Called 3-24-95 BD

RECEIVED
MAR 17 1995
DIV. OF INSPECTION

BLOCK 1170 LOT 16 ADDRESS (SITE) 980 Hwy 70 Brick NJ 08723 PERMIT NO. 838-95

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Cuddle CARE FACILITY
2. Name of Owner Medical Center of Ocean Cnty Tel. (908) 295-6391
   Address 425 JACK Martin Blvd. Brick NJ
   (street / municipality / zip code)
3. Ownership Public _____ Private ✓
4. Principal Contractor: BLAKE Brothers Fence Tel. (908) 349-4645
   Address 647 Clifton Ave Toms River 08753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. 216345586 Social Security No. _____
5. Architect or Engineer N/A Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work SCOTT BRUETT Tel. (908) 295-6391 ext. 2402

II. PROPOSED WORK

Est. Cost: 1400

shed

1. [X] 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. [ ] Elevator Devices
10. [ ] Asbestos Abatement
11. [ ] Demolition

TOTAL COSTS 1400

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
[illegible]			3/24/95	[illegible]	5/7/95		
Cy	3/24/95		[illegible]	[illegible]			

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

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	30-		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		3-		
8. Subtotal	$			
9. DCA Training Fee		1-		
10. Subtotal	$			
11. Cert. of Occupancy		20-		
12. Other ZPA		15.00		
13. TOTAL	$	69.00		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 15 ft.
3. Area—Largest Floor 1500 sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Construction Classification _____
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. [ ] Hotels (R-1)
2. [ ] Multi-Family (R-2)
3. [ ] Two-Family (R-3) BOCA
4. [ ] Two-Family (R-4) CABO
5. [ ] One-Family (R-3) BOCA
6. [ ] One-Family (R-4) CABO

No of dwelling units:
Before Construction _____
After Construction _____
Net gain or loss _____

(B) NON-RESIDENTIAL
1. State Specific Use: DAY CARE STORAGE
2. Use Group: shed
3. Change in Use Group, Indicate Former:

LDS BR 10505463

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 Scott A. Brett

Address Engineering Dept, 2121 Edgewater Place
Point Pleasant, NJ 08742

Telephone (908) 295 - 6391

Signature _____ Date 3/17/95

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ 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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

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

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

CONSTRUCTION PERMIT

Date Issued 4/19/95
Control #
Permit # 838-95

IDENTIFICATION Block 1170 Lot 16

Work Site Location 425 Jack Martin Blvd

Owner in Fee Prudential Overall Inc

Address [illegible]

Tele. ( ) Cuddle Cove Mall

Contractor Blake Fence

Address

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

[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

[illegible]

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 $ 1470

[illegible]
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	30
Plumbing	
Electrical	
Fire Protection	
Other	K/R 3
Other	
DCA Training Fee	1
Cert. of Occ.	[illegible]
Other	[illegible]
Total	11.00
Check No.	[illegible]
Cash	[illegible]
Collected By:	[illegible]

U.C.C. Form F-170C

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 4/19/95
Date Issued
Control #
Permit # 838-95

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

Block 1170 Lot 16
Work Site Location Cuddle Care
980 Hwy 70, BRICK NJ 08723
Owner in Fee Medical Center of Ocean County
Address 425 JACK MARTIN BLVD. BRICK NJ

Tele. (908) 295-6391
Contractor BLAKE Brothers Fence
Address 647 Clifton Ave.
Toms River, NJ 08753
Tele. (908) 349-4645
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 21/634586 or Social Security No.
MCOC

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

INSTALL A 8X14 STORAGE Shed. TO Be installed by MANufactorer. SEE ATTACHED DWG of Location of Shed.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	3/29/95	JC	Footing			5/7/95	JC
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date: 5-7-95			Other				
Approved By:			Final				

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

(Office Use Only)
FEE
$

B. BUILDING CHARACTERISTICS

Use Group	Present X	Proposed
Constr. Class	Present	Proposed
No. of Stories	1	
Height of Structure	15	Ft.
Area—Largest Floor	1500	Sq. Ft.
New Bldg. Area/All Floors		Sq. Ft.
Volume of New Structure		Cu. Ft.
Total Land Area Disturbed	12	Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $
3. Total (1+2) $ 1400

