BLOCK 672 LOT ~~5.19 #8~~ QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 98-4223

RECEIVED
NOV 25 1998

CONSTRUCTION PERMIT APPLICATION

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

OLD RICKEL'S

I. IDENTIFICATION

1. Propsed Work Site at: ROUTE 70 & CHAMBERS ROAD, BRICKTOWN N.J.
2. Name of Owner in Fee: BRICK-NORSE REALTY LLC Tel. (516) 775-5500
   Address 2001 MARCUS AVE. LAKE SUCCESS NY 11042
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MILRIC CONSTRUCTION CORP. Tel. (732) 544-1818
   Address ONE INDUSTRIAL WAY WEST, EATONTOWN, NJ. 07724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 222467088 FAX: (732) 544-1350
5. Architect or Engineer ROSENBAUM DESIGN GROUP Tel. (516) 616-6111
   Address 2001 MARCUS AVE EAST WING LOBBY LAKE SUCCESS NY 11042
6. Responsible Person in Charge of Work NORMAN FREIDMAN
   Tel. (516) 775-5500 FAX (____) _____

DEMO.
EXTERIOR CANOPY
EXT. STONE VENEER
INT. CLEAN OUT

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	85	+A
2.	Electrical			
3.	Plumbing		35	
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee		24	1
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$	109	36

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories ONE	
2.	Height of Structure 24'-8" ft.	
3.	Area — Largest Floor 89,400 sq. ft.	
4.	New Building Area 89,400 sq. ft.	
5.	Volume of New Structure 2145600 cu. ft.	
6.	Construction Classification TYPE 2A PROTECTED	
7.	Total Land Area Disturbed 6 sq. ft.	
8.	Flood Hazard Zone NA	
9.	Base Flood Elevation NA ft.	
10.	Wetlands yes (NO)	
11.	Max. Live Load ON GRADE	
12.	Max. Occupancy Load 2600 PERSONS	

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					12-7-98	FM			
3.	☐ Addition									
4.	☐ Alteration									
5.	☐ Fire Protection									
6.	☐ Plumbing					1-27-99	GK			
7.	☐ Electrical									
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☒ Demolition	30,000								
	TOTAL COSTS									

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

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

No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: RETAIL SHOPPING CENTER
2. Use Group: M
3. Change in Use Group, Indicate Former:

LDS BR 10207568

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 FRED C. HABENICHT

Address 2001 MARCUS AVE

LAKE SUCCESS, NY 11042

Telephone (516) 616-6111

Signature Fred C Habenicht

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition		
Building		Energy		Other
Electrical		Barrier Free		
Plumbing		Flood Hazard		
Fire Protection		As Built Elevation Cert.		
Mechanical		Other		

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/07/98
Control #
Permit # 98-4223

UCC NEW JERSEY
CONSTRUCTION
PERMIT

IDENTIFICATION Block 672 Lot 8 Qual

Work Site Location 51 CHAMBERSBRIDGE RD RICKELS
INTERIOR CLEAN OUT
Owner in Fee BRICK NORSE REALTY LLC
Address 2001 MARCUS AVE
LAKE SUCCESS, NY 11042-
Telephone (516)775-5500

Contractor MILRIC CONSTRUCTION CORP
Address ONE INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724-
Telephone (732)544-1350
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2467088

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:

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 $ 30,000

Construction Official

12/07/98
Date

U.C.C. #170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	85
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	24
Cert. of Occupancy	0
Other	
Total	109
Check No.	6506
Cash	X
Collected By	CS

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 01/29/54
Control #
Permit # 98-4223+A
Permit Issued 12/07/98

0002 984223**# 0.00
BLOCK 672 # 0.03
LOT 8 # 35.00
PLUMBING 1.05
D.C.A. 36.00
TOTAL 36.00
CHECK 0.00
CHANGE 11:51
01/29/99 ND 5 0006A005

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 672 Lot 8 Qual

Work Site Location 51 CHAMBERSBRIDGE RD RICKELS
DEMO BATHROOMS
Owner in Fee BRICK NORSE REALTY LLC
Address 2001 MARCUS AVE
LAKE SUCCESS, NY 11042-
Telephone (516)775-5500

Contractor TOTAL PIPE CONNECTION
Address 27 LONGFELLOW DR
COLONIA, NJ 07067-
Telephone (732)827-8565
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3225815

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
DEMOLITION OF BATHROOM

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occupancy	0
Other	
Total	36
Check No.	7297
Cash	
Collected By	WP

Estimated Cost of Work $ 1,000

J. Cuniazza
Construction Official

01/29/54
Date

U.C.C. P160 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/07/98
Date Issued 12/07/98
Control #
Permit # 98-4223

