COMMERCIAL

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT APPLICATION

I. IDENTIFICATION

1. Proposed Work at: Rickel Home Center, Chambers Bridge Road, Bricktown
2. Owner Name: Brick Stuart Inc. Tel. ( ) _____
   Address 301 Blair Road, Woodbridge, NJ
3. Principal Contractor: Lane Construction Co. Inc. Tel. (201) 575-1400
   Address 810 Passaic Avenue West Caldwell, NJ 07007
   Lic. No. or Builder Reg. No. N/A Federal Emp. No. 22-1644891
4. Architect or Engineer: Roy Rosenbaum Tel. (718) 380-1000
   Address 80-30 164th Street, Jamaica, N.Y. 11432
5. Responsible Person in Charge of Work Stephen Heller Tel. (201) 575-1400

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job ($5,000 and no Prior Approvals)
   Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other: _____

B. CATEGORIES OF WORK

Permit/Category		Estimated
1. ☒	Building/ Structural	$100,000.00
2. ☒	Plumbing	
3. ☐	Electrical	3,000.00
4. ☒	Fire Protection	
5. ☐	Other _____	10,000.00
6. ☐	Other _____	
	TOTAL COST	$113,000.00

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☒ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☒ Cross-connections/ Backflow Preventors
7. ☒ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R–1)
2. ☐ Multi-Family (R–2) HMD Reg. No.: _____
3. ☐ Two Family (R–3b)
4. ☐ One-Family (R–3a)

If new construction, enter no. of dwelling units _____

If other than new construction, enter no. of dwelling units:
Before Construction: _____
After Construction: _____
Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A–1–A)
6. ☐ Movie Theatres (A–1–B)
7. ☐ Night Clubs (A–2)
8. ☐ Restaurants, Libraries, Museums (A–3)
9. ☐ Religious Assembly (A–4)
10. ☐ Outdoor Assembly (A–5)
11. ☐ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F–1)
14. ☐ Low-Hazard Factory (F–2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I–1)
17. ☐ Hospitals, Infirmaries (I–2)
18. ☐ Group Homes (I–3)
19. ☒ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S–1)
21. ☐ Low-Hazard Warehouse (S–2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use: Mercantile – Department Store

If Change in Use Group, Indicate Former: _____

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

	Principal	Secondary	Type
3.	☒	☐	Gas
4.	☐	☐	Oil
5.	☐	☒	Electric
6.	☐	☐	Solid (Wood, Coal, Etc.)
7.	☐	☐	Propane
8.	☐	☐	Solar
9.	☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☒ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☒ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories ONE
15. Height of Structure 20 Ft.
16. Area–Largest Floor 88,270 Sq. Ft.
17. Bldg. Area–All Fls. 88,270 Sq. Ft.
18. Volume of Structure 1,765,400 Cu. Ft.
19. Total Land Area Disturbed — Sq. Ft.

LDS BR 10310559

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.

B. ☐ I further certify that I will perform the work below.

B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing

C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.

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

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 Stephen Heller TEL.(201) 575-1400

ADDRESS 810 Passaic Avenue

West Caldwell, NJ 07007

SIGNATURE Stephen Heller

BLOCK NO. 672 LOT NO. 8 SUBDIVISION _____ PERMIT NO. 6301

PRIOR APPROVALS CHECKLIST

APPROVALS	LOCAL				COUNTY				REGIONAL				STATE				COMMENTS
	Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		Prelim. Approval		Final Approval		
	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	Init.	Date	
☐ Planning Board																	
☐ Zoning Board																	
☐ Sewer Authority																	
☐ Water Authority																	
☐ Fire Department																	
☐ Police Department																	
☐ Health Department																	
☐ Soil Conservation																	
☐ N.J. Dept. of Community Affairs																	
☐ N.J. Dept. of Transportation																	
☐ N.J. Dept. of Environmental Protection																	
☐ Other: _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	
☐ _____																	

SUBCODES AND SPECIAL REGULATIONS APPLICABLE:

	EDITION OF CODE		EDITION OF CODE		
☐ One and Two Family Dwellings	_____	☐ Mechanical	_____	☐ Flood Hazard	_____
☐ Building	_____	☐ Energy	_____	☐ As Built Elevation Certification	_____
☐ Electrical	_____	☐ Barrier Free	_____	☐ Other	_____
☐ Plumbing	_____	☐ Other	_____		_____

PERMIT CONTROL

I. PLAN REVIEW STATUS

Updated at time of receipt of drawings and when plans are approved.

