Plumbing To Follow

BLOCK 852 LOT 1 ADDRESS (SITE) 1743 Rt 88W. Bricktown PERMIT NO. 1896-91

Plmbg to Come

RECEIVED OCT 8 1991 Pathol 94

CONSTRUCTION PERMIT APPLICATION

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

DIV. OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: 1743 Rt 88W Bricktown (STORE#3)
2. Name of Owner in Fee: PARTNERSHIP ONE Tel. (908) 780-8888
   Address 63 W. Main St. (street) Freehold (municipality) NJ 07728 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: J. Hegarty + Sons Inc Tel. (908) 775-3843
   Address 108 Hamilton Ave Neptune NJ.
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security [redacted]
5. Architect or Engineer Amelchenko Assoc Tel. (908) 974-0406
   Address CN 1907 Suite 345 Wall NJ 07719
6. Responsible Person In Charge of Work John Hegarty Jr. Tel. (908) 775-3843

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 195-		
2. Electrical			
3. Plumbing		40-	
4. Fire Protection	50		
5. Other			
6. Subtotal	$ 245		
7. Less 20% for State Plan Review	5-		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 270		

PD. 10-16-91

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)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	$15,300.00
6. ☐ Fire Protection	
7. ☒ Plumbing	$2400.00
8. ☐ Electrical	$5300.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	$1000.00
TOTAL COSTS	$26000.00

Alter / new Toilet

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			10/11/91	RK	10/31/91		
			10/16/91	RK	11/1-91		
			10/16/91	Gatt	10/29/91		GH
					11/1/91		JK

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: DOCTORS OFFICE
2. Use Group: B
3. Change in Use Group, Indicate Former:

LDS BR 10410185

Zoc

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.

(✓) Check if contractor.

Agent Name J. HEGARTY & SONS INC.

Address 108 HAMILTON AVE NEPTUNE NJ 07753

Telephone (908) 775-3843

Signature John E Hegarty Jr Date 10-8-91

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	COMMENTS
☐ 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	JC	10/9/91	Comm. alt.						
☐									
☐									

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. 1896	11-4-91	
☑ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 11-4-91
Control #
Permit # 1896-91

IDENTIFICATION

Block 852 Lot 1
Work Site Location 1743 Rt. 88 West

Owner in Fee Partnership One
Address 63 West Main St.
Freehold, NJ
Tele. ( )
Contractor J. Hegarty & Sons, Inc.
Address 108 Hamilton Ave.
Neptune, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B 2 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up
Store #3 - Doctor's office (Pathology)

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** xx☒ **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.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

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

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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:

Arthur J. Ciesyo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 10/11/91
Control #
Permit # 1896-91

IDENTIFICATION Block 852 Lot 1

Work Site Location 1743 Rt 88 W

Owner in Fee Partnership Corp
Address 634 Mohican St
Freehold
Tele. ( ) ____

Contractor J. Hegarty & Son
Address ____
Tele. ( ) ____
Llc. No. or Bldrs. Reg. No. ____ Exp. Date ____
Federal Emp. No. ____
or Social Security No. 1896*#

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Alter — New Tenant Set up

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 $ 26,000

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building 125	852 #	0.00
Plumbing	LOT	0.00
Electrical	1 #	
Fire Protection 50	BUILDING	125.00
Other	FIRE	50.00
Other 5	PLAN RVW	5.00
DCA Training Fee	C / O	20.00
Cert. of Occ. 20	TOTAL	270.00
Other	CHECK	270.00
Total 270	CHANGE	0.00
Check No. 2314		
Cash 10/11/91 NO. 5	0005A005	8:51
Collected By:		

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

PERMIT UPDATE

Date Update Issued 10-16-91
Control #
Permit # 1896-91
Date Permit Issued 10-11-91

IDENTIFICATION Block 852 Lot 1
Work Site Location 1743 RT. 88 West
Rock NJ.
Owner in Fee Hartnership One
Address 63 W. Main Street
Freehold NJ.
Tele. (908) 780-8988

Contractor Bernard Seyfert
Address 410 Mine Drive
Toms River NJ
Tele. (908) 286-9143
Lic. No. or Bldrs. Reg. No. NJ #7495*0002**
Federal Emp. No. 1896*#
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [✓] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

