

BLOCK 1170 LOT 18+18:2 QUALIFICATION CODE -

ADDRESS (SITE)

425 Jack Martin PERMIT NO. 99-0822

RECEIVED

JAN 22 1999



CONSTRUCTION PERMIT APPLICATION

ON-SCENE INSPECTION

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

ZNA

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd.
 2. Name of Owner in Fee: Meridian Heath Tel. (908) 295-6578
 Address 425 Jack Martin Blvd. Brick Township
 street municipality zip code
 3. Ownership in Fee: Public Private ☒ Y 908 354-7880
 4. Principal Contractor: Lawrence S. Lee Tel. (908) 354-9621
 Address PO Box 235 Elizabeth NJ 07207
 License No. OR, if new home, Builder Reg. No. 609 Exp. Date
 Federal Employee No. 22-159232 FAX: ()
 5. Architect or Engineer: P. W. Smith Tel. (732) 362-5850
 Address 40 Airport Rd Lakewood NJ
 6. Responsible Person in Charge of Work: David Rowe
 Tel. (908) 354-9621 FAX ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$	35	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$	64	
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$	99	

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

II. PROPOSED WORK

- ☒ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Alteration
- ☐ Fire Protection
- ☐ Plumbing
- ☒ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. B
- ☐ Lead Hazard Abatement
- ☐ Demolition

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
JP	2/24/99		3/17/99	mm	4/15/99		

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

- ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- ☐ Hotels (R-1)
- ☐ Multi-Family (R-2)
- ☐ Two-Family (R-3) BOCA
- ☐ Two-Family (R-4) CABO
- ☐ One-Family (R-3) BOCA
- ☐ 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: Hospital

3. Change in Use Group Indicate Former:

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 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 Lawner Electric

Address PO Box 239

Elizabeth NJ 08207

Telephone (908) 354-7000

Signature [Signature]

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	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									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)	
Name of Code & Edition	Name of Code & Edition
Building _____	Energy _____
Electrical _____	Barrier Free _____
Plumbing _____	Flood Hazard _____
Fire Protection _____	As Built Elevation Cert. _____
Mechanical _____	Other _____

X. CERTIFICATES ISSUED (office use only)	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/15/99
Control #
Permit # 99-0822

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Block 1170 Lot 18 Qual
Work Site Location 425 JACK MARTIN BLVD
LIGHT POLES
Owner in Fee/Occupant MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732) 295-6572
Contractor LESSNER ELECTRIC CO
Address PO BOX 239
ELIZABETH, NJ 07207-
Telephone (908) 354-7880 Fax (908) 354-9621
Lic. No. or Bldrs. Reg. No. 609
Federal Emp. No. 22-1597232

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group U
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

LIGHT POLES

[] CERTIFICATE OF OCCUPANCY

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

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[X] CERTIFICATE OF APPROVAL

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

[] CERTIFICATE OF CONTINUED OCCUPANCY

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

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

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

[] CERTIFICATE OF COMPLIANCE

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

CONSTRUCTION OFFICIAL
U.C.C. (rev. 3/96)

Fee \$ _____ 0
Paid [X] Check No. _____ 2316
Collected by: _____ WP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

***0002**
990822**#
BLOCK 1170 # 0.00
LOT 18 # 0.00
ELECTRIC* 35.00
D.C.A. 60.00
TOTAL 99.00
CHECK 99.00
CHANGE 0.00

IDENTIFICATION Block 1170 Lot 18

03/29/99 NO. 5 0018A005 11

Date Issued 03/29/99
Control #
Permit # 99-0822

Work Site Location 425 JACK MARTIN BLVD
LIGHT POLES
Owner in Fee MERIDIAN HEALTH SYS
Address 425 JACK MARTIN BLVD
BRICK, NJ 08724-
Telephone (732)295-6572

Contractor LESSNER ELECTRIC CO
Address PO BOX 239
ELIZABETH, NJ 07207-
Telephone (908)354-7880
Lic. No. or Bldrs. Reg. No. 609
Federal Emp. No. 22-1597232

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
LIGHT POLES

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 \$ 80,000

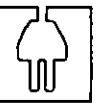
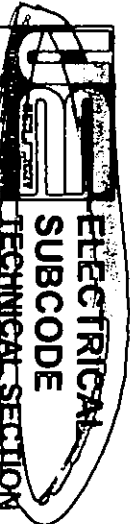
Constructing Official *[Signature]*

03/29/99
Date

N.C.C. #170 (Rev. 3/96)

PAYMENTS (Office Use Only)
Building 0
Electrical 35
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other
DCA Training Fee 64
Cert. of Occupancy 0
Total 99
Check No. 2316
Cash
Collected By WIP

BRICK HOSPITAL
SITE LIGHTING
#9167



Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1100.