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: DCA TRAINING FEE $
TOTAL FEE $

U.C.C. Form F-110B

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

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: March 21, 1995 — 95 Z 0298

Block 1170 **Lot** 16 **Zone** H-S

Property Address: 980 Route 70

Owner: Medical Center of Ocean County **(Phone):** 295-6391

Applicant: Medical Center of Ocean County; Scott Bruett **(Phone):** Same

Use: "Cuddle Care" Day Care Center

Proposed Construction (if any): Shed, 8' x 14'; 112 sq. ft. for playground equipment.

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 Kinnevy

Sean Kinnevy — Land Use Officer

Medical Center
OF OCEAN COUNTY
POINT PLEASANT • BRICK

From the desk of
Scott Bruett
Facilities Engineer

3/17/95

Mr. Sean Kinney

As discussed, inclosed Are the documents needed to illustrate the Shed Location for our Cuddle Care facility. Please Call if more information is Required.

Thank you

Scott

(908) 295-6391

▶SHAVERS—ELECTRIC—REPAIRING

NORELCO SERVICE
Toll Free ---------- 800 243-7884

▶SHEARS & SCISSORS

Precision Edge TomsRiverArea ---------- 286-1096
Waves On Bay Avenue
400EBayAvManhkn ---------- 609 597-4445

Wise People In A Buying Mood Turn To The Yellow Pages Of The Telephone Directory. If You Have Something To Sell Or A Service To Offer, Tell About It Here In The Yellow Pages. Just Call Your Yellow Pages Sales Representative For Information About Advertising In The Yellow Pages.

▶SHEDS—TOOL & UTILITY

Barnegat Sheds USHwyNo9Barngt -- 609 698-7734

BAYVILLE CEDAR PRODUCTS INC
STORAGE SHEDS MADE OF THE FINEST WOOD
LARGE RANGE OF SIZES
Custom Sheds Available For Your Needs
Storage • Cabanas
Work Sheds • Playhouses
FREE DELIVERY ANYWHERE
468AtlanticCityBlvdBayvl ---------- 269-1656

BLAKE NORMAN
647CliftonAvTomsRiv ---------- 349-4645
(See Our Ad On This Page)

BONNER PATRICK CARPENTRY
TomsRiverArea ---------- 288-9662

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SHEDS—TOOL & UTILITY (Cont'd)

HIGHTS FARM EQUIPMENT CO
Custom Storage Shed For Any Use
StateHwyNo33Htstn ---------- 609 448-1370

HOMESTEAD FENCE CO
USHwyNo9&CemeteryRd
Stfrdvl ---------- 609 296-1829
(See Our Ad On This Page)

KEMPTON WOOD PRODUCTS
StateHwyNo34WallTwp ---------- 449-8673
(See Our Ad On This Page)

MR FENCE CO
AMISH BUILT SHEDS
15 Models - Complete Painted & Assembled
Custom Built Available - Free Catalog
Ask About Our 25 Year Warranty
Serving Mdlsx - Monmouth - Ocean 928-5866
3468USHwyNo9SFrhdTwp ---------- 303-1614

OAK TREE SHEDS & GAZEBOS
399USHwyNo9Howl ---------- 303-0747

VASSALLO R H INC
DelseaDrMalaga ---------- 609 694-2722

▶SHEET METAL WORK

A J Perri Inc BrickTownArea ---------- 920-8811
Advanced Systems
2148StateHwyNo88Brick ---------- 295-4897
American Sheet Metal
1140SlivertonRdTomsRiv ---------- 505-6999
Anchor Air Conditioning & Heating
1004PlimsollPtLnokaHbr ---------- 609 693-3111
Carbone Robt Heating & Air Conditioning Co
LakewoodArea ---------- 363-0833

CASALE INDUSTRIES INC
50CenterGarwd ---------- 789-0040

CODE HOOD & VENTILATION CO
Ansel Fire Systems
Sales-Service-Installation
1368USHwyNo9Lkwd ---------- 370-1214

D & F Electric Aire BarnegatArea --- 609 698-7764

D & R SHEET METAL FABRICATORS INC
Custom Indus Work-HVAC-Welding
Aluminum-Carbon-Stainless Steel
370WhitesvilleRdJcksn ---------- 364-4335

DANISH SHEET METAL INC
712 16thAvBlmr ---------- 681-7378

E P HOMIEK SHEET METAL
2190USHwyNo9TomsRiv ---------- 364-7644
(See Our Ad On This Page)

Eckert Geo F 1664BeaverDamRdPtPlsnt -- 892-1926
Four Seasons Service Company
198 OceanAvLkwd ---------- 364-9246
Four Seasons Service Company
198 OceanAvLkwd ---------- 367-1170
Four Seasons Service Company
WhitingArea ---------- 849-0080
Halo Sheet Metal Inc
70 OberlinAvNLkwd ---------- 901-0080
Harold R Henrich Inc
300SyracuseCtLkwd ---------- 370-4455

CONTINUED NEXT PAGE

BLAKE BROS. FENCES INC.
t/a Norman Blake Fence Co.
647 Clifton Avenue
TOMS RIVER, NEW JERSEY 08753
(908) 349-4645

JOB INVOICE

09992

CUSTOMERS ORDER NO.	DATE ORDERED 5-7-95
ORDER TAKEN BY	DATE PROMISED ☐ A.M. ☐ P.M.

BILL TO Scott Beuett.
ADDRESS
CITY
JOB NAME AND LOCATION 295-6289
PHONE
MECHANIC
HELPER
DESCRIPTION OF WORK
☐ DAY WORK ☐ CONTRACT ☐ EXTRA

QUANT.	DESCRIPTION OF MATERIAL USED	PRICE	AMOUNT
1	8 x 12 Shed	1250	1250 00
	tax		75 00
			1325 00
1	8 x 14 Shed	1410	1450 00
	tax		87 00
			1537 00

HOURS	LABOR		AMOUNT
	MECHANICS	@	
	HELPERS	@	

TOTAL MATERIALS	
TOTAL LABOR	
TAX	
TOTAL	

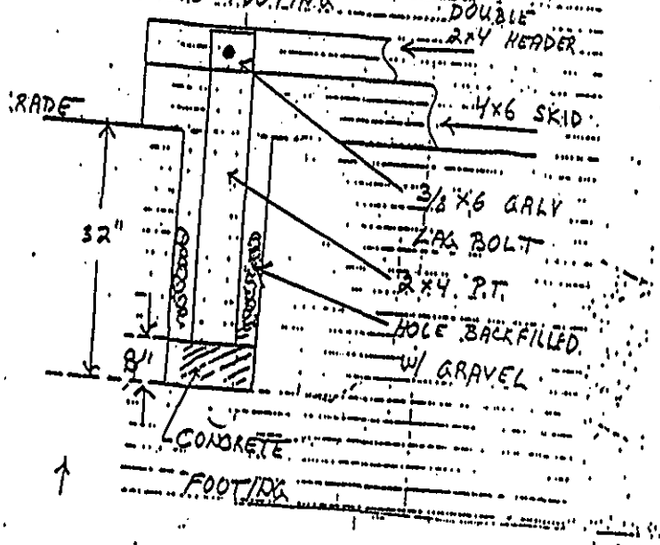
I hereby acknowledge the satisfactory completion of the above described work:
SIGNATURE

TOTAL LABOR

DATE COMPLETED

ANCHORING METHOD
(ALL 4 CORNERS)