Estimated Cost of Work $ 2500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	0.00
Plumbing	40.00
Electrical	40.00
Fire Protection	40.00
Other	0.00
Other	15:48
DCA Training Fee	
Cert. of Occ.	
Other	
Total	
Check No. 1073	
Cash	
Collected By:	

LOT 1 #
40 — 1 #
PLUMBING
TOTAL
CHECK
CHANGE
10/16/91 NO. 5 0006A005

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1896-91

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 1743 Rt 88 W Store # 3
BRICKTOWN NJ.
Owner in Fee PARTNERSHIP ONE
Address 63 MAIN ST. FREEHOLD NJ 07728
Tele. (908) 780-8888
Contractor J. HEGARTY & SONS INC
Address 108. HAMILTON AVE
NEPTUNE NJ 07753
Tele. (908) 775-3843
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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

INTERIOR RENOVATIONS CONSISTING OF:
ADDING PARTITIONS (NON-BEARING)
HANDICAPPED BATH.
NEW CEILING & FLOORING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	10/11/91	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-31-91
Approved By: J. Chrastka

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			10/31	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

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

(Office Use Only)
FEE
$ _____

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. Total (1+2) $ _____

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1896-91

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 1743 Rt 88W Store # 3
BRICKTOWN NJ.
Owner in Fee PARTNERSHIP ONE
Address 63 MAIN ST. FREEHOLD NJ 07728
Tele. (908) 780-8888
Contractor J. HEGARTY & SONS INC
Address 108. HAMILTON AVE
NEPTUNE NJ 07753
Tele. (908) 775-3843
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No [redacted]

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 10/11/91

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK 1576-91

INTERIOR RENOVATIONS CONSISTING OF:
ADDING PARTITIONS (NON-BEARING)
HANDICAPPED BATH
NEW CEILING & FLOORING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	10/11/91	AC	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [✓] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [✓] Other INTERIOR RENOVATION
- [ ] 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 $ _____

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. Total (1+2) $ _____

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1896-91

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 1743 Rt 88 W Store # 3
BRICKTOWN NJ.
Owner in Fee PARTNERSHIP ONE
Address 63 MAIN ST. FREEHOLD NJ 07728
Tele. (908) 780-8888
Contractor J. HEGARTY & SONS INC
Address 108. HAMILTON AVE
NEPTUNE NJ 07753
Tele. (908) 775-3843
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security N [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[✓] All	10/11/91	PK	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			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. Total (1+2) $ _____

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
INTERIOR RENOVATIONS CONSISTING OF:
ADDING PARTITIONS (NON-BEARING)
HANDICAPPED BATH
NEW CEILING & FLOORING

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [✓] Other INTERIOR RENOVATION
[ ] 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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 9 91008048

Brick

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 old circle

Work Site Location Laurelton Plaza Store #3
1743 Rt 88 West Brick town NJ.

Owner in Fee Partnership one

Address 63 W. Main St.
Freehold NJ. 07728

Tele. (908) 780-8888

Contractor HERBERT ELECT

Address 24 TRENTON AVE, MANASQUAN

Tele. (___) 223-[redacted]3303

Lic. No. 6090

Federal Emp. No. _____ or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

[ ] Reinspection [ ] Resale [ ] Meter Set
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL:
[✓] CO [ ] CCO [ ] CA
Date: 11.6.91
Approved by: B Kvetkovsky

INSPECTIONS:

Type:	Failure	Failure	Approval Dates (Month/Day)	Initials
Rough	___	___	10-17-91	BK
Temporary	___	___	___	___
Constr. Serv.	___	___	___	___
TCO	___	___	___	___
Other	___	___	___	___
Service	___	___	___	___
Final	___	___	11-1-91	BK #40

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 11-1-91 P.P.
Line Dept.

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.

