BLOCK ✓ 672 LOT ✓ 8 QUALIFICATION CODE _____ ADDRESS (SITE) ✓ 51 CHAMBERS BRIDGE RD PERMIT NO. ONE-07-0313

07-000505

CONSTRUCTION PERMIT APPLICATION

TENANT FIT UP

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

I. IDENTIFICATION

1. Proposed Work Site at: 51 CHAMBERS BRIDGE RD (OLD CHRISTIANS FINE FURN NEW FORTUNOFF BACKYARD)
2. Name of Owner in Fee: INLAND SOUTHEAST BRICL LLC Tel. (630) 218-8000
   Address 2901 (street) BUTTERFIELD RD (municipality) OAKBROOK (zip code) ILLINOIS 60523
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: A KEVIN NALPIN Tel. (516) 790 6525
   Address FORTUNOFF 70 CHARLES LINDBERGH BLVD
   License No. OR, if new home, Builder Reg. No. UNIONDALE N.Y. 11553 Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun KEVIN NALPIN
   Cell (516) 790 6525 FAX: (516) 542 4106

CHANGE IN OCCUPANCY

NO WORK

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40	
2.	Electrical			
3.	Plumbing			
4.	Fire Protection		65	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other 2%		30	
13.	TOTAL	$	135	

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 cu. 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	

OPTIONAL (for office use only)

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.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection					2-20-07	OR	2-24-07		
6.	☐ Plumbing									
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition		C-WI	2/16/07		2/16/07				
	TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
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	FURNITURE	
After Construction	FURNITURE	
Net Gain or Loss		

B. NON-RESIDENTIAL
1. State Specific Use: FURNITURE RETAIL
2. Use Group:
3. Change in Use Group, Indicate Former:

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
10. ☐ Swimming Pools, Spas and Hot Tubs

COMMERCIAL

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 KEVIN HALPIN (AGENT FOR FORTUNOFF)

Address 70 CHARLES LINDBERGH BLVD

UNIONDALE N.Y. 11553

Telephone (516) 790-6525 OR 516 542-4106

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. _____	_____	_____	_____	_____

IMPORTANT
A.H.B.T. - MANDATORY FEE - COMMERCIAL

No chg in assessment 2/16/07 lcb

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

☐ Zoning Application deemed complete Initialed: SRS Date: 2/9/07

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	03/05/2007
Tracking Number	C-07-000505
Permit Number	07-0313
Permit Issue Date	02/21/2007
Certificate Number	07-0313

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: INLAND SOUTHEAST BRICK LLC%INLAND

Owner Address: 2907 BUTTERFIELD RD OAK BROOK IL 60523

Telephone: (630) 218-8000

Contractor: KEVIN NAUPIN

Address: 70 CHARLES LINDBERGH BLVD UNION NY 11553

Telephone: (516) 790-6525 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

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: TENANT FIT UP NO WORK BEING DONE, FORMERLY CHRISTIANS FINE FURN AND NOW TO BE FORTUNOFF BACKYARD STORE.

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: 988196
Collected By: Inspection Account

Date Printed: 03/05/2007

CONSTRUCTION PERMIT

Date Issued 2/21/2007
Control # C-07-000505
Permit # 07-0313

IDENTIFICATION Block: 672 Lot: 8 Qualifier
Work Site Location: 51 CHAMBERS BRIDGE RD Brick Township, NJ
Owner in Fee INLAND SOUTHEAST BRICK LLC%INLAND
Address 2907 BUTTERFIELD RD OAK BROOK IL 60523
Telephone: (630) 218-8000

Contractor KEVIN NAUPIN
Address 70 CHARLES LINDBERGH BLVD UNION NY 11553
Telephone: (516) 790-6525
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP NO WORK BEING DONE, FORMERLY CHRISTIANS FINE FURN AND NOW TO BE FORTUNOFF BACKYARD STORE.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $200

Construction Official Date

PAYMENTS (Office Use Only)	
Building	$40
Electrical	$0
Plumbing	$0
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$30
Total	$135
Check No.	988196
Cash	$40
Credit	$0
Collected By	Inspection Account

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.

