BLOCK 671 LOT 8 ADDRESS (SITE) BRICK PLAZA PERMIT NO. 377-94

RECEIVED Store # 11A GNC

DEC 22 1993

DIV. OF INSPECTION

# CONSTRUCTION PERMIT APPLICATION

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

## I. IDENTIFICATION

1. Proposed Work-site at: BRICK PLAZA STORE # 11A
2. Name of Owner in Fee: JOHN SULLIVAN/GNC Tel. (908) 2646086
   Address P.O. TWIN TERRACE HOLMDEL NJ 07733
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JOHN SULLIVAN Tel. (908) 5426944 2646086
   Address -SAME-
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (____) _____
   Address _____
6. Responsible Person In Charge of Work _____ Tel. (____) _____

## V. FEE SUMMARY (for office use only)

| | | Update | Update |
|---|---|---|---|
| 1. Building | $ 263 - | | |
| 2. Electrical | | | |
| 3. Plumbing | | | |
| 4. Fire Protection | 46 - | | |
| 5. Other | | | |
| 6. Subtotal | $ 309 | | |
| 7. Less 20% for State Plan Review | 5 | | |
| 8. Subtotal | $ | | |
| 9. DCA Training Fee | 18 - | | |
| 10. Subtotal | $ | | |
| 11. Cert. of Occupancy | 20 - | | |
| 12. Other | | | |
| 13. TOTAL | $ 362 | | |

## VI. BUILDING/SITE CHARACTERISTICS

| | (office use only) |
|---|---|
| 1. Number of Stories | |
| 2. Height of Structure ____ ft. | |
| 3. Area—Largest Floor ____ sq. ft. | |
| 4. Building Area—All Floors ____ sq. ft. | |
| 5. Volume of Structure ____ cu. ft. | |
| 6. Construction Classification | |
| 7. Total Land Area Disturbed ____ sq. ft. | |
| 8. Flood Hazard Zone | |
| 9. Base Flood Elevation ____ ft. | |
| 10. Wetlands yes ____ sq. ft. / no | |
| 11. Fire Grading | |
| 12. Max. Live Load | |
| 13. 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 | $35,000 |
| 6. ☐ Fire Protection | |
| 7. ☐ Plumbing | |
| 8. ☐ Electrical | |
| 9. ☐ Asbestos Abatement | |
| 10. ☐ Demolition | |
| TOTAL COSTS | |

Tenant Fit up

**OPTIONAL (for office use only)**

| Plans Rec'd By | Date Rec'd | Rejection Date | Approval Date | Re-viewer | Resubmission Dates Approval | Rejection | Re-viewer |
|---|---|---|---|---|---|---|---|
| 12-22-93 | VD | | 3/22/94 | RK | 5/6/94 | | RK |
| | | | 12/29/93 | | 5/2/94 | | |
| Emg | 12/17/93 | ENA | | | | | |

## 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: Various Foods
2. Use Group: M
3. Change in Use Group, Indicate Former:

LDS BR 10208684

30

201C

UCC Form L-100A

**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 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 _____

Address _____

_____

Telephone ( ____ ) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

| VIII. PRIOR APPROVALS CHECKLIST (office use only) | LOCAL APPROVAL Prelimin. Initial | LOCAL APPROVAL Final Date | COUNTY APPROVAL Prelimin. Initial | COUNTY APPROVAL Final Date | REGIONAL APPROVAL Prelimin. Initial | REGIONAL APPROVAL Final Date | STATE APPROVAL Prelimin. Initial | STATE APPROVAL Final Date |
|---|---|---|---|---|---|---|---|---|
| ☐ Planning Board | | | | | | | X | X |
| ☐ Zoning Board | | | X | X | X | X | X | X |
| ☐ Sewer Authority | | | | | | | X | X |
| ☐ Water Authority | | | | | | | X | X |
| ☐ Fire Department | | | | | X | X | X | X |
| ☐ Police Department | | | X | X | X | X | X | X |
| ☐ Health Department | | | | | X | X | | |
| ☐ Soil Conservation | | | | | | | X | X |
| ☐ N.J. Dept. of Community Affairs | X | X | X | X | X | X | | |
| ☐ N.J. Department of Transportation | X | X | X | X | X | X | | |
| ☐ N.J. Dept. of Environmental Protect. | X | X | X | X | X | X | | |
| ☐ Utility Dig No. | | | X | X | X | X | X | X |
| ☒ Other Zoning | SK | 12/16/93 | Comm. alt. | | | | | |
| ☐ | | | | | | | | |
| ☐ | | | | | | | | |

COMMENTS

12-1-93

IMPORTANT - EXPIRES A.H.B.T.

