BLOCK 852 LOT 1 ADDRESS (SITE) _____ PERMIT NO. 1512-91

"AVCO FINANCE"

# CONSTRUCTION PERMIT APPLICATION

RECEIVED JUL 3 1991 BUILDING

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

## I. IDENTIFICATION

1. Proposed Work-site at: LAURELTON PLAZA 173 RT #88 W. FEST STORE #5
2. Name of Owner in Fee: PARTNERSHIP I Tel. (908) 780-8888
   Address 63 W. MAIN ST. (street) FREEHOLD (municipality) N.J. (zip code) 07728
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: H&J CONTRACTING, CO Tel. ( ) 840-3645
   Address 427 16TH AVE, BRICK, NJ,
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 22-2942110 Social Security No. _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person In Charge of Work HERB ABRECHT Tel. ( ) _____

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

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 22.50 | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | 70 — | | |
| 5. Other | | | |
| 6. Subtotal | $ 92.50 | | |
| 7. Less 20% for State Plan Review | 5.00 | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | 20.00 | | |
| 12. Other | | | |
| 13. TOTAL | $ 117.50 | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories | |
| 2. Height of Structure ____ ft. | |
| 3. Area—Largest Floor ____ sq. ft. | |
| 4. Building Area—All Floors ____ sq. ft. | |
| 5. Volume of Structure ____ cu. ft. | |
| 6. Construction Classification | |
| 7. Total Land Area Disturbed ____ sq. ft. | |
| 8. Flood Hazard Zone | |
| 9. Base Flood Elevation ____ ft. | |
| 10. Wetlands yes ____ sq. ft. / no | |
| 11. Fire Grading | |
| 12. Max. Live Load | |
| 13. Max. Occupancy Load | |

## II. PROPOSED WORK

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

Com'l Alter

**OPTIONAL (for office use only)**

| Plans Rec'd By | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|
| WP | 7-31-91 | | 7/3/91 | | | | |
| | | | 7/8/91 | | 8/26/91 | | |

**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
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

## 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: OFFICE
2. Use Group: B
3. Change in Use Group,

LDS BR 10312419

**CERTIFICATION IN LIEU OF OATH**

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( )I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection
I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( )I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

*Signature* _____ Date _____

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

(X) Check if contractor.

Agent Name HERB ABRECHT TA H&J CONTRACTING

Address 427 16th AVE
BRICK, N.J.

Telephone ( ) 840-3645

Signature _____ Date 7/31/91

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL Prelimin. Initial | LOCAL APPROVAL Final Date | COUNTY APPROVAL Prelimin. Initial | COUNTY APPROVAL Final Date | REGIONAL APPROVAL Prelimin. Initial | REGIONAL APPROVAL Final Date | STATE APPROVAL Prelimin. Initial | STATE APPROVAL Final Date |
|---|---|---|---|---|---|---|---|---|
| ☐ Planning Board | | | | | | | X | X |
| ☐ Zoning Board | | | X | X | X | X | X | X |
| ☐ Sewer Authority | | | | | | | X | X |
| ☐ Water Authority | | | | | | | X | X |
| ☐ Fire Department | | | | | X | X | X | X |
| ☐ Police Department | | | X | X | X | X | X | X |
| ☐ Health Department | | | | | X | X | | |
| ☐ Soil Conservation | | | | | | | X | X |
| ☐ N.J. Dept. of Community Affairs | X | X | X | X | X | X | | |
| ☐ N.J. Department of Transportation | X | X | X | X | X | X | | |
| ☐ N.J. Dept. of Environmental Protect. | X | X | X | X | X | X | | |
| ☐ Utility Dig No. | | | X | X | X | X | X | X |
| ☒ Other Zoning | JK | 7/31/91 | office alt. | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

COMMENTS

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

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

X. CERTIFICATES ISSUED (office use only)

| | | | DATE EXPIRED |
|---|---|---|---|
| ☐ Temporary Certificate of Occupancy | No. | | |
| ☐ Temporary Certificate of Occupancy | No. | | |
| ☐ Continued Certificate of Occupancy | No. | | |
| ☐ Certificate of Occupancy | No. | | |
| ☐ Certificate of Approval | No. | | |
| ☐ None | | | |

# CONSTRUCTION PERMIT

Date Issued 8-12-91
Control #
Permit # 1512-91

IDENTIFICATION Block 852 Lot 1

Work Site Location 1743 Rt 88 W.

