BLOCK 672 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 51 CHAMBERS BRIDGE RD PERMIT NO. 09-3006

# CONSTRUCTION PERMIT APPLICATION 09-0241194

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

## I. IDENTIFICATION

1. Proposed Work Site at: 51 CHAMBERS BRIDGE ROAD
2. Name of Owner in Fee: Paramount Realty Services Fund II, LP.
   Tel. ( 732 ) 886-1500 e-mail _____
   Address 1995 ROUTE 70, LAKEWOOD, NJ 08701 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: KOFIELD CONSTRUCTION CO., INC Tel. ( 732 ) 946-7905
   Address 53 MAIN STREET HOLMDEL, NJ e-mail _____
   License No. OR, if new home, Builder Reg. No. 041348 Exp. Date 3/31/2011
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-3966299 FAX: ( 732 ) 946-7474
5. Architect or Engineer Sonnenfeld and Trocchia Contact Gregg Sonnenfeld
   Address 53 Main Street, Holmdel, NJ e-mail _____
   Tel. ( 732 ) 946-7777 FAX: ( 732 ) 946-7474
6. Responsible Person in Charge once Work has Begun Gregg Sonnenfeld
   Tel. ( 732 ) 946-7905 FAX: ( 732 ) 946-7474

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 1560. | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | | | |
| 5. Elevator Devices | | | |
| 6. Subtotal | | | |
| 7. Less 20% for State Plan Review | $ | | |
| 8. Subtotal | $ 119 | | |
| 9. State Permit Surcharge Fee | | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | | | |
| 12. Other ZP- | 30.00 | | |
| 13. TOTAL | $ 1709 | | |

## 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 _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

(office use only) CONSTRUCTION

## IIa. PROPOSED WORK

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☒ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

## IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

| | Est. Cost | Plans Rec'd by | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Resubmission Dates Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|---|---|
| ☒ Building | 70,000 | KB | 11/16/09 | 12/4/09 KA | | | 12/4/09 | | KB |
| ☐ Electrical | | | | | | | | | |
| ☐ Plumbing | | | | | | | | | |
| ☐ Fire Protection | | | | | | | | | |
| ☐ Elevator | | | | | | | | | |
| TOTAL COST | 70,000 | | | | | | | | |

## VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: (All Units / Income-restricted)
   Before Construction _____ _____
   After Construction _____ _____
   Net Gain or Loss _____ _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Shopping Center
2. Use Group: M
3. Change in Use Group, Indicate Former:

C. MIXED USE -List secondary use(s):

D. Construction Classification:

## III. PLAN REVIEW (optional)

DO YOU WANT:
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
10. ☐ Swimming Pools, Spas and Hot Tubs

**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.ix:

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. 5:23-2.15(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.

(N) Check if contractor.

Agent Name Kofield Construction Co., INC.

Address 53 Main Street
Holmdel, NJ 07733

Telephone ( 732 ) 946-7905

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. | | | | | | | | | |
| ☒ Engineering | NA / MAC | 12/1/09 | | | | | | | |
| ☐ | | | | | | | | | |

**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. | | | | |

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 1/10/2012
Control Number C-09-004194
Permit Number 09-3006
Permit Issue Date 12/4/2009
Certificate Number 09-3006

# Certificate

Construction Code Division

(Certificate of Approval)

## Identification

Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ Block: 672 Lot: 8 Qual:

Owner in Fee: PARAMOUNT PLAZA AT BRICK LLC

Owner Address: 1195 ROUTE 70 LAKEWOOD NJ 08701

Telephone: (732) 886-1500

Contractor KOFIELD CONSTRUCTION

Address 53 MAIN STREET HOLMDEL NJ 07773-

Telephone: 732/946-7905 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 22-3671670

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -COMMERCIAL FACADE ALTERATIONS INCLUDING STUCCO, BRICK PIERS

Certificate Comments:

☐ **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 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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period ( years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
**Conditions to be met:**

Construction Official

Fee: $0.00
Check Number:
Collected By:

*Date Printed: 1/10/2012*

U.C.C. F260 (rev. 08/05)

# CONSTRUCTION PERMIT

Date Issued 12/4/09
Control # C-09-004194
Permit # 09-3006

IDENTIFICATION Block: 672 Lot: 8 Qualifier
Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ
Owner in Fee PARAMOUNT PLAZA AT BRICK LLC
1195 ROUTE 70 LAKEWOOD NJ 08701
Telephone: (732) 886-1500

