LN 1-11-94 BO

BLOCK 853 LOT 2 ADDRESS (SITE) 848 Rt 70 PERMIT NO. 138-95

RECEIVED
OCT 11 1994
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 848 Rt 70 (Bigs Bedrooms)
2. Name of Owner in Fee: Ronald S. Cooper Tel. (201) 845-3636
   Address 216 Rt 17 South (street) Lodi (municipality) N.J. 07644 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Illuminating Concepts Tel. (908) 364-4044
   Address 500 James St. Lakewood N.J.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security [redacted]
5. Architect or Engineer [redacted]
   Address ____
6. Responsible Person In Charge of Work John Digilio Tel. (908) 364-4044

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	90 –		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Other				
6. Subtotal	$			
7. Less 20% for State Plan Review		9		
8. Subtotal	$			
9. DCA Training Fee		8 –		
10. Subtotal	$			
11. Cert. of Occupancy		20 –		
12. Other ZPA		$15.00		
13. TOTAL	$	142		

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 ____	

BACK-LIT AWNING.

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	
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	✓ 9500

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
[signature]			10/18/94				
[signature]	10/17/94		[signature]	[signature]			

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

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: Bigs Bedrooms
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10514435

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 Illuminating Concepts John Digilio

Address 500 James St.

Lakewood N.J.

Telephone (908) 364 - 4044

Signature John Digilio Date 10/11/94

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								
☐								
☐								

COMMENTS

IMPORTANT
A.I.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. _____	_____	
☐ None			

ORIGINAL ILLEGIBLE

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 2/1/95
Control #
Permit # 138-95

IDENTIFICATION Block 853 Lot 2

Work Site Location 818 [illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. ( ) [illegible]

Contractor [illegible]

Address [illegible]

Tele. ( )

Lic. No. or Bldrs. Reg. No. ______ Exp. Date ______

Federal Emp. No.

or Social Security No.

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Back [illegible]

PAYMENTS (Office Use Only)		
Building	90 — BUILDING	0.00
Plumbing	PLAN RVW	0.00
Electrical	D.C.A.	9.00
Fire Protection	C/O	8.00
Other	ZONEPLOT	0.00
Other	TOTAL	5.00
DCA Training Fee	CASH	12.00
Cert. of Occ.	20 CHANGE	12.00
Other		0.00
Total	1/31/95 NO 5 00044005	2:37
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 $ 9600.00

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 2/1/95
Date Issued
Control #
Permit # 138-95

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

Block 853 Lot 2
Work Site Location 848 Rt 70 Brick
Owner in Fee Ronald S. Cooper (Bigs Bedrooms)
Address 216 Rt 17 South Lodi N.J. 07644
Tele. (201) 845-3636
Contractor Illuminating Concepts
Address 506 James St.
Lakewood N.J.
Tele. (908) 364-4044
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security No. _____

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 John Degnan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Back-lit Awning
See Drawing

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[x] All.	2-1-95	RF
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-1-95
Approved By: John

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (6' or over)
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement
- [x] Other Back-lit Awning
- [ ] Other _____

[ ] Demolition

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	1	1
Height of Structure	10'	Ft.
Area—Largest Floor		Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed		Sq. Ft.

Est. Cost of Bldg. Work: 1/11/94
1. New Bldg. $ _____
2. Alteration $ 9500
3. Total (1+2) $ _____

(Office Use Only) FEE

	$
Administrative Surcharge	$
Minimum Fee	$
DCA TRAINING FEE	$
TOTAL FEE	$

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-1108

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: Oct. 11, 1994 10/94 **Z** 0088

Block 853 **Lot** 2 **Zone** B-3, H.D.

Property Address: 848 Route 70, Big's Bedrooms

Owner: Ronald S. Cooper, Big's Bedrooms **(Phone):** 201-845-3636

Applicant: John DiGilio, Illuminating Concepts **(Phone):** 364-4044

Use: Big's Bedrooms furniture store.

Proposed Construction (if any): Back-lit awning.

