BLOCK 470.01 RECEIVED 16 & 17 ADDRESS (SITE) 595 BRICK BLVD. PERMIT NO. 2340-92

AW AUTO PARTS NOV 2 1992

DIV. OF INSPECTION

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: W.L. ASSOCIATES Tel. (908)
   Address 595 BRICK BLVD. (street), BRICK TWP. (municipality), N.J. 08723 (zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: owner. Tel. (908) 542-5600
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer RICHARD STIPE, ARCH. Tel. (908) 741-7700
   Address 17 LINDEN PLACE, RED BANK, N.J.
6. Responsible Person In Charge of Work DAVID LOWENSTEIN. Tel. (908) 542-5600.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 38+		
2. Electrical			
3. Plumbing			
4. Fire Protection	46		
5. Other			
6. Subtotal	$ 84+		
7. Less 20% for State Plan Review	5-		
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal	$		
11. Cert. of Occupancy	20 ✓		
12. Other			
13. TOTAL	$ 113+		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of Structure ____ cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed ____ sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ____ ft.	
10. Wetlands yes ____ sq. ft. / no	
11. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	
6. ☑ Fire Protection	
7. ☐ Plumbing	
8. ☐ Electrical	
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	5000

Com'l Alter

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			11/11/92		12/23/92		
			11/4/92		12/20/92		
			11/10/92		12/10/92		

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

LDS BR 10510988

U.C.C. Form F-100A

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 RICHARD STIPE, ARCHITECT.

Address 17 LINDEN PLACE,
RED BANK, N.J. 07701

Telephone (908) 741-7700.

Signature Richard Stipe Date 2 NOV 1992

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	SJC	11/4/92	alt.	Comm.					
☐									
☐									

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. 2340	11-25-92	12-24-92
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☑ Certificate of Occupancy	No. 2340	1-4-93	
☐ Certificate of Approval	No.		
☐ None			

New Jersey
UNIFORM CONSTRUCTION CODE

CERTIFICATE

11-12-92

Date Issued 1-4-93
Control #
Permit # 2340-92

IDENTIFICATION

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

Owner in Fee W. L. Associates
Address 595 Brick Blvd.
Brick, NJ
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:

Commercial alteration, Tenant fit-up

"AW Auto Parts"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXXX **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. Ciezo
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 11-25-92
Control #
Permit # 2340-92

IDENTIFICATION

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

Owner in Fee W. L. Associates
Address same

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:

Commercial alteration
for new tenant

"A.W. Auto Parts"

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.

XX☒ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than December 24, 19 92 or the owner will be subject to a fine or order to vacate:

Pending compliance with Building and Fire.

Arthur J. Ciesza
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 11-12-92
Control #
Permit # 2340-92

IDENTIFICATION Block 470.01 Lot 16

Work Site Location 595 Brick Blvd.

Owner in Fee W.L. Associates

Address same

Tele. ( )

Contractor same

Address

Tele. ( ) **0002**

Lic. No. or Bldrs. Reg. No. Exp. Date 2340*#

Federal Emp. No. LOT 0.00

or Social Security No. 16 #

DUTI FIAM 79.00

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Comm. alteration

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 $ 5000.

A. J. Cerny
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	38.-
Plumbing	
Electrical	
Fire Protection	46.-
Other Fax	5.-
Other	
DCA Training Fee	1.-
Cert. of Occ.	20.-
Other	
Total	
Check No.	15271
Cash	
Collected By:	

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
Date Issued 11-12-92
Control #
Permit # 2340-92

AW AUTO PARTS

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.
BRICK TWP. N.J. 08723
Owner in Fee W.L. ASSOCIATES.
Address 595 BRICK BLVD.
BRICK TWP., N.J. 08723.
Tele. (908) 542-5600.
Contractor OWNER.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	11/4/92	W
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-23-92
Approved By:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			11/23/92	
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Richard Stein, ARCHITECT
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR REFIT

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

AW AUTO PARTS.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control # 11-12-92
Permit # 2340-92

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.
BRICK TWP., N.J. 08723
Owner in Fee W.L. ASSOCIATES
Address 595 BRICK BLVD.
BRICK TWP., N.J. 08723
Tele. (908) 542-5600
Contractor owner
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 11/10/92
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 12-22-92
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test			12-22-92	
Mechanical			12-22-92	
TCO 30 days			11/25/92	
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.

Richard Stern
SIGNATURE
ARCHITECT.