John W. Herbert
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM
45	39	Fixtures (1)
25		Receptacles (2)
10		Switches (3)
___		Total 1 + 2 + 3
___	80	Range
___	___	Oven(s)
___	___	Surface Unit
___	___	Dishwasher
___		Garbage Disposal
___	___	Dryer
___	___	A/C Unit
___		Burglar Alarms
___		Intercoms Panels
___		Smoke Detectors
___	___	Whirlpool/spa
___		Pool Bonding
___	___	Pool Filter Motor
___		Pool Lights
___	___	Water Heater(s)
___	___	Central heat: oil, gas or elec.
___	___	Baseboard Heat Units
___		Thermostats
___	___	Heat Pump
___	___	Pump(s)
___	___	Motor Control Center/Sub Panels
___		Signs
___	___	Light Standards
___	___	Motors—Fractional H.P.
___	___	Motors—All Others
___	___	Transformers
___	___	Generators
___	___	Service Entrance
___	___	Other

FEE (Office Use Only)

Administrative Surcharge $ _____
Paid [✓] Check # 2910 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 45.00

RF

Mail

U.C.C. Form F-120A

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1896-91

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 1743 Rt 88 W STORE# 3
BRICKTOWN N.J.
Owner in Fee PARTNERSHIP ONE
Address 63 W. MAIN ST FREEHOLD NJ 07728
Tele. (908) 780-8888
Contractor J. HEGARTY & SONS INC
Address 108 HAMILTON AVE
NEPTUNE NJ 07753
Tele. (908) 775-3843
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [X] 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.
[ ] Fire Plans Approved
Date: 10/11/91
Approved by:

SUBCODE APPROVAL:
[ ] CO [X] CCO [ ] CA
Date: 10/21-91
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test			11-1-91	
Fire Alarm Test				
Smoke Test			11-1-91	
Mechanical				
TCO				
Other Final			11-7-91	
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 FOR TENANT FIT UP

Description of Work SHORE PATHOLOGY

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 _____

	Number	FEE (Office Use Only)
Emergency Lites Battery Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL Exit Signs Back up		30 —
Smoke Detectors		
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		20 —
OTHER Hood & Range		
Administrative Surcharge	$	
Minimum Fee	$	50 —
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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/11/91
Date Issued
Control #
Permit # 1896-91

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 1743 Rt 88 W STORE# 3
BRICKTOWN NJ
Owner in Fee PARTNERSHIP ONE
Address 63 W. MAIN ST FREEHOLD NJ 07728
Tele. (908) 780-8888
Contractor J. HEGARTY & SONS INC
Address 108 HAMILTON AVE
NEPTUNE NJ 07753
Tele. (908) 775-3843
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [Y] 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.
[ ] Fire Plans Approved
Date: 10/11/91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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 FOR TENANT F.IT UP

Description of Work SHORE PATHOLOGY

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 ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		30 —
Smoke Detectors		
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		20 —
Administrative Surcharge		$
Minimum Fee		$
TOTAL FEE		$ 50 —

Paid [ ] Check # _____
Collected by _____

U.C.C. Form F-140A

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10-16-91
Date Issued
Control #
Permit # 1896-91
update

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272000.

Block 852 Lot 1
Work Site Location Lauralton Plaza Store # 3
1743 Rt 88 West Bricktown N.J.
Owner in Fee Partnership One
Address 63 W. Main St.
Freehold NJ. 07728
Tele. (908) 780-8888
Contractor Bernard Seyfert
Address 410 Mace Drive
Toms River NJ.
Tele. (908) 286-9143
Lic. No. NJ 7498
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1 1/4
Estimated Cost of Plumbing Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 10-16-91
Approved by: JAH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JAH
Date: 10-29-91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			10-29-91	JAH
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Bernard Seyfert
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5-
	Urinal/Bidet	
	Bath Tub	
3	Lavatory	15-
	Shower	
	Floor Drain	
1	Sink	5-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
X	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 40-

extras 1-toilet
1-LAV

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-16-91
Control #
Permit # 1896-91
update

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 Lauretan Plaza Store # 3
1743 Rt 88 West Bricktown N.J.
Owner in Fee Partnership One
Address 63 W. Main St.
Freehold NJ. 07728
Tele. (908) 780-8888
Contractor [redacted]
Address 410 Main Ave
Toms River NJ.
Tele. (908) 286-9143
Lic. No. NJ 7498
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 2500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 10-16-91
Approved by: JAH

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by: _____
Date: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

