18.01 2545

BLOCK 552.01 LOT ~~17 18~~ QUALIFICATION CODE ______ ADDRESS (SITE) ~~2549~~ Hooper PERMIT NO. 12-1429

CONSTRUCTION PERMIT APPLICATION

C 12-001475

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

I. IDENTIFICATION

1. Proposed Work Site at: Hooper ave & Drumpoint Rd
2. Name of Owner in Fee: Feinberg & McBurney 2549 Hooper Ave
   Tel. (856) 489-8887 e-mail
   Address 186 Marlton pike Cherry Hill NJ (street, municipality, zip code)
3. Ownership in Fee: Public ______ Private ______
4. Principal Contractor: H Carlson & Sons Tel. (609) 625 5052
   Address 7201 BHP Mays Landing NJ 08330 e-mail
   License No. OR, if new home, Builder Reg. No. ______ Exp. Date ______
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______
   Federal Emp. ID No. 221228659 FAX: (609)
5. Architect or Engineer LDG Contact
   Address 1000 Commerce Way Williamsport PA e-mail
   Tel. (570) 3236603 FAX: (570) 323 9902
6. Responsible Person in Charge once Work has Begun 609-625 5052
   Tel. (609) Henry Carlson FAX: (609) 625 4829

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 330.—		
2. Electrical	40.—		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	33.—		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other CP	150.—		
13. TOTAL	$ 533.—		

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. Max. Live Load ______
7. Max. Occupancy Load ______
8. If Industrialized Building: State Approved ______ HUD ______
9. Total Land Area Disturbed ______ sq. ft.
10. Flood Hazard Zone ______
11. Base Flood Elevation ______ ft.
12. Wetlands yes ______ no ______

IIa. PROPOSED WORK Light Poles

- ☐ Minor Work
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☒ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply) — FOR OFFICE USE ONLY (Optional)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	3000	[illegible]	4/18/12	5/17/12	5/22/12	IW			
☒ Electrical	8000				5-15-12	SS.			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	5/9/12		5/9/12	[illegible]	OK	ND	
TOTAL COST	~~1000~~ 11000								

VII. DESCRIPTION OF BUILDING USE COMMERCIAL

A. RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: Total Units / Income-restricted
   - Gained, Sale
   - Gained, Rental
   - Lost, Sale
   - Lost, Rental

B. NON-RESIDENTIAL (primary use)
1. State Specific Use:
2. Use Group, Proposed: ______
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): ______

D. Construct. Classification: Present ______ Proposed ______

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

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(f)1.ix:

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. 5:23-2.15(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 N Carlson & Sons

Address 7201 Bell

Mays Landing NJ 08330

Telephone (609) 625 5052

Signature Mary Carlson

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

OFFICE DATE RECEIVED: 5-7-12 NCR

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	JK	5/7/12							ZA-12-00410
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

MS 11/26/12
I don't
usually
get this
but did a deal
we did with
6 lights and
and they got a
CO/Merchandise
KSS

5/22/12
Give all
these plans
to Contractor.
Thanks
Lisa Bass

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/27/2012
Control Number C-12-001475
Permit Number 12-1429
Permit Issue Date 5/30/2012
Certificate Number 12-1429

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2545 HOOPER AVE. Brick Township, NJ Block: 552.01 Lot: 18.01 Qual:

Owner in Fee: BOTTAZZI'S RED LION TAVERN INC

Owner Address: 2549 HOOPER AVE BRICK NJ 08723

Telephone:

Contractor H CARLSON & SONS

Address 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330

Telephone: (609) 625-5052 Fax: (609) 625-4829

License Number or Builders Registration Number: Federal Emp. Number: 22-3228655

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: LIGHT POLES

Certificate Comments:

☐ **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.

☑ **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.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/27/2012 U.C.C. F260 (rev. 08/05)

MAY 2 9 2012

FEINBERG & MCBURNEY
REALTY/DEVELOPMENT, LLC
SUITE 10
1874 EAST MARLTON PIKE
CHERRY HILL, NEW JERSEY 08003
856-489-8887 FAX 856-489-8227
astein@f-mcb.com

552.01 / 18.01

May 24, 2012

Ms. Irene Raftery, Deputy Tax Assessor
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723

Re: CVS Pharmacy

Dear Ms. Raftery,

Please be advised that we are Preferred Developers for CVS Pharmacy and have been the Developers of the subject project in your Township and are authorized by them to submit this letter.

