BLOCK 468 LOT 1 QUALIFICATION CODE C8-81 ADDRESS (SITE) PERMIT NO. 99-3978

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Propsed Work Site at: BLDG 'M' / PAD # 54 / BRICK PLAZA SHOPPING CENTER
2. Name of Owner in Fee: KINKO'S INC. Tel. (805) 477 5879
   Address 5700 RALSTON STREET, SUITE 100, VENTURA CA 93403 (street, municipality, zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: ____ Tel. ( ) ____
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: ( ) ____
5. Architect or Engineer K. S. PARK Tel. (212) 599 0044
   Address 360 LEXINGTON AVENUE, NEW YORK N.Y. 10017
6. Responsible Person in Charge of Work ____
   Tel. ( ) ____ FAX ( ) ____

Tenant fit up

V. FEE SUMMARY (for office use only)

			7A Update	7B Update
1.	Building	$ 2510		
2.	Electrical		883	
3.	Plumbing			185
4.	Fire Protection		45	
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	80	70	12
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other	30		
13.	TOTAL	$ 2620	998	197

NO FEE REQUIRED

APPROVED BY ____ DATE 9-22

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1. Number of Stories	ONE		4C
2. Height of Structure	20	ft.	1250
3. Area — Largest Floor	6000	sq. ft.	3
4. New Building Area	60	sq. ft.	
5. Volume of New Structure		cu. ft.	53
6. Construction Classification			
7. Total Land Area Disturbed		sq. ft.	7d
8. Flood Hazard Zone			
9. Base Flood Elevation		ft.	
10. Wetlands yes ____ no ____			Fee 1801
11. Max. Live Load			DCA 16
12. Max. Occupancy Load	60		200

COMMERCIAL

II. PROPOSED WORK

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		Nicole			9-23-99	FA			
3. ☐ Addition									
4. ☐ Alteration									
5. ☒ Fire Protection					10-22-99	[illegible]			
6. ☐ Plumbing				10-27-99	10-29-99	[illegible]			
7. ☒ Electrical				10-20-99	10-22-99	[illegible]			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Env	9/13/99		9/13/99	[illegible]			
TOTAL COSTS									

(OPTIONAL columns 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: ____
2. Use Group: B
3. Change in Use Group, Indicate Former: ____

A.H.B.O. MANDATORY COMMERCIAL — ALL FINAL

09/24/99 called K.S. Park - left message on machine

LDS BR 10511730

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 K.S. PARK

Address K.S PARK ARCHITECT, 360 LEXINGTON AVENUE, NEW YORK N.Y. 10017

Telephone (212) 599 0044

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.									
☐									
☐									

FINAL APPROVAL

FINAL APPROVAL

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

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

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 02/10/2000
Control #
Permit # 99-3978

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 468 Lot 1 Qual
Work Site Location PAD @ 54 CEDAR BRIDGE AVE-BLDG M FIT UP
Owner in Fee/Occupant KINKO'S INC
Address 5700 RALSTON ST SUITE 100 VENTURA, CA 93403-
Telephone (805)477-5079
Contractor KINKO'S INC
Address 5700 RALSTON ST. SUITE 100 VENTURA, CA 93403-
Telephone (805)477-5079 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

BLDG M PAD @54 KINKO'S TENANT FIT UP

[ ] CERTIFICATE OF OCCUPANCY
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

[X] CERTIFICATE OF APPROVAL
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[ ] Total removal of lead-based paint hazards in scope of work
[ ] Partial or limited time period (___ years); see file

[ ] CERTIFICATE OF CONTINUED OCCUPANCY
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

[ ] CERTIFICATE OF COMPLIANCE
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until _____, ___.

J Cuniazza
CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

Fee $ 0
Paid [X] Check No. 11196
Collected by: SC

CERTIFICATE

Date Issued 1/19/00
Control #
Permit # 99-3978

IDENTIFICATION

Block 468 Lot 8
Work Site Location 2036 Cedar Bridge Ave. Blg "M"
Brick, N.J.
Owner in Fee Kinko's Inc
Address 5700 Ralston St. Suite 100
Ventura Ca 93403
Tele. ( )
Contractor Same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group
Maximum Live Load
Description of Work/Use:

FINAL APPROVALS NEEDED FOR BUILDING, PLUMBING, ~~&~~
ELECTRIC FIRE, ENGINEERING & SOIL

DO NOT MOVE IN FOR RETAIL BUSINESS, ONLY FOR THE PURPOSE OF STOCKING GOODS.

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY ☒ CERTIFICATE OF APPROVAL "TEMPORARY"

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ CERTIFICATE OF CONTINUED OCCUPANCY

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J Guiazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

APPLICATION FOR CERTIFICATE

Date Received
Date Permit Issued
Control #
Permit # 99-3978
Date Issued

IDENTIFICATION

Block 468 Lot 1
Work Site Location PAD #54 CEDARBRIDGE AVE BLDG M
Owner in Fee KINKO'S INC.
Address 5700 RALSTON ST. SUITE 100 VENTURA, Ca 93403
Tel. (805) 477-5079

Contractor KINKO'S INC.
Address 5700 RALSTON ST. SUITE 100 VENTURA, CA. 93403
Tel. (805) 477-5079
License No.
Federal Employee No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☒ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current

FINAL COST OF CONSTRUCTION: $ _____
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

AWAITING FINALS
UPDATE STATUS BUILDING/TENANT IS RECIEVING EQUIPMENT AND STOCK STORE WILL NOT OPEN UNIT SAID FINALS & C.O. IS IN HAND

DESCRIPTION OF WORK/USE:

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and Regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate

SIGNED: _____
OWNER/AGENT

- ☐ OWNER
- ☑ AGENT

U.C.C. F270
(rev 3/96)

KINKO'S PHONE (732) 279-0200

0011
3978*# 0.00
BLOCK 468 # 0.00
LOT 1 # 0.00
BUILDING 2510.00
D.C.A. 80.00
ZONEPLOT 15.00
ENG P.R. 15.00
TOTAL 2620.00
CHECK 2620.00
CHANGE 0.00
10/18/99 NO. 5 0020A005 09:19

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 10/18/99
Control #
Permit # 99-3978

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 468 Lot 1 Qual

Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
FIT UP
Owner in Fee KINKO'S INC
Address 5700 RALSION ST SUITE 100
VENTURA, CA 93403-
Telephone (805)477-5079

Contractor KINKO'S INC
Address 5700 RALSION ST. SUITE 100
VENTURA, CA 93403-
Telephone (805)477-5079
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
BLDG M PAD #54 KINKO'S TENANT FIT UP

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 $ 100,000

Construction Official

10/18/99
Date

PAYMENTS (Office Use Only)

Building	2,510
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	80
Cert. of Occupancy	0
Other ZPEP	30
Total	2,590
Check No.	11196
Cash	
Collected By	SC

B.C.C. F170 (rev. 3/94)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/22/99
Control #
Permit # 99-3978+A
Permit Issued 10/18/99

UCC NEW JERSEY

PERMIT UPDATE

IDENTIFICATION Block 468 Lot 1 Qual

Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
TENANT FIT UP
Owner in Fee KINKO'S INC
Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-
Telephone (805)477-5079

Contractor PAUL F ROSCITT ELECTRIC INC
Address 262 HARMON AVENUE
FORT LEE, NJ 07024-
Telephone (201)941-5768
Lic. No. or Bldrs. Reg. No. 6637
Federal Emp. No. 22-2577123

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
INTERIOR WORK

PAYMENTS (Office Use Only)	
Building	0
Electrical	883
Plumbing	0
Fire Protection	45
Elevator Devices	0
Other	
DCA Training Fee	70
Cert. of Occupancy	0
Other	
Total	998
Check No.	12919
Cash	
Collected By	CS

Estimated Cost of Work $ 87,500

J. Cunnayya / CAS
Construction Official

10/22/99
Date

U.C.C. F190 (rev. 3/96)

0010
3978*#
BLOCK 468 # 0.00
LOT 1 # 0.00
PLUMBING 125.00
D.C.A. 12.00
TOTAL 137.00
CASH 137.00
CHANGE 0.00
NO. 5 0011A005 13:15
10/29/99

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 10/29/99
Control 0
Permit # 99-3978+B
Permit Issued 10/18/99

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 468 Lot 1 Qual

Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
PLUMBING WORK
Owner in Fee KINKO'S INC
Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-
Telephone (805)477-5079

Contractor VARSITY PLUMBING
Address 41-23 HWIGHT STREET
FLUSHING, NY
Telephone (718)358-5400
Lic. No. or Bldrs. Reg. No. 10602
Federal Emp. No. 11-2159085

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:
INTERIOR WORK FOR KINKOS

Plumbing

Estimated Cost of Work $ 15,000

Construction Official

10/29/99
Date

U.C.C. P190 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	125
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	12
Cert. of Occupancy	0
Other	
Total	137
Check No.	
Cash	X
Collected By	LRT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 02/08/2000
Control #
Permit # 99-3978+D
Permit Issued 10/18/1999

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 468 Lot 1 Qual

Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
HVAC
Owner in Fee KINKO'S INC
Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-
Telephone (805)477-5079

Contractor P I MECHANICAL
Address 150 W 28 H STREET
NEW YORK CITY, NY
Telephone (212)229-1775
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
4 ROOF TOP HVAC UNITS

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	184
Elevator Devices	0
Other	
DCA Training Fee	16
Cert. of Occupancy	0
Other	
Total	200
Check No.	2431
Cash	
Collected By	AJP

Estimated Cost of Work $ 20,000

Construction Official

02/08/2000
Date

U.C.C. P190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/19/99
Date Issued ~~01/01/54~~ 10-22-99
Control #
Permit # 99-3978+A

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

Block 468 Lot 1 Qual
Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
TENANT FIT UP
Owner in Fee KINKO'S INC
Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-
Tele.(201)941-5768 Fax ( )
Contractor PAUL F ROSCITT ELECTRIC INC
Address 262 HARMON AVENUE
FORT LEE, NJ 07024-
Tele.(201)941-5768
Lic. No. or Bldrs. Reg. No. 6637
Federal Emp. No. 22-2577123

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 75,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[✓] Elect Plans Approved
Date: 10 22 99
Approved By: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-10-00
Approved By: [signature]

INSPECTIONS Type	Failure	Failure	Approval	Initial
Rough			10 25 99	70
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			2-10-00	70

Dates (Month/Day)

11-4-99 ↗ Inside walls ↗ outside walls

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

11-4-99
No Alarm
No Tell pomt.
OUG

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
106		Lighting Fixtures	
110		Receptacles	
15		Switches	
25		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
257		TOTAL NUMBERS	85
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
2	3	KW Elect Water Heater	18
2	23	KW Elect Dryer/Receptacle	80
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
3	54	KW Central A/C Unit	300
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
1	300	AMP Subpanels	100
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other 1@400, 2@ 225	300
		Other	0

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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	883
DCA Training Fee	$	60

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/04/99
Date Issued ~~01/01/54~~
Control # 11-19-99
Permit # 99-3978+C

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

Block 468 Lot 1 Qual
Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
ELECTRICAL WORK
Owner in Fee KINKO'S INC
Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-
Tele.(732)892-5960 Fax ( )
Contractor THE WIRE CONNECTION
Address 7 HOOVER DR
BRICK, NJ 08724-
Tele.(732)892-5960
Lic. No. or Bldrs. Reg. No. 349 EXEMPT
Federal Emp. No. 15-1223225

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 11-15-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-10-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			2/10/00	

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	
80		Communications Points	
0		Alarm Devices/F.A.C. Panel	
80		TOTAL NUMBERS	50
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
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 50
DCA Training Fee $ 3

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 11-3-99
Date Issued
Control # 99-4156
Permit #

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

Block 468 Lot 5-7
Work Site Location Kinko's, Brick Plaza Shopping Center
Bricktown, NJ
Owner in Fee/Occupant Federal Realty Investment Trust
Address 1626 East Jefferson St.
Rockville, Md 70852-4041
Tele. (800) 658-8980
Contractor B & G Electrical Contractors of New jersey Inc.
Address 830 Bear Tavern Rd.
West Trenton, NJ 08628
Tele. (516) ~~XXXX~~ 669-6000 Fax (516) 669-7053
Lic. No. 11067B
Federal Emp. No. 113125610

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as REtail copy center Utility Co. PSE&G
Est. Cost of Elec. Work $ _____

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10 20 99
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-10-99	

Dates (Month/Day)

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2 10 00
Approved by: _____

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

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
9		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
9		KW Elec. Sign/Outline Light
		.....
		.....

FEE (Office Use Only)

TOTAL NUMBERS $ _____

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 02/08/2000
Date Issued 01/01/1954
Control #
Permit # 99-3978+D

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

Block 468 Lot 1 Qual
Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
HVAC
Owner in Fee KINKO'S INC
Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-
Tele.(212)229-1775 Fax ( )
Contractor P I MECHANICAL
Address 150 W 28 H STREET
NEW YORK CITY, NY
Tele.(212)229-1775
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 20,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 2-8-00
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 2-8-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical			2-8-00	DB
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other 4 HVAC UNITS		~~46~~ correct fee received DB
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	16

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 10/19/99
Date Issued ~~01/01/54~~
Control # 10-22-99
Permit # 99-3978+A

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

Block 468 Lot 1 Qual
Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
INTERIOR WORK
Owner in Fee KINKO'S INC
Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-
Tele.(201)941-5768 Fax ( )
Contractor PAUL F ROSCITT ELECTRIC INC
Address 262 HARMON AVENUE
FORT LEE, NJ 07024-
Tele.(201)941-5768
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2577123

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B Proposed B
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 12,000

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 10-22-99
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 2-7-00
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys	1-13-00		2-7-00	
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

Storage Tanks	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	25	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	25	45
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other		0
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	45
DCA Training Fee	$	10

Paid [ ] Check #
Collected by:

Shell
6" STUB UP ONLY

FIRE SUBCODE TECHNICAL SECTION

Date Received 5/18/99 Update
Date Issued
Control #
Permit # 99-0904 +C

RECEIVED MAY 10 1999
DIV. OF INSPECTION

U #114

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

Block 468 Lot 8

Work Site Location 1036-1042- Cedar Bridge Rd Bld M Lkwd

Owner in Fee Federal Realty INV
Address 1626 E Jefferson ST.
Rockville md
Tele. (301) 998-8128
Contractor Jaycee Const
Address 35 Colby Ave Manasquan NJ 08736
Tele. (732) 223-5320 Fax ( )
Lic. No.
Federal Emp. No.

NO SPRINKLER SYSTEM (INSTALLED) N.R. at this time

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed M
Constr. Class Present ______ Proposed 2C sprinkl.
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other
Location:
Total Cost of Fire Protection Work $ 1500

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe System
New [ ] Existing [ ]
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[ ] Fire Plans Approved
Date: 5-13
Approved by: KR
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.	8315			KR
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Final				
Other				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source City
Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only)
Storage Tanks Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, waterflow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other		

Administrative Surcharge $ 35-
Minimum Fee $ —
DCA Training Fee $ 1.
TOTAL FEE $ 36.

