BLOCK 671 LOT 8 ADDRESS (SITE) 56 CHAMBERSBRIDGE RD PERMIT NO. 1662-97.

RECEIVED
MAY 27 1997
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

AHBT FINAL APPROVAL

AHBT PRELIMINARY APPROVAL

I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA 56 CHAMBERSBRIDGE RD 908 920-1775
2. Name of Owner in Fee: RONALD CONTESE Tel. (908) 686-4216
   Address 51 CHAMBERSBRIDGE RD BRICK NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: ANGELO PUCCI Tel. (908) 206-0694
   Address 570 CAROLINA AVE, BRICK NJ 08724
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security [redacted]
5. Architect or Engineer ABATE/VILLANO Tel. (908) 493-4850
   Address 1001 DEAL RD, OCEAN NJ 07712
6. Responsible Person in Charge of Work ANGELO PUCCI Tel. (908) 206-0694

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 85		
2. Electrical			
3. Plumbing			
4. Fire Protection	35		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	2		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZBA	$15		
13. TOTAL	$ 137		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	10 ft.	
3. Area—Largest Floor	1120 sq. ft.	
4. New Building Area	— sq. ft.	
5. Volume of New Structure	— cu. ft.	
6. Construction Classification	—	
7. Total Land Area Disturbed	-0- sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	2400
6. ☐ Fire Protection	
7. ☐ Plumbing	
8. ☑ Electrical	1000
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	3400

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	RP	5/28/97		6/6/97	FW	7/31/97		DH
				6/16/97	JC			
						7/9/97		DH
	EWC	6/6/97		6/13/97				

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

INFORMATION - FEE ASSESSMENT - TARIFF

LDS BR 10404749

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 faot 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 New Jersey 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 ANGELO PUCCI

Address 520 CAROLINA AVE

BRICK NJ 08724

Telephone (908) 206-0694

Signature Angelo Pucci Date 5-27-97

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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

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

X. CERTIFICATES ISSUED **(office use only)**

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Temporary Certificate of Occupancy	No. _____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	
☐ Certificate of Occupancy	No. _____	_____	
☐ Certificate of Approval	No. _____	_____	
☐ None			

Work Completed 7/31/97

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 02/22/2001
Control #
Permit # 97-1662

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 56 CEDARBRIDGE AVE/RTE 70
TENANT FIT UP
Owner in Fee/Occupant DONALD CORTESE, SIGHT SAVERSB
Address 51 CHAMBERSBRIDGE RD
BRICK, NJ 08723-
Telephone (908)920-1775
Contractor C S HOMES OF BRICKTOWN
Address 2517 HWY 35 SUITE 102
MANASQUAN, NJ 08736-
Telephone (908)223-3606 Fax ( )
Lic. No. or Bldrs. Reg. No. 022777
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:

TENANT FIT-UP FOR SIGHT SAVERS

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 999
Collected by: AJP

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

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE RD
TOWNSHIP OF BRICK

CERTIFICATE

OF NEW JERSEY

[X] CERTIFICATE OF APPROVAL

[ ] CERTIFICATE OF OCCUPANCY

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

[ ] CERTIFICATE OF COMPLIANCE

[ ] CERTIFICATE OF CONTINUED OCCUPANCY

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT SURVEY

Permit # 97-1662
Control #
Date Issued 02/22/2001

CONSTRUCTION PERMIT

Date Issued 6-16-97
Control #
Permit # 1662-97

IDENTIFICATION Block 671 Lot 8

Work Site Location 56 Chamberlain Rd

Owner in Fee Donald Cortese

Address 51 Chamberlain Rd.

Tele. (908) 470-1775

Contractor Angelo Punzi

Address 5170 Carolina Ave
Bronx NY

Tele. (908) 246-0694

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____
or Social Security No. [redacted]

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [ ] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

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 $ 3000

J. Cunanna Jr.
CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)	
Building	85
Plumbing	
Electrical	
Fire Protection	35
Other	
Other	
DCA Training Fee	2
Cert. of Occ.	
Other ZP#	15
Total	137
Check No.	
Cash	
Collected By:	

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that work installed conforms to the approved plans and the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval given.