Contractor KOFIELD CONSTRUCTION
Address 53 MAIN STREET HOLMDEL NJ 07773-
Telephone: 732/946-7905
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3671670

**Is hereby granted permission to perform the following work:**

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL FACADE ALTERATIONS INCLUDING STUCCO, BRICK PIERS

**Note: If constuction 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** $10,000

Daniel J. Newman Jr
Construction Official Date

**PAYMENTS (Office Use Only)**

| | |
|---|---|
| Building | $1,560 |
| Electrical | $0 |
| Plumbing | $0 |
| Fire Protection | $0 |
| Elevator Devices | $0 |
| Other | $0.00 |
| DCA Training Fee 1738 | $119 |
| CO Fee | |
| Other | $30 |
| Total | $1,709 |
| Check No. | |
| Cash | $0 |
| Credit | $0 |
| Collected By | |

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE **3 PINK - TAX ASSESSOR** 4 GOLD - APPLICANT

## REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

#3006
BUILDING $1560.00
DCA $119.00
ZPA $30.00
CHECK $1709.00

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received 9-30-09
Control # 09-3006

Date Issued 12/4/09
Permit #

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERS BRIDGE ROAD

Owner in Fee: Paramount Realty Services Fund II, LP

Tel. (732) 946-1500 e-mail

Address 1175 ROUTE 70 LAKEWOOD, NJ 08701

Contractor: (street) KOFIELD CONSTRUCTION CO. (municipality) INC Tel. (732) 496-7905 (zip code)

Address 53 MAIN STREET e-mail

CHINDEL, NJ 07733

Contractor License No. or Builder Registration No. 13493 Exp. Date 3/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 20-3906294 FAX: (732) 946-7479

**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

FACADE ALTERATIONS INCLUDING STONE, BRICK PIERS.

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [X] Interior | 12/4/09 | |

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

**B. BUILDING CHARACTERISTICS**

**Use Group** Present III Proposed M

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

**Constr. Class** Present Proposed

If Industrialized Building:

State Approved HUD

**Est. Cost of Bldg. Work:**

1. New Bldg. $ 0
2. Rehabilitation $ 70,000
3. Total (1+ 2) $ 70,000

U.C.C. F110
(rev. 12/07)

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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received
Control # 09-3006

Date Issued
Permit # 12/4/09

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

Block 12 Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

Contractor License No. or Builder Registration No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (___) _____

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [X] Interior | 12/4/09 | |

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

| INSPECTIONS Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | | |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame | | | | |
| Truss Sys./Bracing | | | | |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| Energy | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | | |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present 1 Proposed R1

No. of Stories _____

Height of Structure _____ ft.

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load _____

**Constr. Class** Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

**Est. Cost of Bldg. Work:**

1. New Bldg. $ _____
2. Rehabilitation $ 1,000
3. Total (1+ 2) $ 1,000

**C. CERTIFICATION IN LIEU OF OATH**

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

_____
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Interior Renovations

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____



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

# BUILDING SUBCODE
## TECHNICAL SECTION

Date Received / Control # 09-3006

Date Issued / Permit # 12/4/09

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

Block 672 Lot 8 Qualification Code

Work Site Location 51 CHAMBERS BRIDGE ROAD

Owner in Fee: Paramount Realty Services Fund II, LP

Tel. (732) 886-1500 e-mail

Address 1195 ROUTE 70, LAKEWOOD, NJ 08701

Contractor: (street) FORFELD CONSTRUCTION CO., INC (municipality) Tel. (732) 996-7905 (zip code)

Address 53 MAIN STREET e-mail

HOLMDEL NJ 07733

Contractor License No. or Builder Registration No. 04134 Exp. Date 3/31/2011

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 20-3966299 FAX: (732) 996-7974

**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

FACADE ALTERATIONS INCLUDING STUCCO, BRICK PIERS.

COMMERCIAL

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Required | | |
| [ ] All | | |
| [ ] Footings/Foundations | | |
| [ ] Structural/Framework | | |
| [ ] Exterior | | |
| [X] ~~Interior~~ | 12/4/09 | BH |

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 1-10-12

Approved by: KAJL

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Footing | | | 12/10/09 | W |
| Footing Bonding | | | | |
| Foundation | | | | |
| Slab | | | | |
| Frame * Partial | | | * Partial | W |
| Balance | | | 12/31/09 | W |
| Barrier-Free | | | | |
| Insulation | | | | |
| Finishes -Base Layer | | | | |
| Finishes -Final | | | | |
| ~~Energy~~ S.H. | | | 1/27/10 | G.P. |
| Mechanical | | | | |
| TCO | | | | |
| Other | | | | |
| Final | | | 5/17/10 | G.P. |
| Barrier-Free | | | | |