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 Qual

Work Site Location 51 CHAMBERSBRIDGE RD RICKELS
INTERIOR CLEAN OUT

Owner in Fee BRICK MORSE REALTY LLC

Address 2001 MARCUS AVE
LAKE SUCCESS, NY 11042-

Tele.(516)775-5500

Contractor MILRIC CONSTRUCTION CORP

Address ONE INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724-

Tele.(732)544-1350 Fax (___)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2467088

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

Minor Demo per Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-7-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 30,000
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other INT CLEAN OUT	85
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Paid [X] Check # 6506 Minimum Fee	$ 0
Collected by: CS TOTAL FEE	$ 85
DCA Training Fee	$ 24

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/07/98
Date Issued 12/07/98
Control #
Permit # 98-4223

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 Qual

Work Site Location 51 CHAMBERSBRIDGE RD RICKELS
INTERIOR CLEAN OUT

Owner in Fee BRICK HORSE REALTY LLC

Address 2001 MARCUS AVE
LAKE SUCCESS, NY 11042-

Tele.(516)775-5500

Contractor HILRIC CONSTRUCTION CORP

Address ONE INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724-

Tele.(732)544-1350 Fax (__)

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2467088

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 Demo Per Plans

Frank
Paul
Tech
Jacket

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-7-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other INT CLEAN OUT	85
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 30,000
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [X] Check # 6506 Minimum Fee	$ 0
Collected by: CS TOTAL FEE	$ 85
DCA Training Fee	$ 24

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/07/98
Date Issued 12/07/98
Control #
Permit # 98-4223

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 Qual

Work Site Location 51 CHAMBERSBRIDGE RD RICKELS
INTERIOR CLEAN OUT

Owner in Fee BRICK HORSE REALTY LLC

Address 2001 MARCUS AVE
LAKE SUCCESS, NY 11042-

Tele.(516)775-5500

Contractor HILRIC CONSTRUCTION CORP

Address ONE INDUSTRIAL WAY WEST
EATONTOWN, NJ 07724-

Tele.(732)544-1350 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-2467088

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 Demo Per Plans

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-7-98	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present H Proposed H
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 30,000
3. Total (1+2)$ 30,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	0
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[X] Other INT CLEAN OUT	85
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 85
DCA Training Fee	$ 24

Paid [X] Check # 6506
Collected by: CS

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/20/99
Date Issued ~~01/01/54~~
Control # 1-29-99
Permit # 98-4223+A

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 Qual
Work Site Location 51 CHAMBERSBRIDGE RD RICKELS
DEMO BATHROOMS
Owner in Fee BRICK HORSE REALTY LLC
Address 2001 MARCUS AVE
LAKE SUCCESS, NY 11042-
Tele.(732)827-8565 Fax ( )
Contractor TOTAL PIPE CONNECTION
Address 27 LONGFELLOW DR
COLONIA, NJ 07067-
Tele.(732)827-8565
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3225815

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 1-27-99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other DEMO BATH	35
	Other	0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 1

U.C.C. F130 (rev. 3/96)

DRAFT

State of New Jersey

Christine Todd Whitman
Governor

Department of Environmental Protection
Division of Solid and Hazardous Waste
P.O. Box 414
Trenton, New Jersey 08625-0414
Tel. #609-984-6880
Fax. #609-633-9839

Robert C. Shinn, Jr.
Commissioner

RECEIVED
DEC 16 1998
DIV. OF [illegible]ION

RECYCLING CENTER
GENERAL APPROVAL CONDITIONS
FOR RECEIPT, STORAGE, PROCESSING OR TRANSFER
OF CLASS B RECYCLABLE MATERIALS

Under the provision of N.J.S.A. 13:1E-1 et seq. and N.J.S.A. 13:1E-99.11 et seq., known as the Solid Waste Management Act and the New Jersey Statewide Mandatory Source Separation and Recycling Act, respectively, and pursuant to N.J.A.C. 7:26A-1 et seq., known as the Recycling Regulations, this Approval is hereby issued to:

Recycling Technology Center, Inc.

MUNICIPALITY:	Borough of Tinton Falls
BLOCK NO.(S):	145
LOT NO.(S):	12, 14, 26 & 26A
COUNTY:	Monmouth
CAPACITY:	1375 TPD
RECYCLING CENTER NUMBER:	1336001136
APPROVAL EXPIRATION DATE:	April 24, 2002

This Approval is subject to compliance with all conditions specified herein and all regulations promulgated by the Department of Environmental Protection or as may be amended in the future. All references to specific regulations include any future amendments thereto.

This Approval shall not prejudice any claim the State may have to riparian land, nor does it allow Recycling Technology Center, Inc. or its principals to fill or alter, in any way, lands that are deemed to be riparian, wetlands, stream encroachment areas or flood plains, or that are within the Coastal Area Facility Review Act (CAFRA) Zone or are subject to the Pinelands Protection Act of 1979, nor shall it allow the discharge of pollutants to waters of this State without prior acquisition of the necessary grants, permits, or approvals from the Department of Environmental Protection.

