470.01

SUBJECT TO PLANNING BOARD RESTRICTIONS

BLOCK 470A LOT 16 & 17 ADDRESS (SITE) 595 BRICK BLVD PERMIT NO. 1882-91

Old Bonanza Bldg.

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: 595 BRICK BLVD.
2. Name of Owner in Fee: KENNETH X. LUTHY Tel. (908) 442-6200
   Address 917 AMBOY AVE (street) PERTH AMBOY (municipality) NJ. 08861 (zip code)
3. Ownership in Fee: Public ____ Private ✓ 477-2100
4. Principal Contractor: OWNER Tel. (____) ____
   Address SAME AS # 2
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer AIELLO DESIGN ASSOC Tel. (908) 938-2511
   Address 1450 RT 34 WALL N.J. 07753
6. Responsible Person In Charge of Work KEN LUTHY Tel. (908) 442-6200

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150.-		
2. Electrical			
3. Plumbing	$ 45.00 80.-		
4. Fire Protection			
5. Other Sign	108.-		
6. Subtotal	$ 383.-		
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	$ 408.-		

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

Interior work

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	$ 20 000
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	$ 20 000

$ 20 000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
9-10-91			9/24/91	MC		10/30/91	OK
		10-1-91	10/8/91	MC	OK per MC pending letter 10-31-91 MC		
			9/23/91		10/30/91 JAH		
					Final OK 10-30-91 ek.		
Eng			11/6/92		11/6/92 final		

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: FURNISHINGS
2. Use Group: M
3. Change in Use Group, Indicate Former: A2

LDS BR 10510987

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 AIELLO DESIGN ASSOCIATES, FRANK S. AIELLO P.P., PRES.

Address 1450 RT 34 WALL, N.J. 07753

Telephone (908) 938 2511

Signature _____ Date 9/9/91

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date
☒ Planning Board	SPX	9/18/91						
☐ Zoning Board								
☐ Sewer Authority								
☐ Water Authority								
☐ Fire Department								
☐ Police Department								
☐ Health Department								
☐ Soil Conservation								
☐ N.J. Dept. of Community Affairs								
☐ N.J. Department of Transportation								
☐ N.J. Dept. of Environmental Protect.								
☐ Utility Dig No.								
☒ Other Zoning	SK	9/19/91	comm. aff.					
☐								
☐								

COMMENTS

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☑ Temporary Certificate of Occupancy	No. 1882	11-8-91	1-8-92
☐ Temporary Certificate of Occupancy	No.		
☑ Continued Certificate of Occupancy	No. 1882	1-10-92	
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

CERTIFICATE

Date Issued 1-10-92
Control #
Permit # 1882-91

IDENTIFICATION

Block 470.01 Lot 16, 17
Work Site Location 595 Brick Blvd.

Owner in Fee Kenneth X. Luthy
Address 917 Amboy Ave.
Perth Amboy, NJ 08861
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group M **3 hours**
Maximum Live Load
Description of Work/Use:

Interior alterations

"Sleep Doctor Stores"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

XX☑ **CERTIFICATE OF OCCUPANCY** ☐ **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. Cosgo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

CERTIFICATE

Date Issued 11/8/91
Control #
Permit #1882-91

IDENTIFICATION

Block 470.01 Lot 16 & 17
Work Site Location 595 Brick Blvd.
Brick, N.J.
Owner in Fee Kenneth X Luthy /Sleep Doctor
Address 917 Amboy Ave
~~XXX~~ Perth Amboy, N.J.
Tele. ( )
Contractor Owner
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warrantly No. N/A
Use Group M 3½ hours
Maximum Live Load
Description of Work/Use:

Interior alteration / existing building

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☐ **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.

X☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than January 7, , 19 92 or the owner will be subject to a fine or order to vacate: 60 Days to complete Engineering Conditions **See Attached Sheet

Arthur J Cierzo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

"Sleep Doctor"

CONSTRUCTION PERMIT

Date Issued 10-9-91
Control #
Permit # 1882-91

IDENTIFICATION Block 470.01 Lot 16, 17

Work Site Location 595 Brick Blvd

Owner in Fee Kenneth H. Lustig
Address 947 Gordon Ave
Perth Amboy, NJ

Tele. ( )

Contractor same
Address

Tele. ( )

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____
Federal Emp. No. **0002**
or Social Security No. 1882*#

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Comm. interior work

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 $ 20,000.-

U.C.C. Form F-170A

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
Building	LOT	0.00
Plumbing	1617 #	
Electrical	BUILDING	150.00
Fire Protection	PLUMBING	45.00
Other	FIRE	80.00
Other	SIGNS	100.00
DCA Training Fee	PLAN RVW	5.00
Cert. of Occ.	C / O	20.00
Other	TOTAL	400.00
Total	CHECK	400.00
Check No.	CHANGE	0.00
Cash	10/09/91 NO. 5 0006A005	13:11
Collected By:		

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-9-91
Control #
Permit # 1882-91

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

Block 470 A Lot 6 & 17
Work Site Location 595 BRICK BLVD. BRICK N.J.
Owner in Fee KENNETH X. LUTHY
Address 917 AMBOY AVE PERTH AMBOY N.J.
Tele. (908) 442 6288
Contractor
Address (SAME AS OWNER)
Tele. (908) 442 6288
Lic. No. or Bldrs. Reg. No.
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR PARTITIONS & BEAM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	9/24/91	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL TEMP. ONLY
[ ] CO [ ] CCO [ ] CA
Date: 10/30/91
Approved By:

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	A2	M
Constr. Class	3B	3B
No. of Stories	1	
Height of Structure	NA Ft.	
Area—Largest Floor	NA Sq. Ft.	
Total Bldg. Area/All Floors	NA Sq. Ft.	
Volume of Structure	NA Cu. Ft.	
Total Land Area Disturbed	NA Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20000
3. Total (1+2) $ 20000

