BLOCK 671 LOT 8 ADDRESS (SITE) Bridle Plaza RT 70 EAST PERMIT NO. 901-92

RECEIVED
APR 20 1992
DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: RT 70 + CHAMBERS BRIDGE Rd
2. Name of Owner in Fee: ITS WHOLE SALE FOR KDS Tel. (908) 390-8383
   Address 11 (street) RUSSELL AVE (municipality) S. RIVER (zip code) NJ
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: FIRE LINE HOME IMP Tel. (908) 769-0383
   Address PO BOX 3115 LINDEN NJ 07036
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer I.J. FEIFER ASSO. P.A. Tel. (732) 828-5005
   Address 8 MOLINE Rd E. BRUNSWICK NJ 08816
6. Responsible Person In Charge of Work JOHN J CAMMARATA Tel. (908) 769-0383

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60 -		
2. Electrical			
3. Plumbing	30 -		
4. Fire Protection	46 -		
5. Other			
6. Subtotal	$ 136		
7. Less 20% for State Plan Review	5		
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 161 -		

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	7500.00
6. ☒ Fire Protection	1495.00
7. ☒ Plumbing	1800.00
8. ☒ Electrical	3500.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	14295.00

Tenant fit up

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
			4/22/92		7/7/92		RK
	5-4-92	5-7-92	5/12/92		6-30-92		JE
			4/22/92		7-7-92		
					7-1-92		

III. DO YOU WANT: (optional) 1. ☐ Partial Releases 2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ____
After Construction ____
Net gain or loss ____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: M B
3. Change in Use Group, Indicate Former:

LDS BR 10404709

U.C.C. Form F-100A

Bet. Consumer + Silver Thread

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 FIRE Line Home Fmp

Address PO Box 315

Lindow NJ 07036

Telephone (908) 769-0383

Signature John J Remmert Date 4/17/92

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
☐ 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	4/21/92	retail alt.						
☐									
☐									

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. 901	7-7-92	
☐ None			

New Jersey
UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 7-7-92
Control #
Permit # 901-92

IDENTIFICATION

Block 671 Lot 8
Work Site Location Rt. 70 & Chambers Bridge Rd. (Store #29)

Owner in Fee It's Whole Sale for Kids
Address 11 Russell Ave.
South River, NJ
Tele. ( )
Contractor Fire Line Home Improvements
Address P.O. Box 3115
Linden, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group M 3 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up "It's Whole Sale for Kids"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☒ **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.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

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

Arthur J. Ciezo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

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

NEW JERSEY UNIFORM CONSTRUCTION CODE

CONSTRUCTION PERMIT

Date Issued 5-13-92
Control #
Permit # 901-92

IDENTIFICATION Block 671 Lot 8

Work Site Location Rt 70 - Cherry Hill

Owner in Fee [illegible]

Address 11 Russell Ave.

[illegible] N.J.

Tele. ( )

Contractor [illegible] Home Imp.

Address P.O. Box 3115

[illegible] N.J.

Tele. ( )

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

Federal Emp. No.

or Social Security No. **0005**

is hereby granted permission to perform the following work:

[X] BUILDING [X] PLUMBING [ ] OTHER

[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant Fit-Up

PAYMENTS (Office Use Only)		901**	
Building	60 -	BLOCK	0.00
Plumbing	30 -	671 #	
Electrical		LOT	0.00
Fire Protection	46 -	8 #	
Other	P/K 5	BUILDING	60.00
Other	/	PLUMBING	30.00
DCA Training Fee		FIRE	46.00
Cert. of Occ.	APP	EDAN RVW	5.00
Other		C / O	20.00
Total	161	TOTAL	161.00
Check No.	# [illegible]	CHECK	161.00
Cash			
Collected By:	[illegible]		

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 $ 14295.

[signature]

CONSTRUCTION OFFICIAL

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
Date Issued 5-13-92
Control #
Permit # 901-92

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 + CHAMBER BRIDGE Rd BRICK TOWN NJ
Owner in Fee JTS WHOLE SALE FOR KIDS
Address 11 RUSSELL AVE S. RIVER NJ
Tele. (908) 390-8383
Contractor FIRE LINE HOME IMP
Address PO BOX 3115 LINDEN NJ 07036
Tele. (908) 769-0383
Lic. No. or Bldrs. Reg. No. _____
Federal Emp. No. _____ or Social Security No. [redacted]