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

1. The bottom of footing trenches before placement of footings, except that in the case of pile foundations, inspections shall be made in accordance with the requirements of the building subcode;
2. Foundations and all walls up to grade level prior to back filling;
3. All structural framing and connections prior to covering with finish or infill material; plumbing underground services, rough piping, water service, sewer, septic services and storm drains; electrical rough wiring, panels and service installations; insulation installations;
4. Installation of all finished materials, sealings of exterior joints; plumbing piping, trim and fixtures; electrical wiring, devices *and fixtures; mechanical systems equipment.*

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued Any violations of the approved plans and/or permit will be noted and the holder of the permit notified of discrepancies.

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

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

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued JUN 24 97
Control # 0 0 5 7 2 0
Permit #

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

Block 671 Lot 8
Work Site Location Sight Saver Opt. STORE #15
20 Brick Plaza Ste Chambersbridge RD. Brick NJ 08723
Owner in Fee RON Cortes
Address Sight Saver
51 Chambersbridge RD. Brick NJ 08723
Tele. (____)
Contractor Certa Electric
Address 1654 W Princeton Ave
Brick NJ 08724
Tele. (908) 458-4155
Lic. No. # 1273
Federal Emp. No. 222111486 or Social Security No. _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. OPU
Est. Cost of Elec. Work $ $1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 6-25-97
Approved by: 195

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 7/9/97
Approved By: 5483

INSPECTIONS

Type:	Failure	Failure	Approval Dates (Month/Day)	Initial
Rough	____	____	6/25/97	SF
Temporary	____	____	____	____
Constr. Serv.	____	____	____	____
TCO	____	____	____	____
Other	____	____	____	____
Service	____	____	____	____
Final	____	____	7/9/97	5483

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.

Joseph Certa
Signature—Contractor Seal

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1)	
25		Receptacles (2)	
3		Switches (3)	
30		Total 1 + 2 + 3	
____	____ Kw	Range	40.—
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Paid [✓] Check # Cash — Administrative Surcharge $ _____
Minimum Fee $ 40.—
DCA Training Fee $ 1.—
RF
Collected by: _____ TOTAL FEE $ 41.—

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received 6.16.97
Date Issued
Control #
Permit # 1662-97

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

Block 671 Lot 3
Work Site Location BRICK PLAZA
56 CHAMBERSBRIDGE RD, BRICK, NJ 08723
Owner in Fee RONALD CORTESE
Address 51 CHAMBERS BRIDGE RD BRICK NJ 08723
Tele. (803) 686-4216 OR 908-920-1775
Contractor ANGELO PUCCI
Address 520 CAROLINA AVE
BRICK NJ 08724
Tele. (908) 206-0694
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

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 Angelo Pucci

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
CONSTRUCT INTERIOR WALLS FOR OFFICES.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Req.	6/19/97	FM
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final			7-31-97	

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (6' or over)
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[X] Other CONSTRUCT INTERIOR WALLS
[ ] Other _____
[ ] Demolition

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 10 Ft.
Area—Largest Floor 1120 Sq. Ft.
New Bldg. Area/All Floors -0- Sq. Ft.
Volume of New Structure -0- Cu. Ft.
Total Land Area Disturbed -0- Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 2400
3. Total (1+2) $ 2400

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 6/16/97
Date Issued
Control # 1662-97
Permit #

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

Block 671 Lot 8
Work Site Location 56 CHAMBERS BRIDGE RD
BRICK PLAZA – STORE #15
Owner in Fee RONALD CORTESE
Address 151 CHAMBERSBRIDGE RD
BRICK NJ 08723
Tele. (803) 686-4216 OR 908-920-1775
Contractor ANGELO PUCCI
Address 570 CAROLINA AVE
BRICK NJ 08724
Tele. (908) 206-0694
Lic. No.
Federal Emp. No. ______ or Social Security N[redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present ______ Proposed ______
Constr. Class. Present ______ Proposed ______
Heating Systems [ ] New [✓] Existing
Type: [✓] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other ______
Location: ______

Total Est. Cost of Fire Prot. Work $ ______ [ ] Other ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved.
Date: 6/16/97
Approved by: [signature]
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

(Dates (Month/Day) apply to Failure, Approval, Initial)

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.

