RECEIVED
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DIV. OF INSPECTION

BLOCK 852 LOT 1 ADDRESS (SITE) PERMIT NO. 2650-93

"VIDEO ON THE RITE"

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 1743 Rt #88 UNIT #8
2. Name of Owner in Fee: PARTNERSHIP I Tel. (___) 780-8888
   Address 63 W. MAIN ST. FREEHOLD, N.J.
   (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: H&J CONTRACTING Tel. (___) 840-3645
   Address 427 16TH AVE. BRICK, N.J.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. 22-2942110 Social Security No. ____
5. Architect or Engineer AMELCHENKO ASSOC. Tel. (___) ____
   Address Rt #35 WALL, NJ.
6. Responsible Person In Charge of Work HERB ABRECHT Tel. (___) 840-3645

TENANT FIT-UP

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	8,000
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☒ Electrical	~~2,000~~
9. ☐ Asbestos Abatement	
10. ☒ Demolition	2,800
TOTAL COSTS	10,800

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
1. ☐ Minor Work (single trade)								
2. ☐ Small Job ($5,000 and no prior approvals)	EJA	10-21-93		10/27/93	KC	11/12/93		
3. ☐ New Building								
4. ☐ Addition								
5. ☒ Alteration				11/1/93		11-9-93		JC
6. ☐ Fire Protection								
7. ☐ Plumbing								
8. ☒ Electrical						11-16-93		JC
9. ☐ Asbestos Abatement								
10. ☒ Demolition	EM	10-25-93	EWA					

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

IV. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75 -		
2. Electrical			
3. Plumbing			
4. Fire Protection	46 -		
5. Other			
6. Subtotal	$ 121 -		
7. Less 20% for State Plan Review	5 -		
8. Subtotal	$		
9. DCA Training Fee	8 -		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ ~~154~~ 154 -		

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	

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: VIDEO STORE
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10410187

20K

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 ARRECHT T.A. H&J CONTRACTING CO.

Address 427 16TH AVE
BRICK, NJ.

Telephone ( ) 840-3645

Signature _____ Date 10/21/95

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	SK	10/22/93	County appt	video store				
☐								
☐								

COMMENTS

10-25-93

IMPORTANT

A.H.B.T. - EXEMPT

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.		

CERTIFICATE

Date Issued 11-19-93
Control #
Permit # 2650-93

IDENTIFICATION

Block 852 Lot 1
Work Site Location 1743 Rt. 88 Unit 8

Owner in Fee Partnership 1
Address 63 W. Main St.
Freehold, NJ
Tele. ( )
Contractor H & J Contracting
Address 427-16th Ave.
Brick, 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 "VIDEO ON THE RITZ"

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. Corigo
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 11-1-93
Control #
Permit # 2650-93

IDENTIFICATION Block 852 Lot 1
Work Site Location 1743 Rt. 88 Unit 8
Owner in Fee Partnership
Address 62 W. Main St. Freehold, NJ
Tele. ( )

Contractor H & K Contr.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No. xx0002xx
or Social Security No. 2650x#

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Tenant fit-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 $ 10,000.

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	25.	.00
Plumbing		.00
Electrical		
Fire Protection	40. BUILDING	75.00
Other Van	5 FIRE	40.00
Other	PLAN RVW	5.00
DCA Training Fee	4.C.A.	3.00
Cert. of Occ.	20.00	2.00
Other	TOTAL	150.00
Total	154. CHECK	150.00
Check No.	2698 CHANGE	.00
Cash		
Collected By:		

852 #
LOT
1 #

U.C.C. Form F-170A

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

Ready

PERMIT UPDATE

Date Update Issued 931115
Control #
Permit # 914541
Date Permit Issued 931103

Was Brick

TIFICATION Block 852 Lot 1

Site Location 1743 RT. 88

Contractor HOD ELECTRIC

Address 46 OAK TERRACE
HOWELL N.J.

Tele. (908) 840-8171

Lic. No. or Bldrs. Reg. No. 8753

Federal Emp. No. ____
or Social Security N [redacted]

or in Fee PARTNERSHIP

ess 63 W. MAIN ST.
FREEHOLD

(___) 780-8588

reby granted permission to perform the following work:

BUILDING [ ] PLUMBING [ ] OTHER ____

ELECTRICAL [ ] FIRE PROTECTION

ELEVATOR DEVICES

RIPTION OF WORK: ~~ADDING~~ (4) Display window outlets
& one Power Pole (outlet)

ated Cost of Work $ 300 —

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	
Electrical	
Plumbing	
Fire Protection	
Elevator Devices	
Other	
DCA Training Fee	
Cert. of Occ.	
Other	
Total	N/F
Check No.	
Cash	
Collected By:	

Form F-190B

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

TENANT FIT-UP

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-1-93
Control #
Permit # 2650-93

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 UNIT 8

Owner in Fee PARTNERSHIP
Address 63 W. MAIN ST
FREEHOLD, N.J.
Tele. ( ) 780-8888
Contractor H&J CONTRACTING CO.
Address 427 16TH AVE.
BRICK, N.J.
Tele. ( ) 840-3645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2942410 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	10/27/93	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] GA
Date: 11/12/93
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 1
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 $ 10,200
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

TENANT FIT-UP WORK FOR NEW VIDEO RENTAL/TOY STORE. PER ATTACHED AMELCHENKO ASSOC. ARCHITECTURAL DRAWINGS

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

Tenant - fit. up

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-1-93
Control #
Permit # 2650-93

