



CONSTRUCTION PERMIT APPLICATION

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

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ 510		
2. Electrical			
3. Plumbing			
4. Fire Protection	35		
5. Elevator Devices			
6. Subtotal	\$ 7045		
7. Less 20% for State Plan Review			
8. Subtotal	\$ 16		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other <u>204</u>			
13. TOTAL	\$ 1076		

VI. BUILDING/SITE CHARACTERISTICS

- Number of Stories _____
- Height of Structure _____ ft.
- Area — Largest Floor _____ sq. ft.
- New Building Area _____ sq. ft.
- Volume of New Structure _____ cu. ft.
- Construction Classification _____
- Total Land Area Disturbed _____ sq. ft.
- Flood Hazard Zone _____
- Base Flood Elevation _____ ft.
- Wetlands yes _____
no _____
- Max. Live Load _____
- Max. Occupancy Load _____

(office use only)

I. IDENTIFICATION

- Proposed Work Site at: Rickel Home Center
- Name of Owner in Fee: Pathmark Tel. (732) 499-3000
Address 301 Blair Rd Woodbridge 07095
street municipality zip code
- Ownership in Fee: Public _____ Private X
- Principal Contractor: Point Const. Tel. (908) 204-9810
Address 75 Clairmont Ave, BERNARDSVILLE NJ
License No. OR, if new home, Builder Reg. No. 22-3063272 Exp. Date _____
Federal Employee No. 22-306272 FAX: (_____)
- Architect or Engineer GRA ARCHITECTS Tel. (732) 855-1500
Address 1460 ROUTE 9 NORTH, WOODBRIDGE, NJ 07095
- Responsible Person in Charge of Work D. D'AMICO
Tel. (732) 668-7122 FAX (_____)

*INTERIOR ALTER
Done without Permit*

II. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☒ Alteration
- ☒ Fire Protection
- ☐ Plumbing
- ☐ Electrical
- ☐ Elevator Devices
- ☐ Asbestos Abat. Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Demolition

20,000

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
			10-24-97 PM				
			10-29-97				
Eng	10/24/97		10/24/97	MS			

TOTAL COSTS

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:

Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

- State Specific Use: Retail Store
- Use Group: _____

3. Change in Use Group, Indicate Former: _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

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									IMPORTANT ATTENTION EXEMPT
☐ 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	Other
Building _____	Energy _____	_____
Electrical _____	Barrier Free _____	_____
Plumbing _____	Flood Hazard _____	_____
Fire Protection _____	As Built Elevation Cert. _____	_____
Mechanical _____	Other _____	_____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____



CONSTRUCTION PERMIT

Date Issued

Control #

Permit #

11-19-97

3496-97

IDENTIFICATION Block

Lot

Work Site Location

Contractor

Address

Owner in Fee

Address

Tele. ()

Lic. No. or Bldrs. Reg. No.

Exp. Date

Tele. ()

Federal Emp. No.

or Social Security No.

Is hereby granted permission to perform the following work:

☒ BUILDING ☐ PLUMBING ☐ OTHER☐ ELECTRICAL ☒ FIRE PROTECTION☐ ELEVATOR DEVICES

DESCRIPTION OF WORK:

11 HERIOL 1611H

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 \$

U.C.C. Form F-170C

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building

Plumbing

Electrical

Fire Protection

Other

Other

DCA Training Fee

Cert. of Occ.

Other

Total

Check No.

Cash

Collected By:

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 work installed conforms to the approved plans and 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 given.

☐ Required inspections for all subcodes for one and two family dwellings are the following:

1. The bottom of footing trenches before placement of footings, except that in the case 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 and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

☐ 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. Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

☐ A complete copy of approved plans must be kept on the job site.

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



PLUMBING
SUBCODE
TECHNICAL SECTION

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

Work Site Location 51 Chambers Bridge Rd

Bricktown NJ 08723

Owner in Fee Pathmark

Address 301 Blair Rd

Woodbridge NJ 07095

Tele. () Point Const.

Contractor 75 Clairmont Ave

Address Bernardsville NJ 07924

Tele. (908) 204-9810 Fax ()

Lic. No. 22-3063272

Federal Emp. No. 22-3063272

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work \$

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Electric

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

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.

Signature
Contractor's Seal

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

Date Received
Date Issued
Control #
Permit #

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

Other

FEE (Office Use Only)
\$

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



Date Received
Date Issued
Control #
Permit #

11-19-97
3496-97

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

Block 672 Log 8
Work Site Location 51 Chambers Bridge Road
Owner in Fee Patemark, Inc
Address Woodbury NJ 07095
301 Beers Rd
Tele. (908) 499-3000
Contractor POINT CONSTRUCTION
75 CLAREMONT AVE
Address BENNETTSVILLE NJ 07924
Tele. (908) 204-9810
Lic. No. or Bldgs. Reg. No. 22-3063272
Federal Emp. No. _____ or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Req.			Type:	Failure	Approval
☒ All	<u>10-24-97</u>	<u>EM</u>	Footing		
☐ Footing			Foundation		
☐ Foundation			Slab		
☐ Frame			Frame		
☐ Other			Insulation		
Joint Plan Review Required:			Finishes:		
☐ Elec. ☐ Plumb. ☐ Fire			Energy		
SUBCODE APPROVAL			Mechanical		
☐ CO ☐ CCO ☐ CA			TCO		
Date: _____			Other		
Approved By: _____			Final		