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

9-30-91 column footings O.K. Need as built plan for placement of anchor bolts-JK

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-9-91
Control #
Permit # 1882-91

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

Block 470 A Lot 6 & 17
Work Site Location 506 BRICK BLVD. BRICK N.J.
Owner in Fee KENNETH X. LUTHY
Address 917 AMBOY AVE PERTH AMBOY N.J.
Tele. (908) 442 6208
Contractor
Address (SAME AS OWNER)
Tele. (908) 442 6208
Lic. No. or Bldrs. Reg. No.
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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR PARTITIONS & BEAM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	9/24/91	AK
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL TEMP.
[X] CO [ ] CCO [ ] CA ONLY
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group	Present A-2	Proposed M
Constr. Class	Present 2B	Proposed 2B
No. of Stories	1	
Height of Structure	NA Ft.	
Area—Largest Floor	NA Sq. Ft.	
Total Bldg. Area/All Floors	NA Sq. Ft.	
Volume of Structure	NA Cu. Ft.	
Total Land Area Disturbed	NA Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 20000
3. Total (1+2) $ 20000

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

Sleep DOCTOR

w/c Old Bonanza

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 791007830

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

Block 470.01 Lot 16 and 17
Work Site Location 595 BRICK BLVD.
BRICK, N.J. 08723
Owner in Fee Kenneth Luthy
Address 917 Amboy Ave.
Perth Amboy, NJ 08861
Tele. (908) 665-16883
Contractor George Ryerson
Address 453 EAGLE PASS
BRICK, N.J. 08723
Tele. (908) 920-6446
Lic. No. 8690
Federal Emp. No. _____ or Social Security No. 143-48-6968

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: 10-30-91
Approved by: B Rodriguez

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			10-9-91	
Temporary				
Constr. Serv.			10-16-91	
Other				
Service	10-25-91 #24			
Final	10-25-91 #24		10-30-91	

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 10-30-91
Line Dept. PP

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. George M. Ryerson
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO	SIZE	ITEM	FEE (Office Use Only)
15		Fixtures (1)	
60		Receptacles (2)	
10		Switches (3)	
85		Total 1 + 2 + 3	52
		Range	
		Oven(s)	
		Surface Unit	
		Dishwasher	
		Garbage Disposal	
		Dryer	
		A/C Unit EXISTING	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		Whirlpool/spa	
		Pool Bonding	
		Pool Filter Motor	
		Pool Lights	
		Water Heater(s)	
		Central heat: EXISTING oil, gas or elec.	
		Baseboard Heat Units	
		Thermostats	
		Heat Pump	
		Pump(s)	
		Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
		Motors—Fractional H.P.	
2		Motors—All Others Bath Fans	4
		Transformers	
		Generators	
		Service Entrance EXISTING	
		Other	

Administrative Surcharge $ _____
Paid [✓] Check # 1048 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 56.-

RF

U.C.C. Form F-120A

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

(1) F/W side doors & bathroom doors only
(2) Cannot bury CTBs in concrete - floor tiles

(1) 10-16-91 F/W floor leaks.

10-25-91 10:00 AM backed.
10-28-91 Incomplete.
10-30-91 Contractor not wired - To be completed at later date.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # DEC 9 91010867

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

Block 470.01 Lot 16 AND 17
Work Site Location 595 BRICK BLVD
BRICK, N.J. 08723
Owner in Fee Kenneth Cuthy
Address 917 AMBOY AVE
Perth Amboy, N.J. 08861
Tele. (908) 665-6883
Contractor George Ryerson
Address 453 EAGLE PASS
BRICKTOWN, N.J. 08723
Tele. (908) 920-6446
Lic. No. 8690
Federal Emp. No. _____ or Social Security No. 143-48-6968

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: 12-29-91
Approved by: _____

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			12-29-91	1427
Service				
Final			12-29-91	1427

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

George M. Ryerson
Signature-Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
		Fixtures (1)	
8		Receptacles (2)	
[redacted]		Switches (3)	
8		Total 1 + 2 + 3	
		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	

Administrative Surcharge $ _____
Paid [ ] Check # 1123 Minimum Fee $ _____
Collected by: _____ TOTAL FEE $ 40.00

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
Date Issued
Control # 10-9-91
Permit # 1882-91

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

Block 470.01 Lot 16.17
Work Site Location 595 BRICK BLVD
Owner in Fee KENNETH LUTHY
Address 97 AMBOY AVE PERTH AMBOY 08861
Tele. (908) 442 6400
Contractor
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A2 Proposed M
Constr. Class. Present 2B Proposed 2B
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 10/8/91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA TEMP ONLY
Date: 10-30-91
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other CA ALT/Rem 10-29-91			10-31-91	AM

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

ARCH. MR. AIELLO 938-2511
PROJECT 9/25

D. TECHNICAL SITE DATA

Description of Work ALT/REN CHANGE OF USE

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

Flammable Liquid Storage Tanks	NA	( ) 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 (EXIT)	6 NEW	
Dry Sprinkler Heads	0	
TOTAL	0	30.—
Smoke Detectors	2	
Heat Detectors	0	
TOTAL	2	10.—
Emergency Lites		
Stand Pipes	0	
Kitchen Hood Exhaust Systems	0	
Batt. Pack Exit Signs		
Pre-Engineered Systems	NA	
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	NA	
OTHER Plan Exam		40
Administrative Surcharge	$	
Paid [ ] Check # Minimum Fee	$	80.—
Collected by TOTAL FEE	$	

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

10-29-91 CA Alt/Rev M - FAIL

① No check valve

② 2 SPR Heads - undersize pipe

10-29-91 Spoke to Architect re pipe size & check valve

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 10-9-91
Control #
Permit # 1882-91

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

Block 470 A Lot 16 & 17
Work Site Location 595 Brick Blvd
Owner in Fee Kenneth Luthy
Address 97 Amboy Ave [illegible] Amboy 08861
Tele. (908) 442 6200
Contractor (Same as owner)
Address
Tele. ( )
Lic. No.
Federal Emp. No. ______ or Social Security No. ______