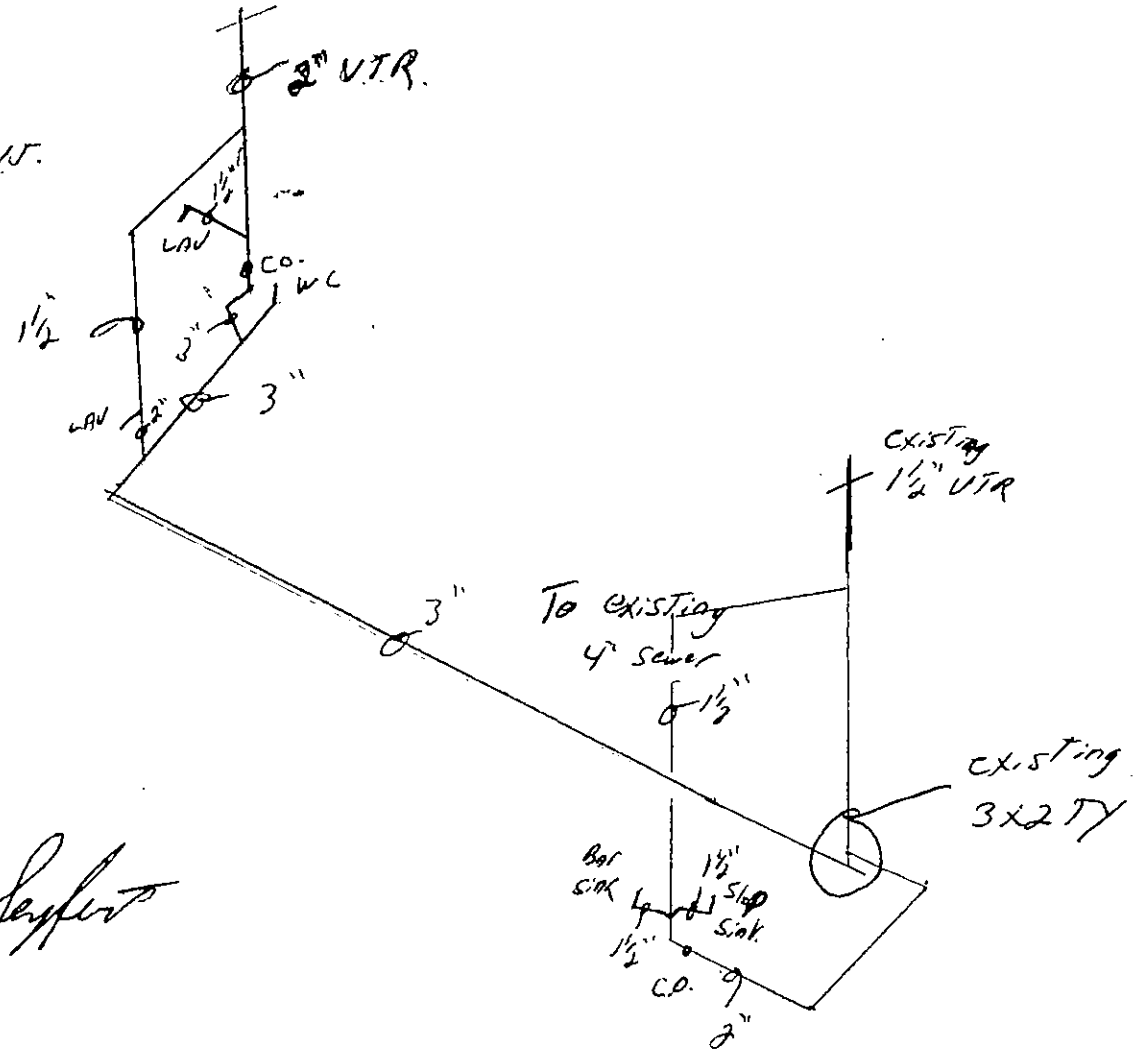
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	5.-
	Urinal/Bidet	
	Bath Tub	
03	Lavatory	15.-
	Shower	
	Floor Drain	
1	Sink	5.-
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
1	Water Heater	5.-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
X	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.-

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ TOTAL $ 40.-

U.C.C. Form F-130A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BLK 852
LOT. 1