☐ PARTIAL RELEASES
☐ PROTOTYPE PLAN – FILE LOCATION AND NO. _____

Plan Review Required	Type of Work	Plans Received By Date	Plans Received By Receiver	Approval Date	Reviewer	Comments
☒	BUILDING	2-18-86	✓	2-26-86	RW	
	Footings/Foundations					
	Framing					
	Architectural					
	Other Zoning			2/18/86	DPE	
☒	PLUMBING					
☐	ELECTRICAL					
☒	FIRE PROTECTION			2-21-86	RA	
☐	OTHER _____					

II. PERMIT/INSPECTION STATUS

Updated at time of permit and after final approvals.

Issue Date	Category	Revisions	Final Inspection	Comments
	ALL CONSTRUCTION			
	BUILDING		5-12-86	Hook
	Footings/Foundations			
	Framing			
	Architectural			
	Other _____			
	PLUMBING			
	ELECTRICAL			
✓	FIRE PROTECTION		5-12-86 DG	
	OTHER _____			

Elec NG '86

III. CERTIFICATES ISSUED

CERTIFICATES TO BE ISSUED:	Date Issued
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Temporary Certificate of Occupancy Date Expired _____	_____
☐ Certificate of Occupancy No. _____	_____
☐ Certificate of Continued Occupancy No. _____	_____
☐ Certificate of Approval No. _____	_____
☐ None	

IV. ON-GOING INSPECTIONS

On-going Inspections Required (See Page 1, II.D.)	Date Posted to Log and Tickler

V. FEE SUMMARY

Initial fee collection recorded in A; all others in section B.

A. COLLECTED AT TIME OF CONSTRUCTION PERMIT ISSUANCE

	AMOUNT
BUILDING	$ 847.50
PLUMBING	•
ELECTRICAL	•
FIRE PROTECTION _____	15.00
OTHER _____	•
SUBTOTAL	$ 861.50
– LESS: 20% of subtotal (when plan review performed by state agency).	(5.00
D.C.A. TRAINING FEE .0006 x _____	•
CERTIFICATE OF OCCUPANCY	20.00
OTHER _____	•
OTHER _____	•
TOTAL COLLECTED WHEN PERMIT ISSUED	$ 887.50

DATE 2-26-86 Collected By _____

B. COLLECTED AFTER CONSTRUCTION PERMIT ISSUANCE

	Date	Collected By	AMOUNT
CERTIFICATE OF OCCUPANCY			•
OTHER			•
OTHER			•
– LESS: Refunds			(•
TOTAL COLLECTED AFTER PERMIT ISSUED			$ •

C. TOTAL CONSTRUCTION FEES COLLECTED

	AMOUNT
COLLECTED WITH PERMIT (VA)	$ •
COLLECTED AFTER PERMIT (VB)	•
TOTAL	$ •

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. _____
DATE ISSUED _____
REVISION DATE _____
Block _____ Lot _____
Subdivision _____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner _____
Address _____
Tel. ( ) _____
Work Site Address _____

Contractor _____
Address _____
Tel. ( ) _____
Lic. No. _____
Federal Emp. No. _____

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

_____
AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised – Method: _____
Water Supply – Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: $ _____

FEE
$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: $ _____

$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $ _____

FEE
$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $ _____

$ _____

B5. OTHER

_____ $ _____
_____ $ _____
_____ $ _____

Subtotal $ _____
Minimum Fire Protection Fee (If Applicable) $ _____
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ _____