C. CERTIFICATION IN LIEU OF OATH

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

Signature _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
PAINTING, CASH WRAP. BUILD BARRIER FREE BATHROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[/] All	4/22/92	Thy
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[/] CO [ ] CCO [ ] CA
Date: 7/7/92
Approved By: RC

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

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other PAINTING, HANDICAPPED BATHROOM
[ ] 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 $ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 15 Ft.
Area—Largest Floor 5728 Sq. Ft.
Total Bldg. Area/All Floors _____ Sq. Ft.
Volume of Structure 80,192 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 7500.00
3. Total (1+2) $ 2500.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-13-92
Control #
Permit # 901-92

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 Rd
BRICK TOWN, NJ
Owner in Fee JTS WHOLESALE FOR KIDS
Address 11 RUSSELL AVE
@ S. RIVER, NJ
Tele. (908) 390-8383
Contractor CHARLES PATTERSON
Address 164 POND RD.
FREEHOLD NJ. 07728
Tele. (908) 462-3356
Lic. No. 4448
Federal Emp. No. _____ or Social Security No [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size _____
Water Service Size _____
Estimated Cost of Plumbing Work $ 1800.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[✓] Plumb. Plans Approved
Date: 4/22/92
Approved by: [signature]

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: [signature]
Date: 7-7-92

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			6/9/92	COM
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
Solar				
TCO				
CO	7-2-92			

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.

Charles E. Patterson
Signature-Contractor Seal

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.) H.C

REPLAC.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
2	Water Closet - REPLACE	10
	Urinal/Bidet	
	Bath Tub	
2	Lavatory REPLACE ONE	
	Shower REALIGN ONE	10
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Gas Piping	
	Fuel Oil Piping	
	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 30—
Paid [ ] Check # _____	Minimum Fee	$
Collected by: _____	TOTAL	$

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

7-2-92 only 11" clearance in front of ~~toilet~~ (need 21")

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Date Issued 5-13-92
Control #
Permit # 901-92

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 & CHAMBERBRIDGE Rd
BRICK TOWN, NJ
Owner in Fee ITS WHOLESALE FOR KIDS
Address 11 RUSSELL AVE
S. RIVER NJ
Tele. (908) 390-8383
Contractor FRANKLIN ALARM CO
Address 731 RT18
E. BRUNSWICK NJ 08816
Tele. (908) 257-6341
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed M Central
Constr. Class. Present Proposed A
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ 1495.00 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 5/12/92
Approved by:

SUBCODE APPROVAL:
[X] CO [ ] COAH [ ] CA
Date: 6/30/92
Approved by:

INSPECTIONS: Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test			6/30/92	
Smoke Test			6/30/92	
Mechanical				
TCO				
Other Final			7/22/92	
Other				
Other CA Rough	6-29			

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 TEN FIT UP
SEE ARCHITECT PLANS

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

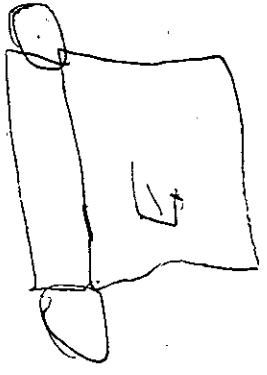
Flammable Liquid Storage Tanks ( ) Capacity Fuel
Combustible Liquid Storage Tanks ( ) Capacity Fuel
L.P.G. Storage Tanks ( ) Capacity Fuel
L.N.G. Storage Tanks ( ) Capacity Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	8	46-
Heat Detectors	4	
TOTAL	12	
Stand Pipes Exit Signs Emergency Lite Battery Back Up		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		
Administrative Surcharge	$	
Paid [ ] Check # Minimum Fee	$	46-
Collected by TOTAL FEE	$	46-

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

M CA DUN FIT UP - COULD NOT LOCATE JOB SITE

6/30/92 Christie



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

Daniel F. Newman, Mayor

Members of Township Council
Mary Anne L. Butler, Council President
Charles E. Anderson
Patrick L. Bottazzi
Edmund H. Hibbard
Joseph C. Scarpelli
Warren H. Wolf
David W. Wolfe

Division of Inspectio

A.J. Cierzo,
Construction Offici

(201) 477-3000, ext.

STORE 29

CHECK LIST

RE: Block 671 Lot 8 Address Route 70

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

Administrative _____

Zoning _____

Engineering _____

Building _____

Plumbing _____

Electric _____

Fire 5-1-92 (1) TRAILER SEE WALL RATING?

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

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

(2) OCCUPANT LOAD
(3) USE GROUP

Arthur J. Cierzo,
Construction Official

Date _____