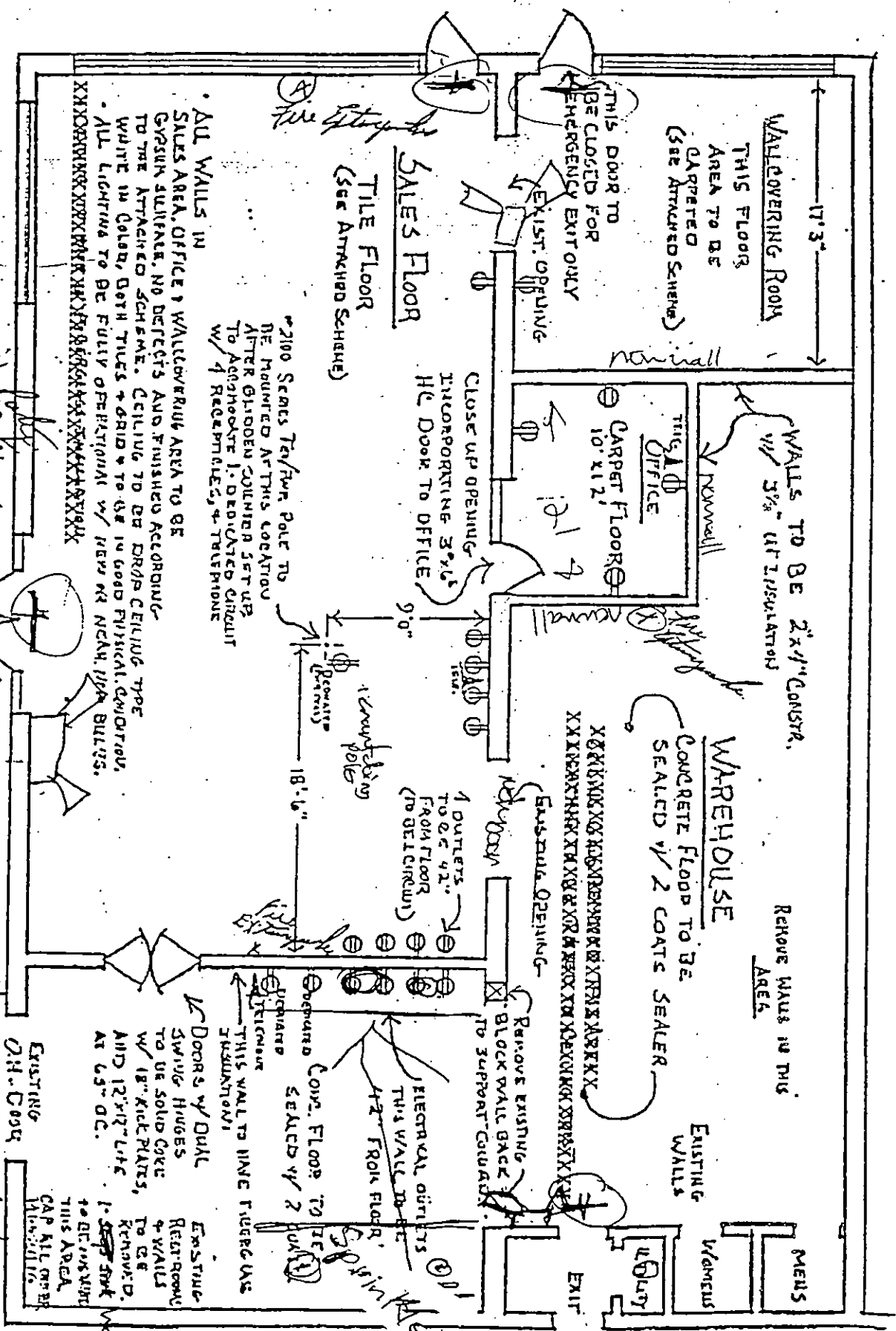
11-2-89

Reds 8-131-84
X 12 8/31/84

BRICKTOWN, NJ
FLOOR PLAN II
SCALE 1/8"=1'0"

regulate
dedicated,
circuit in panel box

4" 3000lb capacity



G.B., LTD. OPER. CO., INC.

REAL ESTATE INVESTMENTS/MANAGEMENT

63 WEST MAIN STREET, SUITE B, FREEHOLD, NEW JERSEY 07728

TEL. (201) 780-8888 FAX (201) 577-0129

Directors:

Carl P. Gross, Esq.

Henry H. Bloom

Chief Operating Officer:

Edward C. Puth

Property Acquisition:

James E. McAnney Kevin R. Schwartz

Fred J. Blitzer Donald R. Collins

Superintendent of Properties:

Robert Malkoff

Executive Coordinator:

Mary J. Thwaites

Controller:

Rebecca B. Collins

Property Managers:

Eileen Fein

Evelyn Johansen

Diane Hryda

Teri M. Danton

Kim Goodwin

September 1, 1989

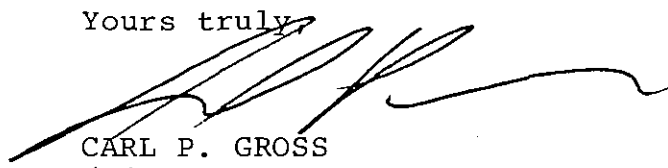
Brick Township
Building Department
Bricktown, New Jersey

RE: Laurelton Plaza
Glidden Paint Store

Dear Sirs:

We have applied for permits in order to renovate the store at Laurelton Plaza for the Glidden Paint Co. We have not as yet submitted the application for the plumbing permit. But, in order to commence doing the other necessary work on the store, we agree that no plumbing work will be done until the plumbing permit is approved by your department.

Yours truly,



CARL P. GROSS

/mjt