CVS Pharmacy acknowledges that the property known as Block 552.01, Lot 18.01, shall have a site address of "2545 Hooper Avenue" and a mailing address of "2545 Hooper Avenue, Brick, NJ 08723". Please have your records reflect this designation and new address.

Please call with any questions. Thank you for your courtesy and cooperation.

Sincerely,

Albert L. Stein

Cc: Jennifer Papa
Brick Twp Building Dept
Doug Grysko via email

12-1429 +A +B

CONSTRUCTION PERMIT

Date Issued 5-21-12
Control # C-12-001475
Permit # 11-1129

IDENTIFICATION Block: 552.01 Lot: 18.01 Qualifier
Work Site Location: 2549 HOOPER AVE. Brick Township, NJ
Owner in Fee: BOTTAZZI'S RED LION TAVERN INC
2549 HOOPER AVE BRICK NJ 08723
Telephone:

Contractor: H CARLSON & SONS
Address: 7201 BLACK HORSE PIKE MAYS LANDING NJ 08330
Telephone: (609) 625-5052
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3228655

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
LIGHT POLES

Note: If constuction 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 $19,000

Construction Official

5-21-12
Date

PAYMENTS (Office Use Only)

Building	$330
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$33
CO Fee	
Other	$150
Total	$553
Check No.	1159
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 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 the work installed conforms with 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 granted.

- [x] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases 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, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

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

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00378
Application Date: 04/30/2012
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **2549 Hooper Avenue**
Osbornville
Brick, NJ 08723

Block: **552.01**
Lot: **18.01**
Qualifier:
Zone: **B-2**

Owner: **Feinberg & McBurney Realty Development, LLC**
Address: **1874 East Marlton Pike**
Cherry Hill, NJ 08003

Applicant: **Harry Carlson; H. Carlson & Sons**
Address: **7201 Black Horse Pike**
Mays Landing, NJ 08330

Application Approved Date: 04/30/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store -CVS Pharmacy (former Red Lion Inn).
Nonconforming Use is:

Work Description:
New Building - One-story commercial building; 14,600 square feet, 24 feet high, for a CVS Pharmacy.

Major site plan approved by the Planning Board.
Case No. 2703-PSP-V-FSP-8/11.
Resolution No. R-40-11 adopted on December 14, 2011.
Maps signed on March 29, 2012.

An additional zoning permit is required for any sign and for any other additional work.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — Date: Copy

Michael P. Fowler, Township Planner — **Date**

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00410
Application Date: 05/07/2012
Project Number:
Permit Number:
Fee: $30

Zoning Permit

Worksite Location: **2549 Hooper Avenue**
CVS Pharmacy
Brick, NJ 08723

Block: **552.01**
Lot: **18.01**
Qualifier:
Zone: **B-2**

Owner: **Feinberg & McBurney Realty Development, LLC**
Address: **1874 East Marlton Pike**
Cherry Hill, NJ 08003

Applicant: **Harry Carlson; H. Carlson & Sons**
Address: **7201 Black Horse Pike**
Mays Landing, NJ 08330

Application Approved Date: 05/07/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store --CVS Pharmacy (former Red Lion Inn).
Nonconforming Use is:

Work Description:
Site Improvement Work - Install (7) concrete-based light poles.

Major site plan approved by the Planning Board.
Case No. 2703-PSP-V-FSP-8/11.
Resolution No. R-40-11 adopted on December 14, 2011.
Maps signed on March 29, 2012.

ZA-12-00378 approved on April 30, 2012.

An additional zoning permit is required for any sign and for any other additional work.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 05/07/2012 Date

Michael P. Fowler, Township Planner — 5/7/12 **Date**

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 12-1439
Control #
Date Issued 5-30-12
Permit #

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

Block 334.01 ~~334~~ Lot 18.01 ~~18~~ Qualification Code _____

Work Site Location Hooper ave & Brompoint rd. 2549 Hooper Ave.

Owner in Fee: Feinberg & McBarney

Tel. (856) 489-8887 e-mail _____

Address 186 Marlton Pike Cherry Hill NJ

Contractor: G. Hummel Elec. Cont INC. (street / municipality) Tel. (609 567-5567 (zip code)

Address 347 S Grand ST e-mail _____
Hammonton NJ 08037

Contractor License No. 12839 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 223512593 FAX: (609) 567-6025

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 8000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date _____ Approved by: _____
[ ] Electric Plans Approved
Date _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-15-12
Approved by: JS
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11/5/12
Approved by: JS

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11-8-12	DJ
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 sign/Contractor sign and seal here: George Hummel

Print name here: George Hummel

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 7 Site lights

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
7		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	
		KW Elec. Sign/Outline Light	
		_____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-1429

Date Issued / Permit # 5-30-12

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

Block 552.01 Lot 18.01-46 Qualification Code

Work Site Location Hooper Ave & Crumpsin Rd - 2549 Harper Blvd.