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present A2 Proposed M
Constr. Class. Present 3B Proposed 3B
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 2,000 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[✓] Fire Plans Approved
Date: 10/8/91
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA Temp only
Date:
Approved by:

INSPECTIONS:

Type	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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 ALT/REN – CHANGE OF USE

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

Flammable Liquid Storage Tanks NA ( ) 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 (exist)	6 New	
Dry Sprinkler Heads	3	30 –
TOTAL	0	
Smoke Detectors	2	
Heat Detectors	0	
TOTAL	2	10 –
Emergency Lites		
Stand Pipes	0	
Kitchen Hood Exhaust Systems	0	
Exit Signs, Battery Back-up		
Pre-Engineered Systems NA		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance NA		
OTHER Plan & Spec		40

Administrative Surcharge $
Paid [ ] Check # ______ Minimum Fee $
Collected by ______ TOTAL FEE $ 80 –

U.C.C. Form F-140A

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

Sleep Doctor

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 10-9-91
Date Issued
Control #
Permit # 1882-91

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

Block 470.01 Lot 16-17
Work Site Location 595 BRICH BLVD.

Owner in Fee KENNETH LUTHY
Address 917 AMBOY AVE
PERTH AMBOY NJ.
Tele. (201) 442-6700
Contractor SHORE PLUMBING
Address 707 22 AVE SOUTH BELMAR NJ.
Tele. (908) 681-8631
Lic. No. 7987
Federal Emp. No. _____ or Social Security No. 138-47-4269

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 3800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 9/23/91
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 10-30-91

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			10/8/91	[signature]
Water				
Sewer				
Fixtures				
Gas Equipment			10-16-91	[signature]
Gas Final				
Solar				
TCO				
CO	10/25/91			

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]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] *Exempt Applicant*

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10.-
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	15.-
1	Gas Piping Relocation	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10.00
	Administrative Surcharge	$ 45.-
Paid [ ] Check # _____	Minimum Fee	$
Collected by: _____	TOTAL	$

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

9/23/91

As built plan
required for H.C Plg Dept
gas line

10-25-91 need inlet for water heater
+ run down side of building

SLEEP DOCTOR

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 10-9-91
Control #
Permit # 1882-91

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

Block 470.01 Lot 16-17
Work Site Location 595 BRICK BLVD

Owner in Fee KENNETH LUTHY
Address 917 AMBOY AVE
PERTH AMBOY NJ.
Tele. (201) 442-6700
Contractor SHORE PLUMBING.
Address 707 22 AVE SOUTH BELMAR N.J.

Tele. (908) 681-8631
Lic. No. 7987
Federal Emp. No. _____ or Social Security No. 138-47-4269

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 3800.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 9/23/91
Approved by: [signature]

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]
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	10.-
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	10
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
1	Hose Bibb	15.-
1	Gas Piping Relocation	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	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	$ 45.00
Paid [ ] Check # _____	Minimum Fee	$
Collected by: _____	TOTAL	$

U.C.C. Form F-130A

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

INSPECTOR: H. Deibel

DATE: 11/6/91

JOB: Brick Bedrooms SECTION:
t/a Sleep Doctor

TYPE OF WORK: Site Plan exemption

WEATHER: Sunny

LOCATION: Brick Boulevard

TEMPERATURE: 50°

BLOCK: 470 A LOT: 16 & 17

ENGINEERING RECOMMENDATIONS FOR CERTIFICATE OF OCCUPANCY INSPECTION CHECK LIST

ITEMS TO BE COMPLETED	COMPLETED	DEFICIENT
1. Driveway	✓	
2. Grading	✓	
3. Sidewalk		
4. Road Pavement		* To be performed in 60 days
5. Landscaping & Sodding		* To be bonded pending Brick Blvd. reconstruction.
6. Clean-up Procedures	✓	
7. Note on going construction in immediate area		
8. Safety	✓	

COMMENTS REFERENCING ITEM NUMBER:

*4. 60 DAY TIME PERIOD TO CONSTRUCT PAVEMENT REPAIRS, FILLING, SLURRY SEAL OF ENTIRE LOT, AND RESTRIPING OF PARKING STALLS, FIRE LANES, ETC.

5. BOND MUST BE POSTED TO COVER COSTS OF PLANTINGS, TOPSOIL, SEED, IRRIGATION SYSTEM. BOND MUST BE CASH OR letter of credit. Landscaping to be completed upon completion of Brick Blvd. Improvements.

RECOMMENDATIONS:

☒ TEMP. C.O. 60 days

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

[ ] PLANNING BOARD ENGINEER

[ ] MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupany will be conditioned upon the acceptable resolution thereof within 60 days of the issuance of Certificate of Occupancy.

TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 477-3000, Ext. 273

September 16, 1991

Kenneth Luthy
917 Amboy Avenue
Perth Amboy, N.J. 08861

RE: Block 470.01, Lot 16-17
595 Brick Blvd.

Dear Mr. Luthy:

Your application for zoning approval for a construction permit for an alteration to the building on the referenced property is denied because under Section 190-240 of the Township Code a site plan, or an exemption, must be approved by the Planning Board prior to every change of use.

