



Cornerstone Consulting

Engineers & Architectural, Inc.

213 West Main Street . Lansdale, PA. 19446
Tel 215.362.2600 ♦ Fax 215.362.8400

Leesburg - VA ♦ Orlando - FL
Dallas - TX

1176 N. Irving Street . Allentown, PA. 18109
Tel 610.820.8200 ♦ Fax 610.820.3706

Memorandum

To: City of Elizabeth
Building Department
50 Winfield Scott Plaza
Construction Rm. 401
Elizabeth, NJ 07201

ATT: Raywant Sarran, Construction Official

Date: 1/ 27/ 2020

From: Christopher Stress, R.A.

Subject: Convenience Store renovation at Existing Bolla C. Store
814-838 State Highway, 1 & 9
Elizabeth, NJ
Tax Map -Block 4 Lot 1618
CCEA # 19-0333

Mr. Sarran,

In accordance with our recent discussions regarding the above referenced property, please find enclosed two sets of sealed and signed plans and also an application for the building renovation. We are not proposing any exterior work to the structure at this time other than future signage. Also, please find a county tax map and Data Tree map which reference the property, for your use. We do not have a survey or site plan.

When we last spoke, you noted I could send in just the building permit application at this time as we have not selected all the contractors as yet. We can follow up with additional applications, contractor names and lic. Numbers etc. as we have them available.

Please review and let me know of anything additional you may need.

Thank you,

-Christopher Stress, R.A., NCARB

We're with you through Every Step of development.

Land Development ♦ Engineering ♦ Architecture ♦ Land Surveying ♦ Construction Management

www.cornerstonenet.com



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 828 vs. Highway Rt 1

2. Name of Owner in Fee: Bella Management Corp
 Tel. (516) 512-6500 e-mail _____

Address 809 Stewart Ave. Garden City N.Y. 11530
street municipality zip code

3. Ownership in Fee: Private

4. Principal Contractor: Seagian Brothers Const Tel. (973) 839-6475
 Address 269 Manager Ave e-mail _____
Pompton Lakes N.Y. 07442

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. 20-0405693 FAX: (973) 831-1207

5. Architect or Engineer Cornerstone Consulting
 Address 176 W. Irving St. Allentown PA e-mail 18109
 Tel. (610) 820-8200 FAX: (610) 820-3106

6. Responsible Person in Charge once Work has Begun Anthony Perrone
 Tel. (973) 839-6475 FAX: (973) 831-1207

IIa. PROPOSED WORK

Minor Work New Building Addition Demolition

Repair Alteration Renovation Reconstruction

Asbestos Abat. -Subch. 8 Lead Hazard Abatement Radon Remediation Annual Permit

IIb. SUBCODES
 (Check all that apply)

Subcode	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Re-submission Dates Approval	Re-viewer
<input checked="" type="checkbox"/> Building	175,000.00							
<input checked="" type="checkbox"/> Electrical	63,250.00							
<input checked="" type="checkbox"/> Plumbing	27,500.00							
<input type="checkbox"/> Fire Protection								
<input checked="" type="checkbox"/> HVAC								
<input checked="" type="checkbox"/> Elevator	47,000.00							
TOTAL COST								

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. LPG Gas Tanks

12. Fire Alarm

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories _____ (office use only)

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 _____

VII. DESCRIPTION OF BUILDING USE

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 _____



BUILDING SUBCODE TECHNICAL SECTION



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 828 vs. Highway Rt 1
Elizabeth NJ
 Owner in Fee: Bolls Management Corp
 Tel. (516) 512-6500 e-mail _____
 Address 809 Stewart Ave Garden City NY 11530
 Contractor: Soojian Brothers Const NY 11530
 Address 269 Palmyra Ave. Pompton Lakes NJ 07442 Tel. (973) 837-6475
 Contractor License No. or Builder Registration No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 20-0405693 FAX: (973) 837-1207