Owner in Fee: Feinberg & Mr Burney CVS

Tel. (856) 489-8887 e-mail

Address 186 Marlton Pike Cherry Hill

street municipality zip code

Contractor: H. Carlson & Sons Tel. (609) 625-5052

Address 7201 BHP e-mail

Mays Landing NJ 08330

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223228693 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/22/12	M
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date: 5-22-12

Approved by: KP/JM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 11/8/12

Approved by: KA

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Footing			10-2-12	GP
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11-7-12	GP
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ 11000
2. Rehabilitation $ _____
3. Total (1+ 2) $ 11000

U.C.C. F110 (rev. 11/09)

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.

Sign here: Harry Carlson

Print name here: Harry Carlson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 7 concrete site light bases

*Page 10 for Details (Plan 2 of 2)

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

COMMERCIAL

FEE (Office Use Only)

$ _____

Administrative Surcharge $ _____

Minimum Fee $ _____

State Permit Surcharge Fee $ _____

TOTAL FEE $ _____

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

DYNAMIC ENGINEERING

SEP 20 2012
permit 12-1409

552.01 / 18.01

September 19, 2012
Via UPS Ground

Brick Township
Building Department
401 Chambers Bridge Road
Brick, NJ 08723

RE: Proposed CVS Pharmacy
Block 552.01 & 554, Lots 18, 19 & 16
Hooper Avenue & Drum Point Road
Township of Brick
Ocean County, NJ
DEC# 0195-10-049

To Whom It May Concern,

In conjunction with the proposed CVS Pharmacy development currently under construction at the above referenced location, enclosed please find four (4) signed and sealed copies of the foundation detail for the area lights associated with this project.

A copy of the light pole foundation detail has also been provided to the engineering site inspectors at Birdsall Services Group, Mr. Russell Harris and Mr. Nicholas DeCotiis.

Should you have any questions or require additional information for review, please do not hesitate to contact the undersigned.

