

BLOCK 1170 LOT 10.03 QUALIFICATION CODE _____ ADDRESS (SITE) 150 Allaire Ave PERMIT NO. 06-0961



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 150 Allaire Ave.
2. Name of Owner in Fee: WKR Investments Tel. (____) _____
Address 150 Allaire Ave. BLICK, NJ 08244
street municipality zip code
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: owner Tel. (202) 840-7777
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer _____ Tel. (____) _____
Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
Tel. (____) _____ FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New 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 _____
no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ a. Repair
☐ b. Alteration
☐ c. Renovation
☐ d. Reconstruction
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

Est. Cost

Plans Rec'd by

Date Rec'd

Rejection Date

Approval Date

Re-viewer

Resubmission Dates

Approval

Rejection

Re-viewer

TOTAL COSTS

OPTIONAL (for office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

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

7 April 2006

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	Prelimn. Initial	Final Date	
☐ Zoning Officer			X	X	X	X	X	X	
☐ Planning Board			X	X	X	X	X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority			X	X	X	X	X	X	
☐ Water Authority			X	X	X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department			X	X	X	X	X	X	
☐ Soil Conservation			X	X	X	X	X	X	
☐ N.J. Department of Community Affairs			X	X	X	X	X	X	
☐ N.J. Department of Transportation			X	X	X	X	X	X	
☐ N.J. Department of Environmental Protection			X	X	X	X	X	X	
☐ Utility Dig No.			X	X	X	X	X	X	
☐									
☐									

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 ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____

Date: _____

☐ Zoning Application approved

Initialed: _____

Date: _____

- Zoning permit updates:

4



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/20/2007
Tracking Number C-06-100764
Permit Number 06-0961
Permit Issue Date 04/07/2006
Certificate Number 06-0961

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 150 ALLAIRE AVE Brick Township, NJ Block: 1170 Lot: 10.03 Qual: _____
Owner in Fee: WKR INVESTMENTS%M DAVIS, CONTROLLER
Owner Address: 313 REGINA AVE RAHWAY NJ 07065
Telephone: _____
Contractor: WKR INVESTMENTS%M DAVIS, CONTROLLER
Address: 313 REGINA AVE RAHWAY NJ 07065
Telephone: _____ Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

TEMPORARY TENT TEMP TENT FOR SIDEWALK SALE

Certificate Comments:

☐ **Certificate of Occupancy**

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

☒ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

Conditions to be met:

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

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

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

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

☐ **Temporary Certificate of Occupancy**

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

Conditions to be met:

Construction Official

Date Printed: 02/20/2007

Fee: \$0.00

Check Number:

Collected By: Allison Peltier

Page 1



CONSTRUCTION PERMIT

Date issued 04/07/2006
Control # C-06-100764
Permit # 06-0961

IDENTIFICATION Block: 1170 Lot: 10.03 Qualifier
Work Site Location: 150 ALLAIRE AVE Brick Township, NJ Contractor WKR INVESTMENTS% M DAVIS, CONTROLLER
Address 313 REGINA AVE RAHWAY NJ 07065
Owner in Fee WKR INVESTMENTS% M DAVIS, CONTROLLER
Address 313 REGINA AVE RAHWAY NJ 07065
Telephone: Telephone:
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

TEMPORARY TENT

Note: If construction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$1,740

Construction Official

04/07/2006
Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$0
Plumbing	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$67
Check No.	
Cash	\$67
Credit	\$0
Collected By	Allison Peltier

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

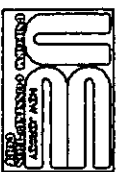
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 1170 Lot 10.03 Qualification Code AT1111E AT11
Work Site Location 1686 Route 88 West

Owner in Fee ARMUCH BROOK COMPANY / NAMCO LLC
Address 370 Route 36 East Hackett NJ 07130

Tel (232) 840-7777

Contractor Quinn

Address Quinn

Fax () () ()

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Const. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

[] Other _____ Location of Main Control Valve: _____

Location: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 1746

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
Type:	Failure	Approval
[] No Plans Required	Alarm System	
Joint Plan Review Required:	Suppression Sys.	
[] Building [] Plumbing	Standpipe	
[] Electric [] Elevator	Fire Pump	
[] Fire Plans Approved	Pre-Eng. System	
Date: <u>4-7-8</u>	Mechanical	
Approved by: <u>AS</u>	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CO [] CCO [] CA	Flam/Combust Tanks	
Date: _____	Fireplace Venting	
Approved by: _____	Final	
	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. _____

[] Certified Contractor [] Exempt Applicant

Applicant's Signature/Contractor's Signature

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horn/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other _____