U.C.C. F140
(rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/21/99
Date Issued ~~01/01/54~~
Control # 10-29-99
Permit # 99-3978+B

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

Block 468 Lot 1 Qual

Work Site Location PAD # 54 CEDAR BRIDGE AVE-BLDG M
PLUMBING WORK

Owner in Fee KINKO'S INC

Address 5700 RALSTON ST SUITE 100
VENTURA, CA 93403-

Tele.(718)358-5400 Fax ( )

Contractor VARSITY PLUMBING

Address 41-23 HWIGHT STREET
FLUSHING, NY

Tele.(718)358-5400

Lic. No. or Bldrs. Reg. No. 10602

Federal Emp. No. 11-2159085

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 15,000

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet	20
0	Urinal / Bidet	0
0	Bath Tub	0
2	Lavatory	20
0	Shower	0
~~2~~ 0	Floor Drain	~~2 00~~ 0
2	Sink	20
0	Dishwasher	0
1	Drinking Fountain	10
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 GAS SERVICE	35
	Other	0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
~~[ ]~~ Plumb. Plans Approved
Date: 10-27-99
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 2-8-00

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			10-30-99	
Rough			11-9-99	
Water				
Sewer				
Fixtures	1-14-00	2-4-00	2-8-00	
Gas Equip.				
Gas Piping	1-14-00		1-28-00	
Solar g/c			2-4-00	
TCO				
			1-14-00	

not OK.

Paid [ ] Check # Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~135~~ 125
DCA Training Fee	$	12

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

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

TOWNSHIP OF BRICK
ZONING PERMIT

Permit Approved: September 8, 1999 No. 1999-1481

Block 468 Lot 1 Zone: B-3, H.D.

Property Address: Cedar Bridge Avenue, Brick Plaza

Owner: Federal Realty Investment Trust

Applicant: K.S. Park, AIA Phone: 212-599-0044

Existing Use: Vacant retail building, "M"

Proposed Use: Kinko's Copy Shop

Proposed Construction: Interior alteration for tenant fix up

Conditions: Interior work only.

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

RECEIVED
SEP 8 1999
ZONING

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

46 A

BLOCK BLOCK (M) LOT PAD #54
PROPERTY ADDRESS BRICK PLAZA SHOPPING CENTER
NAME OF OWNER FEDERAL REALTY INVESTMENT TRUST OWNER'S PHONE (215) 657 8740
NAME OF APPLICANT K. S. PARK ARCHITECT
APPLICANT'S COMPLETE ADDRESS 360 LEXINGTON AVENUE, NEW YORK, N.Y. 10017
APPLICANT'S PHONE NUMBER (212) 599 0044 APPLICANT'S BUSINESS NAME

PRESENT USE OF PROPERTY (check one)
☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☐ Commercial (please describe)
☑ Other (please describe) NON BUILDING

PROPOSED USE OF PROPERTY (check one)
☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
☑ Commercial (please describe) COPY SHOP
☐ Other (please describe)

PROPOSED CONSTRUCTION N/A (INTERNAL TENANT IMPROVEMENT WORK)
All Dimensions ____ W ____ L ____ Ht
Deck or Garage ☐ Attached ☐ Detached
Fence Type ____ Ht ____

CHECKLIST:
☑ All information completed above
☑ Two (2) accurate Survey / Plot Plans containing:
- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

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

COMMERCIAL

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

Signature of Applicant _____ Date 9/1/99

Reviewed by Zoning Officer Date 9/8/99 ☑ Approved ☐ Rejected

RECEIVED
SEP 8 1999
ZONING

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

46 A

BLOCK BLOCK (M) LOT PAD #54

PROPERTY ADDRESS BRICK PLAZA SHOPPING CENTER

NAME OF OWNER FEDERAL REALTY INVESTMENT TRUST OWNER'S PHONE (215) 657 8740

NAME OF APPLICANT K.S. PARK ARCHITECT

APPLICANT'S COMPLETE ADDRESS 360 LEXINGTON AVENUE, NEW YORK, N.Y. 10017

APPLICANT'S PHONE NUMBER (212) 599 0044 APPLICANT'S BUSINESS NAME _____

PRESENT USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☐ Commercial (please describe) _____
- ☑ Other (please describe) NON BUILDING

PROPOSED USE OF PROPERTY (check one)

- ☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment
- ☑ Commercial (please describe) COPY SHOP
- ☐ Other (please describe) _____

PROPOSED CONSTRUCTION N/A (INTERNAL TENANT IMPROVEMENT WORK)

All Dimensions _____ W _____ L _____ H

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ H _____

CHECKLIST:

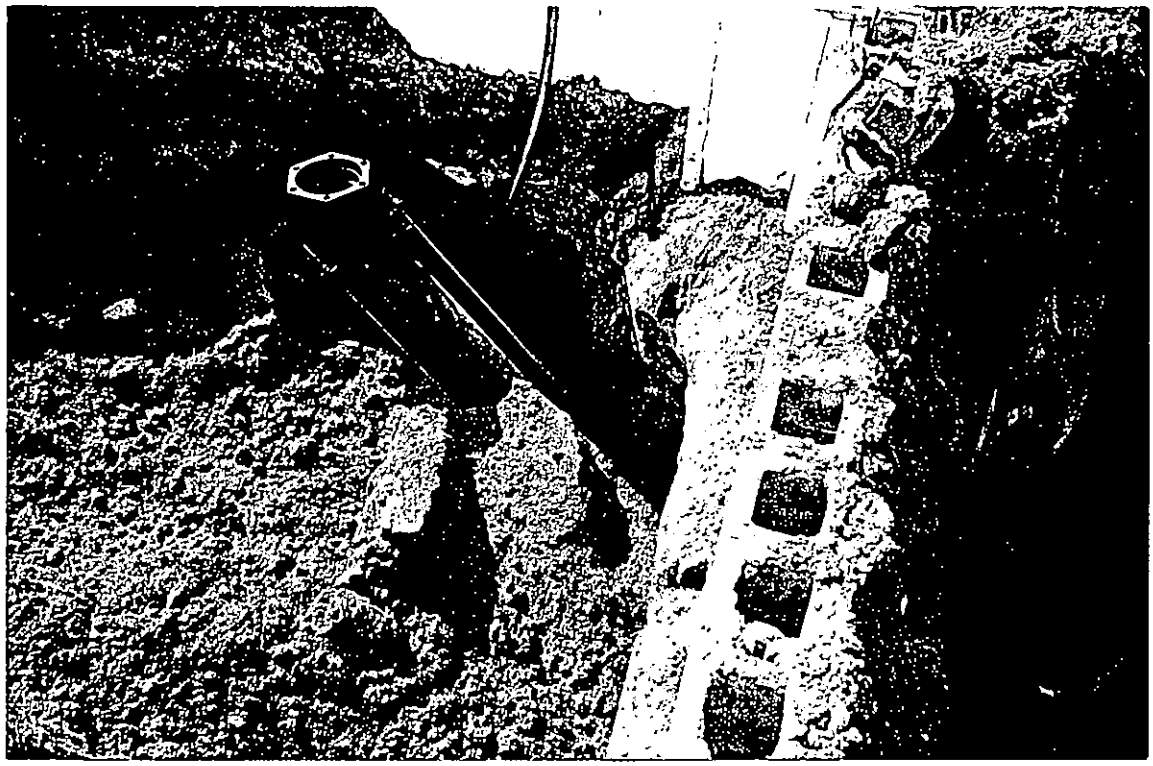
- ☑ All information completed above
- ☑ Two (2) accurate Survey / Plot Plans containing:
  - ☐ all existing and proposed structures
  - ☐ all dimensions of lot and structures
  - ☐ set backs to all property lines
  - ☐ all streets and waterways shown
- ☐ *If approved by Planning Board or Board of Adjustments, include copy of resolution*

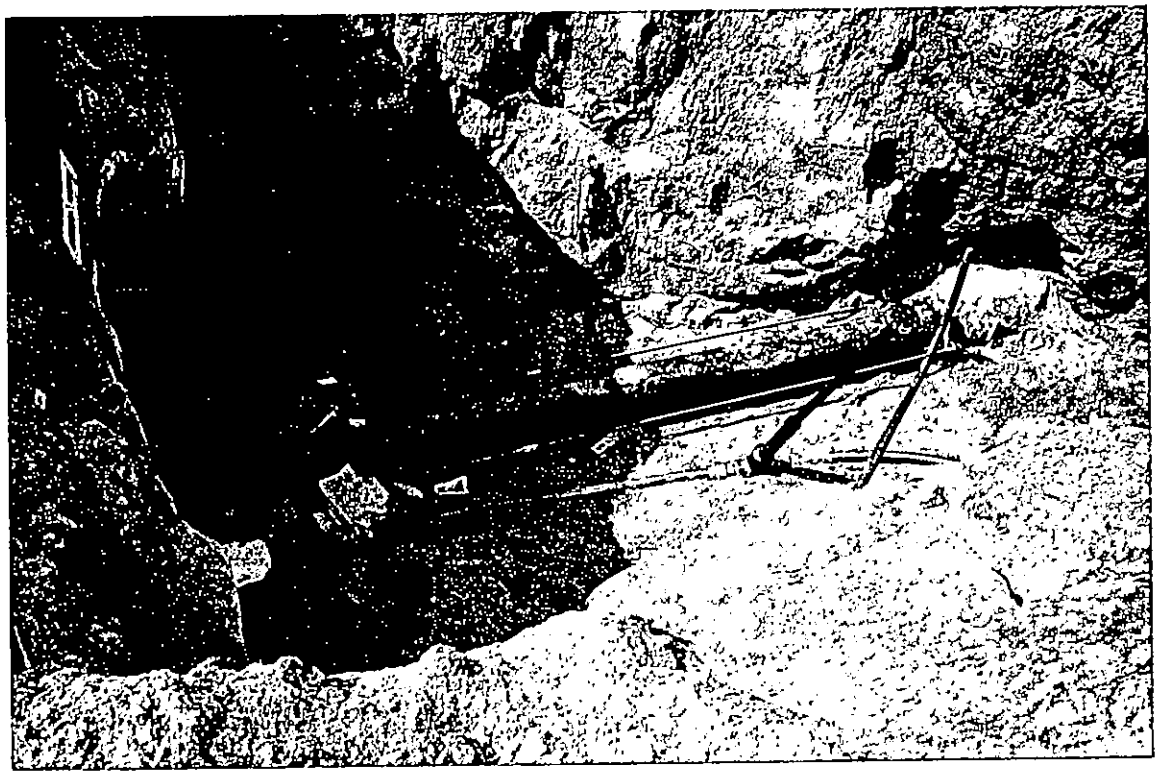
COMMERCIAL

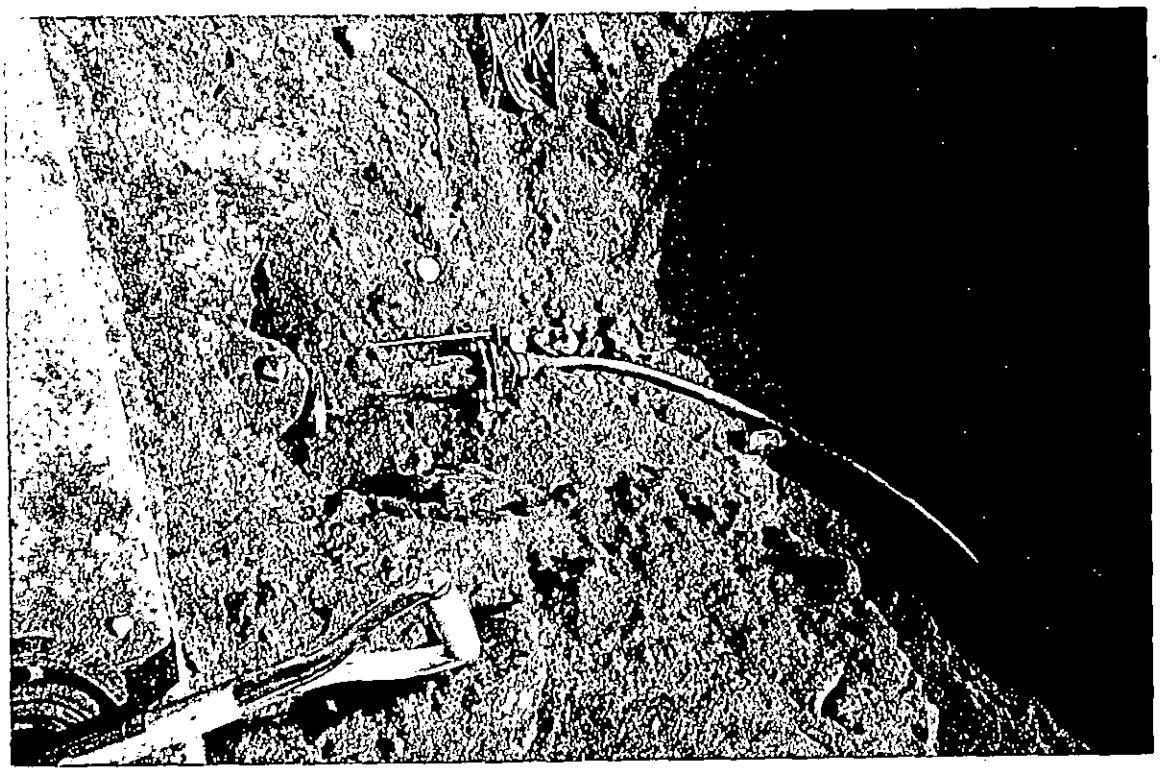
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

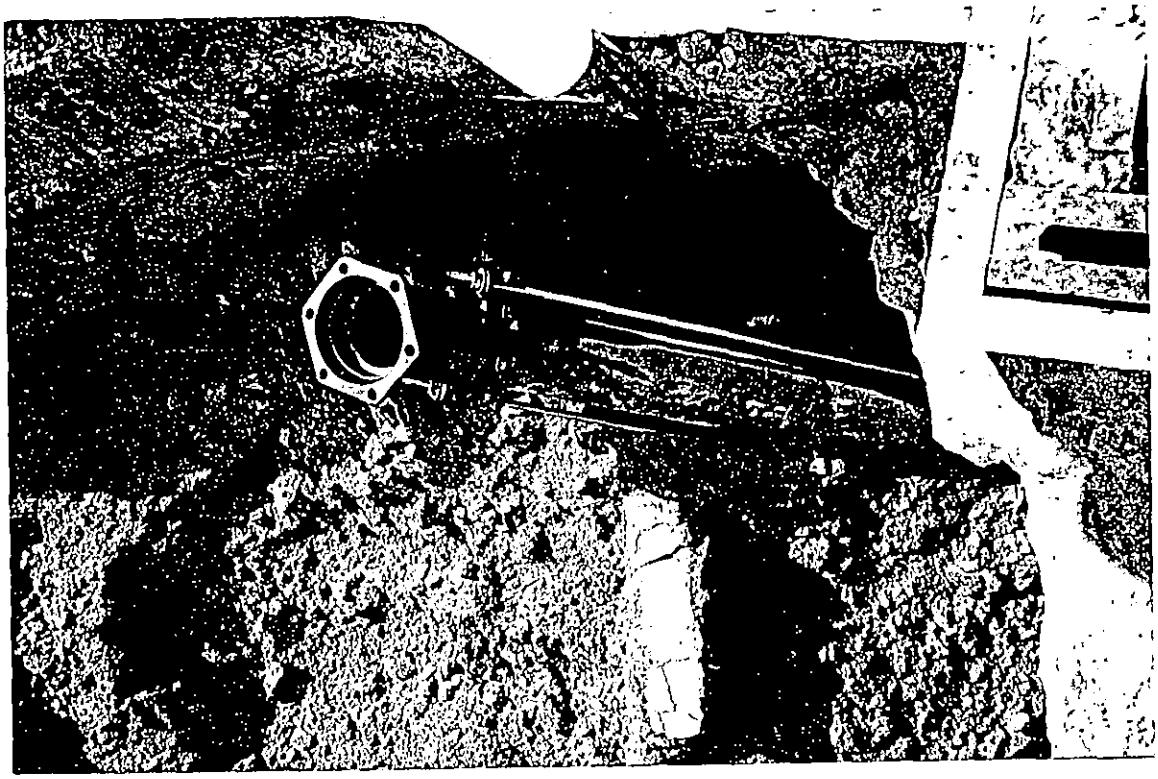
Signature of Applicant _____ Date 9/1/99