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Failure	Approval	Initial
<input type="checkbox"/> No Plans Required	_____	_____	Type: _____	_____	_____	_____	_____
<input type="checkbox"/> All	_____	_____	Footings	_____	_____	_____	_____
<input type="checkbox"/> Footings/Foundations	_____	_____	Foundation Bonding	_____	_____	_____	_____
<input type="checkbox"/> Structural/Framework	_____	_____	Foundation	_____	_____	_____	_____
<input type="checkbox"/> Exterior	_____	_____	Slab	_____	_____	_____	_____
<input type="checkbox"/> Interior	_____	_____	Frame	_____	_____	_____	_____
Joint Plan Review Required:	_____	_____	Truss Sys./Bracing	_____	_____	_____	_____
<input type="checkbox"/> Elec. <input type="checkbox"/> Plumb. <input type="checkbox"/> Fire <input type="checkbox"/> Elevator	_____	_____	Barrier-Free	_____	_____	_____	_____
SUBCODE APPROVAL for PERMIT	_____	_____	Insulation	_____	_____	_____	_____
Date: _____	_____	_____	Finishes -Base Layer	_____	_____	_____	_____
Approved by: _____	_____	_____	Finishes -Final	_____	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE	_____	_____	Energy	_____	_____	_____	_____
<input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA	_____	_____	Mechanical	_____	_____	_____	_____
Date: _____	_____	_____	TCO	_____	_____	_____	_____
Approved by: _____	_____	_____	Other	_____	_____	_____	_____
	_____	_____	Final	_____	_____	_____	_____
	_____	_____	Barrier-Free	_____	_____	_____	_____

B. BUILDING CHARACTERISTICS

Use Group Present M 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 81

Constr. Class Present 5B Proposed _____
 If Industrialized Building:
 State Approved _____ HUD _____
 Est. Cost of Bldg. Work:
 1. New Bldg. \$ _____
 2. Rehabilitation \$ _____
 3. Total (1+2) \$ 175,000.00

U.C.C. F110 (rev. 12/07)

Date Received _____
 Control # _____
 Date Issued _____
 Permit # _____

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
Tenant Fit out

TYPE OF WORK:

- New Building
- Addition
- Rehabilitation
- Roofing
- Siding
- Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- 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



ELECTRICAL SUBCODE TECHNICAL SECTION



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 828 us Highway Rt 1 Elizabeth NJ
 Owner in Fee: Bella Management Corp e-mail _____
 Tel. (516) 512-6500
 Address 809 Stewart Ave Garden City NY 11530
 Contractor: Quail Electric Inc Tel. 973 886 2681
 Address 226 MARLBOROUGH RD e-mail _____
DeK Ridgely NJ
 Contractor License No. _____ Exp. Date _____
 Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
 Federal Emp. ID No. 222 976 999 FAX: () _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed _____
 Pole/Pad # _____ [] Temporary [] Other _____
 Building Occupied as _____ Utility Co. _____
 Est. Cost of Elec. Work \$ 63250.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
Type:	Failure	Approval	Initial	Failure	Approval
<input type="checkbox"/> No Plans Required					
<input type="checkbox"/> Partial -Underslab Utilities Approved					
Date: _____ Approved by: _____					
<input type="checkbox"/> Electric Plans Approved					
Date: _____ Approved by: _____					
Joint Plan Review Required:					
<input type="checkbox"/> Bldg. [] Plumb. [] Fire. [] Elev.					
SUBCODE APPROVAL for PERMIT					
Date: _____					
Approved by: _____					
SUBCODE APPROVAL for CERTIFICATE					
<input type="checkbox"/> CO [] CCO [] CA					
Date: _____					
Approved by: _____					

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: Anthony Quail
 Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Tenant Fit out

QTY	SIZE	ITEMS
<u>144</u>		Lighting Fixtures
<u>15</u>		Receptacles
<u>21</u>		Switches
		Detectors
		Light Poles
<u>3</u>		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel

243

TOTAL NUMBERS	FEE (Office Use Only)
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	
<u>KW Cond. Units</u>	