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. 377 | 5/6/94 | |
| ☐ None | | | |

# CERTIFICATE

Date Issued 5/6/94
Control #
Permit # 377-94

## IDENTIFICATION

Block 671 Lot 8
Work Site Location Rt. 70 and Chambersbridge Rd.

Owner in Fee John Sullivan - GNC
Address 10 Twin Terrace
Holmdel, NJ
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 M 3 hrs.
Maximum Live Load
Description of Work/Use:

Tenant fit-up "General Nutrition Center"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load 20 people

## CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY

XXXX☑ CERTIFICATE OF APPROVAL

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.

XXX☒ TEMPORARY CERTIFICATE OF OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than to end May 20, 19 94 or the owner will be subject to a fine or order to vacate: Ten days temporary occupancy pending compliance with Ocean Co. Electrical Bureau

Arthur J. Crespo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

# CONSTRUCTION PERMIT

Date Issued 3/24/94
Control #
Permit # 377-94

IDENTIFICATION Block 671 Lot 8

Work Site Location GNC Store # 11A
Truck Plaza

Owner in Fee Federal Realty Trust

Address

Tele. ( )

Contractor John Sullivan

Address

Tele. ( )

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

Federal Emp. No. 377#

or Social Security No. BLOCK 671 # 0.00

**is hereby granted permission to perform the following work:**

[ ] BUILDING [ ] PLUMBING [ ] OTHER

[ ] ELECTRICAL [ ] FIRE PROTECTION

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 $ 35400

CONSTRUCTION OFFICIAL

| PAYMENTS (Office Use Only) | | |
|---|---|---|
| Building | 263 | 0.00 |
| Plumbing | PLUMBING | 23.00 |
| Electrical | ELEC | 16.00 |
| Fire Protection | 46 PLAN REVIEW | 5.00 |
| Other BLK | 3 DCA | 8.00 |
| Other | C/O | 0.00 |
| DCA Training Fee | 25 TOTAL | 362.00 |
| Cert. of Occ. | 25 CHECK | 362.00 |
| Other | CHANGE | 0.00 |
| Total | 362 | |
| Check No. | 32 | 9:45 |
| Cash | | |
| Collected By: | | |

U.C.C. Form F-170A

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

**BUILDING SUBCODE TECHNICAL SECTION**

Date Received 3/24/94
Date Issued
Control #
Permit # 377-94

**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 BRICK PLAZA RT 70 & CHAMBERBRIDGE RD.

Owner in Fee JOHN SULLIVAN / G.N.C.
Address 10 TWIN TEE-PARK
HOLMDEL NJ 07733
Tele. (908) 264 6086 - 542-6944
Contractor SAME
Address

Tele (908) 2446086
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

**JOB SUMMARY (Office Use Only)**

| PLAN REVIEW | Date | Initial |
|---|---|---|
| [ ] No Plans Req. | | |
| [ ] All | 3/22/94 | AH |
| [ ] Footing | | |
| [ ] Foundation | | |
| [ ] Frame | | |
| [ ] Other | | |

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [C] CA
Date 5/11/94
Approved By: RC

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

**B. BUILDING CHARACTERISTICS**

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

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

**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.

John Sullivan
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Tenant fit up

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other _____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence _____ Height
  [ ] Sign _____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other _____

**(Office Use Only)**
FEE
$ _____

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

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

# BUILDING SUBCODE TECHNICAL SECTION

Date Received 3/24/94
Date Issued
Control #
Permit # 377-94

**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 BRICH PLAZA RT 70 & CRANBERRY BRIDGE RD.
Owner in Fee JOHN SULLIVAN / G.N.C.
Address 1 TWIN TENNIS
HOLMDEL NJ 07733
Tele. ( 908 ) 264 6056 - 542-6944
Contractor SAME
Address
Tele ( 908 ) 2646056
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. 096489296