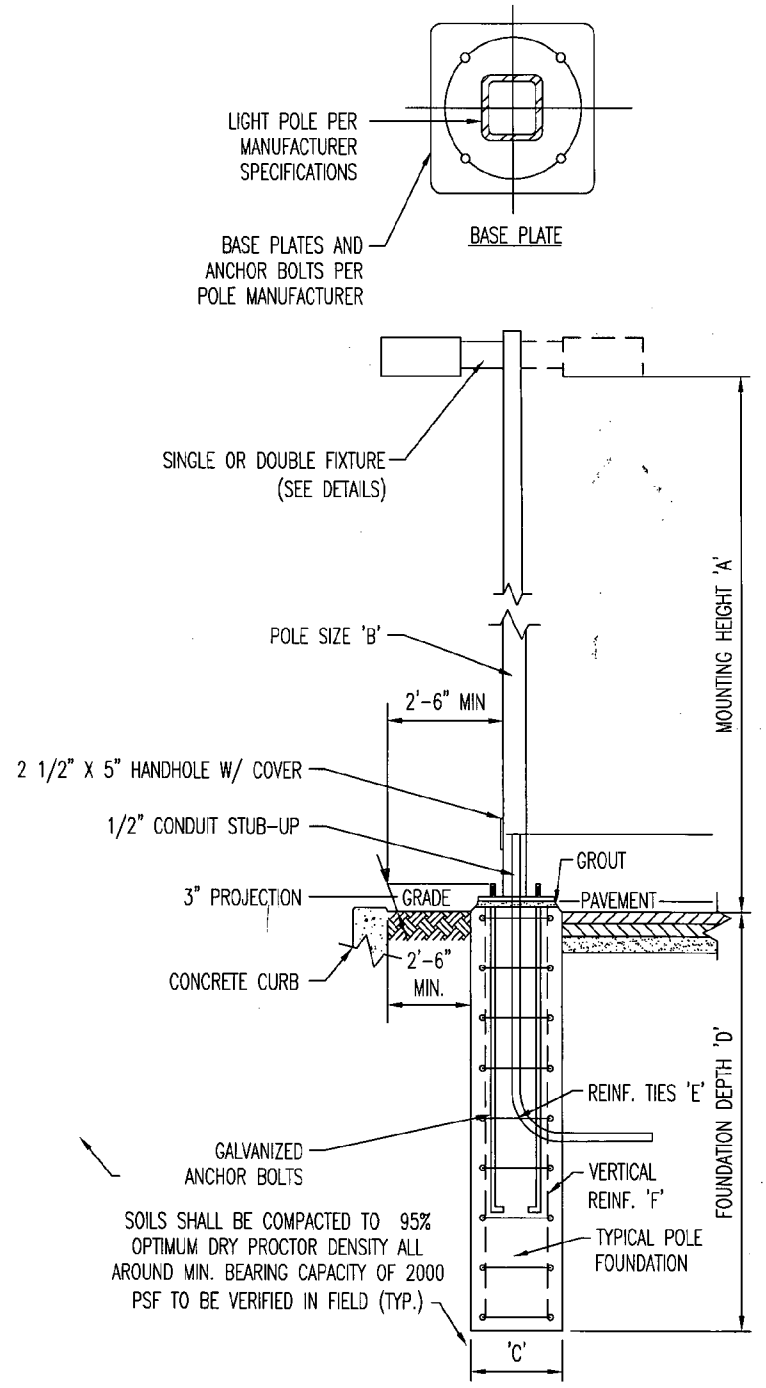
Sincerely,

DYNAMIC ENGINEERING CONSULTANTS, PC

Douglas Grysko, PE

Enclosures

cc: Nicholas DeCotiis, PE
Adam Carlson
Al Stein



NOTES:

1. PROPOSED POLE IN COMBINATION WITH CONCRETE PEDESTAL TO EQUAL LIGHT HEIGHT OF 33' MAX.

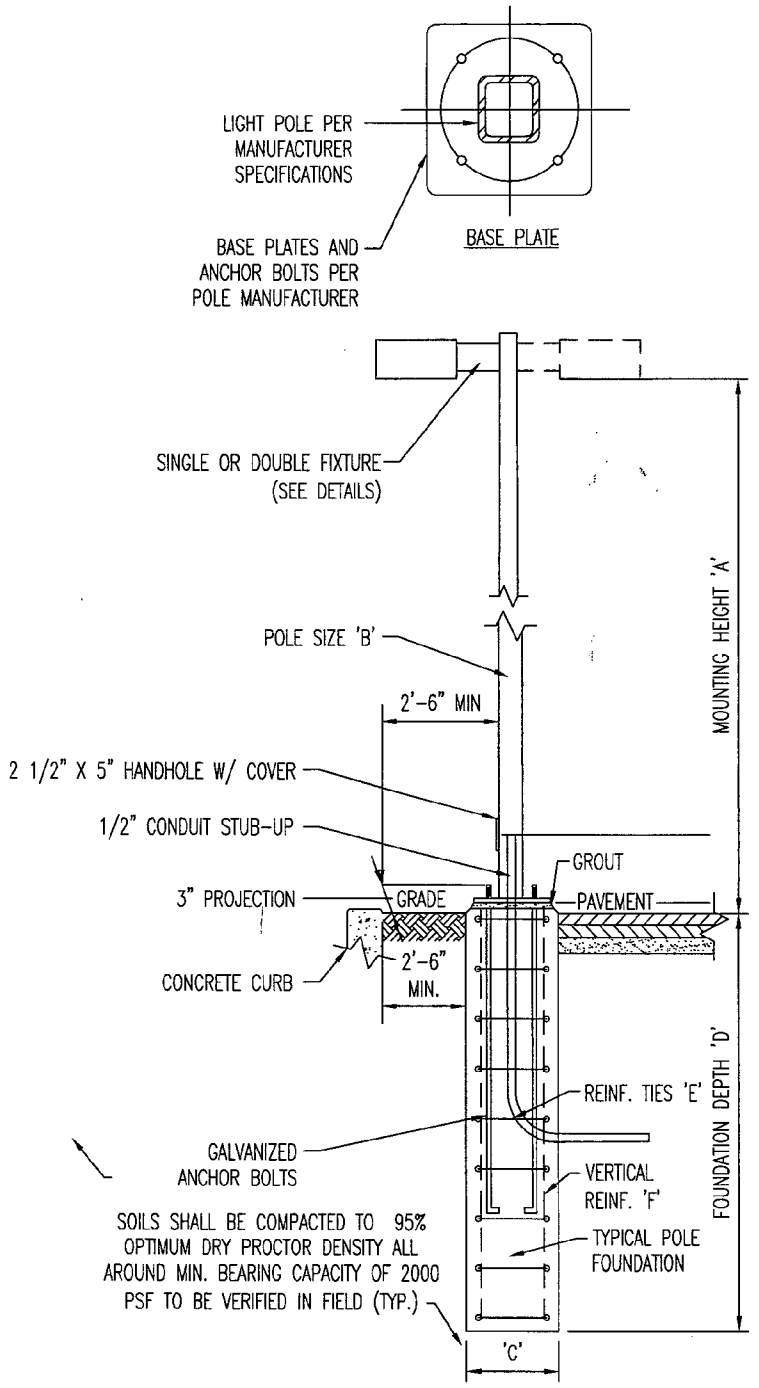
LIGHT POLE FOUNDATION SCHEDULE		
MOUNTING HEIGHT ABOVE GRADE 'A'	33'	
POLE DIA. 'B'	6" SQAURE	
# OF FIXTURES	SINGLE OR DOUBLE	
FOUNDATION DIAMETER 'C'	24" DIAMETER ROUND	18" DIAMETER ROUND
FOUNDATION DEPTH 'D'	7.5'	8.5' DEEP
REINFORCING TIES 'E'	#4 @ 12" O.C.	
VERTICAL REINFORCEMENT 'F'	(6) #6 BARS EQUALLY SPACED	