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed
Heating Systems – Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank – Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: $ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION — FIRE

DATE	JOB CONDITION/COMMENTS

JOB SUMMARY

☐ No Plans Required
☐ Plan Review Approved

Date: 2-24-86

Approved By:

INSPECTIONS FINAL

☐ CO ☐ CCO ☐ CA

Date: 5/12/86

Inspected By:

INSPECTIONS

Type	Failure Date			Approval Date
☐ Fire Suppression Test				
☐ Fire Alarm Test				
☐ Smoke Test				
☐ TCO				
☐ Other				
☑ Other				
☐ Other				
☐ Other				

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 6301
DATE ISSUED 3-7-86
REVISION DATE
Block 672 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner Buckhurst Dry...
Address 301 Blvd. E.
Woodbridge NJ.
Tel. ( )
Work Site Address Rudds
Chamberbridge Rd.

Contractor Sam Const. Co.
Address 810 Passaic Ave
West Caldwell NJ.
Tel. ( ) 575-1400
Lic. No.
Federal Emp. No. 22-1644-891

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work: $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

OK 5/12/86 CK

☐ Partial Releases ☐ Prototype Processing

FIRE SUBCODE
TECHNICAL SECTION

PERMIT NO. 6301
DATE ISSUED 3-7-86
REVISION DATE
Block 672 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only*

When changing contractors, notify this office

Owner Brickstreet Inv.
Address 301 Blair Rd.
Woodbridge NJ.
Tel. ( )
Work Site Address Rialto
Chamberbridge Rd.

Contractor Lane Const. Co.
Address 810 Passaic Ave
West Caldwell NJ
Tel. ( ) 575-1400
Lic. No.
Federal Emp. No. 22-1644-891

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: No. of Spare Heads:
☐ Valves Supervised – Method:
Water Supply – Source: Size:
FD Connection Location:
Estimated Cost of Work: $

FEE $

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO_2 ☐ Halon ☐ Foam ☐ Other
Manual Pull: ☐ Yes ☐ No
Locations:
Estimated Cost of Work: $

$

B3. ALARM

TYPE: ☐ Manual ☐ Automatic
Supervision Type: ☐ Local ☐ Central ☐ Proprietary ☐ Remote Location
Estimated Cost of Work : $

FEE $

B4. STAND PIPES

Pipe Size: Pump Size:
Water Source: Size:
FD Connection Location:
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: $

$

B5. OTHER

$
$
$

Subtotal $
Minimum Fire Protection Fee (If Applicable) $
Total Fire Protection Fee (*Greater of Minimum or Subtotal*) $ 15.-

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP Present Proposed
Heating Systems – Location:
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other
Fuel Storage Tank – Location: Fuel Type: Capacity:
Total Estimated Cost of Fire Protection Work: $

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

PERMIT NO. 630
DATE ISSUED 3-3-86
REVISION DATE
Block 672 Lot 8
Subdivision

A. IDENTIFICATION

APPLICANT — *Complete unshaded areas only* When changing contractors, notify this office

Owner Brick Stuart Inc.
Address 301 Blair Road Woodbridge, NJ
Tel. ( )
Work Site Address Rickel Home Center Chambers Bridge Road

Contractor Lane Construction Co., Inc.
Address 810 Passaic Avenue West Caldwell, NJ
Tel. (201) 575-1400
Lic. No. 22-1644-891
Federal Emp. No. 22-1644-891

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

Stephen Heller
AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

Construct metal stud partitions with 5/8" fire resistant sheetrock per the architectural plans. Include new ceilings, sprinkler relocation and plumbing as required. Remove interior non-load bearing walls.
Alteration of storefront.

☒ See Plans

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other Partitions Acous. Ceilings
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: M Present M Proposed

No. of Stories One
Height of Structure 20 Ft.
Area—Largest Floor 88,270 Sq. Ft.
Total Building Area—All Floors 88,270 Sq. Ft.
Volume of Structure 1,765,400 Cu. Ft.
Total Land Area Disturbed —0— Sq. Ft.