Since you intend to change the use of the property from a restaurant to a furniture store Planning Board approval must be obtained prior to the issuance of a construction permit.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

SK/kb
cc: Division of Inspections

OK

BRICK TOWN HALL
401 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723

ATTN: ART CEIRZO

Sleep Doctor Stores

917 Amboy Ave.
Perth Amboy, NJ 08861
(201)442-6200 Fax (201)442-0139

Fax Memo

From: KEN LUTHY

To: RAY KORKOWSKI

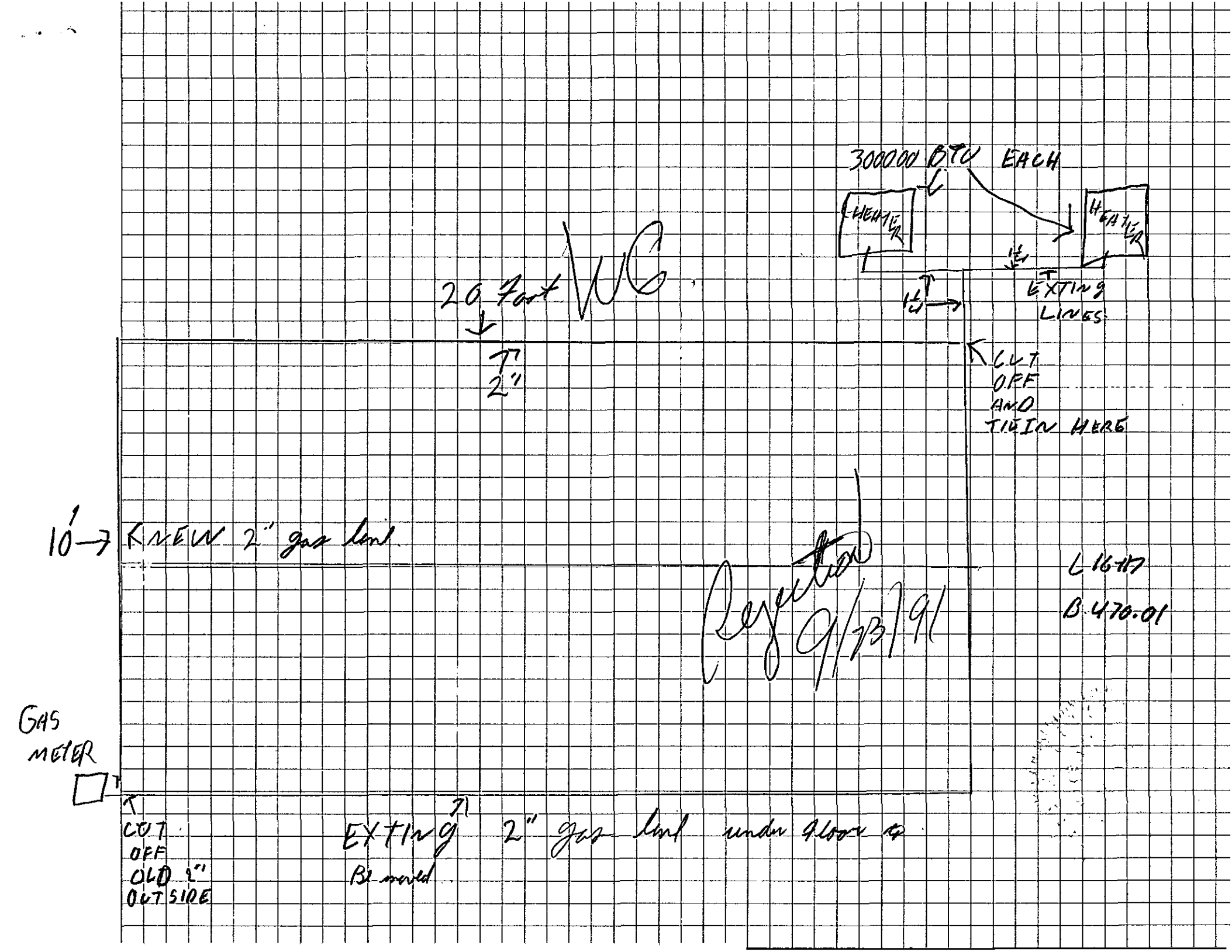
Date: 9/23/91

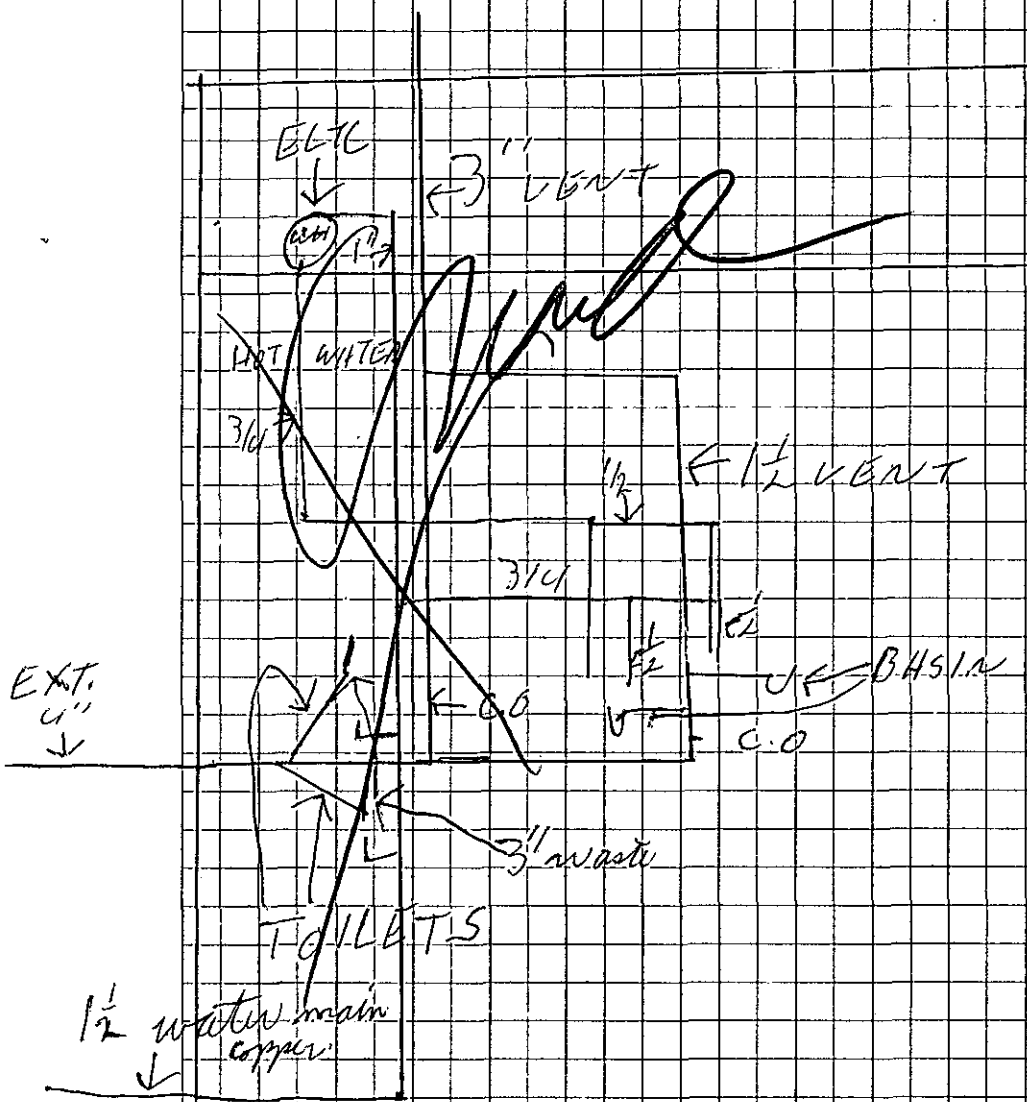
RE: 595 BRICK BLVD – Block 470.01 Lots 16+17