J. G. JAWORSKI
PROFESSIONAL ENGINEER
NEW JERSEY LICENSE No. 36618
PENNSYLVANIA LICENSE No. 47943
NEW YORK LICENSE No. 075707
CONNECTICUT LICENSE No. 20811
MASSACHUSETTS LICENSE No. 40835
DELAWARE LICENSE No. 16354

AREA LIGHT DETAIL

NOT TO SCALE

Plotted: 09/17/12 – 1:02 PM, By: cmancilla, – Product Ver: 18.2s (LMS Tech)
File: P:\DECPC PROJECTS\0195 Feinberg\10-049 Brick – Red Lion – Hooper and Drum Point\dwg\Site Plans\D1951



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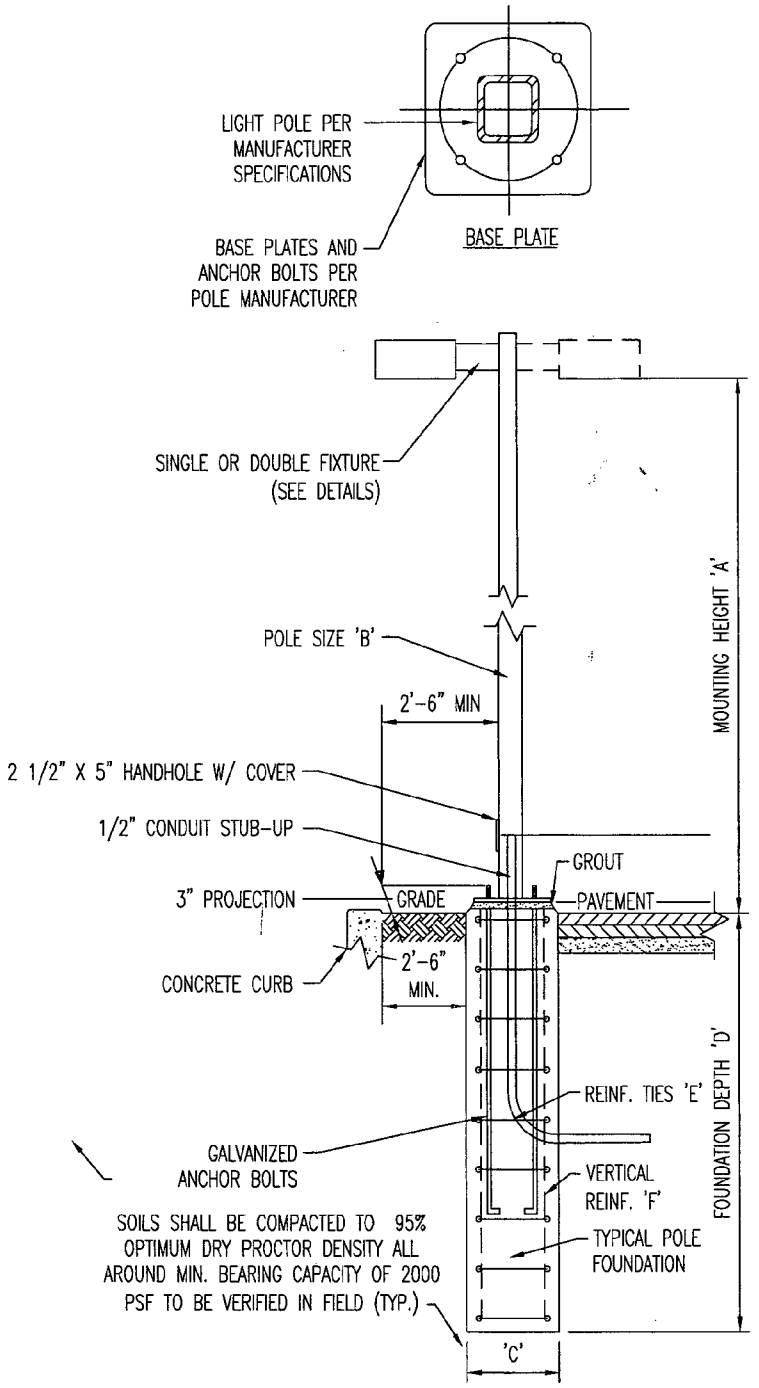
File: P:\DECPC PROJECTS\0195 Feinberg\10-049 Brick – Red Lion – Hooper and Drum Point\dwg\Site Plans\D1951