- [ ] 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 07-0313
Control #

Date Issued 2/21/07
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 Rd Brick, NJ

Owner in Fee: Inland Southeast Brick LLC

Tel. (630) 218-8000 e-mail

Address 2901 Butterfield Rd (street) Oakbrook (municipality) Illinois 60523 (zip code)

Contractor: Kevin Halpin Tel. (516) 710 6525

Address: Fortunoff 70 Charles Lindbergh Blvd 11553 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: ( )

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

NO WORK going from one Furniture store to another.

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	2-20-07	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-22-07
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2/22/07	
Barrier-Free				

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [ ] 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 Proposed
Constr. Class Present Proposed
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.
Total Land Area Disturbed Sq. Ft.

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-0313

Date Issued / Permit # 2/21/07

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 Rd Brick, NJ

Owner in Fee: Inland Southeast Brick LLC

Tel. (630) 218-8000 e-mail

Address 2901 Butterfield Rd (street) Oakbrook (municipality) Illinois 60523 (zip code)

Contractor: Kevin Halpin Tel. (516) 740 6525

Address Furniture 70 Charles Lindbergh Blvd 11553 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: ( )

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

NO WORK going from one Furniture store to another.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	2-20-07	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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
- [ ] 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 Proposed

Constr. Class Present Proposed

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.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 06-4044

Date Issued Permit # 12-14-06

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

Block 673 Lot 5 Qualification Code

Work Site Location 2775 Hooper Ave. Suite 915
Brick NJ 08723

Owner in Fee Jade Investors Assoc

Address 2775 Hooper Ave
Brick NJ 08723

Tel (732) 477 2150

Contractor STAT Electric 732 921-5136

Address 16 Wyoming Dr
Jackson NJ 08527

Tel (732) 364 6018 FAX ( )

Contractor License No. 11926

Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Apt. Utility Co.

Est. Cost of Elec. Work $ 4000.00

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.

Dan [signature]

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		FAN	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW 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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 12-20-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 2-22-07

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough	1-08	2-07		
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	[illegible]	2-15-06	2-21-07	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

1-9-07 WORK NOT COMPLETED
TAKE OUT SWITCH & RECEPTACLE FOR ROUGH INSPECTION
DIRECT 20 AMP CIRCUIT FOR RECEPTACLE.
VENT FAN NOT MOUNTED
INSUL PANEL ~~[illegible]~~ NEUTRAL & GROUNDS MIXED

No access 2907 mA

2-15-07
ROUGH BOX WITH SQUARE COVER
EXISTING PANEL - GROUNDS & NEUTRAL MIXED

2-16-07 NOT CORRECTED - NOT COMPLETE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 07-0313
Control #
Date Issued 2-21-07
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 FORTUNOFF BACKYARD STORE (FORMALLY CHRISTIANS FINE FURNITURE)
51 CHAMBERS BRIDGE RD
Owner in Fee INLAND SOUTHEAST BRICK LLC
Address 2901 BUTTERFIELD RD
OAK BROOK, ILLINOIS 60523
Tel (630) 218-8000
Contractor NO CONTRACTOR / NO WORK
Address KEVIN HALPIN (AGENT FOR FORTUNOFF)
Tel (516) 790 6525 FAX (516) 542 4168
Fire Protection Equipment, NJ Div of Fire Safety Permit No.
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No.
Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [X] Existing
Constr. Class: Present ____ Proposed ____ Location of Panel:
Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [X] Existing
[ ] Other Location of Main Control Valve:
Location:
Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible *Capacity*
Total Cost of Fire Protection Work $ 0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 2-20-07
Approved by: OB
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 2-26-07
Approved by: OB

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System			2/23/07	OB
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/23/07	OB
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application. (AGENT FOR FORTUNOFF)
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Confirm in field insp. alarm still in service and operates.
Water Supply Source
Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Tenant fit up		

COMMERCIAL

Ex fire alarm OOS - as per B.C. floor plan Attrib

NO PLAN REV / WORK ONLY

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

U.C.C. F140 (rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-0313

Date Issued
Permit # 2-21-07

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 FORTUNOFF BACKYARD STORE (FORMALLY CHRISTIANS)
51 CHAMBERS BRIDGE RD FINE FURNITURE