D. TECHNICAL SITE DATA

Description of Work Tenant fit up

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		46
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		$
Minimum Fee		$ 46
TOTAL FEE		$

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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

AW AUTO PARTS.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 11-10-92
Control #
Permit # 2340-92

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.
BRICK TWP., N.J. 08723
Owner in Fee W.L. ASSOCIATES
Address 595 BRICK BLVD.
BRICK TWP., N.J. 08723
Tele. (908) 542-5600.
Contractor owner.
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[ ] Fire Plans Approved
Date: 11/10/92 KC
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.

Richard Stern
SIGNATURE
ARCHITECT.

D. TECHNICAL SITE DATA

Description of Work Tenant fit up

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

Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		46
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	$	
Minimum Fee	$	46
TOTAL FEE	$	

Paid [ ] Check #
Collected by

U.C.C. Form F-140A

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BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued 11-12-92
Control #
Permit # 2340-92

AW AUTO PARTS

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.
BRICK TWP. N.J. 08723
Owner in Fee W.L. ASSOCIATES.
Address 595 BRICK BLVD.
BRICK TWP., N.J. 08723.
Tele. (908) 542-5600.
Contractor OWNER.
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[/] All	4	VI
[ ] 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 M Proposed M
Constr. Class Present 2C Proposed 2C.
No. of Stories
Height of Structure Ft.
Area—Largest Floor Sq. Ft.
Total Bldg. Area/All Floors Sq. Ft.
Volume of Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

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

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Kirka. V Sth, ARCHITECT
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INTERIOR REFIT

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 $

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STIPE ASSOCIATES
17 Linden Place
P.O. Box 8267
Red Bank, N.J. 07701

Arthur J. Cierzo, Construction Official
Brick Township
401 Chambers Bridge Road
Brick, New Jersey 08723

STIPE ASSOCIATES
17 Linden Place
P.O. Box 8267
Red Bank, N.J. 07701
(609) 448-1858 / (908) 741-7700

December 23, 1992

Arthur J. Cierzo, Construction Official
Brick Township
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: AW IMPORTED AUTO PARTS
595 Brick Boulevard
Block 470.01, Lots 16 & 17
Brick Township, N. J.

Dear Mr. Cierzo:

The owner of AW Imported Auto Parts has decided not to install the proposed 3'-0"x7'-0" steel door on the south elevation of the existing building at this time. The proposed door is not a required exitway from the building.

The mezzanine is pre-existing from the original construction in 1970 or early 1971. It is my understanding that the mezzanine has always been used for storage. Since the mezzanine is not being constructed at this time, the New Jersey Uniform Construction Code, BOCA/1990 as amended does not apply. Under BOCA/1990 Section 605, the mezzanine is allowed. Also under Exception #1, it does not have to be open to the main level below. The screen wall enclosure of the mezzanine is an original "Bonanza" wall and is illustrated on the construction documents.

The owner would appreciate your review approval of these matters and requests the issuance of a final certificate of occupancy for the building.

Please contact me if you have any questions.

12/29/92

Sincerely,

STIPE ASSOCIATES

Richard H. Stipe
Architect

c: D. Lowenstein

STIPE ASSOCIATES
17 Linden Place
P.O. Box 8267
Red Bank, N.J. 07701
(609) 448-1858 / (908) 741-7700

November 25, 1992

Arthur J. Cierzo, Construction Official
Brick Township
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: AW IMPORTED AUTO PARTS, INC.
595 Brick Boulevard
Block 470.01, Lots 16 & 17
Brick Township, N. J.

Dear Mr. Cierzo:

This letter is to confirm our telephone conversation this morning regarding the above captioned project.

It is my understanding that Brick Township will grant a temporary certificate of occupancy, today, for a period of 30 days. During this 30 day period, AW Imported Auto Parts, Inc. will complete the construction to the full satisfaction of the Brick Township Construction Office as required by the New Jersey Uniform Construction Code, including the following specific items discussed regarding the ongoing construction.

1. The proposed new south wall exit door will be completed as illustrated on the plan.
2. The mezzanine will not be used for storage until a local area sprinkler is installed, or until the use of the space is resolved.

The owners thank you and your staff for their assistance with this project. Please contact me if you have any questions.

Sincerely,

STIPE ASSOCIATES

Richard H. Stipe
Architect

c: D. Lowenstein

Township of Brick

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

Office of
Division of Inspections

Attached 11/92

595 Brick Blvd.

CHECK LIST

Re: Block 470.01 Lot 16 & 17

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) Storage area needed Sprinklers
Show entire Dept. & Door 2. req. locked

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. Cierzo, Construction Official