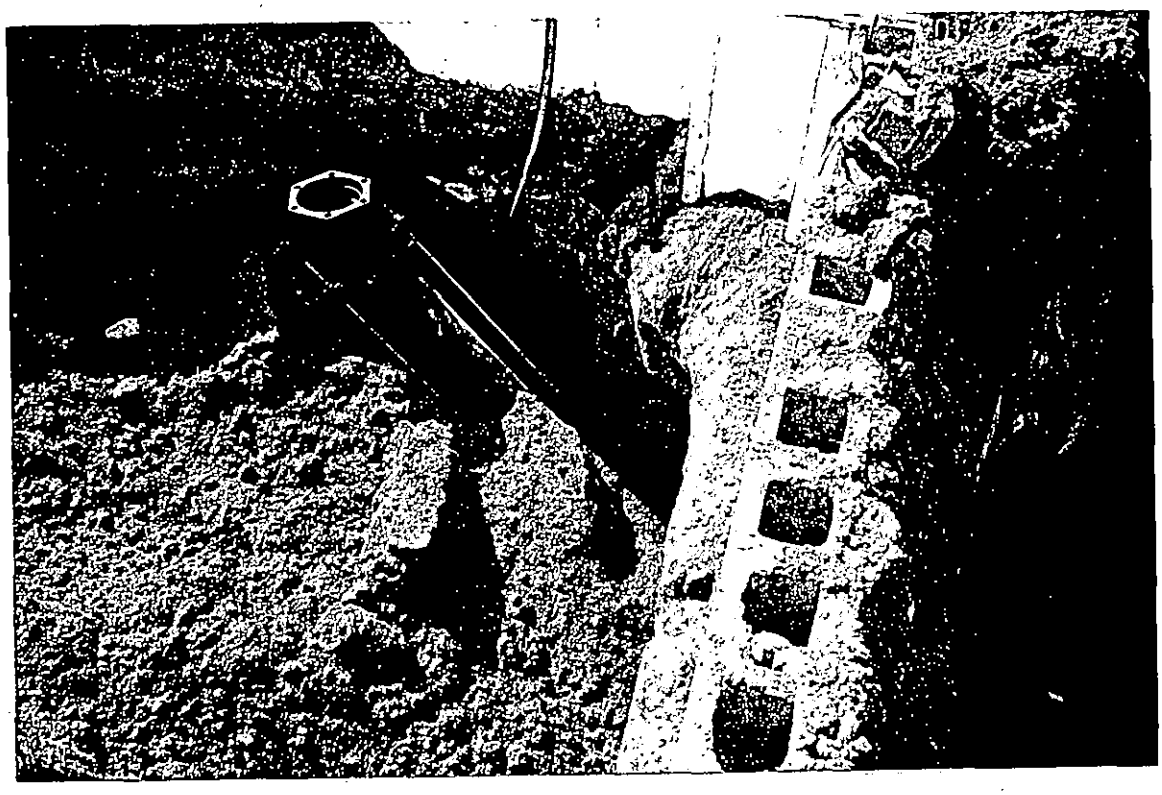
Reviewed by Zoning Officer _____ Date 9/8/99 ☑ Approved ☐ Rejected