Conditions:

Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Sean Kinney

Land Use Officer

Fabric

UL 48 & 94

STETSON LAB, INC.
BLACKSTONE-SMITHFIELD INDUSTRIAL PARK
ONE TUPPERWARE DRIVE • SUITE 11
NORTH SMITHFIELD, RHODE ISLAND 02896
TELEPHONE (401) 766-7972

10 July 1991

LABORATORY REPORT

Cooley, Inc.
50 Esten Avenue
Pawtucket, RI 02862

Attention: Mr. Harry Stevenson

Subject: One (1) piece of vinyl coated fabric, Style Premier II to be tested for Flammability in accordanace with NFPA 701-Small Scale Test.

Testing Completed: 10 July 1991

Tests, Unit of Measure	Results	Requirements
Flammability		
After Flame, seconds		
Warp	0.0 0.0 0.0 2.0 0.0	
Average:	0.4	2.0 Max.
Filling	1.0 2.0 2.0 1.5 2.0	
Average:	1.7	2.0 Max.
Char Length, inch		
Warp	3.3 3.5 3.1 3.6 3.4	
Average:	3.4	3.5 Max. Average 4.5 Max. Indivi Sample

STETSON LAB. INC.

10 July 1991

Tests, Unit of Measure	Results	Requirements
Flammability		
Char Length, inch		
Filling	3.3 3.3 3.3 3.3 2.8	
Average:	3.2	3.5 Max. Average 4.5 Max. Individu Sample

I certify that the above vinyl coated material, Style Premier II, meets the requirements of NFPA 701 - Small Scale Test.

I certify that the above tests were performed under my supervision in accordance with the specification test requirements and that the reported test results are true, valid and applicable to the samples tested. I further certify that these samples are the only samples tested from the lot of components identified above.

Signed Edward L. Magill
Edward L. Magill
President

ELM:do

Revised 09/03/91
Replaces 06/13/91 HCR

COOLEY INCORPORATED
PAWTUCKET, RI 02860

PRODUCT SPECIFICATION
FOR REFLECTIONS

DASH FABRIC

Weight oz/yd^2	3.3 oz/yd^2
Fiber	Polyester
Denier	600 x 500
Fabric Count	Warp 18 Fill 20
Finish	Wick Resistant

COATING

Total Weight oz/yd^2	14-15.5 oz/yd^2
Type of Coating	Face: PVC Back: PVC
Coating Distribution	Back: 50% Face: 50%
Width:	61"
Length of Rolls:	25-35 yds.