Number of pages including this page- 3

Here is the letter from the planning board.
I would appreciate it if I could get a verbal approval to dig the 4 footings for the steel beam.
If it is OK please call the phone number above & leave a message for me.

Thank you
KEN LUTHY


300000 BTU EACH
HEATER
HEATER
EXTING LINES
20 Feet
2"
CUT OFF AND TIE IN HERE
10'
KNEW 2" gas line
L 16-17
B-470.01
GAS METER
CUT OFF OLD 2" OUTSIDE
EXTing 2" gas line under floor to be removed



9/23/91

W.C. 9/20/91

LOT 16+17
B. 470.01

TRANSMITTAL LETTER

AIA DOCUMENT G810

AIELLO DESIGN ASSOCIATES

Architecture • Planning • Interior Design

1450 Route 34
Wall, NJ 07753 • (201) 938-2511

PROJECT: (name, address) SLEEP DOCTOR
595 BRICK BLVD.
BRICK N.J.
LOTS 16 & 17 BLOCK 470 A

ARCHITECT'S PROJECT NO: 9125

DATE: 9.24.91

TO: BRICK TOWN HALL

If enclosures are not as noted, please inform us immediately.

If checked below, please:

( ) Acknowledge receipt of enclosures.
( ) Return enclosures to us.

ATTN: ART CERZO

WE TRANSMIT:

(X) herewith ( ) under separate cover via _____

( ) in accordance with your request _____

FOR YOUR:

( ) approval ( ) distribution to parties ( ) information
(X) review & comment ( ) record
( ) use ( ) _____

THE FOLLOWING:

(X) Drawings ( ) Shop Drawing Prints ( ) Samples
( ) Specifications ( ) Shop Drawing Reproducibles ( ) Product Literature
( ) Change Order ( ) _____

COPIES	DATE	REV. NO.	DESCRIPTION	ACTION CODE
2	9.24.91	Δ	REVISED PLUMBING SCHEMATIC	

ACTION CODE
A. Action indicated on item transmitted
B. No action required
C. For signature and return to this office
D. For signature and forwarding as noted below under REMARKS
E. See REMARKS below

REMARKS _____

COPIES TO: FILE (with enclosures) ☐ ☐ ☐ ☐ ☐

BY: Ken K

ONE PAGE

TRANSMITTAL LETTER

AIA DOCUMENT G810

new plans

AIELLO DESIGN ASSOCIATES

Architecture • Planning • Interior Design

1450 Route 34
Wall, NJ 07753 • (201) 938-2511

PROJECT: (name, address) SLEEP DOCTOR
595 BRICK BLVD.
BRICK N.J.

ARCHITECT'S PROJECT NO: 9125

DATE: 10.8.91

TO: BRICK TOWN HALL

ATTN: BUILDING/FIRE CODE OFFICIAL

If enclosures are not as noted, please inform us immediately.

If checked below, please:

( ) Acknowledge receipt of enclosures.
( ) Return enclosures to us.

WE TRANSMIT:
(✓) herewith ( ) under separate cover via _____
( ) in accordance with your request _____

FOR YOUR:
(✓) approval ( ) distribution to parties ( ) information
( ) review & comment ( ) record
( ) use ( ) _____

THE FOLLOWING:
(✓) Drawings ( ) Shop Drawing Prints ( ) Samples
( ) Specifications ( ) Shop Drawing Reproducibles ( ) Product Literature
( ) Change Order ( ) _____

COPIES	DATE	REV. NO.	DESCRIPTION	ACTION CODE
1	10.7.91		PLAN REVIEW RECORD – COPY W/ NOTES	
1	10.7.91		REVISED ANCHOR BOLT DESIGN	
1	10.7.91		CARPET SPEC	
3	10.7.91		SHEETS A1 – A3 W/ REVISIONS REQUIRED	

ACTION CODE
A. Action indicated on item transmitted
B. No action required
C. For signature and return to this office
D. For signature and forwarding as noted below under REMARKS
E. See REMARKS below

REMARKS _____

COPIES TO: FILE (with enclosures) ☐☐☐☐☐

BY: Ken Kwiecinsky

No. Stories _____
Ht. Structure _____
Sq. Feet _____

PLAN REVIEW RECORD
BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # _____
Date _____

JURISDICTION Brick Town N.J. (City, County, Township, etc.)