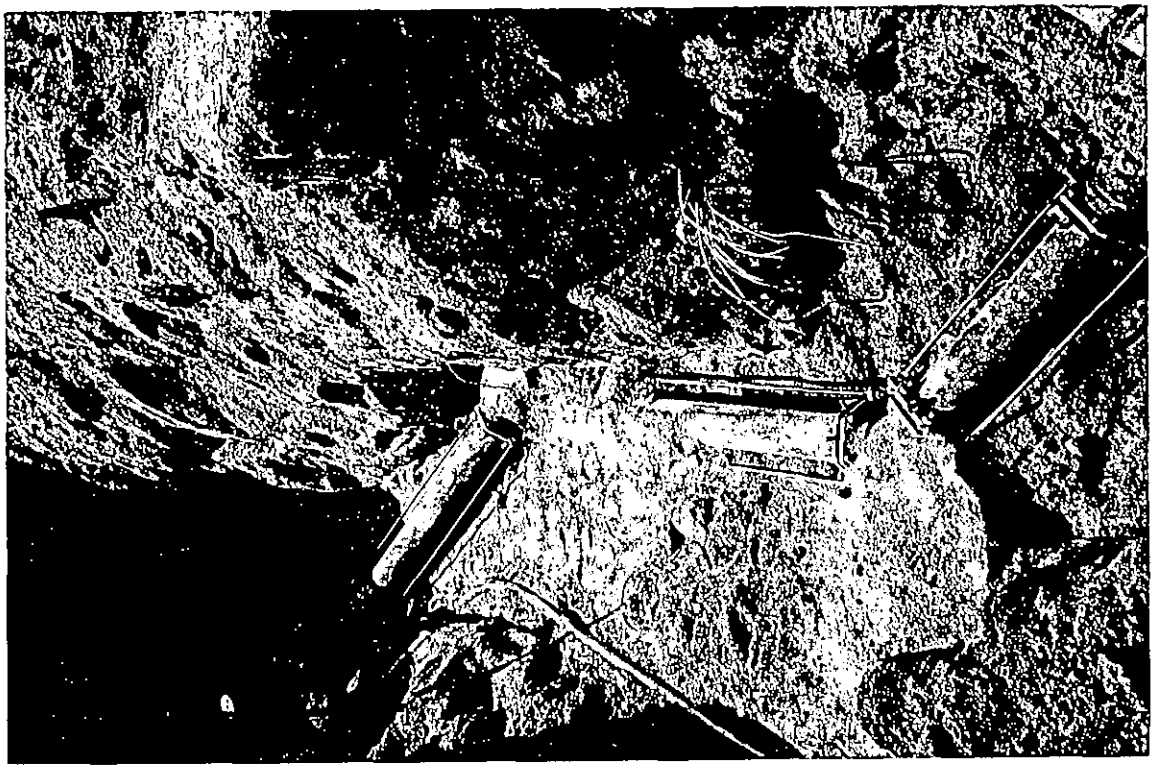


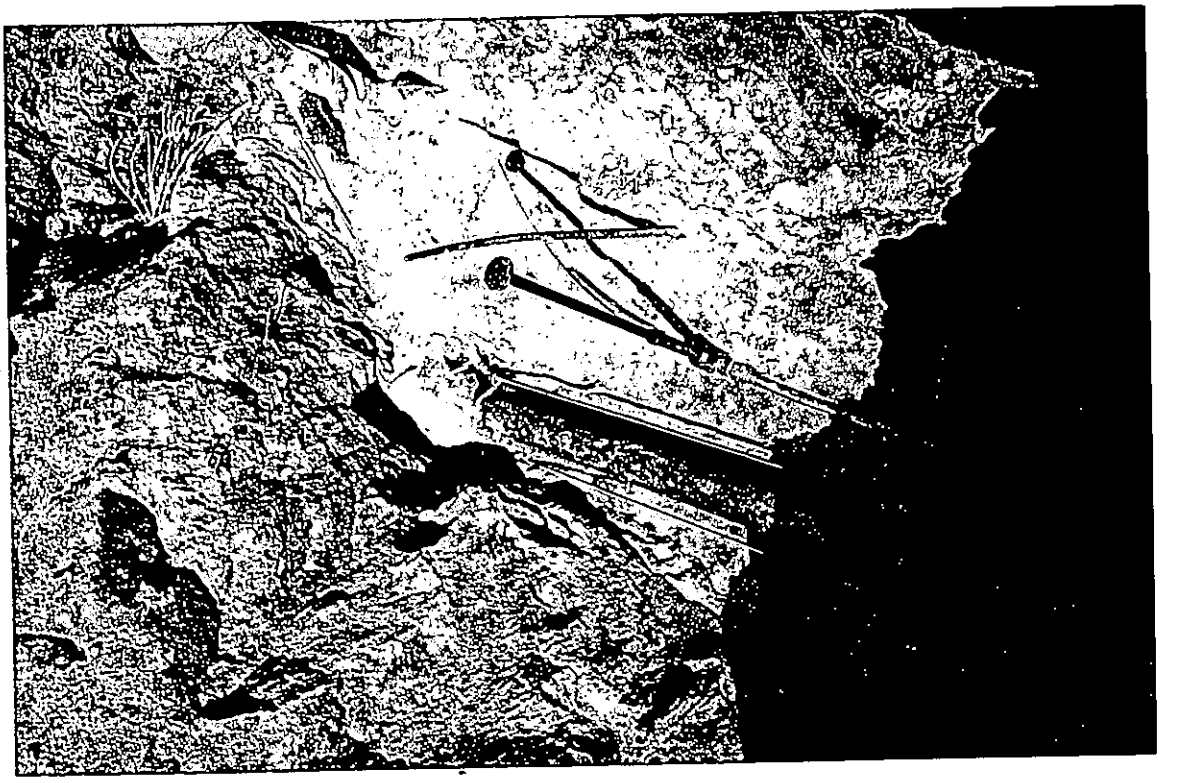


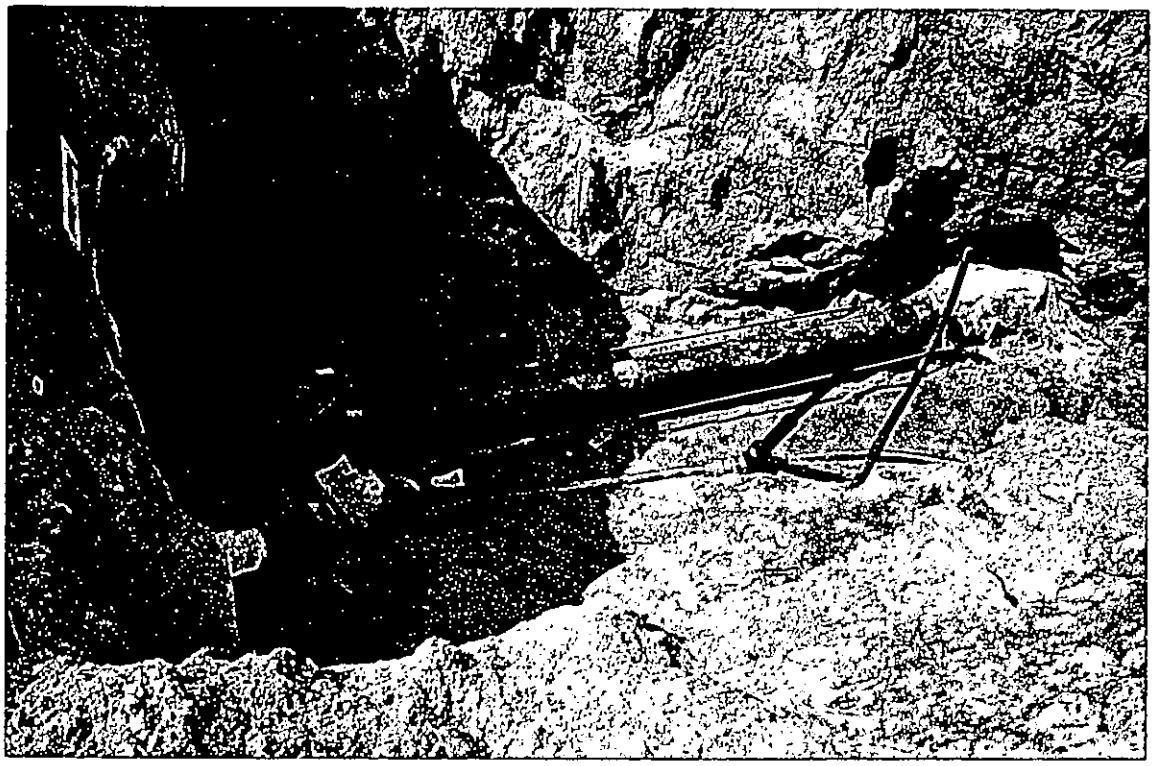


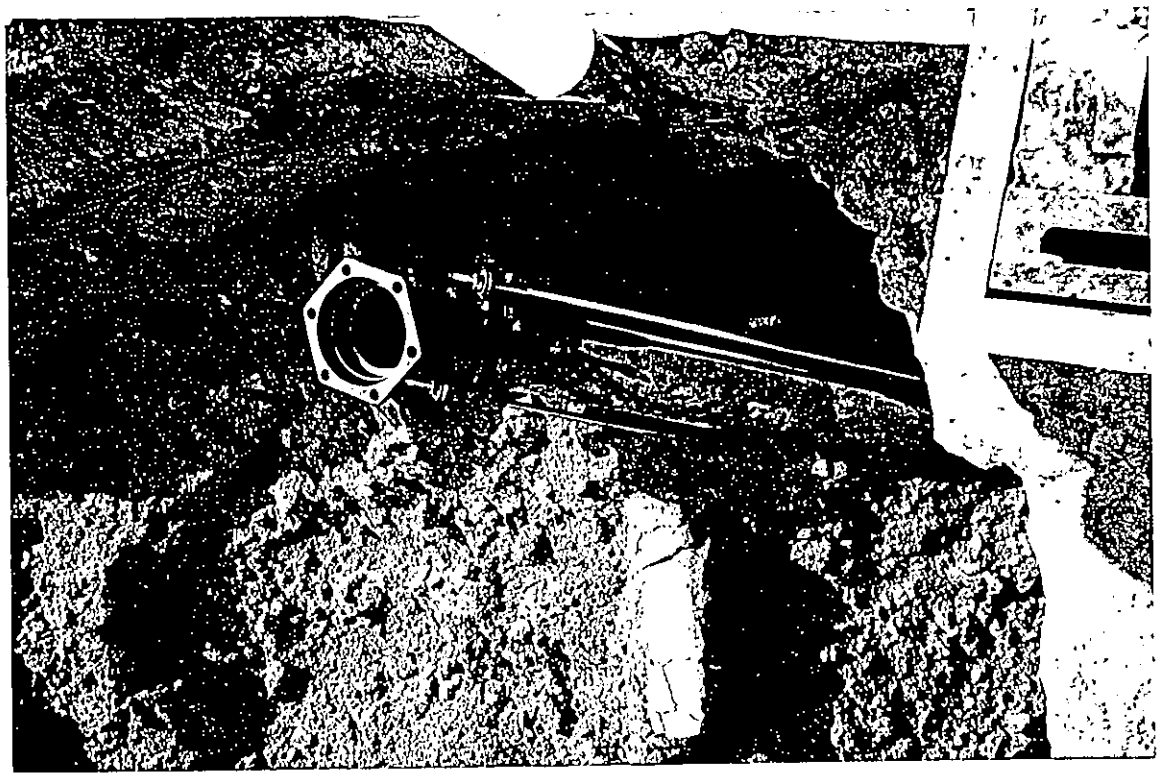


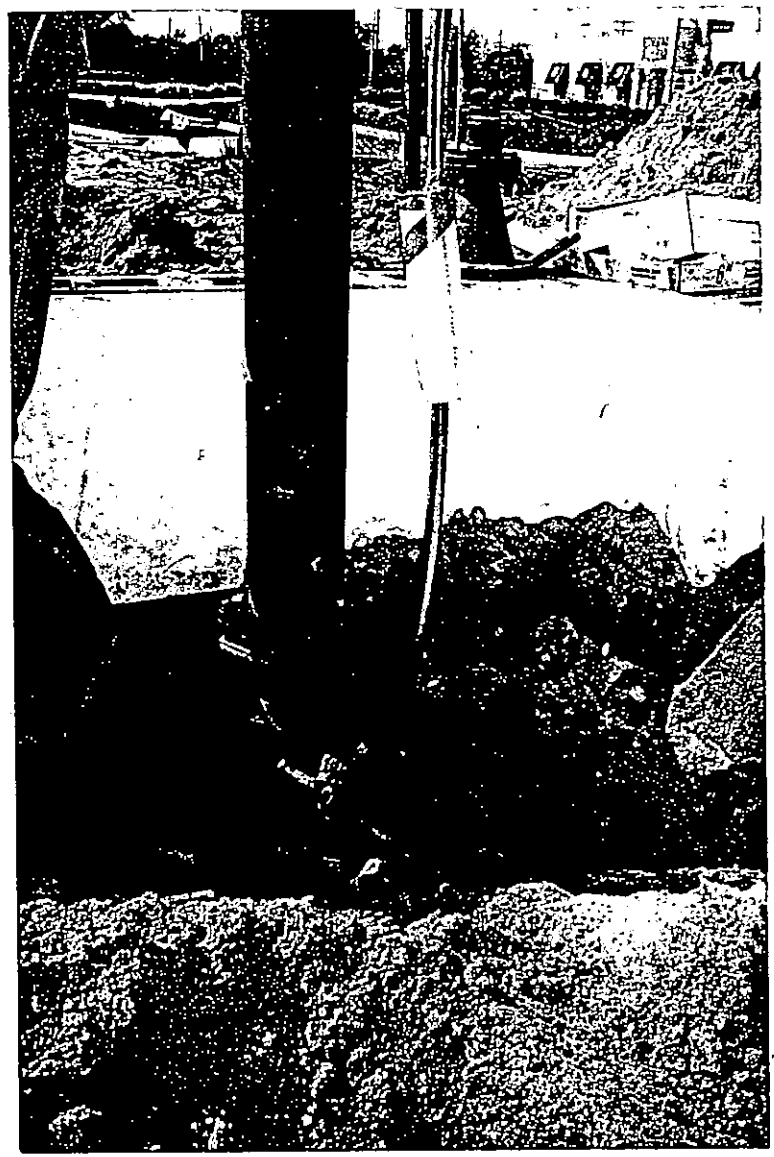


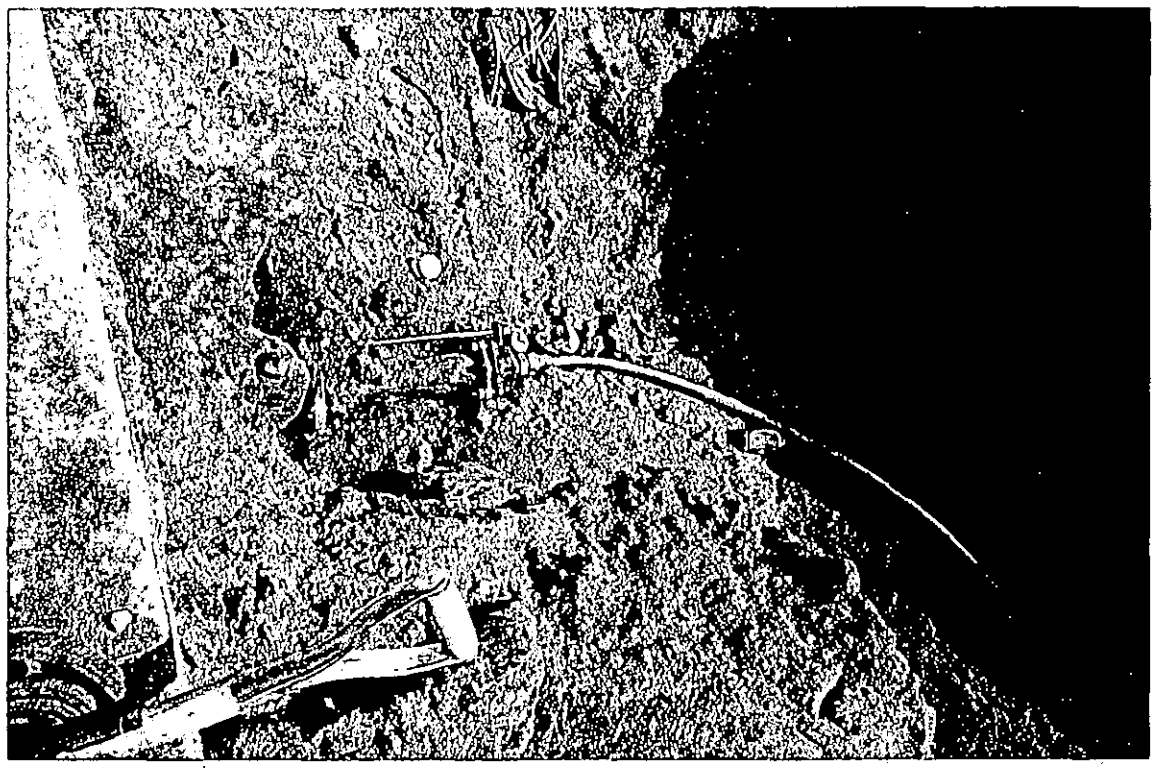


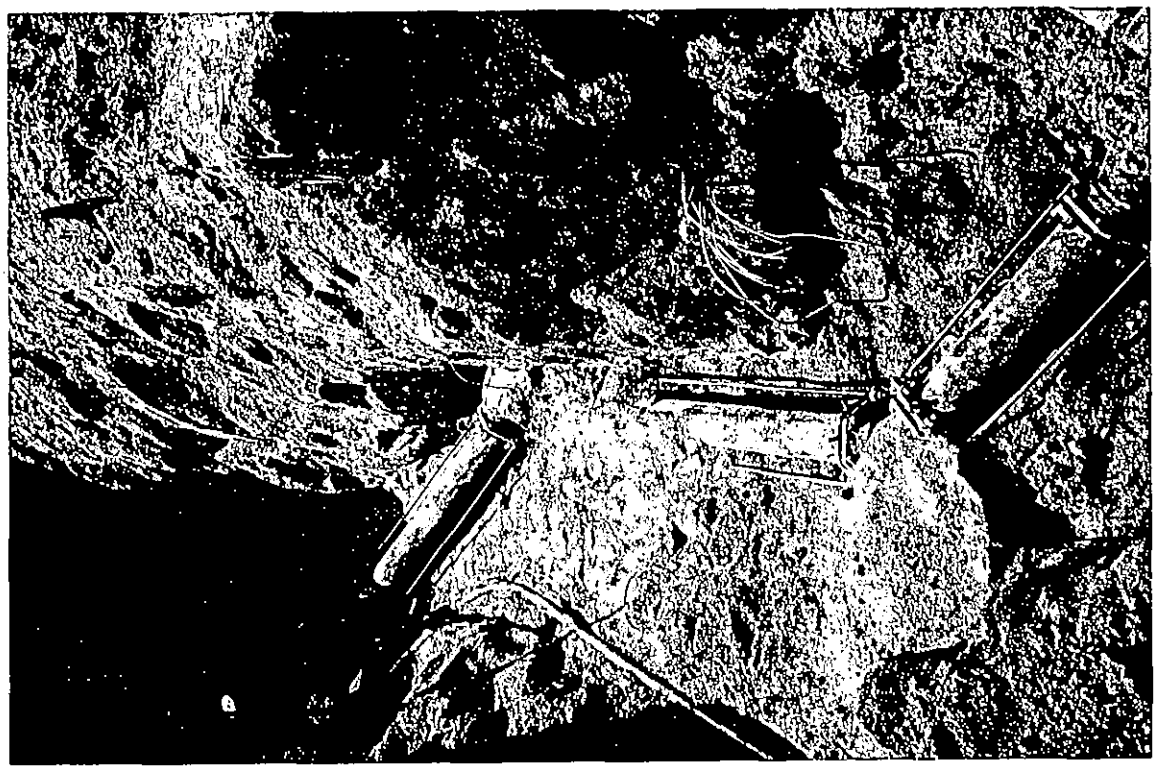


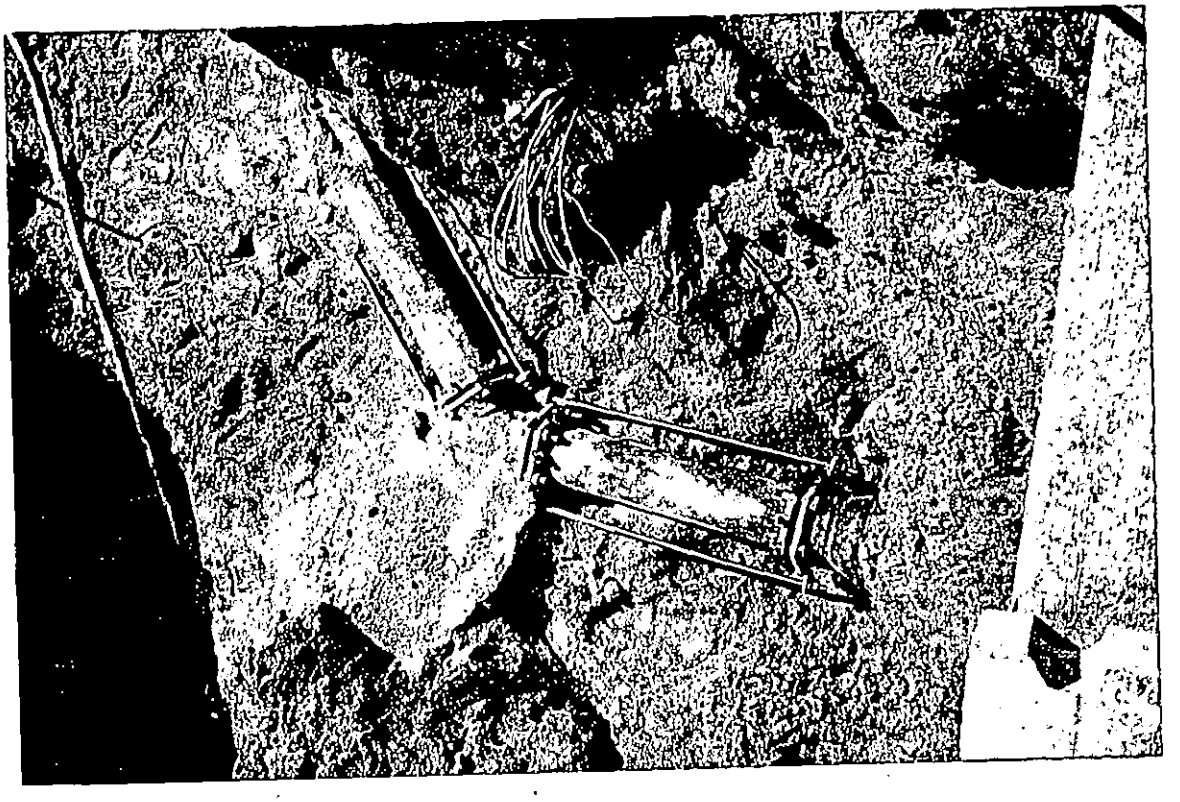












Bldg. M

KINKO'S Inc

Certificate of Occupancy Single Family Dwelling

99-3978

Location 1036 Cedar Bridge Block 468 Lot 8

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building		Approved	Temp CO
Plumbing	2/8/00	Approved	
Fire		Approved	2/8/00 OK
Electric		Approved	Temp CO
Ctf. of Comp.BTMUA		Approved	
HOW		Approved	
Engineering		Approved	
Soil		Approved	
Affordable Housing		Approved	
Commercial Occupancy Load		Completed	

C/O letter 1/19/00

1/19/00 Issued Temp C/O

99-3978

Certificate of Occupancy Single Family Dwelling

Location Kinko's Inc. Bldg. M Block 468 Lot 1

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building		Approved	
Plumbing		Approved	
Fire		Approved	
Electric		Approved	
Ctf of Comp BTMUA		Approved	
HOW		Approved	
Engineering		Approved	
Soil		Approved	
Affordable Housing		Approved	
Commercial Occupancy Load		Completed	
Public Works Garbage Can Receipt		Received	

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER Hinkson DATE 12-20-99

PROPERTY ADDRESS Cedar Bridge ave BLOCK 468 LOT 1

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

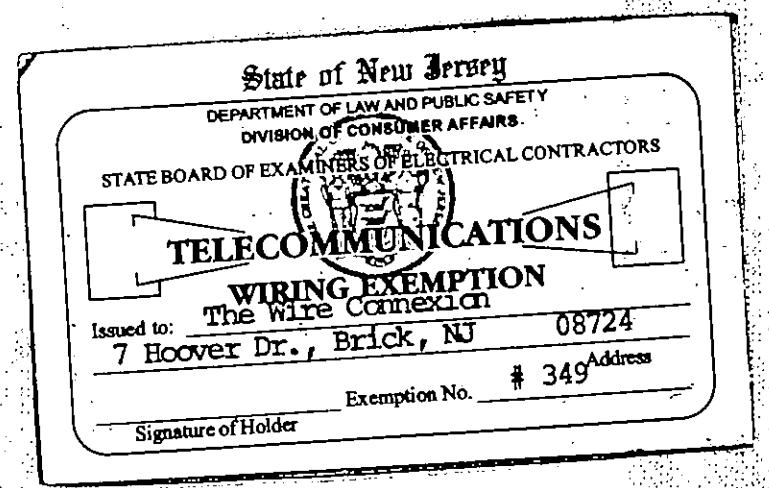
PLUMBING FIXTURES	NUMBER	(sfu) WATER UNITS	(dfu) DRAINAGE
1:BATHROOM GROUP			
2:KITCHEN GROUP			
3:WATER CLOSETS	2	5	
4:LAVATORY	2	2	
5:BATH TUB			
6:SHOWER STALL			
7:KITCHEN SINK	1	1.5	
8:SERVICE SINK	1	3	
9:LAUNDRY TRAY			
10:DISHWASHER			
11:WASHING MACHINE			
12:URINAL			
13:FLOOR DRAIN			
14:DRINK FOUNTAIN	1	.5	
15:AIR COND WATER COOLED			
16:DENTAL UNIT			
17:LAWN SPRINKLE			
18:FIRE SPRINKLE			
19:HOSE BIBS			

TOTAL 12

GALLONS PER MINUTE 11

SIZE OF SERVICE 3/4"

DATE: 12-20-99 APPROVED: _____



State of New Jersey

DEPARTMENT OF LAW AND PUBLIC SAFETY
DIVISION OF CONSUMER AFFAIRS

STATE BOARD OF EXAMINERS OF ELECTRICAL CONTRACTORS

TELECOMMUNICATIONS
WIRING EXEMPTION

Issued to: The Wire Connexion
7 Hoover Dr., Brick, NJ 08724
Address

Exemption No. # 349

Signature of Holder

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 10-27-99

JURISDICTION Albg (City, County, Township, etc.)

