BLOCK 1170 LOT 18+18.2 QUALIFICATION CODE C24-18 ADDRESS (SITE) 425 Jack Martin PERMIT NO. 99-0822

RECEIVED
JAN 22 1999

CONSTRUCTION PERMIT APPLICATION

DIVISION OF CODE INSPECTION

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

N/A

I. IDENTIFICATION

1. Proposed Work Site at: 425 Jack Martin Blvd.
2. Name of Owner in Fee: Meridian Heath Tel. ( ) 295-6577
   Address 425 Jack Martin Blvd Brick Twp 908 354-7880
   street municipality zip code
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Lessner Elec. 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. 22-1597232 FAX: ( ) ____
5. Architect or Engineer P.W. Smith Tel. (732) 363-5820
   Address 40 Airport Rd Lakewood NJ
6. Responsible Person in Charge of Work David Rowe
   Tel. (908) 354-9621 FAX ( ) ____

610 633 5767 Walt Smith

light pole

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	$		
9. DCA Training Fee		64 —	
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	99 —	

AMENDED PRELIMINARY APPROVAL

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
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 ____ ft.	
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	

AMENDED PRELIMINARY APPROVAL

COMMERCIAL

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical	80000				31799	MM	4/15/99		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

Approved 2/24/99

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: 0
2. Use Group: Hospital
3. Change in Use Group Indicate Former:

A.M. 8.17 MANDATORY COMMENCE

LDS BR 10202595

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 Lesner Electric

Address PO Box 239

Elizabeth NJ 08207

Telephone (908) 354-7880

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		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.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

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

UCC NEW JERSEY

CERTIFICATE

IDENTIFICATION

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.

[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.

[ ] 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 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

[ ] 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.

[ ] 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 _____, ___.

J. Cuniazza
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

00002
990822**
BLOCK 1170 #
LOT 18 #
ELETRIC*
D.C.A.
TOTAL
CHECK
CHANGE
03/29/99 NO. 5 0018A005

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

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 1170 Lot 18 Qual

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
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] 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

J. Cuniazza CP
Construction Official

03/29/99
Date

U.C.C. P170 (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
Other	
Total	99
Check No.	2316
Cash	
Collected By	WP

BRICK HOSPITAL
SITE LIGHTING
#9167

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 3-29-99
Control #
Permit # 99-0822

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

Block [redacted] 1170 Lot 18 & 18.2
Work Site Location 425 Jack Martin blvd
BRICK TOWNSHIP N.J.
Owner in Fee/Occupant MERIDIAN HEALTH CARE
Address 425 JACK MARTIN BLVD.
BRICK TOWNSHIP NJ
Tele. ( )
Contractor LESSIVER ELECTRIC CO.
Address PO BOX 239
ELIZABETH NJ 07207
Tele. (908) 354-7880 Fax (908) 354-9621
Lic. No. 609
Federal Emp. No. 22-1597232

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed ✓
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 80,000-

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 3/29/99
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 4/14/99
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
~~Constr. Serv.~~ Trench			3/29/99	
TCO				
Other				
Service				
Final			4/14/99	

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

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.

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
14		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Elec. Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light
		.....
		.....

COMMERCIAL

FEE (Office Use Only)

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

UCC F120
(rev 3/96)

White = Applicant Copy Canary = Office Copy Index = Inspector Copy

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 ~~Lesner Elec.~~ Dave Rowe

APPLICANT'S COMPLETE ADDRESS PO Box 239 Elizabeth NJ 07207

APPLICANT'S PHONE NUMBER 908) 354-7880 APPLICANT'S BUSINESS NAME Lesner 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 _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence 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 _____ Date 2-21-99

Reviewed by Zoning Officer Date _____ ☐ Approved ☐ Rejected

CONFIDENTIAL

RECEIVED

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 ofone 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

Carol A. Wolfe
Affordable Housing Administrator

CAW/da

MandDevCommLtr2/99

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 Love

From: Allison - Bldg dept

Message: Re: todays 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

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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: 0

Attention: David Rowe

From: Allison - Bldg dept

Message: p/s 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.	____ AS REQUESTED
____ ADVISE STATUS	____ PLEASE REPLY
____ FOR IMMEDIATE ACTION	____ FOLLOW UP
____ URGENT-GIVE FIRST PRIORITY	____ ACKNOWLEDGE
____ REFER TO RELEASE OF:	____ PAST DUE
____ RELEASE BELOW LISTED ITEMS ONLY	____ CONFIRMING
____ FOR APPROVAL	____ FOR REFERENCE
____ RETURN ___ COPIES EACH!	___ _____

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

TOWNSHIP OF BRICK

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

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Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Fina
Division of Inspections
Joseph Curiazza
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 (name) of 425 Jack Martin Blvd. (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
FEB 23 1999
DIV. OF INSPECTION

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 15 F0.2 SITE ADDRESS 425 Jack Martin
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Light Poles
(908) 354-4621 x21 or
APPLICANT Lennox Elec PHONE NUMBER 354-7880 ext
APPLICANT ADDRESS PO Box 2351 CITY & STATE Elizabeth NJ
PERMIT # C 24-15 NAME OF BUSINESS Bruce Hosp

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 %

X Commercial is .01 %

Estimated Assessment $ 13 60000 Date 3-2 99

Estimated Required Fee $ 136 00

Required Deposit on Estimate $ 68.00 Date 3.15.99

Check # 2281 Receipt # 5025

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

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1170 LOT 15 002 SITE ADDRESS 425 Jewell...
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Light Poles
(561) 994-1621 x21 or
APPLICANT [illegible] PHONE NUMBER 354-7800 ext
APPLICANT ADDRESS PO Box 23[illegible] CITY & STATE [illegible]
PERMIT # C24-15 NAME OF BUSINESS [illegible]

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 %

X Commercial is .01 %

Estimated Assessment $ 13,000.00 Date 3-2-11

Estimated Required Fee $ 136.00

Required Deposit on Estimate $ 68.00 Date 3/2/99

Check # 2201 Receipt # 5325

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

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

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: 2-24-09

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1170 LOT 18, 162 SITE ADDRESS 425 Jack Martin Light Poles

TYPE OF SITE Commercial TYPE OF BUSINESS Brick Hospital
(Residential/Commercial)

APPLICANT Lemmerle 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

_____
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

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

LESSNER ELECTRIC COMPANY
581 PENNSYLVANIA AVE.
ELIZABETH, NJ 07201

2281

55-2/212
BRANCH 96093

DATE 3/9/99

PAY TO THE ORDER OF Township of Brick $ 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)

⑈00000228⑈ ⑆021200025⑆ 20300006 7⑈290⑈

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

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
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

3/15/99
Date

Meridian Hospitals Corporation
1945 State Rt. 33, Neptune, New Jersey 07753

313

04/20/00

278498 27849

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

AMOUNT
$ 15,717.49

*FIFTEEN THOUSAND SEVEN HUNDRED SEVENTEEN **********
****

VOID AFTER 180 DAYS

PAY TO THE ORDER OF:

BRICK TWP
401 CHAMBERSBRIDGE ROAD
BRICK, NJ 08723

John Lloyd

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 Covers 6th Floor Addit.

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 $ 331830.00

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

4-24-00
Date