

TOWNSHIP OF BRICK

CONSTRUCTION PERMIT
APPLICATION

FEB 23 REC'D

I. IDENTIFICATION

1. Proposed Work at: BRICKTOWN PLAZA
2. Owner Name: RAINBOW SHOP Tel. (712) 485-3000
Address 1000 PENNSYLVANIA AVE, BROOKLYN, NY 11207
3. Principal Contractor: CLEARHEART CONSTRUCTION Tel. (203) 426-2280
Address 31 TAUNTON LANE NEWTOWN CT 06757
- Lic. No. or Builder Reg. No. 511876 Federal Emp. No. 06111689-101106-3-3
4. Architect or Engineer: WAX BRYMAN FERRARO Tel. (516) 569-6336
Address 144 GROVE AVE, CEDARHURST, NY 11516
5. Responsible Person in Charge of Work A. LEVIS Tel. (203) 426-2280

II. PROPOSED WORK

A. TYPE OF WORK

1. ☐ Minor Work (Single Trade)
2. ☐ Small Job (\$5,000 and no Prior Approvals)
Complete only II.B., III and IV.A. and Page 2
3. ☐ New Building
4. ☐ Addition
5. ☒ Alteration
6. ☐ Repair, Replacement
7. ☐ Demolition
8. ☐ Other:

INTERIOR FINISH

B. CATEGORIES OF WORK

Permit/Category	Estimated
1. ☐ Building/Structural	\$ _____
2. ☐ Plumbing	_____
3. ☐ Electrical	_____
4. ☐ Fire Protection	_____
5. ☐ Other _____	_____
6. ☐ Other _____	_____
TOTAL COST \$ <u>10,900</u>	

C. DO YOU WANT:

1. ☐ Partial Releases 2. ☐ Prototype Processing

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

1. ☐ Elevators/Dumbwaiters
2. ☐ High-Pressure Boilers
3. ☐ Refrigeration Systems
4. ☐ Pressure Vessels
5. ☐ Hazardous Uses/Places of Assembly
6. ☐ Cross-connections/Backflow Preventors
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells

III. DESCRIPTION OF BUILDING USE (USE GROUPS)

A. RESIDENTIAL

1. ☐ Hotels (R-1) If new construction, enter no. of dwelling units _____
2. ☐ Multi-Family (R-2) HMD Reg. No.: _____
3. ☐ Two Family (R-3b) If other than new construction, enter no. of dwelling units: _____
4. ☐ One-Family (R-3a) Before Construction: _____
- After Construction: _____
- Net Gain (or loss): _____

B. NON-RESIDENTIAL

5. ☐ Theatres with Stage (A-1-A)
6. ☐ Movie Theatres (A-1-B)
7. ☐ Night Clubs (A-2)
8. ☐ Restaurants, Libraries, Museums (A-3)
9. ☐ Religious Assembly (A-4)
10. ☐ Outdoor Assembly (A-5)
11. ☒ Business (B)
12. ☐ Educational (E)
13. ☐ Moderate-Hazard Factory (F-1)
14. ☐ Low-Hazard Factory (F-2)
15. ☐ High-Hazard (H)
16. ☐ Institutional Detention Center (I-1)
17. ☐ Hospitals, Infirmeries (I-2)
18. ☐ Group Homes (I-3)
19. ☐ Mercantile (M)
20. ☐ Moderate-Hazard Warehouse (S-1)
21. ☐ Low-Hazard Warehouse (S-2)
22. ☐ Temporary, Misc. (U)
23. ☐ Other _____

State Specific Use:

Retail Sales
Near Consumers

If Change in Use Group, Indicate Former:

IV. BUILDING CHARACTERISTICS

A. OWNERSHIP

1. ☐ Private (Individual, Corp., Non-profit Inst., Etc.)
2. ☐ Public (State, County or Local Govt.)

B. HEATING FUEL

Principal	Secondary	Type
3. ☐	☐	Gas
4. ☐	☐	Oil
5. ☐	☐	Electric
6. ☐	☐	Solid (Wood, Coal, Etc.)
7. ☐	☐	Propane
8. ☐	☐	Solar
9. ☐	☐	Other _____

C. TYPE OF SEWAGE DISPOSAL

10. ☐ Public or Private Company
11. ☐ Private (Septic Tank, Etc.)

D. TYPE OF WATER SUPPLY

12. ☐ Public or Private Company
13. ☐ Private (Well, Etc.)

E. BUILDING CHARACTERISTICS

14. No. of Stories _____
15. Height of Structure _____ Ft.
16. Area—Largest Floor _____ Sq. Ft.
17. Bldg. Area—All Fls. _____ Sq. Ft.
18. Volume of Structure _____ Cu. Ft.
19. Total Land Area Disturbed _____ Sq. Ft.

