9-27-95 SO

Space 25 A

BLOCK 671 LOT 8 ADDRESS (SITE) Brick Plaza Shopping Center PERMIT NO. 2488-95

RECEIVED SEP 20 1995

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

Brick PLAZA Shopping Center

1. Proposed Work-site at: SPACE 25A
2. Name of ~~Owner in~~ renting Fee: Thomas Kurien (Brick Plaza Cleaners) Tel. (908) 303-0905
   Address 127 Stone Hill road (street) Colts Neck (municipality) NJ (zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: Michael Triola Ent Tel. (908) 928-8952
   Address 3 Knolls dr. JAckson NJ
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date 3/97
   Federal Emp. No. ______ Social Security No. ______
5. Architect or Engineer ______ Tel. ( ) ______
   Address ______
6. Responsible Person in Charge of Work Mike Triola Tel. (908) 928-8952

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	30		
2. Electrical				
3. Plumbing				
4. Fire Protection		46-		
5. Elevator Devices				
6. Subtotal	$	76-		
7. Less 20% for State Plan Review		8-		
8. Subtotal	$			
9. DCA Training Fee		1-		
10. Subtotal	$	~~70~~		
11. Cert. of Occupancy				
12. Other ZPA		$11.00		
13. TOTAL	$	120-		

VI. BUILDING/SITE CHARACTERISTICS

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

Tenant fit-up

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates Approval	Resubmission Dates Rejection	Reviewer
1. ☒ ~~Minor work~~ (single trade)	~~2,000~~								
2. ☒ Small Job ($5,000 and no prior approvals)	1000	WP	9/20/95		9/20/95	[illegible]	10/23		
3. ☐ New Building									
4. ☐ Addition									
5. ☐ Alteration									
6. ☐ Fire Protection					9/26/95	JE	10/23/95		Barry
7. ☐ Plumbing									
8. ☒ Electrical	300						10/25/95		ok
9. ☐ Elevator Devices									
10. ☐ Asbestos Abatement									
11. ☐ Demolition		[illegible]	9/26/95		[illegible]	[illegible]			
TOTAL COSTS	1,300								

OPTIONAL (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: DROP POINT DRY Cleaners ONLY
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10404682

U.C.C. Form F-100B

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.

(X) Check if contractor.

Agent Name Michael Triola Enterprises

Address 3 Knolls dr

Jackson NJ

Telephone (908) 928-8952

Signature Michael Triola Date 9/15/95

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	COMMENTS
☐ Zoning Officer									
☐ 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.									
☐									
☐									

IMPORTANT
A.H.B.T. - EXEMPT

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

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

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

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. ______	______	______	______	______
☐ Temporary Certificate of Compliance	No. ______	______	______	______	______
☐ Continued Certificate of Occupancy	No. ______	______	______	______	______
☐ Certificate of Compliance	No. ______	______	______	______	______
☐ Certificate of Occupancy	No. ______	______			
☐ Certificate of Approval	No. ______	______			

CONSTRUCTION PERMIT

Date Issued 10/2/95
Control #
Permit # 2488-95

IDENTIFICATION Block 1611 Lot 58

Work Site Location [illegible]
Owner in Fee [illegible]
Address [illegible]
Tele. ( ) [illegible]

Contractor [illegible]
Address [illegible]
Tele. ( ) [illegible]
Lic. No. or Bldrs. Reg. No. [illegible] Exp. Date [illegible]
Federal Emp. No. [illegible]
or Social Security No. [illegible]

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] 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 $ 1,000.00

CONSTRUCTION OFFICIAL

U.C.C. Form F-170C

PAYMENTS (Office Use Only)		
Building		0.00
Plumbing		30.00
Electrical		40.00
Fire Protection		8.00
Other		1.00
Other		20.00
DCA Training Fee		15.00
Cert. of Occ.		20.00
Other		20.00
Total		0.00
Check) No.		11.56
Cash		
Collected By:		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 10/2/95
Date Issued
Control #
Permit # 2488-95

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

Block 67 Lot 8
Work Site Location SPACE 25A Brick PLAZA shopping Center
Owner in Fee THOMAS KURIEN (Brick PLAZA cleaners)
Address 27 Stone Hill Rd
COLTS NECK NJ
Tele. (908) 303-0905
Contractor MTE
Address 3 KNOLLS dr
JACKSON NJ
Tele. (908) 928-8952
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing NOT IN THIS SPACE
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 0 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[X] Fire Plans Approved
Date: 10-
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 10-23-95
Approved by:

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Exit Signs			10-23-95	
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work NONE

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 AC DG 1		46
Heat Detectors Battery Backup		
TOTAL		
Exit Signs ~ Battery Backup		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Emergency Lites		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Fire Extinguishers		
Gas or Oil Fired Appliance		
OTHER		
		46

Administrative Surcharge $
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

1025

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # OCT 17 95 0 0 9 4 0 9

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 SPACE 25A Brick PLAZA Cleaners Brick PLAZA Bricktown NJ
Owner in Fee Thomas Kurien
Address 127 Stone Hill Rd Colts Neck NJ
Tele. (908) 957-3927 / FAX 785-4442
Contractor Richard J. Oliver
Address 31 E Adams Ave Bayville NJ 08721
Tele. (908) 244-6966
Lic. No. 9186
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as STORE FRONT Utility Co. _____
Est. Cost of Elec. Work $ 300

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: 10/25/95
Approved By: [signature] 5403

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temporary				
Constr. Serv.				
TCO				
Other			10/25/95	5403
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.