**B. BUILDING CHARACTERISTICS**

**Use Group** Present M Proposed M

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

**Constr. Class** Present Proposed

If Industrialized Building:

State Approved HUD

**Est. Cost of Bldg. Work:**

1. New Bldg. $ 0
2. Rehabilitation $ 70,000
3. Total (1+ 2) $ 70,000

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 12/07)

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

12/22/20 W - All chases built

Gas Supply/Meters

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

# Subcode Official Review

To: 1195 ROUTE 70 LAKEWOOD, NJ 08701 CC:

RE: Building Subcode
Block: 672 Lot: 8 Qual:
51 CHAMBERS BRIDGE RD
Permit Number: Control Number: C-09-004194
Last Submit Date: Wednesday, December 02, 2009

Date: Wednesday, December 02, 2009

Dear PARAMOUNT PLAZA AT BRICK LLC,

The following comments were made during the Plan Review process:

EIFS installer requires certification. Submit documentation.

12.02.09
Attn: Gregg
fax # 732-946-7474

Sincerely,

K Anderson 12/2/09

Kenneth Anderson, Subcode Official

**********
*** FAX TX REPORT ***
**********

TRANSMISSION OK

| | |
|---|---|
| JOB NO. | 0265 |
| DESTINATION ADDRESS | 97329467474 |
| PSWD/SUBADDRESS | |
| DESTINATION ID | |
| ST. TIME | 12/02 15:40 |
| USAGE T | 00'20 |
| PGS. | 1 |
| RESULT | OK |

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

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K Anderson 12/2/09

Kenneth Anderson, Subcode Official

Kofield
CONSTRUCTION CO., INC.

53 Main Street • Holmdel, New Jersey 07733
Tel: 732-946-7905 • Fax 732-946-7474

December 2, 2009

Mr. Kenneth Anderson, Subcode Official
Brick Township
401 Chambersbridge Road
Brick, NJ 08723

Re: Paramount Plaza at Brick, LLC
Block 672, Lot 8
51 Chambersbridge Road
Control No. C-09-004194

Dear Mr. Anderson:

I am in receipt of your Plan Review for the above referenced project.

Currently, we have not chosen our EIFS contractor for the project but would appreciate you issuing the building permit. Once a decision has been made, we will forward you the name and certification of the EIFS contractor.

Please advise.

Sincerely,

Gregg S. Sonnenfeld, A.I.A.
Kofield Construction Co., Inc.

P:\WINWORD\KOFIELD\2009\PARAMOUNT PLAZA AT BRICK\December 2, 2009 Ltr. To Brick Subcode Offl.Doc

# Township of Brick
# Zoning Permit

**Approved:** Monday, November 30, 2009 **Number:** 2009-879

**Block** 672 **Lot** 8 **Zone:** B-3, Highway Dev.

**Property Address:** 51 Chambers Bridge Road; Brick Center Plaza

**Applicant:** Gregg Sonnenfeld; Kofield Construction Company, Inc.

**Property Owner:** Paramount Plaza at Brick, LLC

**Existing Use:** Vacant unit No. 3 (former Christian's Furniture).

**Proposed Use:** Vacant retail space.

**Proposed Construction:** Alterations to the entryway and facades, including stucco and brick piers.

**Conditions:** An additional zoning permit is required for any use or occupancy and for any other additional work.

**This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that 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.**

Michael P. Fowler, AICP/PP
Administrative Officer

Sean Kinnevy, Zoning Officer
Zoning Reviewer

# TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

RECEIVED
NOV 19 2009
SK20

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 672 LOT 8 QUALIFIER

PROPERTY ADDRESS 51 Chambers Bridge Road

PERSONAL NAME OF APPLICANT Gregg Sonnenfeld (732) 946-7905

BUSINESS NAME OF APPLICANT Rofield Construction Co. Inc

MAILING ADDRESS OF APPLICANT 1195 Route 70, Lakewood, NJ 08701

PROPERTY OWNER'S FULL NAME Paramount Realty Services

COMMERCIAL

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Shopping Center

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Shopping Center

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Height
☐ Addition - Height
☒ Alteration
☐ Porch or deck - Height
☐ Shed - Height
☐ Fence - Type Height
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe)

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Greg Sonnenfeld Date 11/12/09

Reviewed by Zoning Office SK20 Date 11/30/9 (X) Approved ( ) Denied