DRAFT

State of New Jersey

Department of Environmental Protection

Division of Solid and Hazardous Waste
P.O. Box 414
Trenton, New Jersey 08625-0414
Tel. #609-984-6880
Fax. #609-633-9839

Christine Todd Whitman
Governor

Robert C. Shinn, Jr.
Commissioner

RECEIVED

DEC 16 1998

RECYCLING CENTER GENERAL APPROVAL CONDITIONS FOR RECEIPT, STORAGE, PROCESSING OR TRANSFER OF CLASS B RECYCLABLE MATERIALS

Under the provision of N.J.S.A. 13:1E-1 et seq. and N.J.S.A. 13:1E-99.11 et seq., known as the Solid Waste Management Act and the New Jersey Statewide Mandatory Source Separation and Recycling Act, respectively, and pursuant to N.J.A.C. 7:26A-1 et seq., known as the Recycling Regulations, this Approval is hereby issued to:

Recycling Technology Center, Inc.

MUNICIPALITY:	Borough of Tinton Falls
BLOCK NO.(S):	145
LOT NO.(S):	12, 14, 26 & 26A
COUNTY:	Monmouth
CAPACITY:	1375 TPD
RECYCLING CENTER NUMBER:	1336001136
APPROVAL EXPIRATION DATE:	April 24, 2002

This Approval is subject to compliance with all conditions specified herein and all regulations promulgated by the Department of Environmental Protection or as may be amended in the future. All references to specific regulations include any future amendments thereto.

This Approval shall not prejudice any claim the State may have to riparian land, nor does it allow Recycling Technology Center, Inc. or its principals to fill or alter, in any way, lands that are deemed to be riparian, wetlands, stream encroachment areas or flood plains, or that are within the Coastal Area Facility Review Act (CAFRA) Zone or are subject to the Pinelands Protection Act of 1979, nor shall it allow the discharge of pollutants to waters of this State without prior acquisition of the necessary grants, permits, or approvals from the Department of Environmental Protection.

TOTAL PIPE
MECHANICAL CONTRACTORS
15 PROSPECT LANE COLONIA, NJ 07067
(732) 827-8565 FAX (732) 388-7043

January 27, 1999

Township of Brick
ATTN: Winnie
Division of Inspections
401 Chambers Bridge Rd.
Brick, NJ 08723

RE: 51 Chambers Bridge Rd.
Block 672 Lot 5-1,9,8

As per the phone call we received today, I am enclosing a check in the amount of $36 for the demolition permit for the above-captioned site.

Sincerely,

Anne Trainor

Anne Trainor,
for Total Pipe

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
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	
Other:	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: 51 CHAMBERS BRIDGE Date Rec'd.:
Block: 672 Lot: 5-1, 9, 8 Date Issued:
Owner in Fee: SHL - BRICK Control #:
Address: STARWOOD HELLER LLC Permit #:
525 RIVER ROAD EDGEWATER
State: NJ Zip: 0702 Phone: ( )
SS #: Provide only if Applicant is owner

Update 98-4223+a

PLUMBING SUBCODE

CONTRACTOR: TOTAL PIPE
ADDRESS: 15 PROSPECT LANE
COLONIA NJ 07067
PHONE: (732) 827-8565
LIC #: 10377
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 22-3225815

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

DEMOLITION OF EXISTING RICKELS BATHROOMS ONLY

Estimated Cost of Plumbing Work: $ 1,000
Signature: Stephen Mest
Owner ☐ Contractor ☒
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA
DESCRIPTION OF WORK:

TYPE OF WORK

☐ New Building
☐ Addition ☐ Fence: Height (6' or More)
☐ Alteration ☐ Sign: Sq. Ft.
☐ Roofing ☐ Pool (In Ground)
☐ Siding ☐ Pool (Above Ground)
☐ Other: ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed:
CONSTR. CLASS Present: Proposed:
No. of Stories:
Height of Structure:
Area - Largest Floor:
New Building Area / All Floors:
Volume of Structure: Total Land Disturbed:
Signature:

Estimated Cost of Building Work:
New Building (1): $
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

T O W N S H I P O F B R I C K

ROUTE 70 & CHAMBERS RD. BRICKTOWN NJ — 672 (Block) — 5-1, 9 & 8 (Lot)
Work Site Address

BRICK NORSE REALTY LLC 2001 MARCUS AVE, LAKE SUCCESS NY 11042 516-775-5500
Owner's Name, Address, Phone

MILRIC CONSTRUCTION CORP. ONE INDUSTRIAL WAY WEST BUILDING C EATONTOWN, N.J. 07724
Contractor's Name, Address, Phone

Construction RETAIL SHOPPING CENTER
Describe type (Single -family home, etc.)