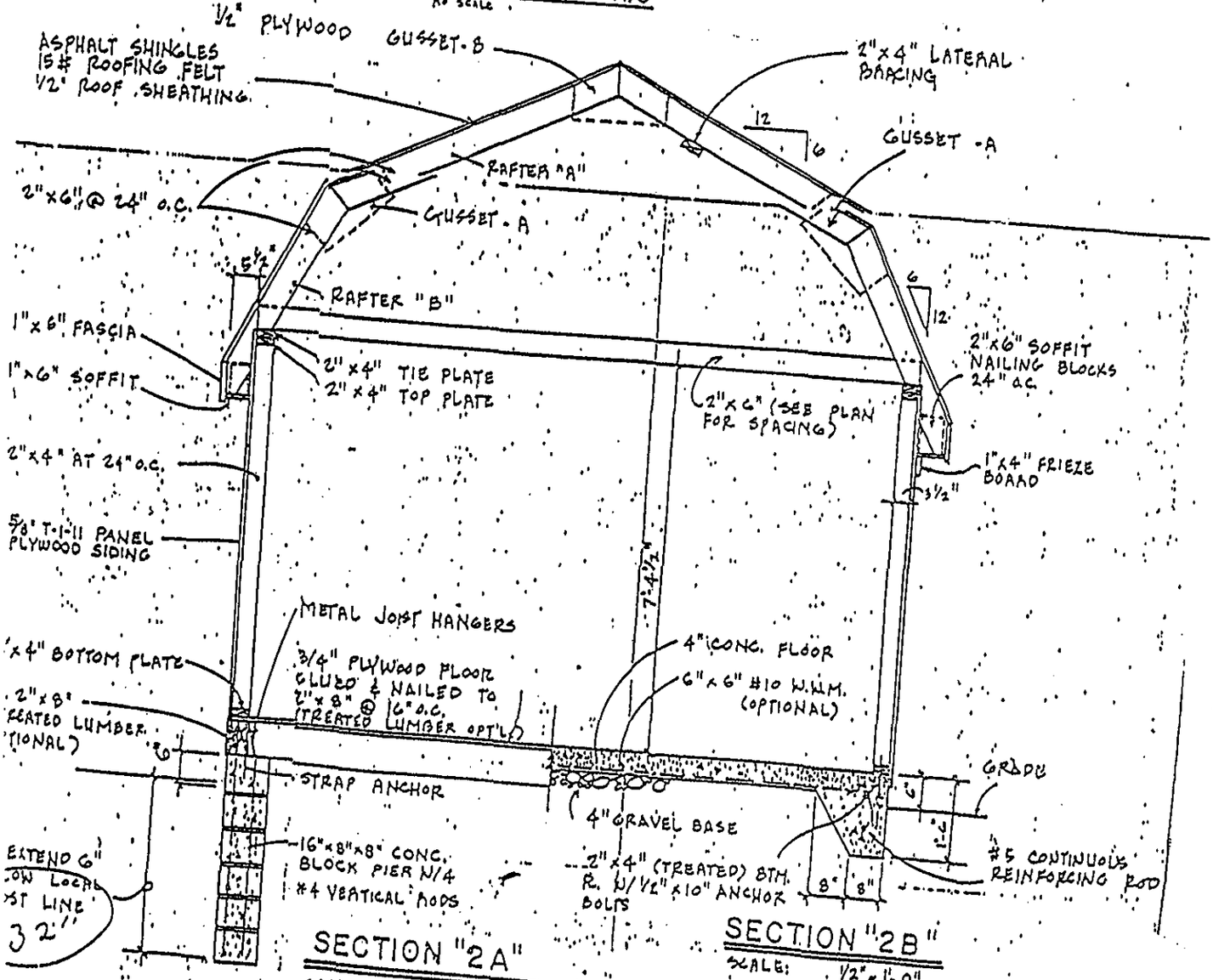
SHED IS ANCHORED TO EARTH BY A VERTICAL P.T. 2x4, LAG BOLTED TO THE FLOOR FRAMING HEADER & BURRIED IN A HOLE 32" DEEP W/ AN 8" CONCRETE FOOTING



USING #1 METHOD OF ANCHORING

This method 3/12/98

SHED ISOMETRIC
No scale



SECTION "2A"
SCALE: 1/4" = 1'-0"

SECTION "2B"
SCALE: 1/2" = 1'-0"