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

Block 872 Lot 1
Work Site Location 1142 RT XX UNIT X

Owner in Fee PARTNERSHIP
Address 63 W. MAIN ST
FREEHOLD, NJ.
Tele. ( ) 780-XXXX
Contractor WEST CONTRACTING CO.
Address 117 ICE AVE.
BRICK, NJ.
Tele. ( ) 240-5645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2947116 or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	10/14/93	
[ ] 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 1
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 $ 10,200
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

TENANT FIT-UP WORK FOR NEW VIDEO RENTAL/TOY STORE. PER ATTACHED AMERICHECK ASSOC. ARCHITECTURAL DRAWINGS

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

TENANT FIT-UP

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-1-93
Control #
Permit # 2658-93

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 1943 Rt #88 UNIT 8

Owner in Fee PARTNERSHIP
Address 63 W. MAIN ST
FREEHOLD NJ.
Tele. (___) 780-8888
Contractor H & J CONTRACTING
Address 427 16TH AVE.
BRICK NJ.
Tele. (___) 840-3645
Lic. No. ___
Federal Emp. No. 22-2942160 or Social Security No. ___

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ___ Proposed ___
Constr. Class. Present ___ Proposed ___
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ___
Location: ___
Total Est. Cost of Fire Prot. Work $ 0 [ ] Other ___

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 11/1/93
Approved by: JC

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 11/9/93
Approved by: ___

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test			11/9/93	JC
Mechanical				
TCO				
Other 3-Level Domestic			11/9/93	JC
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

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 (Heads)	3	
Dry Sprinkler Heads		
TOTAL		46 —
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 ___		

Administrative Surcharge $ 46 —
Paid [ ] Check # ___ Minimum Fee $ ___
DCA Training Fee $ ___
Collected by: ___ TOTAL FEE $ ___

U.C.C. Form F-140B
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
Control # 11-1-93
Permit # 2650-93

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

Block 252 Lot 1
Work Site Location 1145 RT #48 UNIT F
Owner in Fee
Address
Tele. ( )
Contractor A&T CONTRACTING
Address 473 RT 49E
SALEM NJ
Tele. ( ) 935-3693
Lic. No.
Federal Emp. No. 22-2942110 or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] 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. [ ] Elevator
[X] Fire Plans Approved
Date: 11/1/93
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

Description of Work

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 7 Heads	7	46.-
Dry Sprinkler Heads		
TOTAL		
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		

Paid [ ] Check # 11-10-93
Collected by:

Administrative Surcharge	$ 46.-
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick

Will Call Lauretton.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV 3 9301 45-41

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 UNIT 8
BRICK NJ.
Owner in Fee PARTNERSHIP
Address 63 W. MAIN ST.
FREEHOLD NJ.
Tele. ( ) 780-8888
Contractor (Self) ELECTRIC
Address 46 OAK TERRACE
Howell N.J.
Tele. (908) 886-9171
Lic. No. 8154
Federal Emp. No. _____ or Social Security [redacted]

B. ELECTRICAL CHARACTERISTICS

TENANT FIT UP FOR: VIDEO STORE

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1300

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 11-16-93
Approved By: B. Kerdasha

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			11-10-93	BK
Temporary				
Constr. Serv.				
TCO			11-16-93	BK
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 11-16-93 BK
JP

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 Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

	Administrative Surcharge	$
Paid [ ] Check # 2697	Minimum Fee	$ 40.-
	DCA Training Fee	$ 2.00
Collected by:	TOTAL FEE	$ 42.00

Pd by Hal Contr. 427 16th Ave.

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

WILL CALL

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV 393014541

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 ROUTE 88 UNIT 8
BRICK NJ.
Owner in Fee PARTNERSHIP
Address 63 WEST MAIN ST
FRANKLIN NJ.
Tele. ( ) 209-2284
Contractor Hood Electric
Address 46 OAK Terrace
Howell NJ
Tele. (908) 840-5171
Lic. No. 8139
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed TENANT FIT UP FOR: VIDEO STORE
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 3,500

JOB SUMMARY (Office Use Only)

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

ELECTRICAL CONTRACTOR 8139

Signature—Contractor Seal

42 Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
90		Fixtures (1)	
		Receptacles (2)	
1		Switches (3)	
91		Total 1 + 2 + 3	
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
2		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat:	
		oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	1/4 hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

Administrative Surcharge $ _____
Paid [ ] Check # 2697 Minimum Fee $ 40.-
DCA Training Fee $ 2.00
Collected by: _____ TOTAL FEE $ 42.00

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Pd by Hood Center, 42) 16th Ave Brick

(8724

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK; N.J. 08723

Office of Affordble Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

TO: Frederick Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Adminstrator

RE: Block 852 , Lot 1

DATE: October 22, 1993
1743 Route 88/Unit #8

☒ Please review the attached application for a **Preliminary** construction permit.

The estimated equalized added assessment for the construction at the above site is $< 15,000

Preliminary Frederick R. Millman
Frederick R. Millman, CTA

Date

☐ Please review the attached application for a **Final** Certificate of Occupancy / Approval.

The final equalized added assessment for construction at the above site is $_____.

Final _____
Frederick R. Millman, CTA

Date

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

CALLED
11-1-93
DF

Office of
Division of Inspections

CHECK LIST

Called 10/27/93 JR

1743 Rt 88

Re: Block 852 Lot 1

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative ____
Zoning ____
Engineering ____
Building ____
Plumbing ____
Electric ____
Fire Needs Sprinkler Storage Area up to & Drawing. Com[illegible] Sign 20Hr

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Ciarzo, Construction Official