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AREA LIGHT DETAIL

NOT TO SCALE

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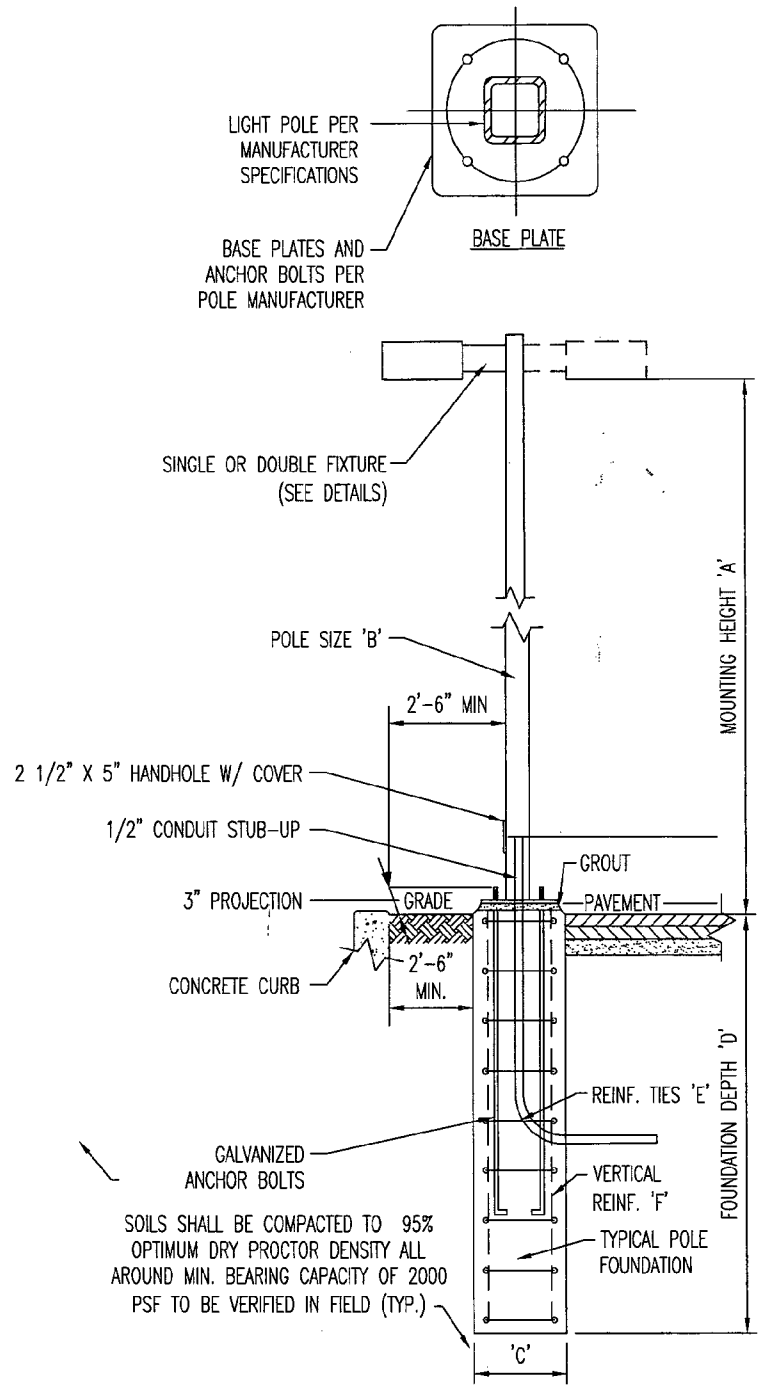