Owner in Fee Partnership
Address 65 W. Main St.
Freehold, NJ

Tele. ( )

Contractor H & J Contr. Co.
Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. 1512-91
or Social Security No. BLOCK 0.00

**is hereby granted permission to perform the following work:**

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

DESCRIPTION OF WORK:

| PAYMENTS (Office Use Only) | 852 # | |
|---|---|---|
| Building | LOT | 0.00 |
| Plumbing | 1 # | |
| Electrical | BUILDING | 22.50 |
| Fire Protection | FIRE | 70.00 |
| Other | PLAN RVW | 5.00 |
| Other | C / O | 20.00 |
| DCA Training Fee | TOTAL | 117.50 |
| Cert. of Occ. | CHECK | 117.50 |
| Other | CHANGE | 0.00 |
| Total 08/12/91 NO. 5 0022A005 | | 15:43 |
| Check No. | | |
| Cash | | |
| Collected By: | | |

**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 $** 5,000.

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-12-91
Control #
Permit # 15-12-91

**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
Work Site Location LAURELTON PLAZA 1743 RT 88 W
STORE #5
Owner in Fee PARTNERSHIP # 1
Address 63 W. MAIN ST. FREEHOLD, NJ. 07728

Tele. (908) 780-8888
Contractor H&T CONTRACTING CO.
Address 4417 16TH AVE.
BRICK, NJ. 08724
Tele. (___) 840-3645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2942110 or Social Security No.

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial

[ ] No Plans Req.
[✓] All 7/11/91 DM
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

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

**B. BUILDING CHARACTERISTICS**

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories ____
Height of Structure ____ Ft.
Area—Largest Floor ____ Sq. Ft.
Total Bldg. Area/All Floors ____ Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 3,000-
3. Total (1+2) $ 3,000-

**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.

/Nina J Lee
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK
DEMO OF NON BEARING OFFICE PARTITIONS
30 L.F. NEW NON BEARING PARTITIONS
REPLACE CEILING TILES

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other ____

**(Office Use Only) FEE**

$ ____

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

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

# FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 8-12-91
Control #
Permit # 1512-91

**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
Work Site Location LAURELTON PLAZA 1743 Rt # 88 W
STORE #5
Owner in Fee PARTNERSHIP #1
Address 63 W. MAIN ST. FREEHOLD, N.J. 07728
Tele. (908) 780-8888
Contractor H & J CONTRACTING CO.
Address 427 16th AVE.
BRICK N.J. 08724
Tele. ( ) 840-3648
Lic. No.
Federal Emp. No. 22-2942110 or Social Security No.

**B. FIRE PROTECTION CHARACTERISTICS**

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

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 8/7/91
Approved by:

SUBCODE APPROVAL:
[ ] CO [X] CCO [ ] OA
Date: 8/26/91
Approved by:

| INSPECTIONS: Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Suppression Test | | | | |
| Fire Alarm Test | | | | |
| Smoke Test | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other final 8/26/91 | | | 8/26/91 | |
| Other | | | | |
| Other | | | | |

**C. CERTIFICATION IN LIEU OF OATH**

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

SIGNATURE

**D. TECHNICAL SITE DATA**

**Description of Work** Tenant fit up

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

Storage area

| | Number | FEE (Office Use Only) |
|---|---|---|
| Wet Sprinkler Heads | 1 | 30 |
| Dry Sprinkler Heads | | |
| TOTAL | | |
| Smoke Detectors | 1 | |
| Heat Detectors | | |
| TOTAL | | |
| Stand Pipes | | |
| Kitchen Hood Exhaust Systems | | |
| Pre-Engineered Systems | | |
| $CO_2$ Suppression | | |
| Halon Suppression | | |
| Foam Suppression | | |
| Dry Chemical | | |
| Wet Chemical | | |
| Gas or Oil Fired Appliance | | |
| OTHER plans & insp | | 40 |
| Administrative Surcharge | $ | |
| Minimum Fee | $ | 70 |
| TOTAL FEE | $ | |

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

National Custom, Inc.
6679 PEACHTREE INDUSTRIAL BOULEVARD
SUITE H
NORCROSS, GEORGIA 30092
Phone: 404/441-1660

Performance Specifications:

Elevations Wallcovering

Elevations Oyster #16005

| | | |
|---|---|---|
| Flammability | ASTM 84-80 | Class A Rating |
| | 84-84 | Flame Spread 20 |
| | | Fuel 25 |
| | | Smoke 35 |

Mr. Evaristo,

Fire rating of Fabratex wall covering for AVCO Financial Services at Store #5 - Laurelton plaza 1743 rt 88 W. Bricktown. Any questions - please call. Thank you.

Rob Malkoff
G. B. LTD.
(908) 780-8888