1743 RT 88 West - Brick N.S.
Store # 3



Bernard Seyfert
#7498
286-9143

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

REAL ESTATE INVESTMENTS/MANAGEMENT

63 WEST MAIN STREET SUITE B, BOX 5008, FREEHOLD, NEW JERSEY 07728

TEL (908) 780-8888 FAX (908) 577-0129

Directors:
Carl P. Gross, Esq.
Henry H. Bloom

Chief Operating Officer:
Edward C. Puth

Property Acquisition:
James E. McAnney
Fred J. Blitzer

Superintendent of Properties:
Robert Malkoff

Executive Coordinator:
Mary J. Thwaites

Controller:
Rebecca B. Collins

Property Managers:
Eilene Fein
Diane Hnyda
Kim Goodwin
Evelyn Johansen
Kim M. Barrett

October 7, 1991

Sean Kinnevy
Zoning Officer
Township of Brick

RE: **LAURELTON PLAZA - STORE #3, 1743 ROUTE 88 WEST, BRICKTOWN**

Dear Mr. Kinnevy:

Pursuant to our conversation of September 25th, the following reflects information relevant to a proposed tenancy at the above referenced location.

The previous use for store #3 was a deli. We currently have leased this space to Shore Pathology, who plans to use this space as a medical office.

As a result of this tenancy, there will be no changes or modifications to the exterior of this building.

Should you require additional information or have any questions, please feel free to contact me at this office.

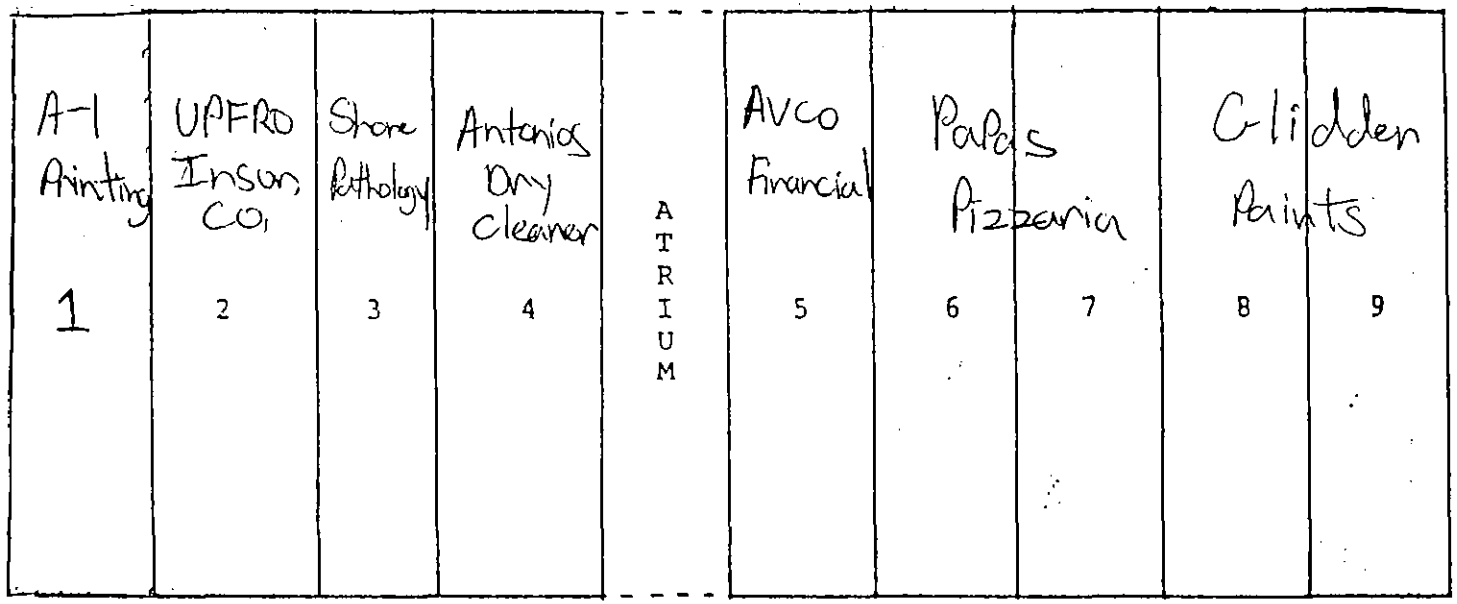
Very truly yours,

Robert M. Malkoff
Superintendent of Properties

RMM/j

LAURELTON PLAZA

1043 rt 88 W.



ROUTE 88

SCHEDULE A