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. Alteration \$ _____
3. Total (1+2) \$ _____

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

CONSTRUCTION OF WALL
DEMOLITION OF CEILING
SEE DRAWINGS

TYPE OF WORK:

☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence _____ Height (6' or over)
☐ Sign _____ Sq. Ft.
☐ Pool
☐ Asbestos Abatement
☐ Other _____
☐ Other _____
☒ Demolition

(Office Use Only)
FEE

Administrative Surcharge \$ _____
Minimum Fee \$ _____
DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____



**FIRE PROTECTION
SUBCODE
TECHNICAL SECTION**



Date Received _____
Date Issued _____
Control # 3496-97
Permit # _____

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

Block 673 Lot 8
Work Site Location 51 CHAMBERS BRIDGE RD (RICKERS BACKTOWN)

Owner in Fee PATTHARK INC
Address 301 BLAIR RD
WOODBRIDGE NJ 07095

Tele. (908) 499-3000
Contractor POINT CONST.

Address 75 CLAIR MOUNT AVE
BENARDUS VILLE, NJ 07924

Tele. (908) 204-9810
Lic. No. _____

Federal Emp. No. 22-3063272 or Social Security No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed _____
Const. Class. Present Proposed _____

Heating Systems [] New [X] Existing
Type: [] Gas [] Oil [] Electrical [] Solar

Location: _____
Total Est. Cost of Fire Prot. Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:	INSPECTIONS:	Dates (Month/Day)
☐ No Plans Required	Type:	Failure Failure Approval Initial
Joint Plan Review Required:	Suppression Test	
☐ Bldg ☐ Plumb:	Fire Alarm Test	
☐ Elev. ☐ Elevator	Smoke Test	
☐ Fire Plans Approved	Mechanical	
Date: <u>10-29-97</u>	TCO	
Approved by: <u>[Signature]</u>	Other:	
SUBCODE APPROVAL: <u>[Signature]</u>	Other:	
☐ CO ☐ CCO ☐ CA	Other:	
Date: _____	Other:	
Approved by: _____	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.

[Signature]
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks _____
Combustible Liquid Storage Tanks _____
L.P.G. Storage Tanks _____
L.N.G. Storage Tanks _____

Wet Sprinkler Heads _____
Dry Sprinkler Heads _____
TOTAL _____

Smoke Detectors _____
Heat Detectors _____
TOTAL _____

Stand Pipes _____
Kitchen Hood Exhaust Systems _____

Pre-Engineered Systems _____
CO₂ Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas or Oil Fired Appliance _____
OTHER fire alarm _____

MOVE INTERIOR WALLS

SEE ARCH. PLANS

FEE (Office Use Only)

Wet Sprinkler Heads	Number	Fuel
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO ₂ Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER <u>fire alarm</u>		
Paid ☐ Check # _____	Administrative Surcharge	\$ _____
Collected by: _____	Minimum Fee	\$ _____
	DCA Training Fee	\$ _____
	TOTAL FEE	\$ <u>35</u>

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 15, 1997 1997 - 2619

Block 672 Lot 8 Zone B-3, H.D.

Property Address: 51 Chambers Bridge Road

Owner: Pathmark, Inc. (Phone): (732) 499-3000

Applicant: Carl Steidel (Phone): (732) 668-7102

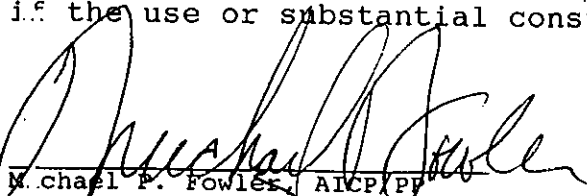
Existing Use: Rickel Home Center

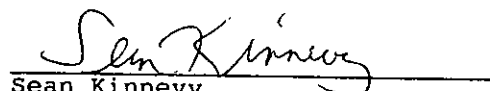
Proposed Use: Rickel Home Center

Proposed Construction (if any): Interior alterations to construct wall,
demolish ceiling and relocate sprinkler heads.

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.


Michael P. Fowler, AICP
Municipal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 15, 1997 1997 - 2619

Block 672 Lot 8 Zone B-3, H.D.