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AREA LIGHT DETAIL

NOT TO SCALE

Plotted: 09/17/12 – 1:02 PM, By: cmancilla, – Product Ver: 18.2s (LMS Tech)
File: P:\DECPC PROJECTS\0195 Feinberg\10-049 Brick – Red Lion – Hooper and Drum Point\dwg\Site Plans\D1951

RECEIVING CLERK MR
DATE REC'D 4/20/12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-0044
DATE ISSUED 5/30/12

BLOCK: 552.01 LOT: 18.01 QUALIFIER: — SITE ADDRESS: 2549 Hooper

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Feinburg + MC Burney
   COMPLETE ADDRESS: 176 Marlton Pike
   Cherry Hill, NJ
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: N. Carlson + Sons
   APPLICANT ADDRESS: 7201 Black Horse Pike
   Mays Landing, NJ 08330
   PHONE # 609-625-5052 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Harry Carlson
   PHONE# 609-625-5052 FAX# 609-625-4829

4. SIGNATURE OF APPLICANT: Harry Carlson

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 31.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Red Lion
PROPOSED USE CVS

BOARD APPROVAL: ___ PB ✓ ZB
RESOLUTION#: R-46-11
APPROVAL DATE: 12-14-11

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION X *PORCH _____ *DECK _____

COMMERCIAL

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Light Poles 7

ZONING REVIEW:
DATE REVIEWED: 5-7-12 DATE DENIED: — DATE APPROVED: 5-7-12 INTLS: MGR

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

Receipt

Payment Date	5/30/2012
Transaction #	PMT-12-03461
Receipt #	

Issued To Harry Carlson

Description: Site Lighting for CVS
2545 Hooper Avenue

Date Printed: 5/30/2012
Check Number: 30158

Cash	$0.00
Check	$30.00
Charge	$0.00
Total Paid	$30.00

05/30/12 11:45AM D0155B#5005
XX02 SERV.002
#03461
ZPA $30.00
CHECK $30.00

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Stories	Eaves (feet)	Feet	Ridge (feet)		
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)							
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY

RECEIVED
MAY 7 2012

ZONING REVIEW:

DATE REVIEWED: 5-7-12 DATE DENIED: — DATE APPROVED: 5-7-12 INTLS: SRZ

DATE:	COMMENTS:	INITIALS:

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 12-14-09
Control #
Date Issued 5-30-12
Permit #

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

Block 172.01 Lot 11.04 Qualification Code _____

Work Site Location Hooper Ave & Crumpton Rd
2549 Hooper Ave.

Owner in Fee: Feinberg & McBurney

Tel. (732) 489-3387 e-mail _____

Address 120 Mallon Ave Chesilhurst NJ
street municipality st. zip code

Contractor: G Hummel Elec Cont Inc. Tel. (609) 567-5567

Address 347 S Grand St e-mail _____
Hammonton NJ 08037

Contractor License No. 12834 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 223312593 FAX: (609) 567-6025

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 8000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: _____ Approved by: _____
[ ] Electric Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
[ ] Bldg [ ] Plumb [ ] Fire [ ] Elev
SUBCODE APPROVAL for PERMIT
Date: 5-15-12
Approved by: [illegible]
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 sign/Contractor sign and seal here: George H

Print name here: George Hummel

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Install 7 site lights

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
7		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	
		KW Elec. Sign/Outline Light	
		_____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. _____ FAX: (___) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[ ] Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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 sign/Contractor sign and seal here: _____

Print name here: _____

[ ] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: _____

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
7		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	
		KW Elec. Sign/Outline Light	
		_____	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

U.C.C. F120 (rev. 11/09)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-14-09

Date Issued / Permit # 5-30-10

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

Block 552.01 Lot 18.01 Qualification Code

Work Site Location Harper ave & Brompton Rd - 2549 Harper Ave.