BUILDING LOCATION Kinkora (Street address)

BUILDING DESCRIPTION _____

REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
	Lav sinks need 42" from ℄ of	
	W.C.	
	Plumber was called	
	10/28/99 Resolved	

06/93

BOCA® NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation _____ Plan Review # _____

Fee _____ Date 10-20-95

JURISDICTION ELECTRICAL
(City, County, Township, etc.)

BUILDING LOCATION CEDAR BROOK DR
(Street address)

BUILDING DESCRIPTION KINKOS BLDG M

REVIEWED BY THOMAS OLSON

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No	DESCRIPTION	Code Section
	1) HVAC EQUIPMENT NOT LISTED ON PERMIT	
	2) WATER HEATER NOT LISTED ON PERMIT	
	3) ALL PANEL NOT LISTED ON PERMIT	
	PROPER AMP LISTING OF PANELS	
	4) ALL ___ FIXTURE COUNT ON PERMIT	
	CONTRACTOR CALLED	
	10-20-95	
	CHANGES MADE - 10-22-95 T.O	

06/93

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: ______________

Plan Review # ______________

Fee: ______________

Date: 10-22-98

JURISDICTION ______________
(City, County, Township, etc.)

BUILDING LOCATION Kinkos
(Street address)

BUILDING DESCRIPTION ______________

REVIEWED BY Ken

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review, accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	# of Devices And where are they going?	
	Called 10-22-98 ESIO Paul Rossett Electric	

Varsity plumbing

To Town of Brick

Here is my App
for plumbing at Kinkos
Brick plaza Any problems
call me AT 718-358-5400

Thank ya
Steve Cambria

10/21/99
Enter Clerk

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) 262-1024
Fax (732) 262-8954
http://www.gbshost.com/brick

Date_____

Municipal Engineer
401 Chambers Bridge Rd.
Brick, NJ 08723

RE: Bldg M- pad #54

Block 468 Lot 1

COMMERCIAL

I,_____ of _____
(name) (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, (circle one), *is/is not* located in a flood zone.

Respectfully Submitted,

_____
(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 mining permit.

OFFICE USE ONLY

Approved Date 9/12/05 By _____

Rejected Date_____ By_____

Remarks Per Site Plan

TOWNSHIP OF BRICK
PLOT PLAN REVIEW
CHECKLIST

BLOCK BLOCK 'M' LOT PAD #54 DATE RECEIVED 9-2-99

ADDRESS BRICK PLAZA SHOPPING CENTER

APPLICANT K.S. PARK ARCHITECT PHONE (212) 599 0044

CONTRACTOR To Be Determined PHONE

ADDRESS SUBDIVISION

TYPE OF WORK INTERIOR TENANT IMPROVEMENT ZONING APPROVAL

REVIEW FLOOD ZONE IDENTIFIED BY FIRM ELEV.

PANEL # MAP # DATED

FEMA LETTER RECEIVED YES NO

		YES	NO	N/A
1.	SITE PLAN &/OR SURVEY SIGNED & SEALED			
2.	DRAW TO A SCALE OF NOT LESS THAT 1"-100'			
3.	EXISTING ELEVATIONS (NGVD IN FLOOD ZONES)			
4.	SIDE PROPERTY LINES & DWELLINGS & PROP. CORNERS			
5.	STREET GUTTER, TOP CURB & CENTER LINE ELEV.			
6.	CONTOURS; 1' INCREMENTS / IF ELEV. FLUCTUATES 2'			
7.	ADJACENT DWELLING CORNERS			
8.	PROPOSED GRADING			
9.	GARAGE / 1ST FLOOR / CRAWLSPACE / BASEMENT ELEV.			
10.	LOT GRADING / FILLING & FINAL ELEVATION			
11.	METHOD OF DRAINING			
12.	FLOOD OPENING SIZED & PLACED			
13.	DRIVEWAY WIDTH / TYPE & DRAINAGE			
14.	DIMENSIONS / ACREAGE OF PARCEL IN QUESTION			
15.	LOCATION OF FLOODWAY BOUNDARY / HAZARD AREA			
16.	SIDEWALK			
17.	PARKING AREAS			
18.	UTILITY & CONNECTIONS; WATER / SEWER / GAS / ELEC			
19.	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES, SIGNS			
20.	STREETS			
21.	CURBING			
22.	DESCRIPTION OF ALTERATIONS / REL. OF WATERCOURSE			
23.	PRIOR APPR: ARMY CORP / NJDEP / WETLANDS, ETC.			
24.	SOIL CONSERVATION SERVICE			
25.	PLANNING BOARD			

PLOT PLAN REVIEW DATE APPROVED REJECTED

SIGNATURE

REVISED

REVISED

REVISED

FIELD CHECK

REVISED

REVISED

REVISED

MUNICIPAL ENGINEER

REVISED

REVISED

REVISED

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 468 LOT 1 SITE ADDRESS Brick Plaza
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS Tenant F.I.T.
APPLICANT Kinko's Inc. PHONE NUMBER 1-805-477-5079
APPLICANT ADDRESS 5700 Ralston St. Suite 300 CITY & STATE Ventura Ca.
PERMIT # NAME OF BUSINESS Kinko's

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 %

◊ Commercial is .01 %

Estimated Assessment $ 240 000.00 Date 11-8-99
Estimated Required Fee $ 2400.00
Required Deposit on Estimate $ 1200.00 Date 11-17-99
Check # 249125 Receipt # 8387
Actual Assessment $ 240,000.00 Date 3-2-00
Actual Required Fee $ 2400.00
Minus Deposit of Estimate $ 1200.00
Balance Due $ 1200.00 Date 3-9-00
Check # 285629 Receipt # 8549
Amount Paid In Full $ 2400.00

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.

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: 11-5-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 468 LOT 1 SITE ADDRESS Brick Plaza Tenant F.T.U.P.

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Bldgm

APPLICANT Kinkos Inc. CITY & STATE Ventura Ca

☒ 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:

$ ~~0~~ 240,000.00

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

11/8/99

Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ 240,000.00

Frederick R. Millman

Frederick R. Millman, CTA, Tax Assessor

3/1/00

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, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:
Frederick J. Underwood, Sr. - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

OFFICE OF AFFORDABLE HOUSING
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
Fax: (732) 262-8954 or (732) 920-1456
http://www.twp.brick.nj.us

March 2, 2000

Kinko's Inc.
5700 Ralston Street Suite 100
Ventura, CA 93403

RE: Mandatory Development Fee
Block 468, Lot 1; Kinko's, Brick Plaza

To Whom It May Concern:

As you are aware, mandatory development fees are due under Township Ordinance 354-2C-93 in conjunction with our Fair Share Plan.

A certificate of approval was issued in error for the above subject site. The total fee due and owing at this time is $1,200. Please remit within ten (10) days of receipt of this letter. If this fee is not paid within the designated time period, your certificate of approval will be revoked.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

cc: Ann Dougherty, Esq.
Joseph Curiazza, Bldg. Code Official

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: 11-5-99

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 468 LOT 1 SITE ADDRESS Brick Plaza

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Tenant Fitup Bldgm

APPLICANT Kinko's Inc. CITY & STATE Ventura Ca

☒ 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:

$ 1,241,000.00

Frederick R. Millman, CTA, Tax Assessor

11/8/99

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

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048
FAX (732) 262-8954 or (732) 920-1456
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

November 8, 1999

Kinko's Inc
5700 Ralston St
Suite 100
Ventura, CA 93403

RE: Mandatory Development Fee
Block 468, Lot 1 ~ Brick Plaza ~ Kinko's

To Whom It May Concern:

The Township of Brick has enacted Ordinance 354-2C-93 in conjunction with our Fair Share Plan, which was certified by the New Jersey Council on Affordable Housing on February 3, 1993.

This Ordinance requires that commercial development applicants pay a fee in the amount ofone percent of the assessed value per project. The municipal Tax Assessor has estimated the value of the work to be completed under the construction permit application received on November 4, 1999, for the above block and lot at $240,000.00, resulting in an estimated fee of $2,400.00.

Therefore, you are required to submit one half of the estimated fee ($1,200.00) in the form of a check made payable to the Township of Brick for deposit into the Affordable Housing Trust Fund. Upon your request for a final Certificate of Occupancy/Approval, your permit application will again be processed. If the assessed value is adjusted at that time, the balance due on your account will be adjusted accordingly. All remaining fees will be collected prior to issuance of the Certificate of Occupancy.

May I suggest that you contact this office approximately two weeks prior to your request for a C.O. so as to allow adequate time for the Assessor to conduct a final evaluation of the site.

If you have any questions, please contact me.

Sincerely,

Carol A. Wolfe (KT)

Carol A. Wolfe
Affordable Housing Administrator

CAW/kt

MandDevCommLtr2/99

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 468 LOT 1 SITE ADDRESS [illegible] Plaza
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS [illegible]

APPLICANT K. Ko's Inc. PHONE NUMBER 1-805-477-5079
APPLICANT ADDRESS 510 K[illegible] St. Suite W CITY & STATE [illegible]
PERMIT # _____ NAME OF BUSINESS K. Ko's

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 %

◊ Commercial is .01 %

Estimated Assessment $ 240,000.00 Date 11-8-99

Estimated Required Fee $ 2400.00

Required Deposit on Estimate $ 1200.00 Date 11-17-99

Check # 2[illegible]125 Receipt # [illegible]357

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.

_____

Carol A. Wolfe
Affordable Housing Administrator

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

PEG/PARK ARCHITECTS, P.C.

Retail Design
Corporate

99-3978 tc

Date: 09 November 99

Fax to: Frank Mizer
Building Sub-Code Official
Township of Brick

(732) 262 8954

Fax number:

This transmission is intended only for the use of the addressee and may contain information that is privileged and confidential. If you are not the intended recipient, you are hereby notified that any dissemination of this communication is strictly prohibited. If you have received this communication in error, please notify us immediately.

Project: 99153 – Building M/ Pad #54/
Brick Plaza Shopping Center,
Cedar Bridge Avenue, Brick NJ

Re:

Remarks:

RE: Kinko's at Brick Plaza Shopping Center

Please find attached the following drawings:

- A1 Revision 2
- Extract from A1 Revision 2 showing the front doors changed from a pair of automatic bi-fold doors to a pair of automatic swing doors.
- Extract from A1 Revision 2 showing the restrooms amended to provide 3'-6" clear between the side of the lavatory and center of the toilet.

Please confirm that both amendments are acceptable – I can be contacted on (212) 599 0044 ext. 228

Thank you,

Judith Topley

Sent by:

Copies to:

Judith Topley

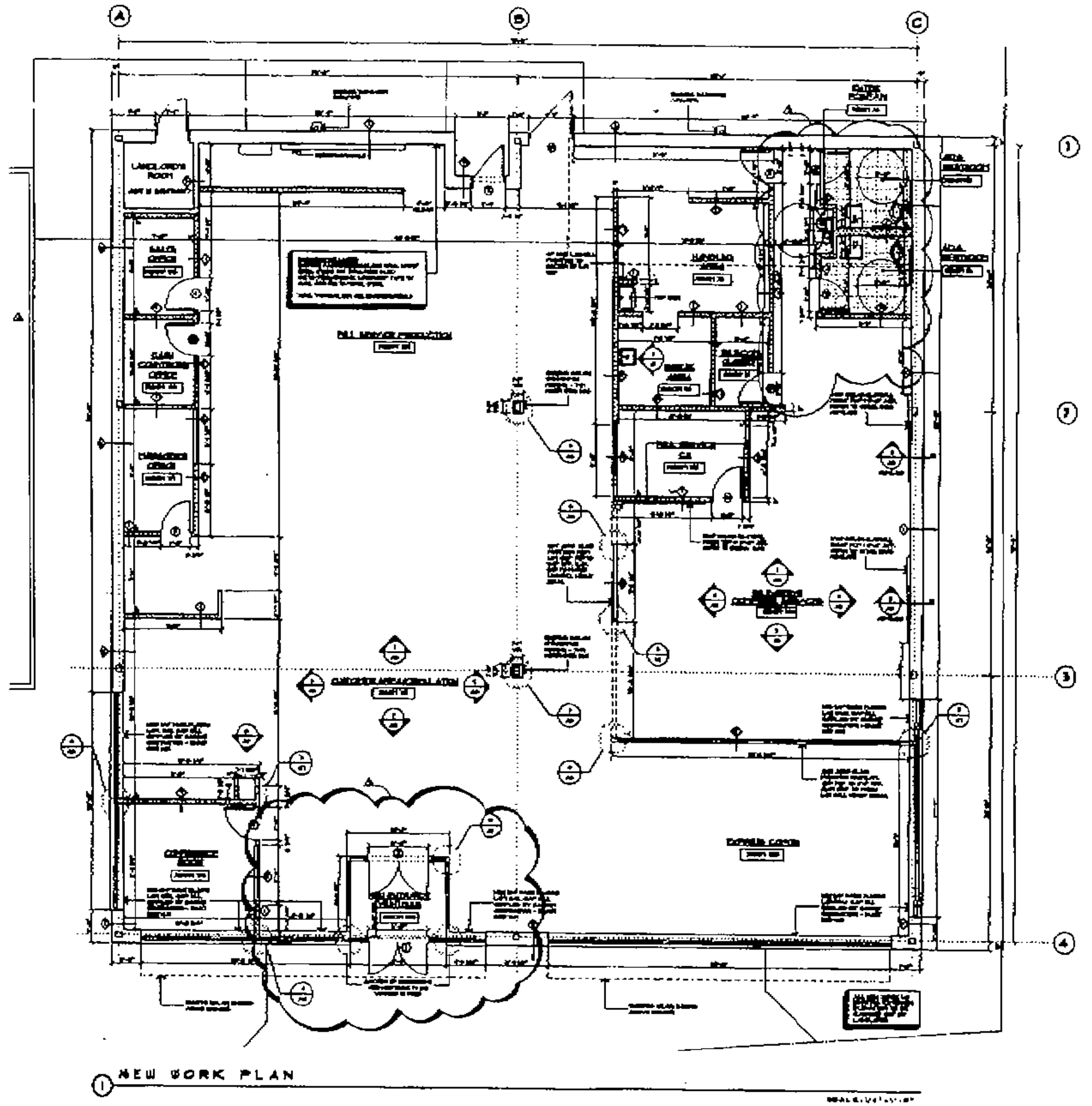
Number of pages including cover:

360 Lexington Avenue New York, NY 10017 212.599.0044 fax 212.599.0066
30 Glenn Street White Plains, NY 10603 914.949.6505 fax 914.949.1694

SYMBOL LEGEND

SYMBOL	DESCRIPTION
	[illegible]