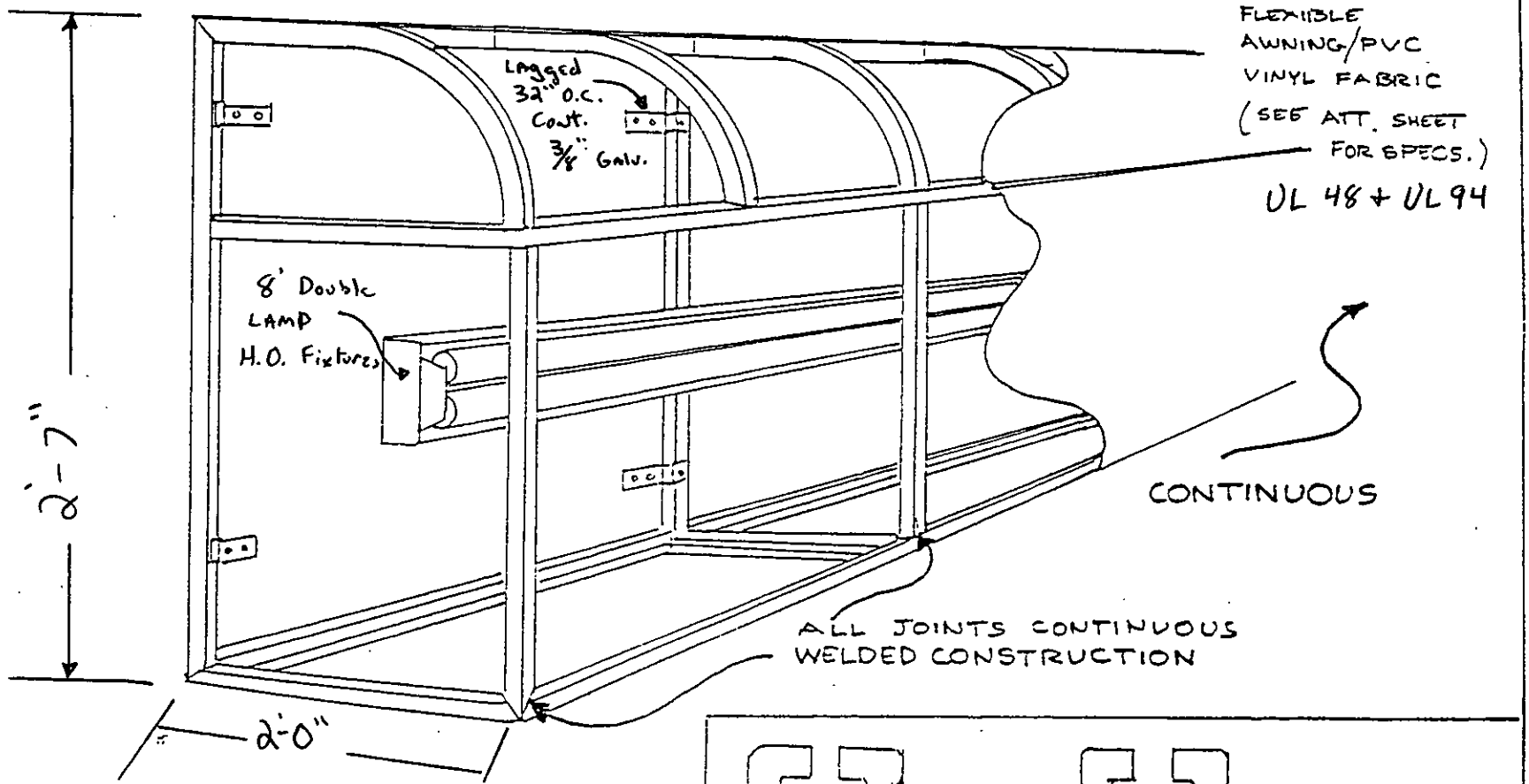
PROPERTIES:		Fed Std. 191
Gauge	16.5-20.5 mils	
Tensile	Warp: 250# min Fill: 200# min	5100
Adhesion	14.0/2"	ASTM D-751
Tear Strength	Warp: 70# min Fill: 70# min	5134
Wicking (H^2O)	Warp: 1/4" max Fill: 1/4" max	
Flame Resistance	UL 48 & 94 California Fire Marshall F102.08	

COMMENTS: Acrylic topcoat for prolonged life and cleanability.
Approximately 1/4 Mil thickness - 1 oz per sq. yard deposit.

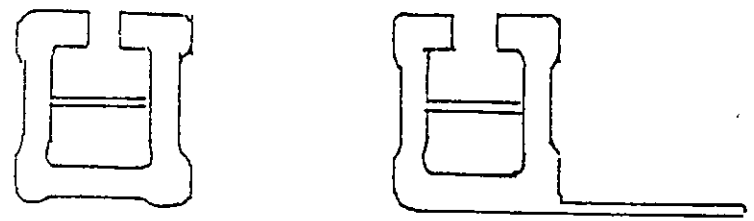
Physical Properties and Chemical Values as determined by other standard testing procedures are available upon request. Cooley Inc. Laboratory is a Department of Defense, Defense Supply Agency, Qualified Testing Laboratory for Chemical, Physical, and Biological Testing, QLB #5220.

The information contained herein, or that supplied by us or on our behalf in any other manner, is based on data obtained by our own research and is considered accurate. However, no Warranty is expressed or implied regarding the accuracy of these data, the results to be obtained from the use thereof, or that any such use will not infringe any patent. This information is furnished upon the condition that the person receiving it shall make his own tests to determine the suitability for his particular purpose.

DETAIL NO. 50



BACK-LIT AWNING
TYPICAL FRAMING
SCHEMATIC



MODEL 100 MODEL 500 FSD

1" SQ. ALUMINUM EXTRUSION (FABRI-FRAME)
6063T-5 Alloy

illuminating concepts