Block BRICK TOWNSHIP 1170 Lot 1B & 1B.2

Work Site Location 425 JACK MARLIN BLVD

Owner in Fee/Occupant HEALTHCARE HEALTH CARE

Address 425 JACK MARLIN BLVD

BRICK TOWNSHIP NJ

Tele. () 354-7820

Contractor LESSNER ELECTRIC CO.

Address PO BOX 239

ELIZABETH NJ 07207

Tele. (908) 354-7820 Fax (908) 354-9621

Lic. No. 609

Federal Emp. No. 22-15971232

B. ELECTRICAL CHARACTERISTICS

Use Group Present 0 Proposed 1

☐ Pole/Pad 0 ☐ Temporary ☐ Other ✓

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 80,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial INSPECTIONS Dates (Month/Day)

☐ No Plans Required Type: Failure Failure Approval Initial

Joint Plan Review Required: Rough

☐ Building ☐ Plumbing Temp. Serv. Fluor 32099MM

☐ Fire ☐ Elevator Const. Serv.

☒ Elec. Plans Approved TCO ✓

Date: 31799 Other ✓

Approved by: ✓ Service ✓

Final ✓

SUBCODE APPROVAL Temp. Cut-In-Card Date Issued ✓

☐ EOC ☐ CCO ☒ CA Final Cut-In-Card Date Issued ✓

Date 41499

Approved by: ✓

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent/owner) owner of record and am authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

☒ Licensed Electrical Contractor ☐ Exemplary Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UN Lights

Storable Pool/with UN Lights

KW Elec. Dyer/Receptacle

KW Elec. Water Heater

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

DCA Training Fee \$

TOTAL FEE \$

FREE (Office Use Only)

COMMITTEE

3-29-99
99-0822

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

BLOCK 1170 LOT 18 + 18.2
PROPERTY ADDRESS 425 Jack Martin Blvd
NAME OF OWNER Meridian Health OWNER'S PHONE () 295-6572
NAME OF APPLICANT Leaver Elec. Dave Rowe
APPLICANT'S COMPLETE ADDRESS PO Box 239 Elizabeth NJ 07207
APPLICANT'S PHONE NUMBER 908 354-7880 APPLICANT'S BUSINESS NAME Leaver Elec.

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) Hospital
☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☒ Commercial (please describe) Hospital
☐ Other (please describe) _____

PROPOSED CONSTRUCTION Light poles

All Dimensions

Deck or Garage

Fence

_____ W _____ L _____ Ht
☐ Attached ☐ Detached
Type _____ Ht _____

CHECKLIST:

- ☒ All information completed above
☒ Two (2) accurate Survey / Plot Plans containing:
 ☒ all existing and proposed structures
 ☒ all dimensions of lot and structures
 ☒ set backs to all property lines
 ☒ all streets and waterways shown
☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant [Signature]

Date 2.21.99

Reviewed by Zoning Officer _____

Date _____

☐ Approved ☐ Rejected

COMMERCIAL

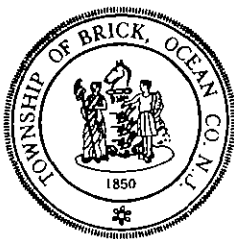
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FEB 23 1999

DIV. OF INSPECTION

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing

Carol A. Wolfe

Affordable Housing Administrator

(732) 262-1048

FAX (732) 262-8954 or (732) 920-1456

<http://www.gbshost.com/brick>

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

March 2, 1999

Lessner Electric
P.O. Box 239
Elizabeth, NJ 07207

RE: Mandatory Development Fee
Block 1170, Lot 18, 18.2, 425 Jack Martin Blvd. ~ Brick Hospital Light Poles

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount of one percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on January 22, 1999, for the above block and lot at \$13,600.00, resulting in an estimated fee of \$136.00.