Estimated Cost of Building Work: $ 113,000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

TOWNSHIP OF BRICK

BUILDING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

PERMIT NO. ____
DATE ISSUED ____
REVISION DATE ____
Block 672 Lot 8
Subdivision ____

A. IDENTIFICATION

APPLICANT – *Complete unshaded areas only* — When changing contractors, notify this office

Owner: [illegible]
Address: [illegible] Woodbridge NJ
Tel. ( )

Work Site Address: Rickel Home Center [illegible]

Contractor: [illegible]
Address: 410 [illegible] Avenue, West Caldwell NJ
Tel. (201) 575-1400
Lic. No. [illegible]
Federal Emp. No. 22-1644-891

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

[illegible signature]

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Give detail description including materials used, dimensions, etc.

[illegible] architectural plans. [illegible] interior [illegible] walls [illegible]

☒ See Plans

TYPE OF WORK:
- ☐ New Building
- ☐ Addition
- ☒ Alteration/Renovation
  - ☐ Roofing
  - ☐ Siding
  - ☒ Other
- ☐ Demolition
- ☐ Miscellaneous
  - ☐ Fence
  - ☐ Sign
  - ☐ Pool
  - ☐ Elevator
  - ☐ Other ____

Fee Basis	Fee
	$
SUBTOTAL	$
Minimum Building Fee (if applicable)	$
Total Building Fee *(Greater of Minimum or Subtotal)*	$

C. BUILDING CHARACTERISTICS

USE GROUP: M Present M Proposed

No. of Stories [illegible]
Height of Structure [illegible] Ft.
Area—Largest Floor [illegible] Sq. Ft.
Total Building Area—All Floors [illegible] Sq. Ft.
Volume of Structure [illegible] Cu. Ft.
Total Land Area Disturbed [illegible] Sq. Ft.
Estimated Cost of Building Work: $ [illegible],000.00

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION – BUILDING

DATE	JOB CONDITION/COMMENTS

Fire Grading: Maximum Live Load: Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

	Date	Initials
☐ No Plans Required		
☒ All	2-26-86	EO
☐ Footing/Foundation		
☐ Frame		
☐ Architectural		
☐ Other		

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 5-12-86

Inspected By: KM

INSPECTIONS

Type	Failure Dates			Approval Date
☒ Footing/Foundation				
☐ Slab				
☒ Frame				5/86
☐ Architectural				
☐ Insulation				
☐ Finishes				
☐ Energy				
☐ Mechanical				
☐ TCO				
☐ Other				

U.C.C. Form F-110 (8/83)

ROY ROSENBAUM, p.c.
Member A.I.A.

January 13th, 1986

6301 668-7000

Township of Brick
Division of Inspection
401 Chambers Bridge Road
Brick, New Jersey 08723

Attention: Mr. Edward Izzo
Building Subcode Official

re: Rickel Home Center
Chambers Bridge Road
Brick, New Jersey
Project No. 85145

Dear Mr. Izzo:

In accordance with my conversation with your office, I am enclosing herewith two (2) sets of plans (signed and sealed) for the proposed alterations to the Rickel Home Center at the above referred to location.

The project consists of the relocation of the entry vestibule along with interior partition changes.

Your review, comments and approval is respectfully requested.

Upon acceptance by your office, we shall have the various contractors file their application and pay all required fees for the issuance of the Construction Permit.

Should you require any further information, please do not hesitate to contact us.

Thank you for your kind consideration to this matter.

Very truly yours,

Stuart G. Cantor

Stuart G. Cantor

SGC/maw

encl.