Owner in Fee INLAND SOUTHEAST BRICK LLC

Address 2901 BUTTERFIELD RD
OAK BROOK, ILLINOIS 60523

Tel (630) 218-8000

Contractor NO CONTRACTOR / NO WORK

Address KEVIN HALPIN (AGENT FOR FORTUNOFF)

Tel (516) 790 6525 FAX (516) 542 4168

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ____ Proposed ____ Fire Alarm System: [ ] New OR [X] Existing

Constr. Class: Present ____ Proposed ____ Location of Panel:

Heating System: [ ] New OR [X] Existing [ ] HVAC Fire Suppression/Standpipe System:

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] New OR [X] Existing

[ ] Other Location of Main Control Valve:

Location:

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Total Cost of Fire Protection Work $ 0.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[X] Fire Plans Approved

Date: 2-21-07

Approved by: OK

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

U.C.C. F140 (rev. 1/04)

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

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. KEVIN HALPIN (AGENT FOR FORTUNOFF)

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Confirm in field Insp. alarm still in service a.s.o. operator.

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Tenant Fit Up		
NO WORK		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Township of Brick
Zoning Permit

Approved: Monday, February 12, 2007 **Number:** 102

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

Property Address: 51 Chambers Bridge Road, Brick Center Plaza

Applicant: Kevin Halpin, Fortunoff

Property Owner: Inland Southeast Brick, LLC

Existing Use: Retail Furnitue Store "Christian's Fine Furniture" Unit #3

Proposed Use: Retail Furniture Store "Fortunoff Backyard Store" Unit #3

Proposed Construction: Interior alterations for new business.

Conditions: An additional zoning permit is required for a sign or any other 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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

FEB - 9 2007

MAR 1-625

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

BLOCK 672 LOT 8 QUALIFIER —

PROPERTY ADDRESS BRICK CENTER PLAZA, 51 CHAMBERS BRIDGE RD, BRICK, N.J

PERSONAL NAME OF APPLICANT KEVIN HALPIN (AGENT FOR FORTUNOFF) 516 790 6525

BUSINESS NAME OF APPLICANT SOURCE FINANCE DBA FORTUNOFF FINE JEWELRY + SILVER LLC

MAILING ADDRESS OF APPLICANT 70 CHARLES LINDBERGH BLVD. UNIONDALE, N.Y. 11553

PROPERTY OWNER'S FULL NAME INLAND SOUTHEAST BRICK LLC, 2901 BUTTERFIELD RD OAKBROOK, ILLINOIS 60523 (630) 218 8000

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) CHRISTIANS FINE FURNITURE FURNITURE RETAIL

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) FORTUNOFF BACKYARD STORE FURNITURE RETAIL

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) ~~CONSTRUCT NEW~~ Height ~~—~~
☐ Addition - Height —
☒ Alteration NO CONSTRUCT TENANT FIT OUT
☐ 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.

COMMERCIAL

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 2/9/07

Reviewed by Zoning Office [signature] Date 2/12/07 (X) Approved ( ) Denied

March 2003

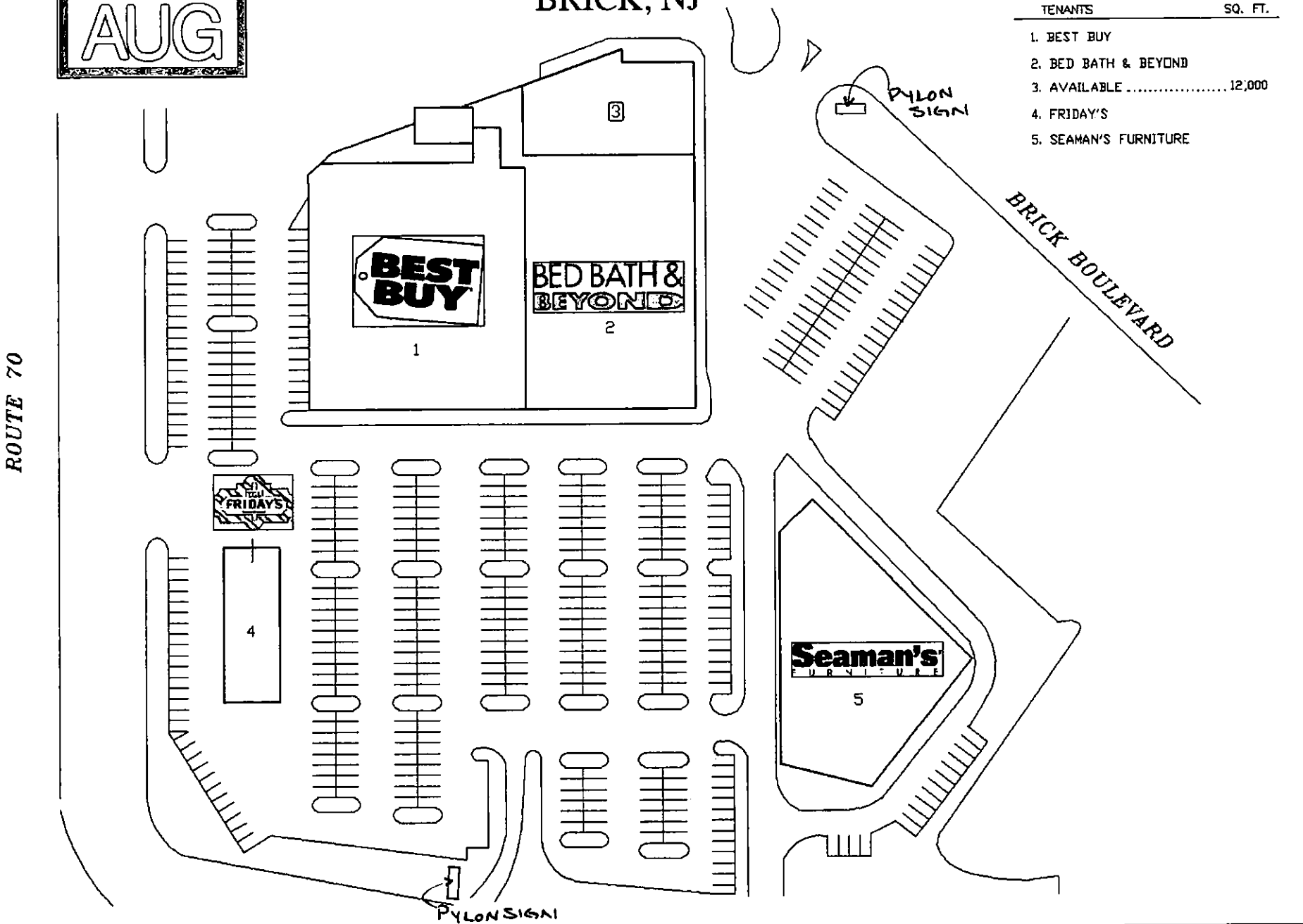
2/9/07

RS REAL ESTATE AUG

BRICK CENTER PLAZA
51 CHAMBERS BRIDGE RD
BRICK, NJ

COLOR KEY
AVAILABLE SPACE
LEASE PENDING

TENANTS	SQ. FT.
1. BEST BUY	
2. BED BATH & BEYOND	
3. AVAILABLE	12,000
4. FRIDAY'S	
5. SEAMAN'S FURNITURE	



fortunoff®

PURCHASE ORDER

PO DATE: 02/12/07 PAGE: 1 of 1

PO NUMBER: AF 037376

MAIL INVOICES TO:
FORTUNOFF FINE JEWELRY &SILVERWARE,
LLC AND SOURCE FINANCING CORP
P. O. BOX 836
WESTBURY NY 11590 USA

ALL OTHER CORRESPONDENCE:
70 CHARLES LINDBERGH BLVD.
UNIONDALE NY 11553 USA
516-542-4123

VENDOR INSTRUCTIONS
SEE FORTUNOFF ROUTING GUIDE
PACK Merchandise separately for each location
MARK Each package with PO number.
INVOICE Each store location separately.

SHIPPING INSTRUCTIONS
SEE FORTUNOFF ROUTING GUIDE
If guide is not available, contact Traffic Dept. Before shipping call (516) 832-9000.
Non-compliance with our routing guide will result in a chargeback of excess shipping charges.

Terms and Conditions previously submitted to the vendor under separate cover are made a part hereof.

VENDOR: ALTO SIGN CO.
ATTN: JIM MALIN
2000 SOUTH 71ST STREET
PHILADELPHIA, PA 19142

F.O.B: SHIPPING POINT
PAY TERMS: NET 30 DAYS
SHIP VIA: BEST WAY

SHIP TO: FORTUNOFF
51 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

PROJECT: CAPEX2007
TAX: Y

DEL/EXP DATE: 02/16/07
REQUISITIONER: KEVIN

PURPOSE: SIGN FOR BRICK

Item	Qty/Unit	Item Number/Description	Gross Cost/Unit	Net Unit Cost	Net Extd Cost
		Number of item(s) in this order: 1			
		price doesn't include permits & survey			
1	1 /EA	SIG12-0005 CONTRACTOR SHALL MANUFACTURE AND INSTALL: Reship Loc: BRICK fabricate and install pylon faces, banner as per artwork	17,885.00000 / EA	17,885.00000	17,885.00

TOTAL: $17,885.00

Buyer _____
KELLI2

Authorized Signature _____

REQUISITIONER COPY

TOWNSHIP OF BRICK

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

Daniel J. Kelly, Mayor

Township Council:
Stephen C. Acropolis - President
Ruthanne Scaturro - Vice President
Anthony Matthews
Kathy M. Russell
Joseph Sanglovanni
Michael A. Thulen, Sr.
Dan Toth

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732-262-1027)
Fax: 732-262-8954
www.twp.brick.nj.us

UNIFORM CONSTRUCTION CODE

Construction Permits Application
5:23-2.15 (e) (vii) (1x)

Owner/Agent: KEVIN HALPIN (AGENT FOR FORTUNOFF)

Property Address: 51 CHAMBERS BRIDGE RD

Town: BRICK NJ Zip: 08723

Block: 672 Lot: 8

X Waiver architecturals for commercial interior work

_____ other _____

OWNER/AGENT PROCEED AT OWN RISK

Signature: _____

Owner/Agent: KEVIN HALPIN (AGENT)

Building Subcode Official: _____
Frank Mizer

Construction Official: _____
Daniel F. Newman, Jr.

1033

311 ACCESS BRICK TOWNSHIP

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 000505

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 51 Chambers Bridge

DATE REVIEWED: 2-16-07

REVIEWED BY: FM

CONTACT CALLED/(FAXED): 516-542-4106

Drawing incomplete. See Rehab Code NJAC 523-6 :
must Provide 20% ADA improvement IF Possible
IF No Architects Plans, Submit 523-2.15 (e) (vii) (ix)

Fraud/plan review template

Land Use/ Bldg Dept Fax:732-262-8954 Feb 16 2007 12:15 P.02

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

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Department of Administration & Finance

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Daniel F. Newman Jr.
Construction Official
(732) 262-1027
Fax: (732) 262-8954
http://www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

TO: Kevin Halpin	FROM: E. Mizera
COMPANY: FortunOFF	DATE: 2-16-07
FAX NUMBER: 516-542-4107	TOTAL NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 000505

Return 2/16/07

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 51 Chambers Bridge

DATE REVIEWED: 2-16-07

REVIEWED BY: EM

CONTACT CALLED/(FAXED): 516-542-4106

Drawing incomplete. See Rehab Code NJAC 523-6
must Provide 20% ADA improvement IF Possible
IF No Architects Plans, Submit 523-2.15 (e) (iii) (1x)

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   i. Windows, hardware, operating controls, electrical outlets and signage;
   ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ▶ $_____

1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ▶ $-_____
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶ $-_____
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ▶ $-_____

Remaining total cost of the project deducting **1.**, **2.**, & **3.** above. ▶ $_____

Calculate **20%** of the remaining total cost. ▶ $_____

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

TOWNSHIP OF BRICK

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

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Dan Toth

Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
(732) 262-1027
Fax: (732) 262-8954
http://www.twp.brick.nj.us