LDS BR 10207054

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION

I hereby certify that I am the owner of the property listed on Page 1. This dwelling is to be occupied by myself and is not to be used for any purpose, other than single family residential use.

- A. ☐ I further certify that I prepared the plans submitted. This statement is made in accordance with the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)vii.
- B. ☐ I further certify that I will perform the work below.
 B1. ☐ Building B2. ☐ Electrical B3. ☐ Plumbing
- C. ☐ I further certify that a new home will be constructed on this property, for my use and occupancy. I attest that all design, construction, plumbing, or electrical work will be done by me or by subcontractors under my supervision, in accordance with all applicable laws; and further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.A.C. 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.
- 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 understand that if any of the above statements are willfully false, I am subject to punishment.

SIGNATURE _____ DATE _____

II. AGENT SECTION

I hereby certify that the work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

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 A.E. LEVIS TEL. (203) 426-2280

ADDRESS 31 TAUNTON LANE

NEWTOWN CT. 06757

SIGNATURE Alan E. Lewis

TOWNSHIP OF BRICK



CERTIFICATE

CERT. NO.	339
DATE ISSUED	3-30-88
Block	671
Lot	8
Subdivision	

IDENTIFICATION

Owner Rainbow Shop Agent Clearheart Const.
 Address 1000 Pennsylvania Ave Address 31 Taunton Lane
Brooklyn, N.Y. Newtown, Ct.
 Tel. () Tel. ()
 Work Site Address Brick Plaza Shopping Lic. No.
 Federal Emp. No.

PAYMENTS

Fees Remitted \$
☐ Check No.
☐ Cash
☐ Other
 Collected By:
 Date:

CERTIFICATE OF OCCUPANCY/APPROVAL

- A. ☒ CERTIFICATE OF OCCUPANCY ☐ 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.

- B. ☐ 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.

- C. ☐ 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:

D. DESCRIPTION OF WORK:

Interior finish, dressing booths, retail platforms
 & C/O

USE GROUP B FIRE GRADING 2 hours
 MAXIMUM LIVE LOAD MAXIMUM OCCUPANCY LOAD
 SPECIFIC USE Retail Sales

FINAL COST OF CONSTRUCTION: \$ 10,900.

Arthur J. Cierzo
 CONSTRUCTION OFFICIAL



BUILDING SUBCODE TECHNICAL SECTION



PERMIT NO. 339
DATE ISSUED 3-2-88
REVISION DATE _____
Block 671 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT — Complete unshaded areas only When changing contractors, notify this office

Owner Rainbow Shop Contractor Clemente Const.
Address 1000 PENNSYLVANIA AVE Address 31 TAYLOR LANE
BECKLEY, WV. 26027 NEWTON, CT 06757
Tel. (708) 485-3000 Tel. (203) 426-2280
Work Site Address BRICKTOWN PLAZA Lic. No. 511876
Federal Emp. No. 06111689-10106-3-3

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application as his agent.

AGENT SIGNATURE

B. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Give detail description including materials used, dimensions, etc.

INTERIOR FINISH
PAINT
BRASSING & BOOTHS
INSTALL CASH DESK
RETAIL PLATFORMS

TYPE OF WORK:

- ☐ New Building
☐ Addition
☐ Alteration/Renovation
☐ Roofing
☐ Siding
☐ Other _____
☐ Demolition
☐ Miscellaneous
☐ Fence
☐ Sign
☐ Pool
☐ Elevator
☐ Other _____

Fee Basis

Fee

SUBTOTAL

Minimum Building Fee (if applicable)
Total Building Fee (Greater of Minimum or Subtotal)

C. BUILDING CHARACTERISTICS

USE GROUP: _____ Present _____ Proposed _____

No. of Stories _____ Total Building Area—All Floors _____ Sq. Ft.
Height of Structure _____ Ft. Volume of Structure _____ Cu. Ft.
Area—Largest Floor _____ Sq. Ft. Total Land Area Disturbed _____ Sq. Ft.
Estimated Cost of Building Work: \$ 10,800

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

PLAN REVIEW AND INSPECTION - BUILDING

DATE

JOB CONDITION/COMMENTS

7-24-88 needs coping around Rear Floor Area - needs railing on Floor Tightened up.