GENERAL NOTES



(1) NEW WORK PLAN

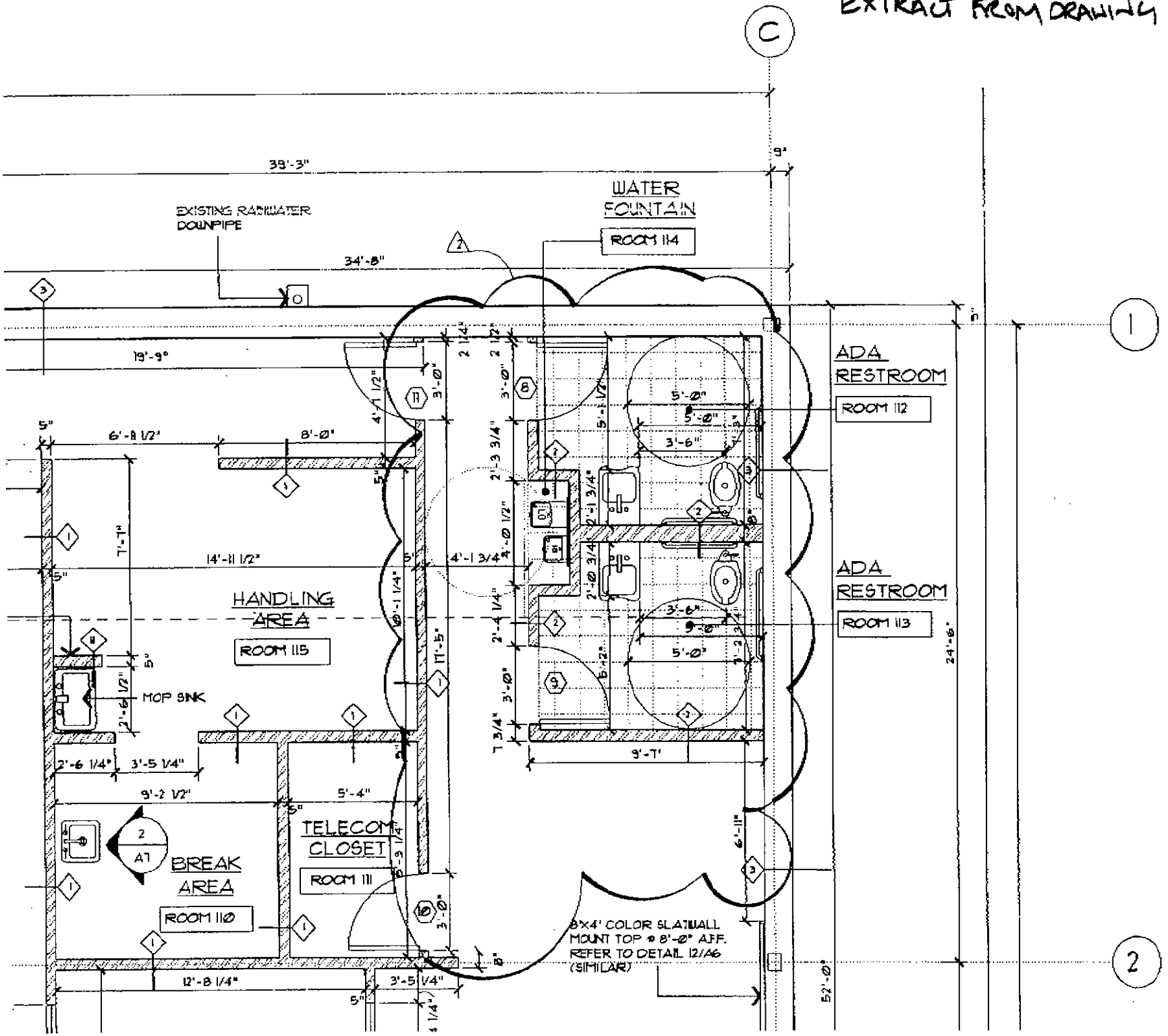
kinko's

BRICK PLAZA
CEDAR BRIDGE AVENUE
BRICK, NJ

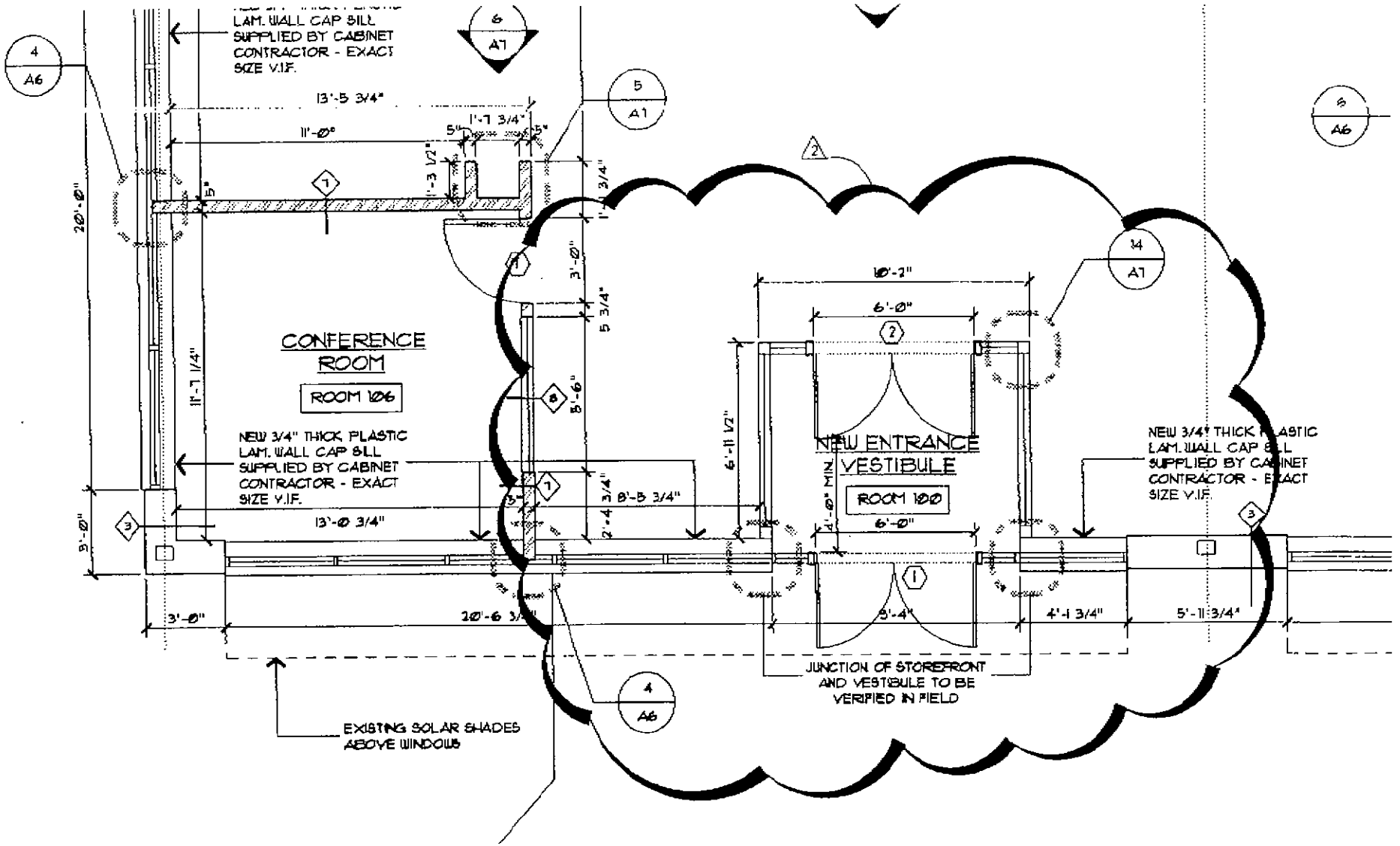
ARCHITECTURAL FLOOR PLAN

A1

EXTRACT FROM DRAWING A1 REV 2



EXTRACT FROM DRAWING A1 REV 2



1 NEW WORK PLAN

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation:

Fee:

Plan Review #

Date: 10-27-99

JURISDICTION Pltfy

(City, County, Township, etc.)

BUILDING LOCATION Kinkos

(Street address)

BUILDING DESCRIPTION

REVIEWED BY [signature]

Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

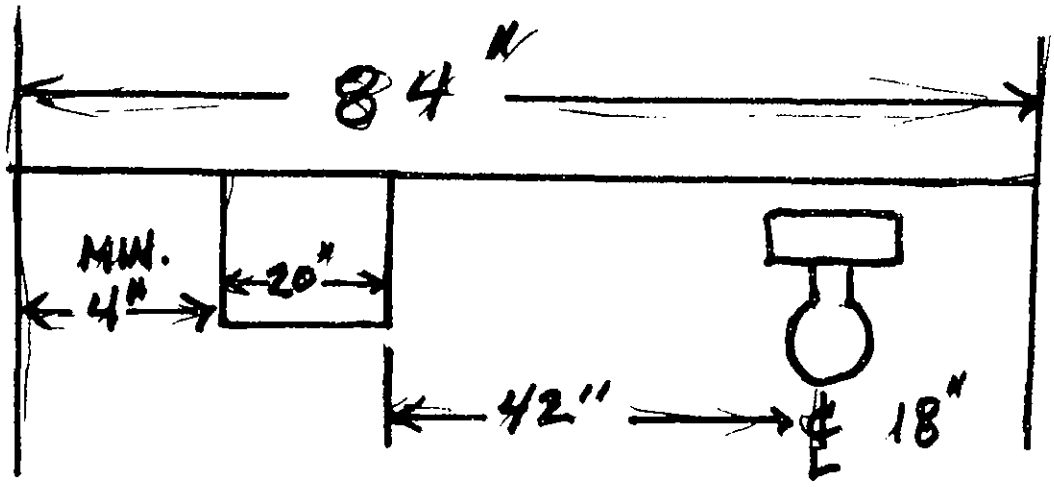
CORRECTION LIST

No.	DESCRIPTION	Code Section
	Lav sinks need 42" from ℄ of	
	W.C.	
	Water closet Plumber was called	
	KINKO'S	
	Bernie,	
	From what I understand	
	You will be inspecting my	
	job Fri 10-29-99	
	Here are the changes you	
	asked for Thanx John Metz	

06/93

Rec'd 10/28/99

John - CELL # (908) 400-5967



BRICK, NJ
1048 CEDARBRIDGE AVE

PHONE: (732) 477-9605
FAX: (732) 477-9605

John Metz
(SUPER)

VIA = MARK COX

PEG/PARK ARCHITECTS, P.C.

Retail Design
Corporate

Post-it® Fax Note 7671	Date 10/28/99 # of pages ▶ 5
To John Metz	From Grace
Co./Dept. KCI	Co. PEG/PARK
Phone # 732-477-9606	Phone #
Fax #	Fax #

Date 28 Oct. 1999

Fax to Mark Cox

Fax number 201-392-8894

Brick Plaza
Cidar Bridge Ave.
Brick. N.J.

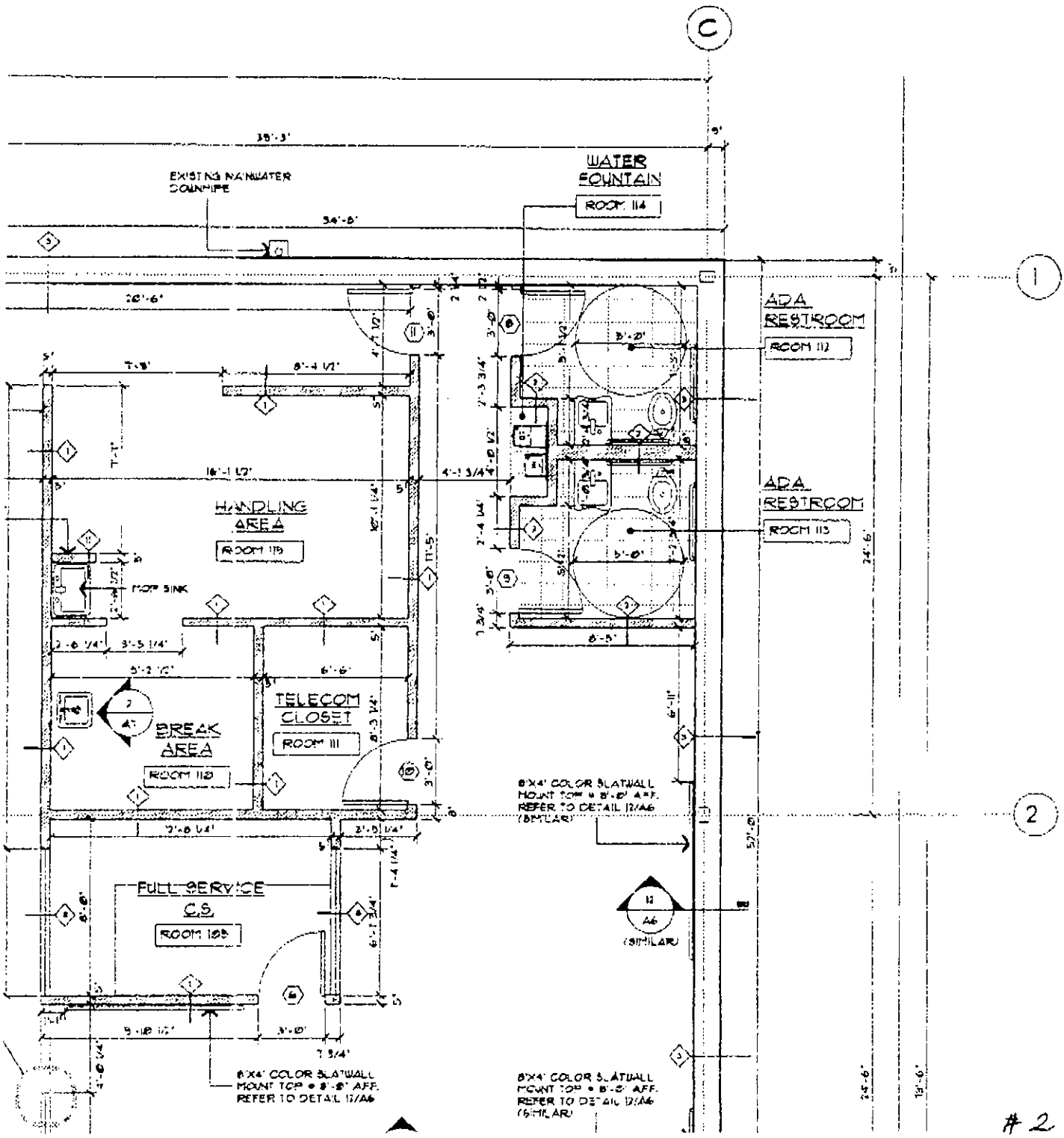
Dear Mark,
In response to your phone call this morning, Attached please find floor plans of the above captioned project. Pages 3 & 4 shows revisions on ADA restrooms to comply with code.