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



MECHANICAL INSPECTOR 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 _____
Work Site Location 838 us Highway RT1 Qualification Code _____
Elizabeth NJ
Owner in Fee: Bella Management Corp
Tel. (516) 512-6500 e-mail _____
Address 809 Stewart Ave. Garden City NY 11530
Contractor: Franklin Lakes Heating & AC Tel. (201) 891-6932
Address 736 Susquehanna Ave. e-mail _____
Franklin Lakes NJ 07417
Contractor License No. 194HC-00032400 Exp. Date 6-30-2012
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13/1001919EC
Federal Emp. ID No. 22-269042 FAX: (201) 891-6932

B. MECHANICAL CHARACTERISTICS

Use Group: Present: R-3, R-4 or R-5 (circle one) Proposed: R-3, R-4 or R-5 (circle one)
Heating System work: New or Modification to Existing or Conversion or Replacement
Type: Hydronic Hot Air

Fuel Type: Gas Oil Electric Solar Other _____
Estimated Cost of Mechanical Work \$ 47,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Mechanical Plans Approved
 Date: _____ Approved by: _____
 Joint Plan Review Required:
 Bldg. Elec. Plumb. Fire.
 Elev.
SUBCODE APPROVAL for PERMIT
 Date: _____
 Approved by: _____
SUBCODE APPROVAL for CERTIFICATE
 CA CCCO
 Date: _____
 Approved by: _____

INSPECTIONS	DATES		
	Type:	Failure	Approval
Gas Piping	_____	_____	Initial
Appliance	_____	_____	_____
Chimney/Vent	_____	_____	_____
Oil Piping	_____	_____	_____
Oil Tank	_____	_____	_____
LPG Tank	_____	_____	_____
Hydronic Piping	_____	_____	_____
Fireplace	_____	_____	_____
Chimney Cert.	_____	_____	_____
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.
Sign here: Daniel Sauter
Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant Fitout
Install 3 RTU's duct work + exhaust fans

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Heater	\$ _____
	Fuel Oil Piping Connections	_____
	Gas Piping Connections	_____
	Steam Boiler	_____
	Hot Water Boiler	_____
3	Hot Air Furnace RTU	_____
	Oil Tank	_____
	LPG Tank	_____
	Fireplace	_____
3	Other Exhaust Fans	_____
Administrative Surcharge \$		_____
Minimum Fee \$		_____
State Permit Surcharge Fee \$		_____
TOTAL FEE \$		_____



PLUMBING SUBCODE TECHNICAL SECTION



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 828 vs Highway Rt 1
Owner in Fee: Elizabeth M. Balla Management Corp e-mail _____
Tel. (516) 512-6500
Address 809 Stewart Ave. Garden City NY 11530
Contractor: Kevin Cichon Plumbing ^{inc} Tel. (908) 704-8540
Address 170 Johnson Ave. Hillborough N.J. 08844 e-mail _____
Contractor License No. 86483 Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. 144544328 FAX: () _____

B. PLUMBING CHARACTERISTICS
Use Group Present M Proposed _____
Building Sewer Size 4" Public Sewer _____ Private Septic _____
Water Service Size 2" Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 27,500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
 No Plans Required
 Partial - Underslab Utilities Approved
Date: _____ Approved by: _____
 Plumbing Plans Approved
Date: _____ Approved by: _____
Joint Plan Review Required:
 Bldg. Elec. Fire. Elev.

SUBCODE APPROVAL for PERMIT
Date: _____ Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
 CO CCO CA
Date: _____ Approved by: _____

INSPECTIONS	Failure	Dates (Month/Day)
Type:	Failure	Approval
Slab	_____	Initial
Rough	_____	_____
Water	_____	_____
Sewer	_____	_____
Fixtures	_____	_____
Gas Equipment	_____	_____
Gas Piping	_____	_____
LP Gas Tank	_____	_____
Fuel Oil Piping	_____	_____
Solar	_____	_____
TCO	_____	_____
Final	_____	_____

Date Received _____
Control # _____
Date Issued _____
Permit # _____

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: Kevin Cichon

Print name here: Kevin Cichon Licensed Plumbing Contractor Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Tenant Fit out