FACSIMILE TRANSMITTAL SHEET

TO: Kevin Halpin	FROM: E. Mizen
COMPANY: FortunOFF	DATE: 2-16-07
FAX NUMBER: 516-542-4107	TOTAL NO. OF PAGES INCLUDING COVER: 4
PHONE NUMBER:	SENDER'S REFERENCE NUMBER:
RE:	YOUR REFERENCE NUMBER:

☐ URGENT ☐ FOR REVIEW ☐ PLEASE COMMENT ☐ PLEASE REPLY ☐ PLEASE RECYCLE

NOTES/COMMENTS:

TOWNSHIP OF BRICK

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

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UNIFORM CONSTRUCTION CODE

Construction Permits Application
5:23-2.15 (e) (vii) (1x)

Owner/Agent: _____

Property Address: _____

Town: _____ Zip: _____

Block: _____ Lot: _____

_____ Waiver architecturals for commercial interior work

_____ other _____

OWNER/AGENT PROCEED AT OWN RISK

Signature: _____

Owner/Agent: _____

Building Subcode Official: _____
Frank Mizer

Construction Official: _____
Daniel F. Newman, Jr.

311 ACCESS BRICK TOWNSHIP

TOWNSHIP OF BRICK

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

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Ruthanne Scaturro
Michael A. Thulen, Sr.
Dan Toth

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date:_____

PLOT PLAN EXEMPT FORM

Block: 672 Lot: 8

Property Address: 51 Chambers Bridge Rd

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 2/16/07 Signed: _____

Rejected on:_____ Signed:_____

Comments:

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

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1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   - i. Windows, hardware, operating controls, electrical outlets and signage;
   - ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   - iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ▶	$ 17,885.00
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ▶	$- 17885.00
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$- —
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ▶	$- —
Remaining total cost of the project deducting 1., 2., & 3. above. ▶	$ 0.00
Calculate **20%** of the remaining total cost. ▶	$ 0.00

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

BUREAU OF FIRE CODE ENFORCEMENT
CN 809
TRENTON, NEW JERSEY 08625-0809
609-633-6132

FIRE ALARM DETECTION SYSTEM REPORT

BUSINESS INFORMATION:		REGISTRATION NUMBER: P00142	
BUSINESS NAME: FORTUNOFF FURNITURE		STREET ADDRESS: 51 Chambers Bridge	
MUNICIPALITY: BRICK	STATE: NJ	ZIP CODE: 08723	PHONE: 732-477-5346

ALL SYSTEMS REQUIRE SEPARATE INSPECTION FORM

		YES	NO	N/A
1.	Fire alarm panel tested and operational :	✓		
2.	All smoke detectors were recalibrated and operate satisfactory:			✓
3.	All heat detectors tested & operational:	✓		✓
4.	All visual alarms tested & operational:	✓		
5.	All manual alarm stations & operational:	✓		
6.	All bells or horns tested & operational:	✓		
7.	All speakers tested & operational:			✓
8.	Pre-amplifier tested & operational:			✓
9.	Voice tape tested & operational:			✓
10.	Supervisory device circuits were tested & operational:	✓		
11.	Primary power supply tested & operational:	✓		
12.	Secondary power supply tested & operational:	✓		
13.	Lamp and LED circuits were tested and are satisfactory: (KeyPAD)	✓		

CERTIFICATION OF SYSTEM OPERATION

SERVICING COMPANY OR AGENT: Check Point Alarms

ADDRESS: 13 Lawrence Dr

CITY, STATE, ZIP CODE: Brick NJ 08724

THE ABOVE REFERENCED COMPANY/REPRESENTATIVE HEREBY ACKNOWLEDGES THAT THE ABOVE TESTS AND/OR CONDITIONS WERE FOUND UPON INSPECTION BY THEIR REPRESENTATIVES. AS A RESULT OF THE TESTS CONDUCTED, ALL SYSTEMS WERE FOUND TO BE OPERATING PROPERLY, MEET COMPLIANCE WITH SECTION N.J.A.C. 5:18-3.4(c), PERIODIC INSPECTIONS, OF THE N.J. UNIFORM FIRE CODE

SIGNED R. J. Kisley DATE 2/21/07

ORGANIZATION Check Point Alarm Systems