Demolition EXTERIOR CANOPY, EXTERIOR STONE VENEER, INTERIOR CLEANOUT
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material CONSTRUCTION DEBRIS, STONE, STEEL, METAL STUDS, GYPSUM BOARD, LIGHT FIXTURES, CEILING TILES, ETC 100 YARDS

Name, address and phone of party responsible for removal of debris:
~~CAREER RECYCLING, INC. PO BOX 4470 LAKEWOOD 08736~~

Size of dumpster: 30YDS — MAZZA & SONS INC. 3230 SHAFTO RD. TINTON FALLS, N.J. 07753

Destination of discarded debris: ~~OCEAN COUNTY LANDFILL~~ (SEE ATTACHED)

Hauler's DEP Permit No.: ~~1884~~

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

VINCENT SANTELLI — Vincent Santelli — 12/7/98
Printed/Typed Name — Signature — Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISSUED

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

COUNTER COPY
PLEASE PRINT

TOWNSHIP OF BRICK
401 Chambers Bridge Road
Brick, New Jersey 08723
Tel: 732-262-1027

Site Location: ROUTE 70 & CHAMBERS ROAD — Date Rec'd.:
Block: 672 — Lot: 5-1, 9 & 8 — Date Issued:
Owner in Fee: BRICK NORSE REALTY LLC — Control #:
Address: 2001 MARCUS AVE, LAKE SUCCESS, NY 11042 — Permit #:
State: N.Y. — Zip: 11042 — Phone: (516) 775-5500
SS #: — Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR:
ADDRESS:
PHONE:
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal / Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	Gas Piping
	Fuel Oil Piping
	Water Heater
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor / Separator
	Backflow Preventer
	Greasetrap
	Water Cooled AC or Refrig. Unit
	Sewer Connection
	Septic (Disposal System) Closure
	Water Service Connection
	Gas Service Connection
	Active Solar System
	Vent Through Roof
	Other

Estimated Cost of Plumbing Work: $
Signature:

Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:
CONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: MILRIC CONSTRUCTION CORP.
ADDRESS: ONE INDUSTRIAL WAY WEST EATONTOWN, N.J. 07724
PHONE: 732-544-1818
LIC #:
LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #): 222467088

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REMOVAL OF EXTERIOR CANOPY, EXTERIOR STONE VENEER AND INTERIOR CLEAN OUT.

TYPE OF WORK

☐ New Building
☐ Addition — ☐ Fence: Height (6' or More)
☒ Alteration — ☐ Sign: Sq. Ft.
☐ Roofing — ☐ Pool (In Ground)
☐ Siding — ☐ Pool (Above Ground)
☐ Other: — ☐ Asbestos Abatement
☐ Other: — ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP — Present: M — Proposed: M
CONSTR. CLASS 2A — Present: 2A — Proposed: 2A
No. of Stories: ONE
Height of Structure: 24'-8"
Area - Largest Floor: 89,400 SQ. FT.
New Building Area / All Floors: 89,400 SQ. FT.
Volume of Structure: 2145600 — Total Land Disturbed: 0
Signature:

Estimated Cost of Building Work: 30,000.00
New Building (1): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #):

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel		

TOTAL NUMBERS	
Pool Permit w/UW Lights	
Storable Pool/Spa/Hot Tub	
KW Elec. Range / Receptacle	KW
KW Oven / Surface Unit	KW
KW Elec. Water Heater	KW
KW Elec. Dryer / Receptacle	KW
KW Dishwasher	KW
HP Garbage Disposal	HP
KW Central A/C Unit	KW
HP/KW Space Heater/Air Handler	HP/KW
KW Baseboard Heat	KW
HP Motors 1/+ HP	HP
KW Transformer/Generator	KW
AMP Service	AMP
AMP Subpanels	AMP
AMP Motor Control Center	AMP
AMP Elec. Sign/Outline Light	KW
Other	
Other	
Other	
Other	

Estimated Cost of Electrical Work: $
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

FIRE PROTECTION SUBCODE

CONTRACTOR:
ADDRESS:

PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WORK)

Heating Type: ☐ Gas ☐ Oil ☐ Electric ☐ Solar
Heating Sys: ☐ New ☐ Existing
Location of Furnace / Boiler

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervsion
Proprietary Supervision

Flammable Liquip Storage Tanks Capacity: Fuel:
Combustable Liquid Storage Tanks Capacity: Fuel:
L.G.P. Storage Tanks Capacity: Fuel:

DESCRIPTION	NUMBER
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	
Other	

Estimated Cost of Fire Protection Work: $
Signature:
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by: