BLOCK 408 LOT 5 C6-51 QUALIFICATION CODE _____ ADDRESS (SITE) 1048 Cedar Bridge Ave. CHAMBERS BRIDGE / RT 70 PERMIT NO. 99-1237

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1048 Cedar Bridge Ave CHAMBERS BRIDGE / RT 70
2. Name of Owner in Fee: ETHAN ALLEN Inc. Tel. (203) 743-8000
   Address ETHAN ALLEN DR (street) DANBURY (municipality) CONNECTICUT (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: FRANKOS LT Const Co Tel. (973) 414-9224
   Address 314 OOBO ST. EAST ORANGE NJ 0701
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-217-4393 FAX: (973) 6780520
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person in Charge of Work JOSEPH C. FRANKOS JR.
   Tel. (973) 414-9224 FAX (973) 678-0520

Sig / ETHAN ALLEN

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 208		
2. Electrical	15		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	20A		
13. TOTAL	$ 260		

NO FEE REQUIRED APPROVED BY ____ DATE ____

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		

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☒ Minor Work	5,000	WS	3/21/99		4/28/99	[illegible]			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☒ Electrical					4/28/99	MM			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	ENC	4/20/99			4/28/99	[illegible]			
TOTAL COSTS									

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 0

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

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

B. NON-RESIDENTIAL

1. State Specific Use: Retail Store
2. Use Group: M
3. Change in Use Group, Indicate Former:

LDS BR 10409069

3-30-99
1) Need complete info on Contractor under Building application.
Read description of work
2) Need total

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicar

I hereby certify that I am the owner in fee of the propert

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private resic n use and occupancy. This dwelling is to be occupied by m han single family residential use. I attest that all construction, pl n part, by me or by subcontractors under my supervision, in ac owledge that said new home is not covered under the New Hoı A. 46:3B-1 et seq.) and that such fact shall be disclosed to any pı of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, UMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, T ERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOI HE 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 J. FRANKOSKI CONST CO.

Address 314 Dodd St. E. ORANGE N J

Telephone (973) 414-9224

Signature

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

BLOCK 468 LOT 5 C6-51 QUALIFICATION CODE ________ ADDRESS (SITE) 1048 Cedar Bridge Ave. CHAMBERSBRIDGE/RT 70 PERMIT NO. 99-1237

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1048 Cedar Bridge Ave CHAMBEBRIDGE/RT 70
2. Name of Owner in Fee: ETHAN ALLEN Int. Tel. (203) 743-8000
   Address ETHAN ALLEN DR DANBURY CONNECTICUT (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: FRANKOSKI CONST CO Tel. 973 414-9224
   Address 314 DODD ST. EAST ORANGE NJ 07017
   License No. OR, if new home, Builder Reg. No. ________ Exp. Date ________
   Federal Employee No. 22-217-4393 FAX: (973) 6780520
5. Architect or Engineer ________ Tel. (____)
   Address ________
6. Responsible Person in Charge of Work JOSEPH L. FRANKOSKI
   Tel. (973) 414-9224 FAX (973) 678-0520

Sign/ETHAN ALLEN

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 208		
2.	Electrical	25		
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	4		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other ZOA	25		
13.	TOTAL	$ 262		

NO FEE REQUIRED
APPROVED BY ____ DATE 1-27-99

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		

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☑ Minor Work	5,000								
2. ☐ New Building			3/21/99		4/28/99				
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					4/28/99				
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition	ENG		4/20/99		4/20/99				
TOTAL COSTS									

Note: the Plans Rec'd by and Reviewer cells in the filled rows hold handwritten initials that could not be read.

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:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

LDS BR 10409069

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 J. FRANKOSKE CONST CO.

Address 314 DODD ST. E. ORANGE NJ

Telephone 973 414-9224

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. _____	_____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

0004
99123?*#
04/28/99 NO. 5 0820A005 09:13
BLOCK 468 # 0.00
LOT 5 # 0.00
BUILDING 208.00
ELETRIC* 35.00
D.C.A. 4.00
ZONEPLOT 15.00
TOTAL 262.00
CHECK 262.00
CHANGE 0.00

Date Issued 04/28/99
Control #
Permit # 99-1237

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 468 Lot 5 Qual

Work Site Location 1048 CEDAR BRIDGE RD
SIGN
Owner in Fee ETHAN ALLEN INTERNATIONAL
Address ETHAN ALLEN DR
DANBURY, CT 06813-1966
Telephone (203)743-8000

Contractor FRANKOSKI CONST
Address 314 DODD ST E
E ORANGE, NJ 07040-
Telephone (973)414-9224
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2174393

is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SIGN EXTERIOR GARAGE

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 $ 5,500

J Curiazzi 4/28

Construction Official

04/28/99
Date

PAYMENTS (Office Use Only)

Building	208
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other ZPA	15
Total 262 ~~247~~	
Check No.	3637
Cash	
Collected By	TL

U.C.C. P170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 04/06/99
Date Issued 4/08/99
Control # C6-51
Permit # 99-1237

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

Block 468 Lot 5 Qual
Work Site Location 1048 CEDAR BRIDGE RD
SIGN
Owner in Fee ETHAN ALLEN INTERNATIONAL
Address ETHAN ALLEN DR
DANBURY, CT 06813-1966
Tele.(203)743-8000
Contractor FRANKOSKI CONST
Address 314 DODD ST E
E ORANGE, NJ 07040-
Tele.(973)414-9224 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2174393

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

SIGN EXTERIOR GARAGE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-13-99	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present U Proposed U
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 $ 5,000
3. Total (1+2)$ 5,000

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
[X] Sign 208 Sq. Ft.	208
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 208
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 04/06/99
Date Issued 4/28/99
Control # C6-51
Permit # 99-1237

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

Block 468 Lot 5 Qual
Work Site Location 1048 CEDAR BRIDGE RD
SIGN
Owner in Fee ETHAN ALLEN INTERNATIONAL
Address ETHAN ALLEN DR
DANBURY, CT 06813-1966
Tele.(201)945-8713 Fax ( )
Contractor JASON ELECTIRC
Address 500 COLUMBUS AVE
RIDGEFIELD, NJ 07657-
Tele.(201)945-8713
Lic. No. or Bldrs. Reg. No. 12230
Federal Emp. No. 22-3487633

B. ELECTRICAL CHARACTERISTICS

Use Group - Present U Proposed U
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 4/28/99
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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.

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
12	2	KW Elect Sign/Outline Light	9
		Other	0
		Other	0

4/30/99 charged not no fee charge

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 26
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved April 16, 1999 No 1999-0480

Block 468 Lot 5 Zone B-3, H D

Property Address 1048 Cedar Bridge Avenue

Owner Ethan Allen Interiors Phone 206-743 8000

Applicant Joe Frankoski Phone 973-414-9224

Existing Use Ethan Allen Furniture Store

Proposed Use Same

Proposed Construction Two (2) wall signs Ethan Allen
1) 36 x 3 6 138 square feet left elevation
2) 12 x 6 , 70 square feet, front elevation

Conditions The total sign area may not exceed 15% of the total facade area of each elevation

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis 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/PP
Municipal Planner

Sean P Kinnevy
Zoning Officer

98-3297-FA

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

468

BLOCK 607 LOT 8

PERTY ADDRESS ~~Chambersbridge Rd~~ to 1048 Cedar Bridge Ave.

E OF OWNER ETHAN ALLEN Interiors OWNER'S PHONE (203) 743-8000

E OF APPLICANT ~~ETHAN ALLEN Interiors~~ (JOE FRANKOSKI) 973-414-9224

LICANT'S COMPLETE ADDRESS ETHAN ALLEN DRIVE DANBURY CT.

LICANT'S PHONE NUMBER (203) 743-8000 APPLICANT'S BUSINESS NAME ETHAN ALLEN

SENT USE OF PROPERTY (check one)

acant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

ommercial (please describe) ~~ETHAN ALLEN Furniture~~ VACANT Bldg.

ther (please describe) _____

POSED USE OF PROPERTY (check one)

acant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

ommercial (please describe) ETHAN ALLEN Furniture Store

ther (please describe) _____

POSED CONSTRUCTION SIGNAGE for New Store ON ORIG.

imensions ~~218~~ W 36'-4" ~~56'~~ Ht SITE PLAN

or Garage ☐ Attached ☐ Detached

e Type _____ W _____ Ht _____

CKLIST: Signage @ 5'-4" 36' 36'-4" 138 Sq'

l information completed above @ 5'-4" 15' 32'-4" - 70 Sq'.

vo (2) accurate Survey / Plot Plans containing: 12' x 6' ±

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

approved by Planning Board or Board of Adjustments, include copy of resolution

pplicant certifies that all statements and information made and provided as part of this application are o the best of the applicant's knowledge, information and belief. The applicant further states that the cant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal lations.

ture of Applicant _____ Date 3/24/99

wed by Zoning Officer _____ Date 4-16-99

☒ Approved ☐ Rejected

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 468 LOT 5 SITE ADDRESS 1016 Cedar Bridge
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Sign

APPLICANT Frankish Const Co PHONE NUMBER 973-414-9224
APPLICANT ADDRESS 314 Dodd ST CITY & STATE East Orange NJ
PERMIT # C6-51 NAME OF BUSINESS Ethan Allen