Property Address: 51 Chambers Bridge Road

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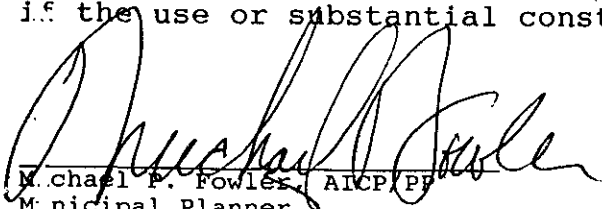
Existing Use: Rickel Home Center

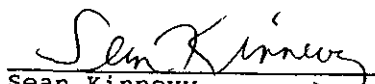
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Michael P. Fowler, AICP, PP
Municipal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

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



Joseph C. Scarpelli, Mayor

Township Council

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

Department of Administration & Finance

Office of Land Use Management
Michael P. Fowler, AICP/PP
Municipal Planner
(908) 262-1042
Fax (908) 262-8954
<http://gbshost.com/brick>

FAX CORRESPONDENCE

(732)262-8954

DATE: 11-18-97

TO FAX NUMBER: 668-7005

PAGES TO FOLLOW: 2

ATTENTION: John Henry

FROM: Frank Mizen

MESSAGE: Copies of Permit application
as well as zoning Permit Applied For
By your Representative. Carl Steidel.
Total owed Twp of Brick \$1,076
Due since Late October

CHART #1

sq. ft.

50
12.5

Ht.

COLUMNS

For sign areas
16 to 96 sq. ft.

HEIGHT

TOP OF FOOTING

SIGN
AREA

SELECTED
SECTION

Square footage = 48.75

Midpoint Ht. 12.5



6 x 6 x 1/4 18.82

Size	Wt./Ft
------	--------

TUBE
SECTION
ASTM A-36

(optional)



6	18.82
Size	Wt./Ft

PIPE
SECTION
ASTM A-53
Grade B

CHART #2

sq.ft.

50
12.5

Ht.

FOOTINGS

For sign areas
16 to 96 sq. ft.

HEIGHT

TOP OF FOOTING

SIGN
AREA

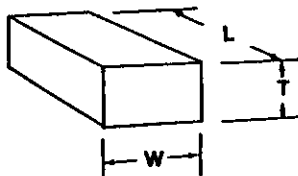
SELECTED
FOOTING

Square footage = 48.75

Midpoint Ht. 12.5

SPREAD
FOOTING

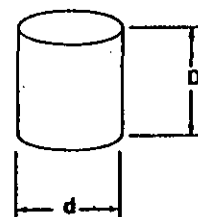
5.0	4.0	4.0	3.0
L	W	T	Cu. Yds



CIRCULAR
FOOTING

2.5	8.0	1.5
d	D	Cu. Yds

(optional)



Plan Review # _____

BASIC/NATIONAL BUILDING CODE

(All Articles except 15, 22 and 24)

Date _____

(City, County, Township, etc.)

Ocean Fed Springs BK
(Street address)

BUILDING DESCRIPTION

REVIEWED BY

*Numerals indicated in parentheses are applicable code sections of 1984 Basic/National Building Code.

[illegible]

5/84

PLAN REVIEW RECORD

Plan Review #. 10-97

Date 10-29-97

(All Articles except 24, 28, 29, 30, 31 and 32)

(City, County, Township, etc.)

(Street address)

REVIEWED BY FILE

Numerals indicated in parenthesis are applicable code sections of the 1987 BOCA National Building Code.

[illegible]

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795

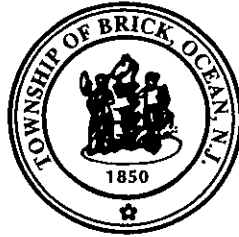
ARCHITECT

GRA

WOOD BR 1068

732-855-1500

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(908) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 10-16-97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 672 LOT 8 SITE ADDRESS 51 Chambers Bridge Rd

TYPE OF SITE Commercial TYPE OF BUSINESS Rick's Home Center
(Residential/Commercial) Future Addition

APPLICANT Pathmark CITY & STATE Woodbridge, 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:

\$ 20,000

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

CERTIFICATE OF COMPLIANCE

BLOCK 672 LOT 8 SITE ADDRESS 51 Channing St. Apt 301 Rd
TYPE OF SITE Commercial TYPE OF BUSINESS Interior Decoration
Residential/Commercial
APPLICANT Paula K PHONE NUMBER 434-5400
APPLICANT ADDRESS 501 1st St. Rd CITY & STATE W. Virginia
CASE # _____ NAME OF BUSINESS R. K. Home Center

INCLUSIONARY DEVELOPMENT

☐ Affordable Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Pd. in Full _____ Date _____
☐ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

☐ Residential is .005%

☒ Commercial is .01%

Estimated Assessment: 10,000.00 Date _____
Required Deposit on Estimate \$ _____ Date _____
Check # _____ Receipt # _____
Actual Assessment: _____ Date _____
Actual Required Fee: \$ _____
Minus Deposit of Estimate \$ _____
Balance Due \$ _____
Amount Paid in Full \$ _____ Date _____
Check # _____ Receipt # _____

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.

NO FEE REQUIRED

APPROVED BY [Signature] DATE 10-1-17

Carol A. Wolfe
Affordable Housing Administrator