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>2</u>	Water Closet	_____
<u>1</u>	Urinal/Bidet	_____
<u>2</u>	Bath Tub Floor Sink	_____
<u>2</u>	Lavatory	_____
<u>6</u>	Shower	_____
<u>10</u>	Floor Drain	_____
_____	Sink	_____
_____	Dishwasher	_____
_____	Drinking Fountain	_____
_____	Washing Machine	_____
_____	Hose Bibb	_____
<u>2</u>	Water Heater	_____
<u>1</u>	Fuel Oil Piping	_____
<u>8</u>	Gas Piping	_____
_____	LP Gas Tank	_____
_____	Steam Boiler	_____
_____	Hot Water Boiler	_____
_____	Sewer Pump	_____
_____	Interceptor/Separator	_____
_____	Backflow Preventer	_____
<u>1</u>	Greasetrap	_____
<u>2</u>	Sewer Connection	_____
_____	Water Service Connection	_____
_____	Stacks	_____
_____	Other	_____

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



CITY OF ELIZABETH
DEPARTMENT OF PLANNING AND COMMUNITY
DEVELOPMENT
BUREAU OF CONSTRUCTION AND ZONING
50 WINFIELD SCOTT PLAZA, ELIZABETH, NJ 07201
Tel. (908) 820-4093 Fax (908) 820-4245
www.Elizabethnj.org

MARIA Z. CARVALHO
Executive Assistant

EDUARDO J. RODRIGUEZ
Director, Planning and Community Development

J. CHRISTIAN BOLLWAGE
Mayor

ZONING REVIEW: Conditional Approval Z20-0160

DATE: April 28, 2020

LOCATION: 814-838 State Highway 1&9

APPLICANT: Christopher Stress
 1176 North Irving St
 Allentown PA 18109

On April 20, 2020, an application for review of 814-838 State Highway 1&9 was received for **the continue use of a convenience store in HWC zone.**

This project may proceed, with the following conditions:

A convenience store is a permitted use in a HWC zoning district.

Before any interior renovation is to take place, all applicable permits must be in place along with an approved set of architects plans.

The plans provided states the sign is to remain, However if it is decided to change the sign it must get approved by the zoning office before Construction Permits can be submitted.

This preliminary approval, rendered under Section 17.04.030 of the Land Development Code, may be confirmed by obtaining permits for all alteration, construction, demolition, installation and renovations from the Construction Bureau before beginning any work. Present this review with necessary Uniform Construction Code applications in Room 401, City Hall.

This review was prepared by Nicole M Campos.


 Maria Carvalho
 Executive Assistant



DENIAL OF PERMIT

Date Issued: 7/08/20
Control #:

IDENTIFICATION

Block 4 Lot 1618 Qualification Code _____
Work Site Location 814-838 US Highway 1 & 9, Elizabeth NJ Agent/Contractor _____
Owner in Fee _____ Address _____
Address _____
Tele. (____) _____
Tele. (____) Contractor License No. _____

On 5/6/20 we received an application for construction permit for the project/work located at the above address. This project/work involves the following: CONVERSION FROM STORE TO RESTAURANT

This application is denied for the following reason(s):

1. Required Zoning Board/Administrative approval as per previous approval, Application # Z-38-06 and the following: #2 & #3 below;
2. Change of use – from 3 store to store & restaurant – A-2 use group (Assembly);
3. Change of use & layout of 2nd floor;
4. Provide site plan showing adequate parking;
5. Mechanical drawing showing hood system & vents (exhaust & intake) termination in also building, plumbing & fire permit applications for same;
- > 6. Required Building, Mechanical & Fire permit application for RTU's;
7. Remoteness of egress & windowless story triggered sprinkler system;
8. Exterior stairs from 2nd floor may not be considered an egress – used for HVAC platform;
9. Show direction (up/down) on interior stairs - egress plan.