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date.
Approved By:

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

**B. BUILDING CHARACTERISTICS**

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

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

**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.

John Sullivan
Signature

**D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK

Tenant fit up

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence Height
  [ ] Sign Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

**(Office Use Only)**
FEE
$

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

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

Bucks

Rtt 2410 C

# ELECTRICAL SUBCODE TECHNICAL SECTION

Date Issued
Control #
Permit #

OCT 22 93 0 1 3 9 3 7

**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 Rt 70 + Chambers Bridge
Owner in Fee Federal Realty Trust in Care
Address Same Above
Tele. (215) 332-0660
Contractor Hammer Electric Inc
Address 7417 James St.
Phila. Pa. 19135
Tele. (215) 331-2932
Lic. No. 6288
Federal Emp. No. 23-2069542 or Social Security No.

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present Proposed Renovation Shell Only
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
**Est. Cost of Elec. Work $** 3,000.—

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date:
Approved by:

SUBCODE APPROVAL
[X] CCO [ ] CCO [ ] CA
Date: 12-5-93
Approved By:

| INSPECTIONS Type: | Dates (Month/Day) Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| Rough | 11-19-93 | | 11/19/93 | RJ |
| Temporary | | | 11-23-93 | |
| Constr. Serv. | | | 11-23-93 | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | 12-1-93 #24 | | 12/2/93 | |
| Temp. Cut-in-Card Date Issued | | | 11-23-93 | |
| Final Cut-in-Card Date Issued | | | 12-2-93 | |

2 MSRO

**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 Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| 18 | | Fixtures (1) | |
| 8 | | Receptacles (2) | |
| 2 | | Switches (3) | |
| 28 | | Total 1 + 2 + 3 | 40 |
| | Kw | Range | |
| | Kw | Oven(s) | |
| | Kw | Surface Unit | |
| | hp | Dishwasher | |
| | hp | Garbage Disposal | |
| | Kw | Dryer | |
| 1 | 5 Kw | A/C Unit | 7 |
| | | Burglar Alarms | |
| | | Intercoms Panels | |
| | | Smoke Detectors | |
| | hp | Whirlpool/spa | |
| | | Pool Bonding | |
| | hp | Pool Filter Motor | |
| | | Pool Lights | |
| 1 | 15 Kw | Water Heater(s) | 7 |
| | Kw | Central heat: oil, gas or elec. | |
| 1 | .5 Kw | Baseboard Heat Units | |
| | | Thermostats | |
| | hp | Heat Pump | |
| | hp | Pump(s) | |
| | Amp | Motor Control Center/Sub Panels | |
| | | Signs Design Review Required | |
| | | Light Standards | |
| | hp | Motors—Fractional H.P. | |
| | hp | Motors—All Others | |
| | Kw | Transformers | |
| | Kw | Generators | |
| 1 | 100 Amp | Service Entrance | 33 |
| | | Other | |

| | | |
|---|---|---|
| Paid [X] Check # 12272 | Administrative Surcharge | $ |
| RPF | Minimum Fee | $ 25.— |
| Collected by: | DCA Training Fee | $ 2.— |
| | TOTAL FEE | $ 34.— |

U.C.C. Form F-120B

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

(1) Need to Bond tanks cold water ground Ummated all through
(2) ~~#2~~ aluminum wire under ground.
(3) Need calculated Load
(4) Bond Disconnects properly (Equipment ground Bonded to transformer with Lug (Hex wire copper lug.
(5) Tape Bus properly

(1) Service Disconnect only

12-1-93 On complete

GOES TO 2 MOTT PL. TOMS RIVER NJ

# ELECTRICAL SUBCODE
## TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # MAR 3940 J1305

**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 BEACH PLAZA
56 CHANNELSIDE ROAD BRICK NJ
Owner in Fee CENTRAL REALTY INV. TRUST
Address 4400 HAMPDEN LANE
BETHESDA MD 20814
Tele. (____) _____
Contractor CIARUSO ELEC INC
Address 3001 EIGHTEEN ST
PHILA PA 19149
Tele. (215) 335-7170
Lic. No. 6190 A
Federal Emp. No. 23-2142166 or Social Security No. _____