Regards,
Grace

Copies to John Metz 732-477-9606
Judith Tapley, PEG/PARK

Number of pages including cover 5

360 Lexington Avenue New York, NY 10017 212 599.[illegible] fax 212.599.[illegible]
90 Glenn Street White Plains, NY 10603 914.949.6505 fax 914.949.1696

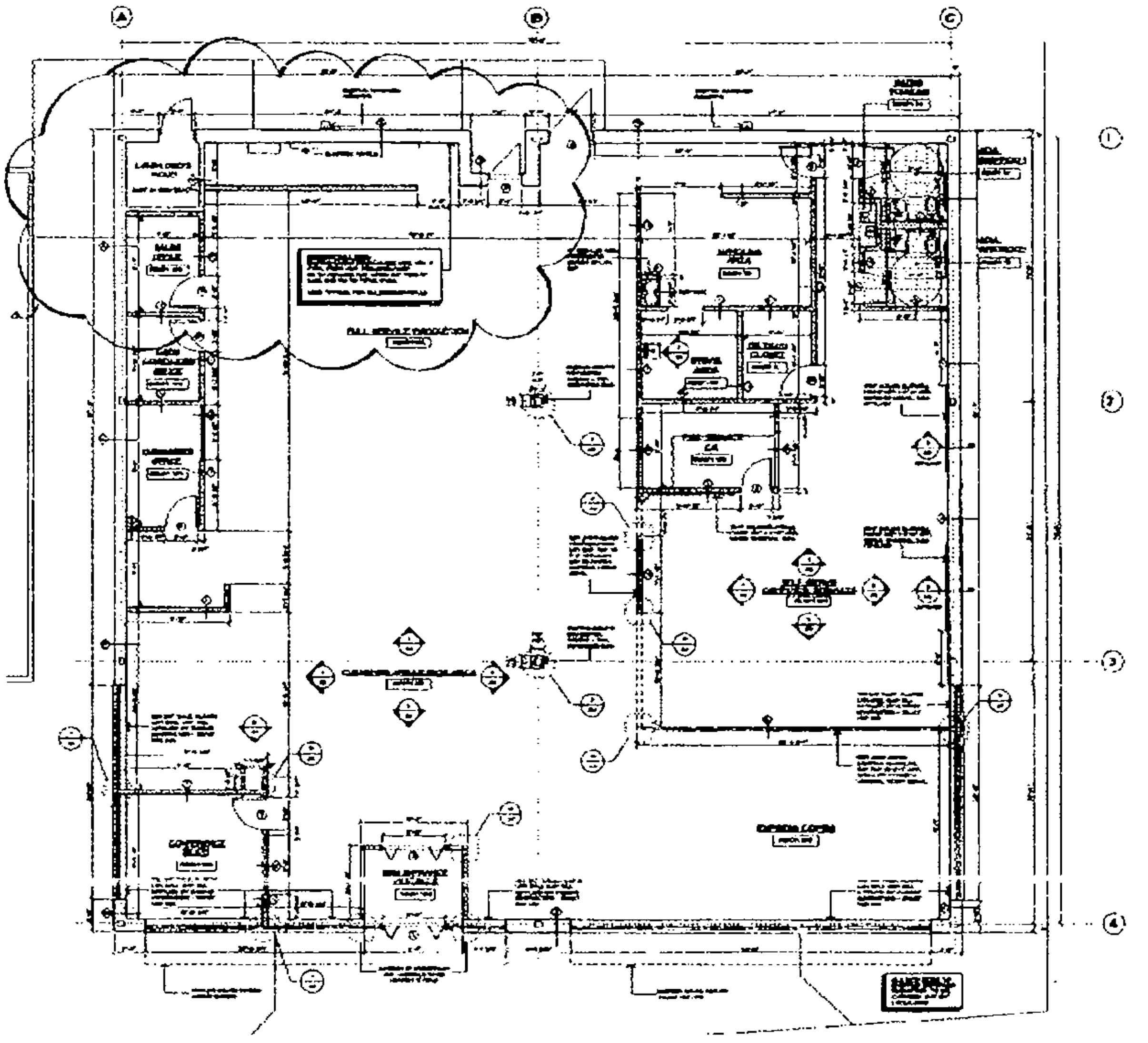

C
1
2
WATER FOUNTAIN
ROOM 114
EXISTING RAINWATER DOWNPIPE
ADA RESTROOM
ROOM 112
ADA RESTROOM
ROOM 113
HANDLING AREA
ROOM 119
MOP SINK
TELECOM CLOSET
ROOM 111
BREAK AREA
ROOM 110
FULL SERVICE C.S.
ROOM 105
6'X4' COLOR SLATWALL MOUNT TOP @ 8'-0" A.F.F. REFER TO DETAIL 17/A6 (SIMILAR)
6'X4' COLOR SLATWALL MOUNT TOP @ 8'-0" A.F.F. REFER TO DETAIL 17/A6
6'X4' COLOR SLATWALL MOUNT TOP @ 8'-0" A.F.F. REFER TO DETAIL 17/A6 (SIMILAR)

#2

SYMBOL LEGEND

SYMBOL	DESCRIPTION

GENERAL NOTES



NEW WORK PLAN

	DATE	REVISION

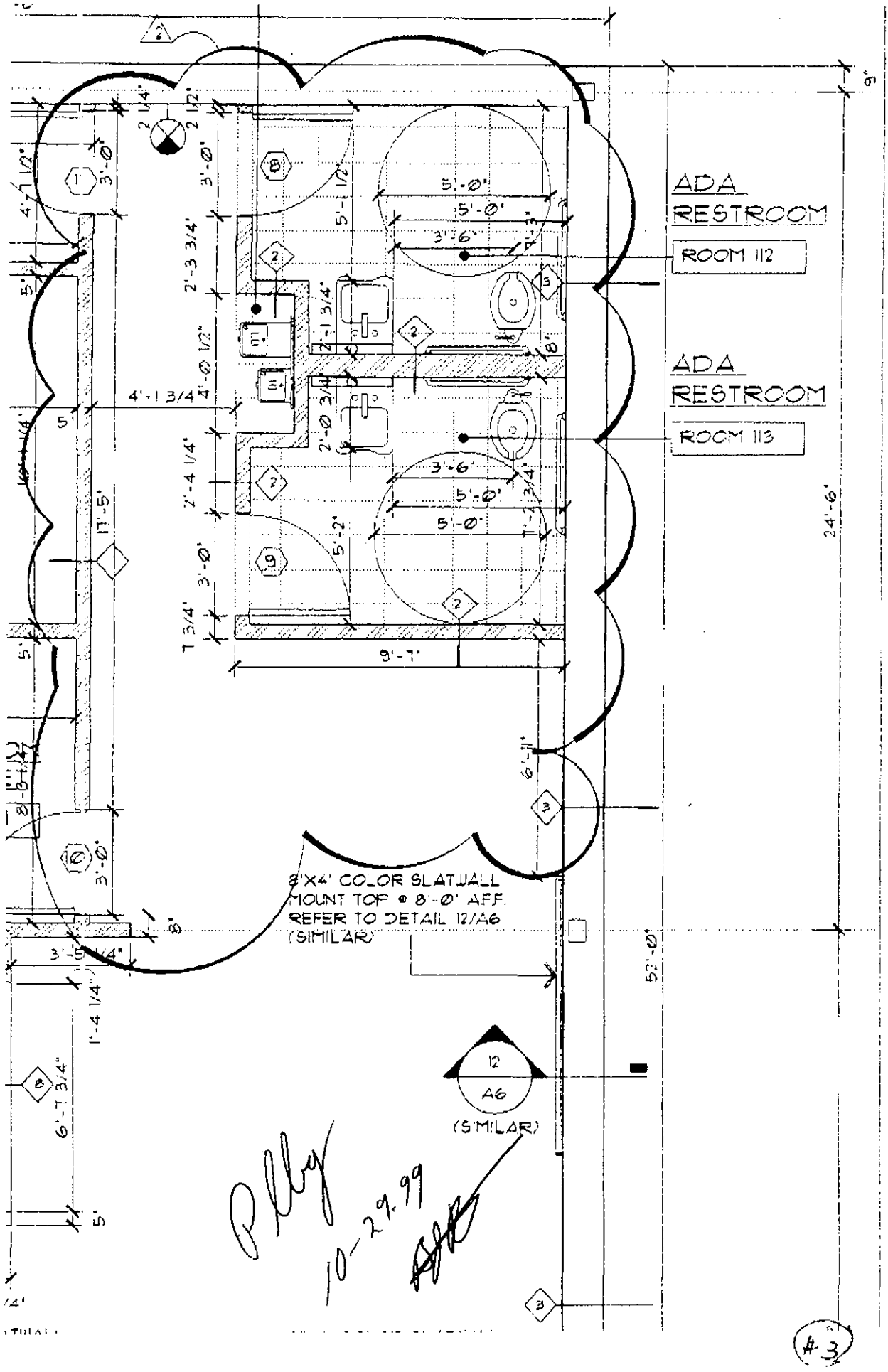
kinko's

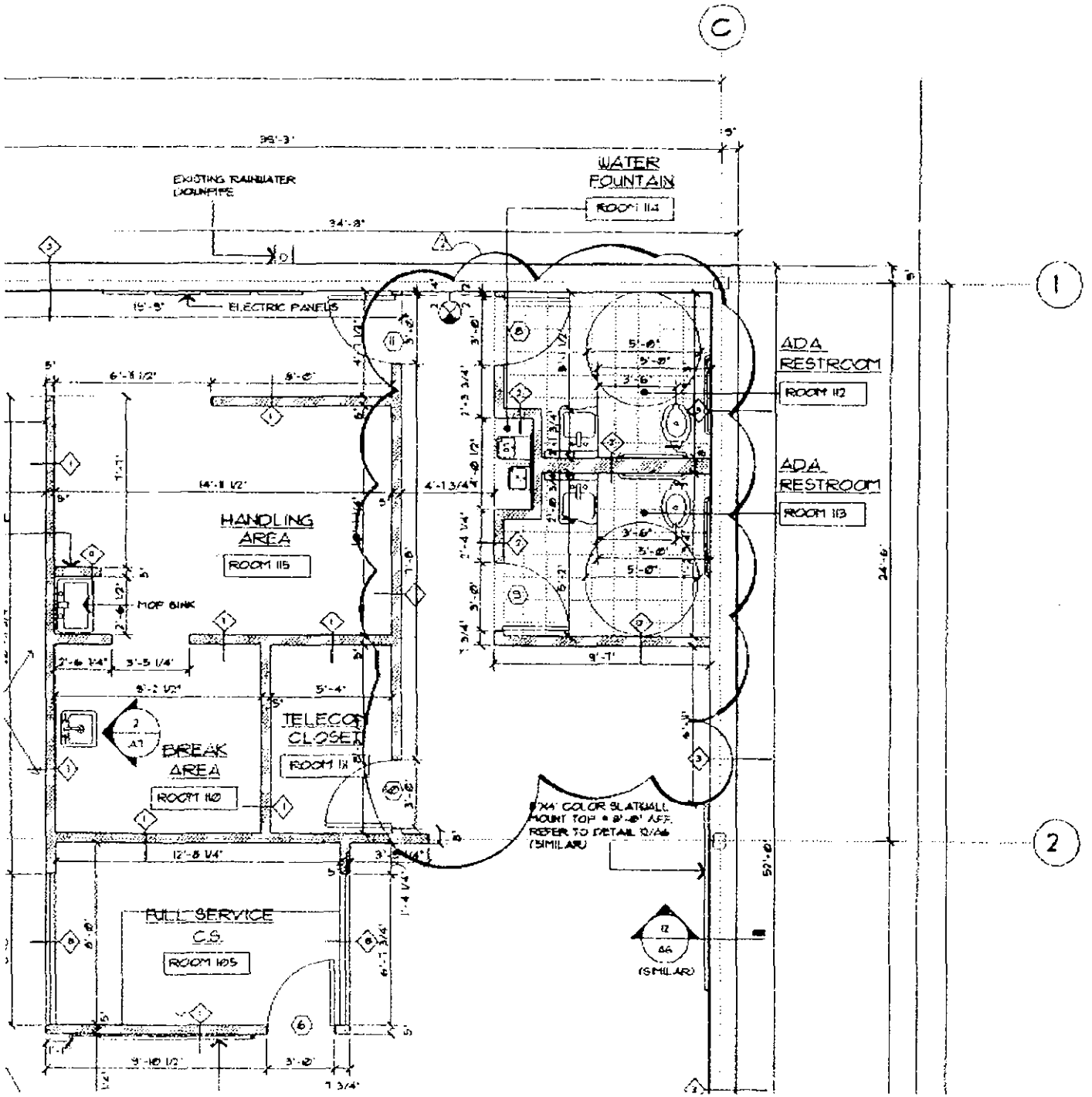
BRICK PLAZA
CEDAR BRIDGE AVENUE
BRICK, NJ

ARCHITECTURAL
FLOOR PLAN

A1

#1


ADA
RESTROOM
ROOM 112
ADA
RESTROOM
ROOM 113
8'X4' COLOR SLATWALL
MOUNT TOP @ 8'-0" AFF.
REFER TO DETAIL 12/A6
(SIMILAR)
12
A6
(SIMILAR)
10-29-99
#3


C
1
2
WATER FOUNTAIN
ROOM 114
EXISTING RAINWATER DOWNPIPE
ELECTRIC PANELS
ADA RESTROOM
ROOM 112
ADA RESTROOM
ROOM 113
HANDLING AREA
ROOM 115
MOP SINK
BREAK AREA
ROOM 110
TELECOM CLOSET
ROOM 111
FULL SERVICE C.S.
ROOM 105
6'X4' COLOR SLATWALL MOUNT TOP @ 3'-6" A.F.F. REFER TO DETAIL 12/A6 (SIMILAR)
12/A6 (SIMILAR)
39'-3"
34'-8"
24'-6"
52'-6"

NEW WORK PLAN

SYMBOL LEGEND

SYMBOL	DESCRIPTION

GENERAL NOTES

kinkos

BRICK PLAZA
CEDAR BRIDGE AVENUE
BRICK, NJ

ARCHITECTURAL
FLOOR PLAN

A1

(#6)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 468 LOT 1 SITE ADDRESS Br ck Pl[illegible]
TYPE OF SITE Residential //Commercial TYPE OF BUSINESS
APPLICANT K[illegible] Inc PHONE NUMBER 5?5- 477-5079
APPLICANT ADDRESS 5700 K[illegible] St. S[illegible] CITY & STATE V[illegible] Ca
PERMIT # C8-81 NAME OF BUSINESS K Kn[illegible]

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 $ Ø Date 9-22-99

Estimated Required Fee $ Ø

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 9-22-99

Carol A. Wolfe
Affordable Housing Administrator

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

Kinko's. +A update

COUNTER FORM
PLEASE PRINT

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

Kinkos copy

Site Location: Brick plaza Blg M — Date Rec'd.:
Block: PAD #54 Lot: — Date Issued:
Owner in Fee: Federal Realty. corp — Control #:
Address: 1626 East Jefferson st Rockville md — Permit #:

State: Zip: Phone: ( )
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

CONTRACTOR: VArsity plumbing
ADDRESS: 41-23 Haight street Flushing NY
PHONE: 718-358-5400
LIC #: 10602
LIC. EXPIRATION DATE: 6/30/01
FEDERAL EMP. # (or S.S. #): 11-215-0085

TECHNICAL SITE DATA (LIST ALL FIXTURES)

NO.	FIXTURE/EQUIPMENT
2	Water Closet
	Urinal / Bidet
	Bath Tub
2	Lavatory
	Shower
	Floor Drain
2	Sink
	Dishwasher
1	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
1	Gas Service Connection
	Active Solar System
1	Vent Through Roof
	Other

RECEIVED
OCT 21 1999
DIV. OF INSPECTION

Estimated Cost of Plumbing Work: $ 15,000
Signature: [signature]
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:

THIS SIDE N/A

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:

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/E.A.C. Panel		
TOTAL NUMBERS		
Pool Permit w/IUW 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:

kinko's
Accounts Payable Processing
P O Box 8060
Ventura CA 93002-8060
(805) 477 5700