Therefore, you are required to submit one half of the estimated fee (\$68.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

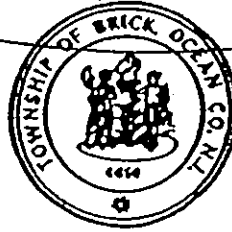
Sincerely,

Carol A. Wolfe

Affordable Housing Administrator

CAW/da

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



Joseph C. Scarpelli, Mayor

Township Council:

Michael A. Thulen, President
Stephen C. Acropolis
Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 920-4850

FAX CORRESPONDENCE

732
(908) 262-8954

DATE: 01-25-99
To Fax Number: 908-354-9621 Pages to Follow: 2

Attention: David Lane

From: Allison - Bldg Dept

Message: re: today's phone call for 425

Jack Martin Blvd-light pole permit
pls mail back to my attention - we
need original signatures on both
forms.

Thank you

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



Joseph C. Scarpelli, Mayor

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Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 920-4850

FAX CORRESPONDENCE

732
(908) 262-8954

DATE: 01-25-99

To Fax Number: 908-354-9621

Pages to Follow: 2

Attention: David Rowe

From: Allison - Bldg Dept

Message: pls call me @ 732-262-1026

re: permit application for 425 Jack Martin
blvd for light poles. - additional info is
needed re zoning and engineering forms
to be completed.

Thanks



**LESSNER
ELECTRIC**

ESTABLISHED IN 1918
PRIDE IN PERFORMANCE

TRANSMITTAL SHEET

TO: L.F. Driscoll Company
-Hand Delivered-

DATE: January 21, 1999

ATTN: Mr. Walt Smith

FROM: Richard D. Lessner

PROJECT: Brick Hospital
LECO Job #9167

ORDER:

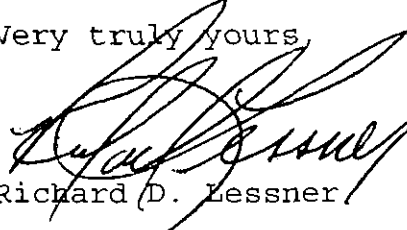
____ CHANGE ORDER NO.
____ ADVISE STATUS
____ FOR IMMEDIATE ACTION
____ URGENT-GIVE FIRST PRIORITY
____ REFER TO RELEASE OF:
____ RELEASE BELOW LISTED ITEMS ONLY
____ FOR APPROVAL
____ RETURN ____ COPIES EACH!

____ AS REQUESTED
____ PLEASE REPLY
____ FOLLOW UP
____ ACKNOWLEDGE
____ PAST DUE
____ CONFIRMING
____ FOR REFERENCE

Dear Walt,

Enclosed please find one (1) copy of signed and sealed electrical permit. We just need the owner's information filled in.

Very truly yours,



Richard D. Lessner

enc.
cc: SG w/2
job\jcb4283.tra

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



Joseph C. Scarpelli, Mayor

Township Council:

Victor Cantillo - President

Martin J. Anton

Helen Fayad..

Gregory S. Kavanagh

Mary Lou Powner

Kathy M. Russell

Frederick J. Underwood, Sr.

Department of Administration & Finance

Division of Inspections

Joseph Curiazza

Joseph Cullazza
Construction Official

(732) 262-1024

Fax (732) 262-8954

<http://www.gbshost.com/brick>

Date: 2.21.99

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE:

Block: 1170

Lot: 18 + 18.2

I, Walter Smith of 425 Jack Martin Block
(name) (address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is/is not located in a flood zone.