Date Received
Control #
Date Issued
Permit #

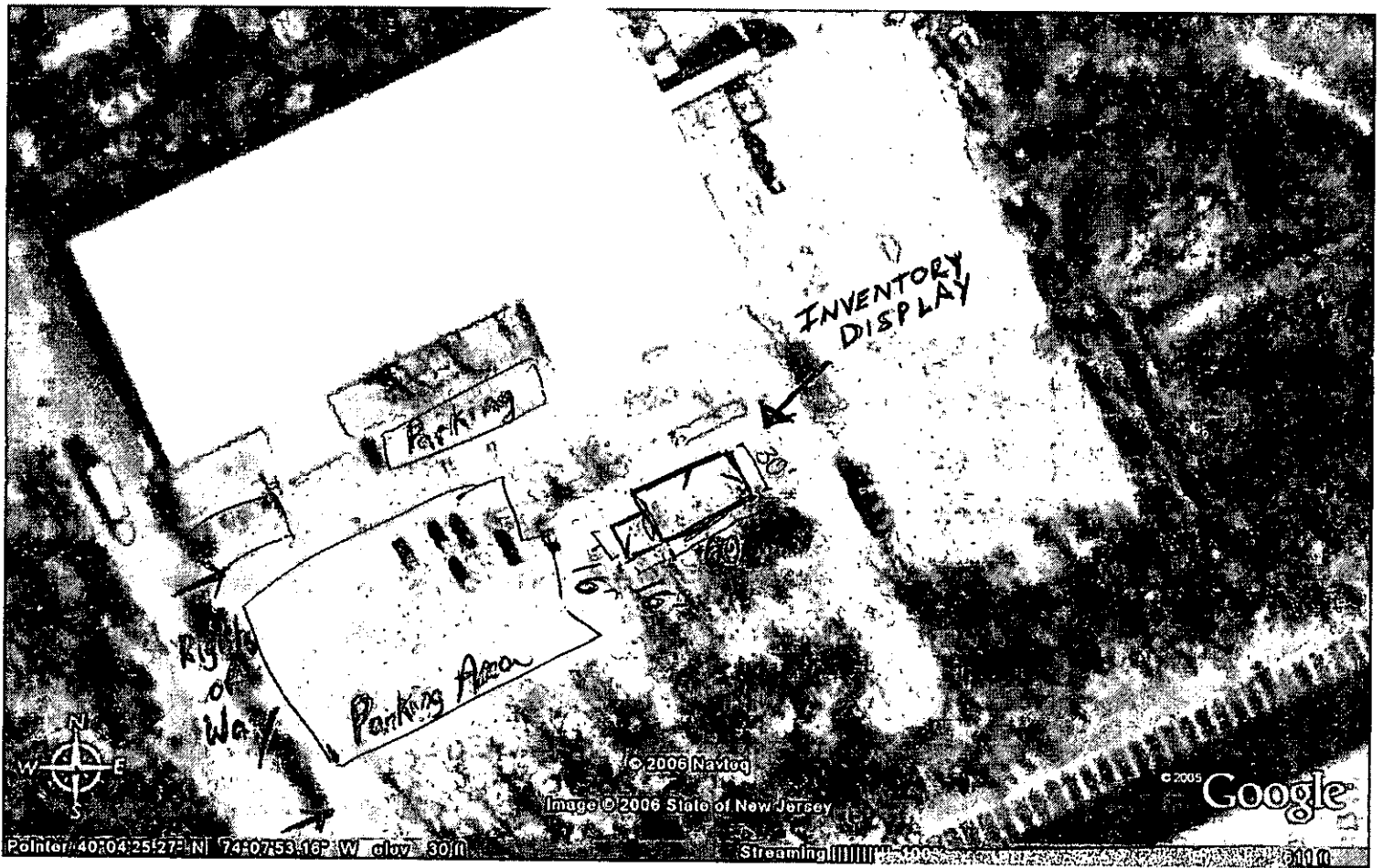
06-0961

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



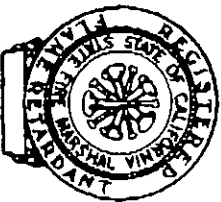
OK per
Dan Newman
4/7/06

e2

Certificate of Flame Resistance

REGISTERED
APPLICATION
NUMBER

F121.4



ISSUED BY

ANCHOR
INDUSTRIES INC.