BANK OF AMERICA
Commercial Disbursement Account
Northbrook, IL

70-2328
0719

NO 0024812

AMOUNT

PAY DATE 11/16/99 248125 $ 1200 00

ONE THOUSAND TWO HUNDRED AND 00/100 DOLLARS

TO THE ORDER OF
TOWNSHIP OF BRICK
OCEAN COUNTY NEW JERSEY
401 CHAMBERS BRIDGE RO
BRICK NJ 08723
USA

Two ig tu eq ired for mount $25 000

Treasurer Kinko s inc

⑈00248125⑈ ⑆071923284⑆ 7765?? 00607⑈

Date 11-17-99

Business/Development Kinko's

Owner/Applicant Kinko's

Property Address Brick Plaza

Block 468 Lot 1

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 248125

Estimated Fee $ 2400 00

Deposit Amount $ 1200 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 $ _____

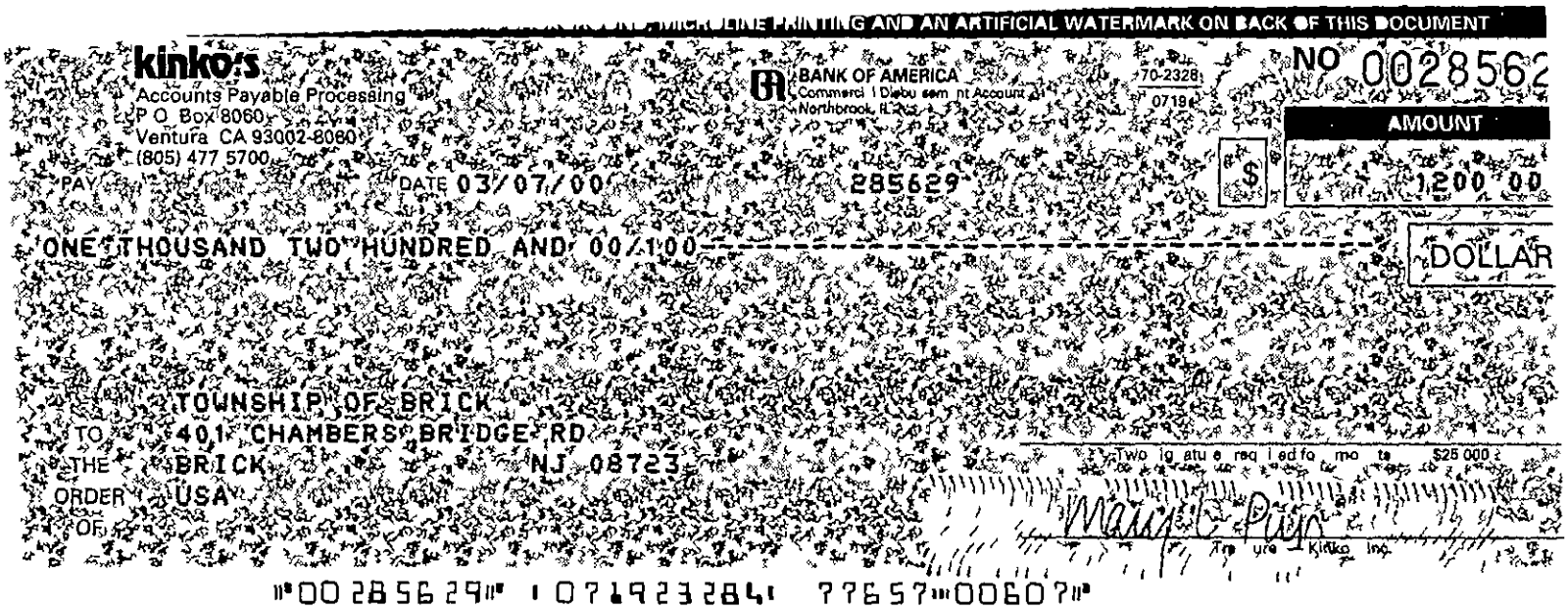
FOR DEPOSIT ONLY AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

11/17/99
Date



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

Date 3-9 00

Business/Development K-Kos

Owner/Applicant K-Kos

Property Address Brick Plaza

Block 468 Lot 1

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 00285629

Final Fee $ 2400 00

Less Deposit $ 1200 00

Final Payment $ 1200 00

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

3-9-00
Date

COUNTER FORM
PLEASE PRINT

WNSHIP OF BRICK
Chambers Bridge Road
k, New Jersey 08723
732-262-1027

Site Location: BRICK PLAZA SHOPPING CENTER Date Rec'd.:
Block: BLDG 'M' Lot: PAD # 54 Date Issued:
Owner in Fee: KINKO'S INC. Control #:
Address: 5700 RALSTON STREET Permit #:
SUITE 100
VENTURA
State: CA Zip: 93403 Phone: (805) 477 5879
SS #: Provide only if Applicant is owner

PLUMBING SUBCODE

ONTRACTOR: Kinko's Inc.
DDRESS: 5700 Ralston Inc. Suite100
Ventura CA 93403
ONE:
C #:
C EXPIRATION DATE:
DERAL 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

timated Cost of Plumbing Work: $
gnature:

ner ☐ Contractor ☐
BCODE APPROVAL:
ANS: Required ☐ Approved ☐
roved by:
e:
ONTRACTOR AFFIX SEAL:

BUILDING SUBCODE

CONTRACTOR: KinKO's Inc.
ADDRESS: 5700 Ralston Street Suite100
~~CA~~ Ventura CA 93403
PHONE: 805-477-5879
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: INTERIOR ☐ Asbestos Abatement
☐ Other: ☐ Demolition

BUILDING CHARACTERISTICS

USE GROUP Present: Proposed: B
CONSTR. CLASS Present: Proposed:
No. of Stories: 1
Height of Structure: 20'
Area - Largest Floor: 6000 sq ft
New Building Area / All Floors: 6000 sq ft
Volume of Structure: Total Land Disturbed:
Signature:

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

Approved by:

PLEASE PRINT

ELECTRICAL SUBCODE

CONTRACTOR: Kinko's Inc
ADDRESS: 5700 Ralston St. Suite 100
Ventura CA 93403
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 SUBCODE

CONTRACTOR: Kinko's Inc
ADDRESS: 5700 Ralston St. Suite 100
Ventura CA 93403
PHONE:
LIC. #: EXP. DATE:
FEDERAL EMPL. # (or S.S. #):

TECHNICAL DATA (DESCRIPTION OF WOR

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: Fue
Combustable Liquid Storage Tanks Capacity: Fue
L.G.P. Storage Tanks Capacity: Fue

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:

Block - 468
LOT 1

COUNTER FORM
PLEASE PRINT

*

ELECTRICAL SUBCODE

CONTRACTOR: Paul F. [illegible]
ADDRESS: 262 - Harmon Ave
[illegible] N.J. 07024
PHONE: 201 - 941 - 5761
LIC #: 6637 EXP DATE: 3/31/00
FEDERAL EMPL. # (or S.S. #): [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	106	
Receptacles	110	
Switches	15	
Detectors	25	
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points		
Alarm Devices/F.A.C. Panel	1	
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	2 - 1500 / 3[illegible]	KW
KW Elec. Dryer / Receptacle	4 and 2 - 2300	KW
KW Dishwasher	1 2?	KW
HP Garbage Disposal		HP
KW Central A/C Unit	2 - 5?	KW
HP/KW Space Heater/Air Handler		HP/KW
KW Baseboard Heat		KW
HP Motors 1/+ HP		HP
KW Transformer/Generator		KW
AMP Service	EXISTING 600	AMP
AMP Subpanels	A-300A - B-400, C-225 - D225	AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

Estimated Cost of Electrical Work: $ 80,000.00
Signature (print name): [signature]
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: SAME
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 Supervision
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	25
Heat Detectors	
Total	25
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: $ [illegible]
Signature: [signature]
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Update
99-3918+A

COUNTER FORM
PLEASE PRINT

ELECTRICAL SUBCODE #	FIRE PROTECTION SUBCODE #
CONTRACTOR: Paul F. Roscitt Electric	CONTRACTOR: Paul F. Roscitt Electric
ADDRESS: 262 Harmon Avenue Fort Lee, NJ 07024	ADDRESS: SAME
PHONE: 201-941-5768	PHONE:
LIC. #: 6637 EXP. DATE: 3/30	LIC. #: EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): 222-577-173/000	FEDERAL EMPL. # (or S.S. #):
TECHNICAL DATA (LIST ALL FIXTURES)	TECHNICAL DATA (DESCRIPTION OF WORK)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures	60	
Receptacles	57	
Switches	18	
Detectors	25	
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights	6	
Communications Points	15	
Alarm Devices/F.A.C. Panel	1 - fire	
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	3-225-1-100	AMP
AMP Motor Control Center		AMP
AMP Elec. Sign/Outline Light		KW
Other		
Other		
Other		
Other		

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	X 25
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 Electrical Work: $ X 75,000.00
Signature (print name): Paul F Roscitt
Estimated Cost of Electrical Work: $
Signature (print name):
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

CONTRACTOR AFFIX SEAL:

Estimated Cost of Fire Protection Work: $ X 13,000.00
Signature: X
Owner ☐ Contractor ☐
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Total Cost 88,000.00

COUNTER FORM
PLEASE PRINT

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

Site Location: Date Rec'd.:
Block: Lot: Date Issued:
Owner in Fee: Control #:
Address: Permit #:

State: Zip: Phone: ( )
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:
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): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

RECEIVED
NOV 04 1999
DIV. C[illegible]ION

COUNTER FORM
PLEASE PRINT

99-39784 C
update

ELECTRICAL SUBCODE

CONTRACTOR: THE WIRE CONNECTION
ADDRESS: 7 HOOVER DR
BRICK, NJ 08724
PHONE: 732-892-5960
LIC. #: EXEMPT #349 EXP. DATE:
FEDERAL EMPL. #: (or S.S. #): [redacted]

TECHNICAL DATA (LIST ALL FIXTURES)

DESCRIPTION	QTY	SIZE
ITEMS		
Lighting Fixtures		
Receptacles		
Switches		
Detectors		
Light Poles		
Motors - Fract. HP		
Emergency & Exit Lights		
Communications Points	80	
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: $ 4000
Signature (print name):
Estimated Cost of Electrical Work: $
Signature (print name): Herman Schaefer
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: Brick Plaza — Date Rec'd.:
Block: 468 Lot: 1 — Date Issued:
Owner in Fee: Kinko's Inc — Control #:
Address: — Permit #:

State: Zip: Phone: ( )
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:
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): $
Alteration (2): $
TOTAL (1+2): $
SUBCODE APPROVAL:
PLANS: Required ☐ Approved ☐
Approved by:
Date:

Counter Form
(PLEASE PRINT)

Site Location: _____
Block: 168 Lot: POD # 5 CEDAR BRIDGE RD.
Owner's Name: KINKO'S
Owner's Mailing Address: _____
_____
Phone: (____) _____

BUILDING

Contractor: _____
Address: _____
_____
Phone#: _____
Lis # _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

RECEIVED
2000
BUILDING

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No. of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Estimated Cost of Building Work: _____

Signature: _____

Please Print Name _____

COMMERCIAL

ELECTRICAL

Contractor: _____
Address: _____
_____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item Quantity

Lighting Fixtures _____
Receptacles _____
Switches _____
Detectors _____
Light Poles _____
Motors w/ Fract. HP _____
Emergency & Exit Lights _____
Communication Points _____
Alarm Devices/FAC Panel _____
Total _____

Pool _____
Spa/Hot Tub/Storable Pool _____
Electric Range _____
Oven/Surface Unit _____
Electric Water Heater _____
Electric Dryer _____
Dishwasher _____
Garbage Disposal _____
A/C Unit –Central Air _____
Space Heater/Air Handler _____
Baseboard Heating _____
Motors 1+ HP _____
Transformer/Generator _____
Light Stander _____
Service _____
Subpanel _____
Motor Control Center _____
Sign/Outline Light _____
Furnace _____
Steam Boiler _____
Other:

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

~~PLUMBING~~ COMMERCIAL	FIRE

Plumbing (left column):

ontractor: ____________
ddress: ____________
hone #: ____________
is #: ____________
ederal Emp # or SSN ____________

Technical Data

ixtures — Quantity

Vater Closets ____
Jrinals/Bidets ____
Bath Tub ____
Lavatory ____
Shower ____
Floor Drain ____
Sink ____
Dishwasher ____
Drinking Fountain ____
Washing Machine ____
Hose Bib ____
Gas Piping ____
Fuel Oil Piping ____
Water Heater ____
Steam Boiler ____
Hot Water Boiler ____
Sewer Pump ____
Interceptor/Separator ____
Backflow Preventer ____
Greasetrap ____
Water Cooled A/C or Refrig. Unit ____
Septic Tank Closure ____
Sewer Service Connection ____
Water Service Connection ____
Active Solar System ____
Auxiliary Meter ____
Sprinkler Heads ____
Sump Pump ____
Other:

Estimated Cost of Plumbing Work ____________

Signature: ____________

Please Print Name: ____________

CONTRACTOR'S SEAL

Fire (right column):

Contractor: P. I. MECHANICAL
Address: 150 W 28 th STREET
NYC
Phone #: (212) 229 - 1775
Lis #: ____________
Federal Emp # or SSN ____________

Technical Data

Description of Work:

Heating Type: √ Gas ___ Oil ___ Electric ___ Solar
Heating System is √ New ___ Existing
Location of Furnace/Boiler: ROOF

Water Supply Source ____________
Method of Valve Supervision ____________
Local Alarm Supervision ____________
Central Supervision: ____________
Proprietary Supervision: ____________

Flammable Storage Tanks ____ capacity ____ fuel
Combustible Storage Tanks ____ capacity ____ fuel
LPG Storage Tanks ____ capacity ____ fuel

Item — Quantity

Wet Sprinkler Heads ____
Dry Sprinkler Heads ____
Total ____

Smoke Detectors ____
Heat Detectors ____
Total ____

Stand Pipes ____
Kitchen Hood Exhaust System ____

Pre-Engineered Systems:
CO2 Suppression ____
Halon Suppression ____
Foam Suppression ____
Dry Chemical ____
Wet Chemical ____

Gas/ Oil Fired Appliances: 4 ROOF TOP
Number of gas/oil fired appliances units (HVAC)
Furnace ____
Gas/Wood Fireplace ____
Gas Logs ____
Wood Burning Stove ____
Other:

Estimated Cost of Fire Work $20,000,—

Signature: [signature]

Print Name: Tom Klotzbeeck

Kinko:

99-3978.

Building - 11/5/99 Frame Passed

~~Plumb - None~~

~~Fire - None~~

~~Elect - None~~

Do not move in for Retail Bus only for purpose of stocking ~~Shel~~ goods

99-3978 A

Elect	Plumb	Fire
11/4/99 Rough Passed.	Rough - Passed 11-9-99	1.13-2000 Failed
1-11-2000 Final Failed	Slab - Passed 10-30-99	Emerg. Light OK
	Final - Failed 1-14-99	Alarm & Test NOT OK
	Yoke - Passed 1-18-2000	

99-3978+B

Plumb - 12/27/99

F. No Access Door.

Yoke

12/30/99 - Failed.

Not Ready

99-3978+C Comm. Points

Elect.

None