Respectfully yours,

applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved Date: _____ By: _____

Rejected Date: _____ By: _____

Remarks:

RECEIVED

FFR 23 1999

DIV. OF INSPECTION

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1170 LOT 18 P.2 SITE ADDRESS 425 Jack Martin
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Light Poles
(908) 354-4621 x21 or
APPLICANT Lesner Elm PHONE NUMBER 354-7880 22
APPLICANT ADDRESS P.O. Box 239 CITY & STATE Elizabeth NJ
PERMIT # C24-18 NAME OF BUSINESS Brick Motel

INCLUSIONARY DEVELOPMENT

☐ Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
☐ Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

☐ Residential is .005 %
☒ Commercial is .01 %

Estimated Assessment \$ 13 600 00 Date 3-2 99
Estimated Required Fee \$ 136 00
Required Deposit on Estimate \$ 68 00 Date 3-15-99
Check # 2281 Receipt # 8029
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ Part of Hospital Project Date _____
Check # _____ Receipt # _____
Amount Paid In Full \$ _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 1170 LOT 15 10.2 SITE ADDRESS 425 Jankin Ave.
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Light 12.1.5
APPLICANT J. J. J. J. J. PHONE NUMBER 354-7800
APPLICANT ADDRESS 1000 1st St. N.W. CITY & STATE 12000 FL 1200
PERMIT # C-24-15 NAME OF BUSINESS B. J. J. J.

INCLUSIONARY DEVELOPMENT

☐ Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
☒ Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

☐ Residential is .005 %
☒ Commercial is .01 %

Estimated Assessment \$ 14,000.00 Date 3-2-99
Estimated Required Fee \$ 136.00
Required Deposit on Estimate \$ 68.00 Date 3-12-99
Check # 2201 Receipt # 5025
Actual Assessment \$ _____ Date _____
Actual Required Fee \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ _____ Date _____
Check # _____ Receipt # _____
Amount Paid In Full \$ _____

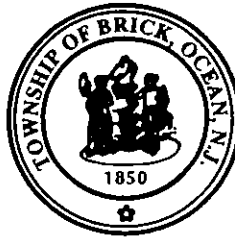
Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Carol A. Wolfe
Affordable Housing Administrator

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad – President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 2-24-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18, 182 SITE ADDRESS 425 Jack Martin
Light Poles
TYPE OF SITE Commercial TYPE OF BUSINESS Brick Hospital
(Residential/Commercial)
APPLICANT Lesner Elec CITY & STATE Elizabeth, NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

1/23
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

1/23
Date

581 PENNSYLVANIA AVE.
ELIZABETH, NJ 07201

55-2/212
BRANCH 96093

PAY
TO THE
ORDER OF Township of Brick

DATE 3/9/99

\$ 68.00

LESSNER
ELECTRIC CO. 68 DOLS 00 CTS

DOLLARS

FIRST
UNION

First Union National Bank
Newark, New Jersey
R/T 021200025

FOR Site Lighting-Affd.Hous.(Brick Hospital)

000002281102120002512030000671250

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 3-15-99

Business/Development: Brick Hosp
Owner/Applicant: Lessner Electric Co
Property Address: 425 Jack Martin
Block: 1170 Lot: 18 18.2

Inclusionary Development Fee

Check Number 2281

Estimated Fee \$ 136.00

Deposit Amount \$ 68.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee \$ _____

Less Deposit \$

Final Payment \$ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received In Treasurer's Office by:

Signature _____

Date _____

3/15/99

Meridian Hospitals Corporation

1845 State Rt. 33, Neptune, New Jersey 07753

313

CHECK NO.

04/20/00

278498 27849

Payable through SUMMIT BANK, Hazleton, Pennsylvania.
At SUMMIT BANK, Cherry Hill, New Jersey, 0312

*FIFTEEN THOUSAND SEVEN HUNDRED SEVENTEEN *****\$ 15,717.49

AMOUNT

VOID AFTER 180 DAYS

PAY TO THE
ORDER OF:

BRICK TWP
401 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723

John Floyd
[Signature]

AUTHORIZATION SIGNATURE

⑈ 278498 ⑈ ⑆031302340⑆ 900 205 679⑈

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 4-24-00

Business/Development: Brick Hospital

Owner/Applicant: Meridian Hospitals Corp

Property Address: 425 Jack Martin Blvd - Basement conversion
6th Floor Addition

Block: 1170 Lot: 18-18.2

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check Number _____

Estimated Fee \$ _____

Deposit Amount \$ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

Check Number 278498

Final Fee \$ 33183.00

Less Deposit \$ 17465.51

Final Payment \$ 15717.49

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

Aileen [Signature]

Date

4-24-00