EVANSVILLE, INDIANA 47711

MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

This is to certify that the materials described have been flame-retardant treated
(or are inherently nonflammable) and were supplied to:

692845
RICHARDS SALES & RENTAL CENTER
3127 ROUTE 88

PT PLEASANT NJ 8721

Certification is hereby made that:
The articles described on this Certificate have been treated with a flame-retardant approved
chemical and that the application of said chemical was done in conformance with California Fire
Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109.
The method of the FR chemical application is:

Serial #: 8000900 (4)

Description of item certified:
FI TOP 16W X 16 VL W W

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

JOHN BOYLE STATESVILLE NC

Name of Applicator of Flame Resistant Finish

Signed:

James D. Bruce
TENT DEPARTMENT—ANCHOR INDUSTRIES INC.

Date of Manufacture

5/3/01

Order Number

337263

IMPORTANT DOCUMENT

Certificate of Flame Resistance

REGISTRATION

APPLICATION
NUMBER

F121.4



ISSUED BY

ANCHOR
INDUSTRIES INC.

EVANSVILLE, INDIANA 47725

MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

02/24/03

Order Number

365355

This is to certify that the materials described have been flame-retardant treated
(or are inherently nonflammable) and were supplied to:

692845

RICHARDS SALES & RENTAL CENTER
3127 ROUTE 88

PT PLEASANT NJ 087422846

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109.
The method of the FR chemical application is:

Serial #

8002400 (2)

Description of item certified:

FI TOP 30W X 30 VL W/W

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

JOHN BOYLE STATESVILLE NC
Name of Applicator of Flame Resistant Finish

Signed:

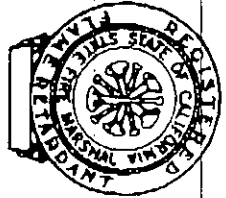
TENT DEPARTMENT - ANCHOR INDUSTRIES INC.

IMPORTANT DOCUMENT

Certificate of Flame Resistance

REGISTRATION
APPLICATION
NUMBER

F1214



ISSUED BY
ANCHOR
INDUSTRIES, INC.

EVANSVILLE, INDIANA 47725
MANUFACTURERS OF THE FINISHED
TENT PRODUCTS DESCRIBED HEREIN

Date of Manufacture

02/24/03

Order Number

365553

This is to certify that the materials described have been flame-retardant treated
(or are inherently nonflammable) and were supplied to:

692845

RICHARDS SALES & RENTAL CENTER
3127 ROUTE 88

PT PLEASANT NJ 087422846

Certification is hereby made that:

The articles described on this Certificate have been treated with a flame-retardant approved chemical and that the application of said chemical was done in conformance with California Fire Marshal Code, equal to exceeds NFPA 701, CPAI 84, ULC 109.
The method of the FR chemical application is:

Serial #

8020560C(15)

Description of item certified:

TENT WAL 7HX10' W/ICA VL WW

**Flame Retardant Process Used Will Not Be Removed By
Washing And Is Effective For The Life Of The Fabric**

JOHN BOYLE STATESVILLE NC

Name of Applicator of Flame Resistant Finish

Signed:

TENT DEPARTMENT - ANCHOR INDUSTRIES INC.

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

Joseph C. Scarpelli, Mayor

Township Council:

Anthony Mathews - President
Stephen C. Acropolis - Vice-President
Kathy M. Russell
Joseph Sangiovanni
Ruthanne Scaturro
Michael A. Thullen, Sr.
Dan Tolh



Office of the Municipal Clerk

Virginia A. Lampman, RMC, CMR
Municipal Clerk

(732) 262-1004

vlampman@twp.brick.nj.us

Lynnette A. Iannarone, RMC, CMR
Assistant Municipal Clerk

(732) 262-1005

liannarone@twp.brick.nj.us

Fax: (732) 262-2839

<http://www.twp.brick.nj.us>

OUTDOOR SALE PERMIT

PERMIT NO. 01-06

FEE PAID \$15.00

DATE _____

Business Name: Branch Brook Company, (NAmco, LLC)

Address: 1686 Route 88 west Brick Block: _____ Lot: _____

Dates of Sale: Friday, 4-7; Saturday, 4-8; Sunday, 4-9

Items to be Sold: Above-ground pools, outdoor furniture

Sketch attached showing parking areas, inventory display areas and right of ways? YES

*Note: Sales are for a maximum of five consecutive days; two sales per year.

Detach and Bring this Portion of Card with You

Location.....Branch Brook Pools 150 Allstate Ave.

Block.....1170.....Lot.....12.....

OFFICE OF BUILDING INSPECTOR

BRICK TOWNSHIP

NEW JERSEY



.....*Geo J. DiStasio*.....
Inspector

Location.....150 Allstate Ave. Branch Brook Pools

Block.....1170.....Lot.....12.....

Date.....4-7-86.....