[signature]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Fixtures (1) EXIT LITES	40
		Receptacles (2)	
		Switches (3)	
2		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	
		Signs	
	___	Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
1	1½ HP	Other Clothes Conveyor	7

Paid [ ] Check # 1418
Collected by: [signature]

Administrative Surcharge $ _____
Minimum Fee $ _____
DCA Training Fee $ 47.-
TOTAL FEE $ _____

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 10/2/95
Date Issued
Control #
Permit # 2488-95

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 Space 25A Brick PLAZA Sheping center
Owner in Fee renting (THOMAS Kucicy) Brick PLAZA Cleaners
Address 127 Stone Hill Rd
Colts Neck NJ
Tele. (908) 303-0905
Contractor MTE
Address 3 Knolls drive JACKson NJ
Tele. (908) 928-8952
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Failure	Failure	Approval	Initial
[ ] No Plans Req.	9/19/95		Footing				
[ ] All			Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			Insulation				
[ ] Other			Finishes	10-23-95			
Joint Plan Review Required:			Energy				
[ ] Elec. [ ] Plumb. [ ] Fire			Mechanical				
SUBCODE APPROVAL			TCO				
[ ] CO [ ] CCO [ ] CA.			Other				
Date:			Final				
Approved By:							

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 1000
2. Alteration $
3. Total (1+2) $ 1000

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.

Mike Ciola
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Place Counters
Build wood Frame Partition
Drop For Sinage
& Build dressing room walls
with no ceiling

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

(Office Use Only)
FEE
$

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

10-23-95 NO FIRE EXT. FRONT DOOR STICK'S.

REAR EXIT LOCKED. [signature] E

FROM OTHER SIDE.

1017 10/23/95 HRS STEP FOR HANDICAP R.C.

TOWNSHIP OF BRICK
ZONING PERMIT

Date of Issue: September 22, 1995 — 1995 Z 1428

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

Property Address: Brick Plaza

Owner: Federal Realty **(Phone):**

Applicant: Michael Triola Enterprises **(Phone):** 928-8952

Use: Space 25A, Brick Plaza

Proposed Construction (if any): Tenant fit-up for Brick Plaza Cleaners.

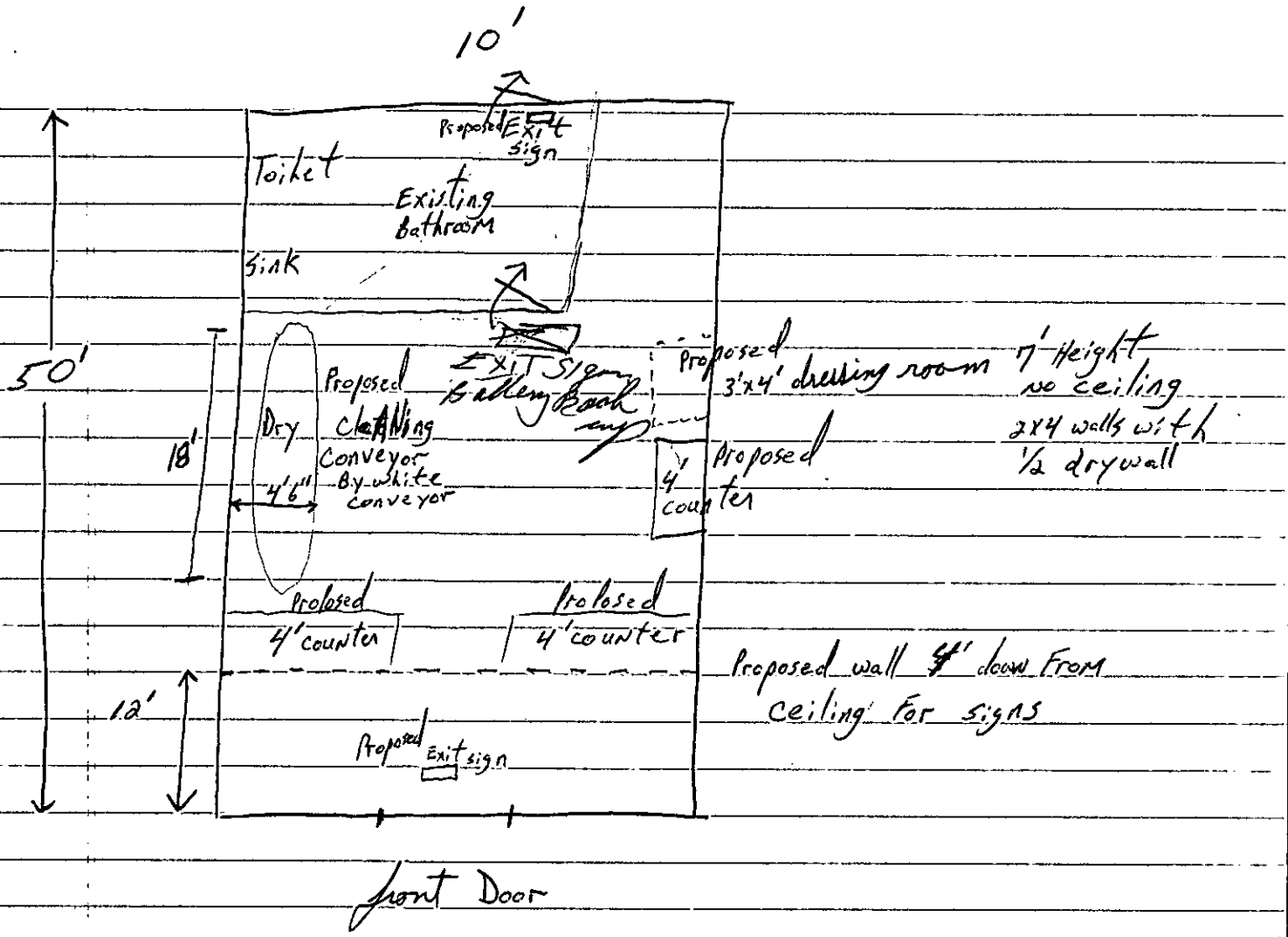
Conditions:

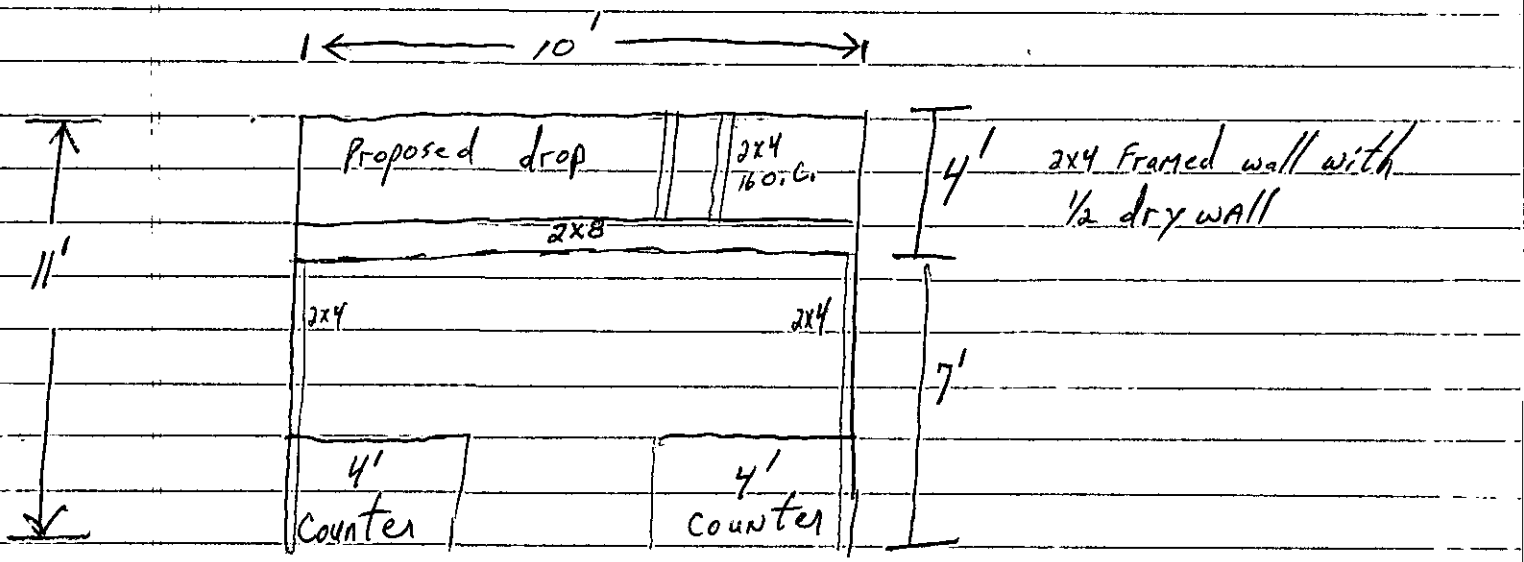
Please note that Building Permits, as well as Zoning Permits, must be obtained prior to any construction.

This permit shall be null, void and of no 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.

Sean Kinnevy

Sean Kinnevy — Land Use Officer





SPACE 25A Brick Plaza
Shopping Center