Owner in Fee: Estate of Mr Burger (VS

Tel. (856) 489-8887 e-mail

Address 186 Marlton Pike Cherry Hill
street municipality zip code

Contractor: H. Carlson of Texas Tel. (817) 625-2052

Address 7201 AHP e-mail
Mays Landing NJ 08330

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 223228649 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/22/10	MT
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 5-22-10
Approved by: MT

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

Dates (Month/Day)

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load ____
Max. Occupancy Load ____

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ 11000
2. Rehabilitation $
3. Total (1+ 2) $ 11000

U.C.C. F110
(rev. 11/09)

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.

Sign here: Harry Carlson

Print name here: Harry Carlson

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 7 concrete site light bases

* page 1 of 2 (Plan 2 of 2)

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12-1429
Control #
Date Issued 5-30-12
Permit #

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

Block 552.01 Lot 18.01 Qualification Code ______

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. (856) 477-1787 e-mail ______

Address 186 [illegible] Cherry Hill
street municipality zip code

Contractor: [illegible] Tel. ( ) [illegible]

Address [illegible] e-mail ______

[illegible] NJ 08330

Contractor License No. or Builder Registration No. ______ Exp. Date ______

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): ______

Federal Emp. ID No. [illegible] FAX: (____) ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	5/30/12	NT
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: ______
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.
Max. Live Load ______
Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______
If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:
1. New Bldg. $ 1100
2. Rehabilitation $ ______
3. Total (1+ 2) $ 1100

U.C.C. F110
(rev. 11/09)

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.

Sign here: [signature]

Print name here: Harry [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 7 [illegible] site light [illegible]

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ______ Height (exceeds 6')
[ ] Sign ______ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ______ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other ______
[ ] Demolition

FEE (Office Use Only)
$ ______

Administrative Surcharge $ ______
Minimum Fee $ ______
State Permit Surcharge Fee $ ______
TOTAL FEE $ ______

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS
PERMIT #: Rev-12-00070-A

BLOCK: 552.01 554 LOT: 18-19 16 ADDRESS: Hooper ave & Bamboo Rd.

IDENTIFICATION:

1. WORK SITE ADDRESS: Hooper ave & Bamboo Rd
2. NAME OF OWNER IN FEE: Feinberg & Mc Burney
   ADDRESS: 186 Marlton Pike PHONE #: (609) 625-5093
   Cherry Hill NJ. FAX #: (609) 625-4829
3. PRINCIPAL CONTRACTOR: H. Carlson & Sons
   ADDRESS: 7201 BHP PHONE #: (609) 625 5052
   Mays Landing NJ. FAX #: (609) 625 4829
4. ARCHITECT OR ENGINEER: LDC
   ADDRESS: Williamsport PA. PHONE: # (570) 323-6003
5. RESPONSIBLE PERSON FOR WORK: Harry Carlson
   ADDRESS: 7201 BHP Mays Landing NJ 08330

PHONE #: (609) 625 5052 FAX #: (609) 625-4829 E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ 150.00
REVIEW FEE: $
INSPECTION FEE: $ KSS 5/14/12
OTHER _____ : $
BOND(S): $
TOTAL: $

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☒ OTHER Light Poles
LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____
DRAINAGE EASEMENTS: _____
UTILITY EASEMENTS: _____
CONSERVATION EASEMENTS: _____
FEMA REQUIREMENTS: _____
D.E.P. PERMITS: _____
BOARD APPROVAL: ☒ PB ☐ ZB
APPLICATION NUMBER: _____
APPROVED DATE: _____

COMMERCIAL

ENGINEERING REVIEW:

DATE RECEIVED: 5/9/12 DATE REJECTED: _____ DATE APPROVED: 5/9/12 INITIALS: KSS

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

Date: Thursday, May 17, 2012

To: 2549 HOOPER AVE BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 552.01 Lot: 18.01 Qual:
2549 HOOPER AVE.
Permit Number: Control Number: C-12-001475
Last Submit Date: Tuesday, May 15, 2012

Dear BOTTAZZI'S RED LION TAVERN INC,
Your request is hereby denied based upon the following infractions.

Provide cross section and details for light poles

Sincerely,

Michael Vecchio, Subcode Official

5/17/12 Site Plan has cross section See the CVS Plans for Bldg. - lite poles on there.

See me Mike. Thanks Lisa Rose