1-16-86

cc: Mr. Kevin Bakalian Rickel Home Centers

advised Stratton all necessary application must be filled out by contractor

80-30 164th STREET JAMAICA, NEW YORK 11432 TELEPHONE: 718-380-1000

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N. J. 08723

Department of Administration & Finance

Division of Inspections
A.J. Cierzo
Construction Official
(201) 477-3000, Ext. 260
Fax: (201) 920-4850

June 7, 1990

Joann Lancia
Supermarkets General
Property Administration
C-2311
301 Blair Road
Woodbridge, NJ 07095

Re: Rickel's Store, 51 Chambersbridge Road, Brick, New Jersey

Dear Ms. Lancia:

This letter is being sent to you to verify our conversation of June 7, 1990, regarding the above commercial establishment.

Please be advised that a Certificate of Occupancy (#6037) was issued to Rickel's Brothers, Inc. in September of 1972.

Yours truly,

Winnie Palo

Winnie Palo, Clerk
Building Department

cc: Div. of Inspections

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

DATE FEB. 20, 1986

SUBJRCT: LOT(S) 8

BLOCK 672

AFFIDAVIT

I FOR LANE CONSTRUCTION. ROBERT FRAKE Jr. hereby request a temporary building permit to proceed with construction of footings and foundation (only) on the subject property at my own risk. I understand and acknowledge that the issuance of the full building permit is subject to further approvals as normally required. I understand that adjustments in the foundation and first floor elevation may be necessary in order to comply with the approved plot plan grading. The below department approvals are required prior to issuance of a temporary building permit.

Robert Frake FEB 20, 1986

Applicant Date

Twp. Engineer or Ass't. Engineer Date
Engineering Department

JK 2-18-86

Zoning Officer Date
Zoning Department

Building Inspector Date
Building Department

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

U N I F O R M C O N S T R U C T I O N C O D E
Chapter 23, Title 5

Approval of Part
5.23-2.5 (7)

OWNER/AGENT LANE CONSTRUCTION CO.

ADDRESS 810 PASSAIC AVE

TOWN WEST CALDWELL ZIP _____

BLOCK 672 LOT 8

☐ FOOTING

☐ FOUNDATION

☒ OTHER ALTER PARTITIONS - BUILD

OWNER/AGENT PROCEED AT OWN RISK ☒

OWNER/AGENT Robert Lane

BUILDING SUB-CODE OFFICIAL _____

CONSTRUCTION OFFICIAL _____

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3000

Office of
Division of Inspections

Rickels Knows
will Submit
2-19-86

CHECK LIST

Re: Block 672 Lot 8

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative _____
Zoning _____
Engineering _____
Building _____
Plumbing _____
Electric _____
2/21/86 Fire ~~Hold - Sprinkler system plans to be submitted~~

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Sprinkler will Be an Over on Existing System
will apply for inspection when work is completed

Arthur J. Cierzo, Construction Official

Lane Construction Co., Inc.

COMMERCIAL • INDUSTRIAL • BUILDERS • CONTRACTORS

810 PASSAIC AVENUE
P.O. BOX 1196
WEST CALDWELL, NEW JERSEY 07007
Area Code 201 575-1400

RECEIVED
FEB 24 1986
DIV. OF INSPECTION

February 20, 1986

Bricktown Building Dept.
Municipal Building
401 Chambers Bridge Rd.
Bricktown, N. J. 08723

Re: Building Permit
Rickel Store
Bricktown, N. J.

Dear Judy:

This letter shall serve as authorization for our employee, Robert Frake, to obtain a building permit for the above Rickel Store on behalf of our company.

Mr. Frake is the Foreman/Superintendent of the Bricktown Rickel job and is authorized to obtain any permit required to meet the Township building codes.

Very truly yours,

Stephen Heller

Stephen Heller
Project Manager

SH/maf

630 1

LANE CONSTRUCTION CO., INC.
810 PASSAIC AVENUE
WEST CALDWELL, N.J. 07006

Bricktown Building Dept.
Municipal Building
401 Chambers Bridge Rd.
Bricktown, N. J. 08723

Re: Building Permit