BUILDING LOCATION 595 Brick Blvd. (Street address)

Job Name 470.01 16 & 17

New Building ☐ Addition ☐ Alteration ☒ Other ☒ Use Group Change

Construction Classification _____ Use Group M Block 470.01 Lot 16 & 17

CORRECTION LIST

No.	DESCRIPTION	Page	Re-viewed By	Code Sect.	Dept. Clr. Off
✓ 1	~~Verify Construction classification~~ 5B	64		Table 501	on A1
✓ 2	2nd fl. partitions shown on plans need ✓	64		"	on A1
✓ 3	Carpet Rating of Floors ✓	CLASS 1		SEE ATTACHED SHEET	
✓ 4	Show Fireside locations ✓				on A1
✓ 5	Suppression protection ✓				on A1
✓ 6	Fire Extinguishers ✓			ADDED on A2 & A1	
✓ 7	Occupancy Load ✓				on A1
8	Exit Access Path Layout ✓			*	
✓ 9	Smoke detectors ✓			ADDED on A1, A3	
10					
11					
12	REVISED ANCHOR BOLTS - SEE ATTACHED SHEET				
13					
14					
15					

10.7.91

Other Comments:

RAY

No. Stories _____
Ht. Structure _____
Sq. Feet _____

PLAN REVIEW RECORD
BOCA BASIC/NATIONAL BUILDING CODE

Plan Review # _____
Date _____

JURISDICTION Brick Town N.J. (City, County, Township, etc.)

BUILDING LOCATION 595 Brick Blvd. (Street address)

Job Name 470.01 16 & 17

New Building ☐ Addition ☐ Alteration ☒ Other ☒ Use Group Change

Construction Classification _____ Use Group M Block 470.01 Lot 16 & 17

CORRECTION LIST

No.	DESCRIPTION	Page	Re-viewed By	Code Sect.	Dept. Okd. Ok'd
1	Need Construction classification.	64		Table 501	
2	2nd fl. not shown on plans proper.	64		"	
3	Carpet Rating on Floors.				
4	Show Furnace Location &				
5	Suppression Projection				
6	Fire Extinguishers				
7	Occupancy Load				
8	Exit Signs Path Layout				
9	Smoke detectors —				
10					
11					
12					
13					
14					
15					

Other Comments:

Oct 2 - 1991
owner took copy.

TOWNSHIP OF BRICK

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

Department of Engineering

Municipal Engineer
(908) 477-3000, Ext. 273

January 6,1992

Mrs. Nancy Barlo
Chairman
Brick Township Planning Board
401 Chambersbridge Road
Brick, N.J. 08723

Re: Sleep Doctor
Block 470A, Lots 16 & 17
Site Plan Exemption

Dear Mrs. Barlo:

We have inspected the above referenced site, and find that the work associated with meeting the conditions of the site plan exemption has been completed.

Very truly yours,

Henry Deibel, P.E.,P.P.
Municipal Engineer

HD/dea
cc:Mr. Ken Luthy/Fax #908-442-0139

Sleep Doctor Stores

917 Amboy Avenue
Perth Amboy, New Jersey 08861
(908)442-6200 (908)442-0139

FAX MEMO

From: Kenneth X. Luthy
To: Arthur Cierzo-Brick Town Construction Official
Date: January 7, 1992
Re: 595 Brick Boulevard, Block 470.01, Lots 16 & 17

Number of pages including this page- 2

Please be advised that the following work has been completed at the above captioned property:

a. parking lot has been resealed
b. parking spaces have been restriped
c. rear area of property immediately behind the building has been filled with crushed stone

This represents the work outstanding on the engineering recommendation dated November 6, 1991. I've enclosed the inspection report from Mr. Deibal. A cash deposit has also been posted as a bond against the landscaping work to be completed when Ocean County does its road widening of Brick Boulevard.

On November 1, 1991, we submitted a revised landscaping plan showing the type, species, size and quantities of the trees to be planted as per the Planning Board's request. It is my understanding that this information was satisfactory and the plan was approved.

I would appreciate it if you could write me a letter acknowledging that all the items listed in your letter dated September 23, 1991, as required by the Planning Board, have been completed.

Thank you in advance for your anticipated cooperation in this matter.

sent via Fax and regular mail

TOWNSHIP OF BRICK

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

RECEIVED
NOV 7 1991
BUILDING

Planning Board
(908) 477-3000, Ext. 280
Fax: (908) 920-4850

Sleep Doctor

DATE: November 7, 1991

TO: Arthur J. Cierzo, Construction Official

FROM: Planning Board, Victor Cantillo, Chairman

SUBJECT: EX-R-85-8/91-Request for Exemption from Site Plan Approval from Brick Bedroom, Inc. T/A Sleep Doctor, 917 Amboy Avenue, Perth Amboy, N.J., for 596 Brick Boulevard, Block 470A, Lots 16 & 17 For Change of Use-Received August 30, 1991-Approved September 20, 1991

As a follow-up to my letter of November 4, 1991, please be advised that the above applicant has submitted a revised landscaping plan, copy attached, that has been approved by the Planning Board at the November 6th Executive Session. A bond estimate, based upon that plan, has been prepared by Remington/Vernick.

Upon receipt of the performance guaranty and inspection fund, the Planning Board recommends that a temporary C.O. be issued for 60 days. During that time period, the applicant will patch, seal and restripe the parking lot and level and grade the area in the rear of the building. An inspection will be made by the Land Use office to determine acceptance. You will then be notified if a permanent C.O. can be issued.

att.

ejk

cc: Kenneth B. Fitzsimmons, Esq.
Sean Kinnevy, Zoning Officer

Sleep Doctor Stores

917 Amboy Ave.
Perth Amboy, NJ 08861
(908)442-6200 Fax (908)442-0139

November 1, 1991

Ms. Joan Kull, Secretary
Brick Planning Board
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: EX-R-85-8/91
Brick Bedrooms, Inc.
t/a Sleep /Doctor
Block 470, Lots 16 & 17

Dear Ms. Kull,

Enclosed please find a revised landscaping plan showing the type, species, size and quantities of the trees to be planted as requested in your letter dated October 24, 1991.