Angelo Pucci
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

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

Flammable Liquid Storage Tanks ( ) Capacity ____ Fuel ____
Combustible Liquid Storage Tanks ( ) Capacity ____ Fuel ____
L.P.G. Storage Tanks ( ) Capacity ____ Fuel ____
L.N.G. Storage Tanks ( ) Capacity ____ Fuel ____

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	-0-	
Dry Sprinkler Heads	-0-	
TOTAL	-0-	
Smoke Detectors	-0-	
Heat Detectors	-0-	
TOTAL	-0-	
Stand Pipes	N/A	
Kitchen Hood Exhaust Systems	N/A	
Pre-Engineered Systems		
CO_2 Suppression	NA	
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical — Emergency lite battery back up; Exit Sign.		35
Gas or Oil Fired Appliance	N/A	
OTHER Permit fee up	N/A	

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

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: June 9, 1997 1997 - 1843

Block 671 Lot 8 Zone B-3, H.D.

Property Address: 56 Chambers Bridge Road; 20 Brick Plaza

Owner: Federal Realty Investment (Phone):

Applicant: Angelo Pucci (Phone): (908) 206-0694

Mailing Address: 570 Carolina Avenue, Brick, N.J. 08724

Existing Use: Vacant retail unit (former Forbes Liquor Store).

Proposed Use: Eyeglass store.

Proposed Construction (if any): Interior alteration for "Sight Saver Optical" eyeglass store.

Conditions: An additional zoning permit is required for any sign.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of not effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 6/16/97

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 611 LOT 5 SITE ADDRESS Ford Ave.