If you wish to contest this action, you may request a hearing before the Construction Board of Appeals of the County of Union, within 15 days of receipt of this notice as provided by N.J.A.C. 5:23A-2.1. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the control number, the specific sections of the Regulations in question, and the extent and nature of your reliance on them. You may include a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is \$ 100.00 and should be forwarded with your application to the Construction Board of Appeals Office located at: One Elizabethtown Plaza, Elizabeth, New Jersey 07201 (908) 527-4250

If you have any questions concerning this matter, please call: Raywant Sarran (908) 820 - 4091

Construction Official: *Raywant Sarran* Date: 7/8/20
(Signature)



Cornerstone Consulting

Engineers & Architectural, Inc.

213 West Main Street . Lansdale, PA. 19446
Tel 215.362.2600 ♦ Fax 215.362.8400

Leesburg - VA ♦ Orlando - FL
Dallas - TX

1176 N. Irving Street . Allentown, PA. 18109
Tel 610.820.8200 ♦ Fax 610.820.3706

Letter of Transmittal

Via: Fed Ex

Date: 8/11/2020

To: City of Elizabeth
50 Winfeild Scott Plaza
Construction Rm. 401
Elizabeth, NJ 07201

Re: Bolla- Elizabeth NJ

Attention: Raywant Sarran

Reference #: 19-0333

Included you will find: Shop drawings Prints Change Order Copy of Letter

<u>COPIES</u>	<u>REFERENCE #</u>	<u>DATE</u>	<u>REVISION</u>	<u>DESCRIPTION</u>
3	19-0333	8/8	-	Architectural Drawings
1			-	Copies of permit applications-Building, Electrical, Plumbing, Mechanical
1			-	Copy of Zoning Application
1			-	Cover Letter

For Approval

As Requested

For Your Use

For Review and Comment

Approved as Submitted

Approved as Noted

Comments: For building department use.

Signed: Christopher Stress, R.A.

cc:

We're with you through Every Step of development.

Land Development ♦ Engineering ♦ Architecture ♦ Land Surveying ♦ Construction Management

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Dallas - TX

1176 N. Irving Street, Allentown, PA, 18109
Tel 610.820.8200 ♦ Fax 610.820.3706

6 August 2020

Via: Fed Ex -Mail

City of Elizabeth Building Department

50 Winfield Scott Plaza
Construction Rm. 401
Elizabeth, NJ 07201

Att: Raywant Sarran

RE: Bolla Convenience

**814-838 State Highway, 1&9
Elizabeth NJ, Tax# Blk 4Lot 1618
CCEA #19-0333**

Dear Mr. Sarran,

In accordance with our phone discussion the other week, we have revised the drawings to address your notice of July 8. We note that this will be a dine in facility only. It is a "to go" convenience store. We are not proposing exterior work or additions etc.

Specifically, we have addressed the following items:

1. We have received the Zoning Board of approval-copy attached
2. We are *not* making a change of use. This shall be a singular convenience store.
3. The 2nd floor is existing and shall remain as such. It shall be used for office of the store on the first floor.
4. We have not included a site plan showing parking as this is not required.
5. We have included applications for Building and Mechanical for hood (previously submitted).
6. We have included all applications for the Building, Mechanical, Plumbing and Electrical (previously submitted).
7. We have now shown the proper egress within the second floor.
8. Exterior stair will *not* to be used as a platform for HVAC. New equipment will be placed on the roof at the rear.
9. We have shown the direction of the stairs on the plan as requested.

We have included two sets of plans for your final review. Also, we are including an additional set of plans for the Health Department's file. We spoke with Ms. Hajja Abdur-Rahman and she noted this project was approved pending your final approval. She also asked that we send an additional set of plans to you to give to her for her file.

Please review the attached at your earliest convenience and let me know of any final questions you might have. We look forward to finally having this permit issued, so we can get started on the renovation.

Thank you,

Christopher Stress, RA, NCARB

We're with you through Every Step of development.

Land Development ♦ Engineering ♦ Architecture ♦ Land Surveying ♦ Construction Management

www.cornerstonenet.com