If you have any further questions please do not hesitate to call me.

Sincerely,

Kenneth X. Luthy
President

enclosures

Sleep Doctor Stores

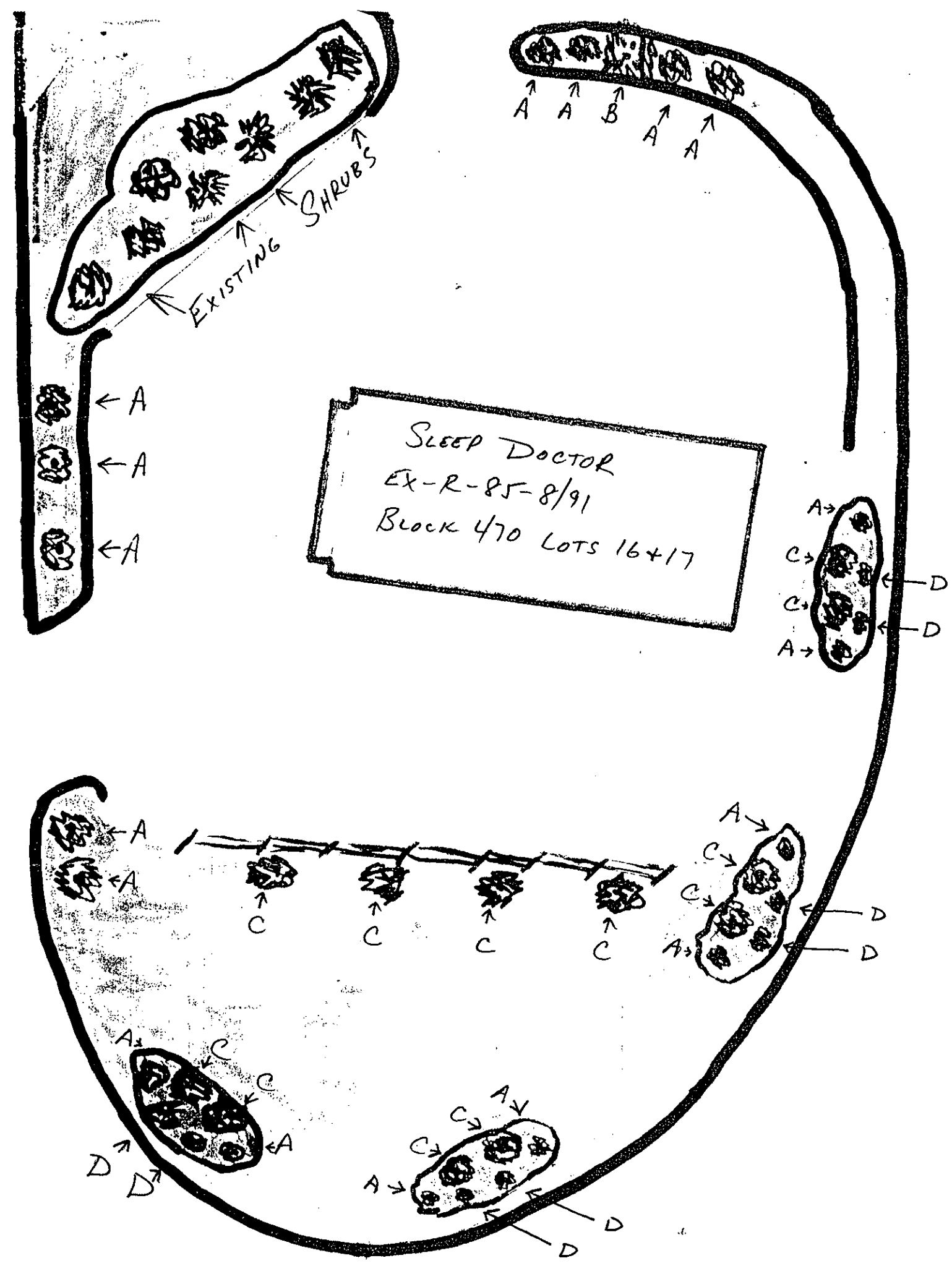
917 Amboy Ave.
Perth Amboy, NJ 08861
(908)442-6200 Fax (908)442-0139

November 1, 1991

RE: EX-R-85-8/91
Brick Bedrooms, Inc.
t/a Sleep /Doctor
Block 470, Lots 16 & 17

Landscaping Plan

LEGEND	TYPE	SPECIES	SIZE	QUANTITY
A	Evergreen	Juniper	2-3'	17
B	Deciduous	Red Maple	6-8'	1
C	Evergreen	White Pine	4-6'	12
D	Evergreen	Azalea-pink	21-24"	8


EXISTING SHRUBS
A A B A A
A
A
A
SLEEP DOCTOR
EX-R-85-8/91
BLOCK 470 LOTS 16+17
A
C
C
D
D
A
A
C
C
C
C
A
C
C
D
D
A
C
C
A
A
C
C
A
D
D
A
C
C
A
A
C
C
A
D
D

TOWNSHIP OF BRICK

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

Sleep 10

Planning Board
(908) 477-3000, Ext. 280
Fax: (908) 920-4850

DATE: November 4, 1991

TO: Arthur J. Cierzo, Construction Official

FROM: Planning Board, E. Joan Kull, Secretary

SUBJECT: EX-R-85-8/91
Brick Bedrooms, Inc.
t/a Sleep Doctor
Block 470A, Lots 16 & 17

Attached please find a memo from Victor Cantillo, Chairman of the Planning Board, in relation to the issuance of a C.O for the above site.

att.

cc: Kenneth B. Fitzsimmons, Esq.
Sean Kinnevy, Zoning Officer

November 4, 1991

To: Arthur Cierzo
From: Victor Cantillo
Subject: Temporary/Conditional CO for Sleep Doctor

Dear Art:

On Saturday November 2, 1991 I visited the above referenced site with Boardmember William Anderson and the applicant, Mr. Kenneth Luthy. We reviewed the letter containing the list of conditions that are to be meet before a temporary CO is issued. The following is my evaluation of the conditions that have been completed.