INCLUSIONARY DEVELOPMENT

◊ Affordable
Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

◊ Market Rate No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 0 Date 4-27-99

Estimated Required Fee $ 0

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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 KT DATE 4-27-99

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-21-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 468 LOT 5 SITE ADDRESS 1048 Cedar Bridge
Sign

TYPE OF SITE Commercial TYPE OF BUSINESS Ethan Allen
(Residential/Commercial)

APPLICANT Frankie Castro CITY & STATE East Orange, 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:

$ _____

_____
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

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

Date: _____

Municipal Engineer
401 Chambers Bridge Rd
Brick, N.J. 08723

RE: Block: 468 Lot: 5
ETHAN ALLEN DR.

I, ETHAN ALLEN ENT (name) of DANBURY CT. (address),

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

[signature]
applicant's signature

1. Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.

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

Note: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved Date: 4/20/99 By: [signature]

Rejected Date: _____ By: _____

Remarks: Per Site Plan

General Contractors /
Construction Managers
314 Dodd Street
East Orange, NJ 07017
Phone: (973) 414-9224
Fax: (973) 678-0520

Frankoski Construction Company

To: Brick township bldng. From: Frankoski Const.

Fax: 1-732-2628954 Date: 4/1/99

Phone: Ethan Allen Carol Pages: (1)

Re: Ethan Allen (Brick CC:

☐ Urgent ☐ For Review ☐ Please Comment ☐ Please Reply ☐ Please Recycle

Notes: Ethan Allen Furniture
1048 Chambers Bridge rd.
Block 468 Lot 5
Brick Township N.J.
This is to inform you that the proposed signage will be installed by Frankoski Construction Co. FID # 22-217-4393.

Joseph Frankoski (president)

COUNTER FORM
PLEASE PRINT

98-3297+E

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

CHAMBERS BRIDGE/Rt 70

Site Location: 641
Block: 671 468 Lot: 8 5
Owner in Fee: ETHAN ALLEN INTERIORS
Address: ETHAN ALLEN DR
DANBURY Con.
State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

Date Rec'd.:
Date Issued:
Control #:
Permit #:

PLUMBING SUBCODE	BUILDING SUBCODE
CONTRACTOR:	CONTRACTOR: FRANKROSIER CONST CO
ADDRESS:	ADDRESS: 314 DODD ST E. ORANGE NJ 07017
PHONE:	PHONE: 973-~~703-5~~ 414-9224
LIC #:	LIC #:
LIC. EXPIRATION DATE:	LIC. EXPIRATION DATE:
FEDERAL EMP. # (or S.S. #):	FEDERAL EMP. # (or S.S. #): 22-217-4397

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:

TECHNICAL SITE DATA

DESCRIPTION OF WORK:
EXTERIOR SIGNAGE ON FACE OF BLDNG
For ETHAN ALLEN CEDAR BRIDGE Rd/RT 70
Sign Supplied & Installed By [illegible] Sign. DANBURY Ct.
Length ① 20' = 15'
L — W — HT
① S 70 sq' 5" 32"
2 EV 138 S.F. 5" 42"

TYPE OF WORK

- ☐ New Building
- ☐ Addition — ☐ Fence: Height (6' or More)
- ☐ Alteration — ☒ Sign: Sq. Ft. 208
- ☐ 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: [signature]

Estimated Cost of Building Work:
New Building (1): $ 15000
Aleration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Jason Electric Inc
ADDRESS: 500 Columbia Ave
Ridgefield NJ 07657
PHONE: 201-945-8773
LIC. #: 12230 EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 22 318 7633

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 2KW Sign		

Estimated Cost of Electrical Work: $ 500.00
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name): JASON Ponchi
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:

Federal Realty Investment

1626 East Jefferson Street
Rockville
MD 20852-4041

65-320/550

WARNING: SEE BACK FOR LIST OF SECURITY FEATURES

007393

SEP. 03 98

$**********1,100.00*

One THOUSAND, One HUNDRED DOLLARS

1st Union National Bank of MD
12244 Rockville Pike
Rockville MD 20852

Pay to the order of
Brick Township, NJ
401 Chambers Bridge Road
Brick NJ 08723

⑈0084668⑈ ⑆055003201⑆ 2000006104102⑈

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 9-9-98

Business/Development: Ethan Allen Furniture

Owner/Applicant: Federal Realty

Property Address: Brick Plz

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 0084668

Estimated Fee $ 2200.00

Deposit Amount $ 1100.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $ _____

Less Deposit $ _____

Final Payment $ _____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

9-9-98
Date

AHBT PRELIMINARY APPROVAL