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

APPLICANT Dale Mayer CITY & STATE Ford, NJ

☑ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ 8,000

[illegible]
Frederick R. Millman, CTA, Tax Assessor

6/16/97
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

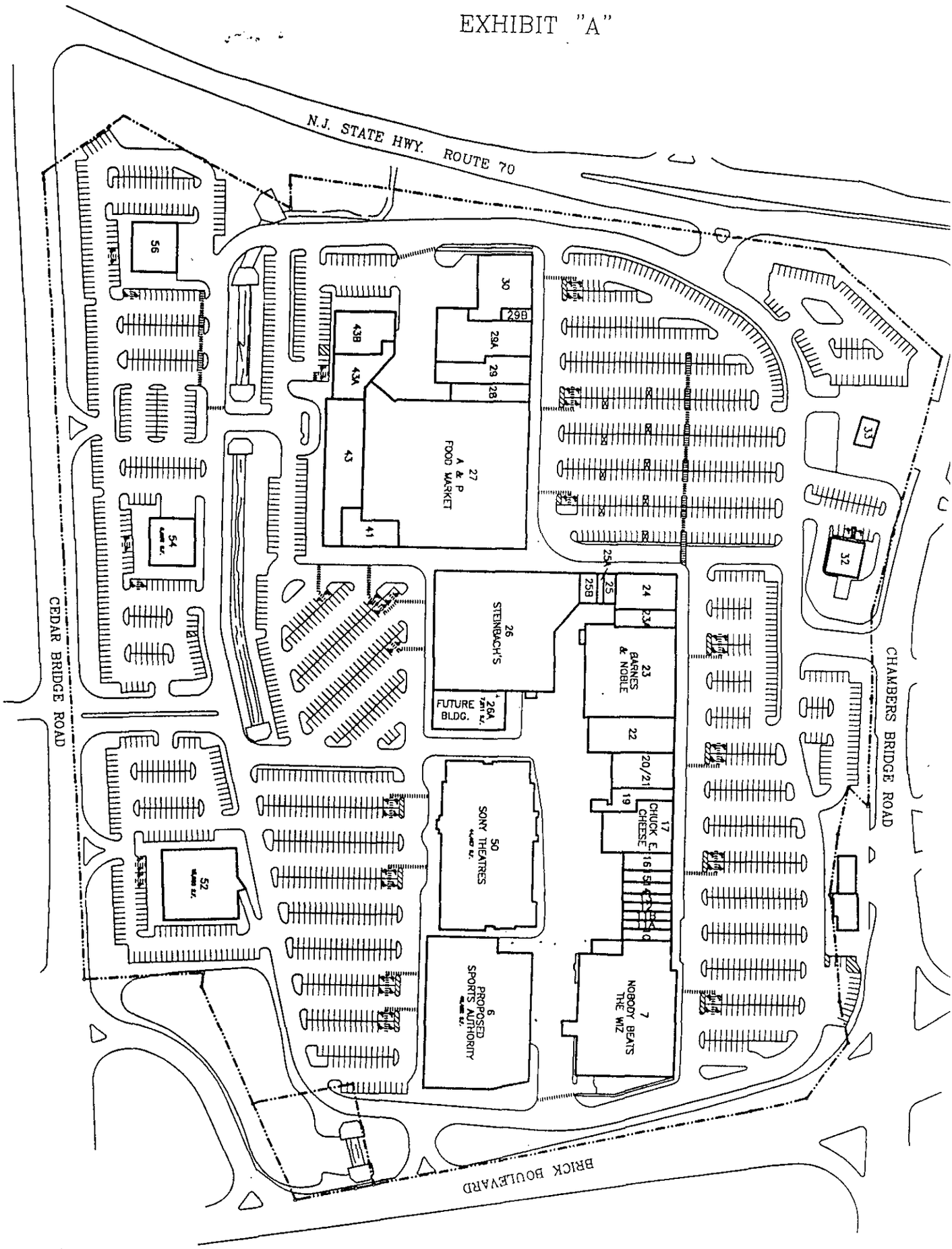
_____
Date

Received in Treasurer's Office by:

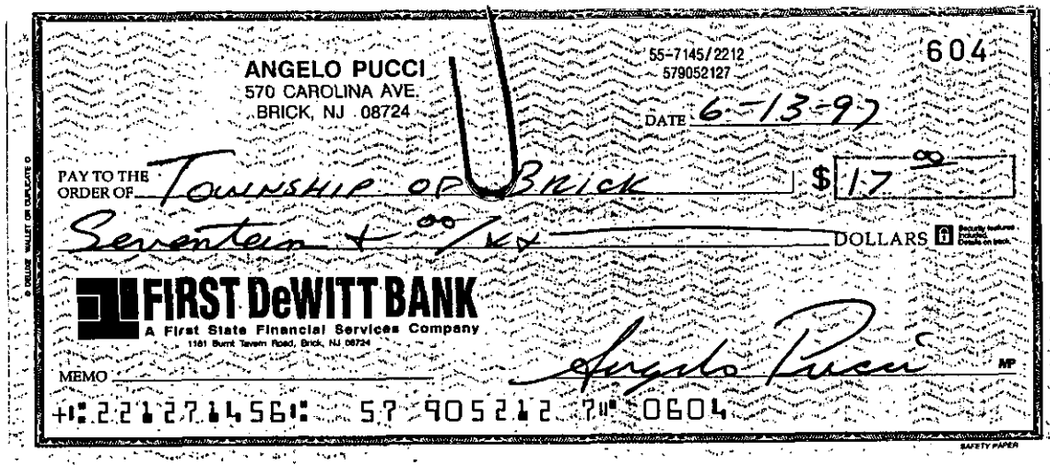
Signature

7-31-97
Date

EXHIBIT "A"



FEDERAL REALTY INVESTMENT TRUST 4800 Hampden Lane, Suite 500 Bethesda, Maryland 20814 (301) 652-3360	project BRICK PLAZA SHOPPING CENTER BRICK TOWNSHIP, NEW JERSEY	revised 8/1/96	PHASE II drawn BLJ date 4/95 PROPERTY # 1047 NORTH



ANGELO PUCCI
570 CAROLINA AVE.
BRICK, NJ 08724

55-7145/2212
579052127

604

DATE 6-13-97

PAY TO THE ORDER OF Township of Brick $ 17.00

Seventeen + 00/xx DOLLARS

FIRST DeWITT BANK
A First State Financial Services Company
1161 Burnt Tavern Road, Brick, NJ 08724

MEMO

Angelo Pucci

⑈221271456⑈ 57 905212 ⑆0604

ible Housing
Wolfe
Administrator
-1048

Martin J. Anton
Victor Cantillo
Helen Fayad
Lee Hartman
Mary Lou Powner

To: Scott M. Pezarras, Chief Financial Officer

From: Carol A. Wolfe, Affordable Housing Administrator

Re: Affordable Housing Fees

Date: 6/13/97

Business/Development: Sight Saver

Owner/Applicant: Brick Plaza

Property Address: Brick NJ

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential

Inclusionary Development Fee

Check Number 604
Estimated Fee 34.00

Deposit Amount $ 17.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential

Inclusionary Development Fee

Check No.: _____
Final Fee: _____
Less Deposit: _____

Final Payment $_____

FOR DEPOSIT ONLY-AFFORDABLE HOUSING TRUST ACCT # 4880071456

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.