1. All garbage and debris has been removed from the site.

2. The broken fencing at the rear of the building has been replaced.

3. Bumper stops have been relocated and installed in their proper location.

4. All landscape ties have been either replaced or removed.

5. The electrical service has been removed.

6. The applicant has obtained the ingress and egress points of the site from Ocean County and has incorporated them into their landscape plan.

7. A landscape plan with quantities and species was presented to Mr Anderson and myself during our site inspection. We found it to be adequate. Mr Luthy represented that it will be delivered to Ms. Kull on Monday.

8. There is no dumpster on site.

9. There has proof that taxes are paid up to date.

With respect to the remaining conditions there is some ambiguity with regard to the Boards intention on the timing of the repairs. It is my recollection and, I believe the Boards intention, that the proposed landscaping, seeding and irrigation of the site be accomplished after Ocean County has completed their construction work. The condition requiring the repairing and resurfacing of the parking lot seems to be the most troublesome with respect to exactly what work should be done and exactly when. It was my understanding and intention that the applicant would patch, seal and restripe the parking lot in the front and on the sides of the site. The area to the rear of the building would be leveled and graded to remove large potholes. Additionally, Mr. Luthy has indicated that in conjunction with Ocean County's paving plan for the site he will resurface the remaining portions of the parking lot with a top layer of asphalt.

I would suggest that a temporary/conditional certificate of occupancy be issued with the requirement that the following items be accomplished within 60 days of issuance of said temporary C O.

1. Patch, seal and restripe the parking lot.

2. Leveling and grading the area to the rear of the building.

3. Bonding be set and in place for the seeding, landscaping and irrigation for the site.

If you have any questions or comments with respect to the above please feel free to contact me.

Sincerely,

Victor Cantillo

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax (201) 920-4850

Held for Eng insp 10/3/91

September 23, 1991

C/O Kenneth X. Luthy
Brick Bedrooms Inc. T/A Sleep Doctor
917 Amboy Avenue
Perth Amboy, N.J. 08861

Subject: EX-R-85-8/91-Request for Exeption from Site Plan Approval from Brick Bedroom, Inc. T/A Sleep Doctor, 917 Amboy Avenue, Perth Amboy, N.J. for 596 Brick Boulevard, Block 470A, Lots 16 & 17 for Change of Use-Received August 30, 1991.

Dear Mr. Luthy,

The Planning Board discussed the above request from exemption from site plan approval at the September 18th Executive Session. The attached report from Richard E. Garnett, L.S.,P.P. was reviewed with Kenneth Luthy, the owner, who was present for the discussion. Mr. Luthy agreed to comply with the recommendations in Mr. Garnett's report.

Mr. Luthy showed the Board a plan of the proposed improvements and taking of land by Ocean County for the proposed jughandle. The plan did not show the access points.

After discussion, the Board determined that they had no objection to granting the change of use subject, however, to the following conditions:

1. There shall be a general clean-up of the site. ✓
2. The broken fencing shall be repaired. ✓
3. Bumper stops shall be installed/replaced where needed. ✓
4. Broken/rotted landscape ties shall be removed. ✓
5. The electric service panel/pole in the southerly portion of the site shall be removed.

6. The parking lot shall be repaired and resurfaced. The parking spaces in front and on the southerly side of the building shall be striped before occupancy. The balance of the site shall be restriped in accordance with Township standards upon completion of the County work.

7. Ocean County Engineering Department shall be contacted to obtain the proposed access and the location (s).

8. The southerly portion of the site shall be seeded and irrigated. Additional shrubs shall be planted along the perimeter of the site.

9. A landscape plan showing the access location(s), parking spaces and irrigation system shall be submitted to the Board for approval within 60 days of the date of this memo.

10. As stipulated by the applicant, there shall not be a dumpster on site unless the location is requested and has been approved by the Planning Board.

11. All site improvements shall be bonded.

12. The Board recommends that a temporary/conditional C/O be issued pending compliance with all the above site plan exemption conditions.

13. Proof of taxes paid to date shall be submitted prior to the issuance of the temporary/conditional C/O.

14. All other necessary approvals shall be obtained.

Very truly yours,

Arthur J. Cierzo

Arthur J. Cierzo
Construction Official

cc: J. Kull, Planning Bd. Sec.
S. Kinnevy, Zoning Officer

AIELLO
DESIGN
ASSOCIATES

October 31, 1991

Mr. Michael Clayton
Fire Inspector
Bricktown, New Jersey

RE: SLEEP DOCTOR - BRICK, NEW JERSEY

Dear Mr. Clayton:

Please be advised that the 3/4" pipe supplying the two sprinkler heads in the mezzanine area will provide sufficient pressure and spread to cover the areas designated.

Very truly yours,

FRANK S. AIELLO, R.A.

FSA:ur

Architecture • Planning • Interior Design
1450 Route 34
Wall, NJ 07753 • (201) 938-2511

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, NJ 08723

TAX COLLECTOR'S OFFICE

(201) 477-3000

To: Brick Town Planning Board (X)
Brick Town Engineer ( )
Brick Town Adjustment Board ( )
Other ( )

From: Jo Anne R. Lambusta, Tax Collector

Re: Block 470.01 Lot 17 AC# 310648
~~470.01~~ ~~16~~ ~~310647~~

Date: 10/31/91

The records of the Brick Township Tax Collector's office reveal that property owned by:

Cohen, Audrey & Ruth

Are paid for the entire year of 1990 and ~~1st 3/4's~~ 1991.

Respectfully,

Jo Anne R. Lambusta

Jo Anne R. Lambusta, C.T.C.
Tax Collector