**B. ELECTRICAL CHARACTERISTICS**

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
**Est. Cost of Elec. Work $** 2001.-

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

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

| INSPECTIONS Type: | Failure | Failure | Approval | Initial |
|---|---|---|---|---|
| | Dates (Month/Day) | | | |
| Rough | | | | |
| Temporary | | | | |
| Constr. Serv. | | | | |
| TCO | | | | |
| Other | | | | |
| Service | | | | |
| Final | | | | |

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

**C. CERTIFICATION IN LIEU OF OATH**

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

ELECTRICAL BOARD OF EXAMINERS

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

**D. TECHNICAL SITE DATA**

| NO. | SIZE | ITEM | FEE (Office Use Only) |
|---|---|---|---|
| ____ | | Fixtures (1) | |
| ____ | | Receptacles (2) | |
| ____ | | Switches (3) | |
| ____ | | Total 1 + 2 + 3 | ____ |
| ____ | ____ Kw | Range | ____ |
| ____ | ____ 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 | ____ |
| 1 | | Signs | ____ |
| ____ | ____ | Light Standards | ____ |
| ____ | ____ hp | Motors—Fractional H.P. | ____ |
| ____ | ____ hp | Motors—All Others | ____ |
| ____ | ____ Kw | Transformers | ____ |
| ____ | ____ Kw | Generators | ____ |
| ____ | ____ Amp | Service Entrance | ____ |
| ____ | ____ | Other | ____ |

Paid [ ] Check # 1797
Collected by: _____

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

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

# FIRE PROTECTION SUBCODE
## TECHNICAL SECTION

Date Received 3/24/94
Date Issued
Control #
Permit # 377-94

**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 Store # 11A
BRICK PLAZA
Owner in Fee John Sullivan
Address 10 TWIN TERRACE
HOLMDEL NJ 07733
Tele. (908) 2646086 - 5426944
Contractor Self.
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

**B. FIRE PROTECTION CHARACTERISTICS**

Use Group Present M Proposed M
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
**Total Est. Cost of Fire Prot. Work $** [ ] Other

Occupancy for 20 People

**JOB SUMMARY (Office Use Only)**

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 12/20/93
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 5/2/94
Approved by:

| INSPECTIONS: Type: | Failure | Dates (Month/Day) Failure | Approval | Initial |
|---|---|---|---|---|
| Suppression Test | | | | |
| Fire Alarm Test | | | | |
| Smoke Test | | | | |
| Mechanical | | | | |
| TCO | | | | |
| Other Sprinkler Test | | | 5/2/94 | |
| Other | | | | |
| 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.

John Sullivan
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 | | |
| Dry Sprinkler Heads | | |
| TOTAL | | |
| Smoke Detectors Common Areas | 2 | 46- |
| Heat Detectors | | |
| TOTAL | | |
| Stand Pipes Emergency Lites 2 Battery Ext Lights 3 Wall Mnt | | |
| Kitchen Hood Extinguishing Systems | | |
| Pre-Engineered Systems | | |
| $CO_2$ Suppression | | |
| Halon Suppression | | |
| Foam Suppression | | |
| Dry Chemical | | |
| Wet Chemical Fire Extinguishers Class 2A-10-2015 Rated | | |
| Gas or Oil Fired Appliance | | |
| OTHER | | |

Administrative Surcharge $ 46-
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

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

12-28-93 CALLED DF

GNC

Office of
Division of Inspections

CALLED 1-4-94 RF

ANS, MACHINE

2-7-94 CALLED

CHECK LIST

BRICK PLAZA, 8

Re: Block 671 Lot

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

| | |
|---|---|
| Administrative | [illegible] |
| Zoning | |
| Engineering | |
| Building | [illegible] |
| Plumbing | NOT TO |
| Electric | |
| Fire | |

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

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

JACKET NOT SIGNED

Arthur J. Cierzo, Construction Official

3/11/94 RC

TYPE OF CONSTRUCTION NOT TYPE 1