Fire Grading:

Maximum Live Load:

Maximum Occupancy Load:

JOB SUMMARY

PLAN REVIEW

☐ No Plans Required
☒ All 7-24-88 1/64
☐ Footing/Foundation
☐ Frame
☐ Architectural
☐ Other

Date

Initials

INSPECTIONS FINAL

☒ CO ☐ CCO ☐ CA

Date: 3-30-88

Inspected By: 1/64

INSPECTIONS

Type

☐ Footing/Foundation
☐ Slab
☐ Frame
☐ Architectural
☐ Insulation
☒ Finishes
☐ Energy
☐ Mechanical
☐ TCO
☐ Other

Failure Dates

Approval Date

7-24-88 1/64

3-30-88 1/64



FIRE SUBCODE TECHNICAL SECTION



PERMIT NO. 339
DATE ISSUED 3-27-88
REVISION DATE _____
Block 671 Lot 8
Subdivision _____

A. IDENTIFICATION

APPLICANT - Complete unshaded areas only

When changing contractors, notify this office

Owner RAINBOW SHOP
Address 1000 PENNSYLVANIA AVE
BROOKLYN, NY 11207
Tel. (718) 485-3000
Work Site Address BEICKERMAN PLAZA

Contractor CLEMHEART CONST.
Address 31 TAUNTON LANE
NEW ROCHELLE CT 06757
Tel. (203) 426-2250
Lic. No. 511876
Federal Emp. No. 06111689-101106-3-3

CERTIFICATION IN LIEU OF OATH:

(Complete for Minor Work and Small Job Only)

I hereby certify that the proposed work is authorized by the owner of record and I have been authorized by the owner to make this application-as his agent.

AGENT SIGNATURE

Alan E. Vee

B. TECHNICAL SITE DATA

B1. SPRINKLERS

TYPE: ☐ Wet ☐ Dry ☐ Other _____ FEE
Area Sprinkled: ☐ Full ☐ Partial (specify in comments)
No. of Heads: _____ No. of Spare Heads: _____
☐ Valves Supervised - Method: _____
Water Supply - Source: _____ Size: _____
FD Connection Location: _____
Estimated Cost of Work: \$ _____

B2. SPECIAL SUPPRESSION SYSTEMS

TYPE: ☐ Dry Chemical ☐ CO₂
☐ Halon ☐ Foam
☐ Other _____
Manual Pull: ☐ Yes ☐ No
Locations: _____
Estimated Cost of Work: \$ _____

B3. ALARM

TYPE: ☐ Manual ☐ Automatic FEE
Supervision Type: ☐ Local ☐ Central
☐ Proprietary ☐ Remote Location
Estimated Cost of Work: \$ _____

B4. STAND PIPES

Pipe Size: _____ Pump Size: _____
Water Source: _____ Size: _____
FD Connection Location: _____
Hose Station: ☐ Yes ☐ No
Estimated Cost of Work: \$ _____

B5. OTHER

Chief Engineer
Emergency
Fire Dept. personnel
Subtotal \$ 15
Minimum Fire Protection Fee (If Applicable)
Total Fire Protection Fee (Greater of Minimum or Subtotal) \$ 15

C. FIRE PROTECTION CHARACTERISTICS

USE GROUP _____ Present _____ Proposed _____
Heating Systems - Location: _____
Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar ☐ Other _____
Fuel Storage Tank - Location: _____ Fuel Type: _____ Capacity: _____
Total Estimated Cost of Fire Protection Work: \$ _____

D. COMMENTS

☐ Partial Releases ☐ Prototype Processing

JOB CONDITION/COMMENTS

DATE _____

[illegible]

☐ No Plans Required
☒ Plan Review Approved

☐ No Plans Required☒ Plan Review Approved

Date: 3-2-88

Approved By:

INSPECTIONS FINAL

☒

CCC

CA

Date:

3/30/88

Inspected By:

Type

Fire Suppression Test

Fire Alarm Test

Smoke Test

TCO

☒ Other *Excluded*

Other

Other

Other

Failure Date

Approval Date

388/02/5

BRICK PLAZA INC.

100 BRICK PLAZA SHOPPING CENTER
BRICK TOWN, NEW JERSEY 08723
(201) 477-4100

March 29, 1988

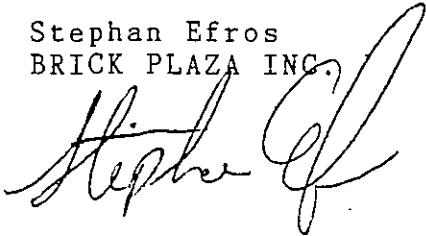
Fire Inspector/Rainbow Shops

Dear Sir:

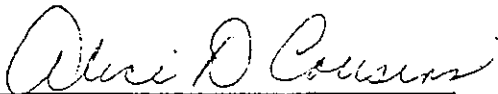
Brick Plaza hereby will guarantee sprinkler heads to be installed in the Rainbow Shops store within a period of three months, in the store room area.

Very truly yours

Stephan Efros
BRICK PLAZA INC.



Sworn to and subscribed
before me, the date aforesaid



3/29/88

Alice D. Cousins

Notary Public, State of New Jersey

No. 156047

Qualified in Ocean County

Term Expires March 29, 1990