

BLOCK 702 LOT 9 QUALIFICATION CODE _____ ADDRESS (SITE) 193 Columbus bridge Rd PERMIT NO. 19-1298



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 193 Columbusbridge Rd

2. Name of Owner in Fee: Work Day Fitness LLC

Tel. (971) 533 6662 Email lucy@workdayfitness.com

Address 125 Ocean Ave 08761

3. Ownership in Fee: Public Private Municipality Zip code

4. Principal Contractor: Self Tel. () 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. FAX: ()

5. Architect or Engineer Contact e-mail

Address Tel. () FAX: ()

6. Responsible Person in Charge once Work has Begun Mark

Tel. (917) 533 6662 FAX: ()

IIa. PROPOSED WORK

☐ Minor Work

☐ Repair

☐ Asbestos Abat. -Subch. 8

☐ Lead Hazard Abatement

☐ Radon Remediation

☐ Annual Permit

FOR OFFICE USE ONLY (optional)

IIb. SUBCODES

(Check all that apply)

☐ Building

☐ Electrical

☐ Plumbing

☐ Fire Protection

☐ Elevator

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/

2. ☐ Dumbwaiters/Moving Walks

3. ☐ High Pressure Boilers

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. ☐ Fire Alarm

11. ☐ Swimming Pools, Spas and Hot Tubs

12. ☐ LPGas Tanks

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories 2

2. Height of Structure 15 ft.

3. Area - Largest Floor 15,000 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

Lost, Sale

Lost, Rental

B. NON-RESIDENTIAL (primary use)

1. State Specific Use:

2. Use Group, Proposed:

3. Change in Use Group, Indicate Present: A-3

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

D. Construct. Classification: Present Proposed

V. FEE SUMMARY (for office use only)

1. Building \$ 0

2. Electrical \$ 0

3. Plumbing \$ 0

4. Fire Protection \$ 0

5. Elevator Devices \$ 0

6. Subtotal \$ 0

7. Less 20% for State Plan Review \$ 0

8. Subtotal \$ 0

9. State Permit Surcharge Fee \$ 0

10. Subtotal \$ 0

11. Cert. of Occupancy \$ 1500

12. Other \$ 1500

13. TOTAL \$ 3000

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 M. Pignone

Address ~~1125 Ocean Ave~~ 1125 Ocean Ave
LKWD NJ 08701

Telephone (917) 533 6662

Signature M. Pignone

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



CONSTRUCTION PERMIT

Date Issued 5/23/19
Control # C-19-001875
Permit # 19-1298

IDENTIFICATION Block: 702 Lot: 9 Qualifier _____
Work Site Location: 193 CHAMBERS BRIDGE RD. Brick Township, NJ Contractor WORK PLAY FITNESS LLC
Address 1125 OCEAN AVE LAKEWOOD NJ 08701
Owner in Fee OCEAN ICE PALACE, INC.
197 CHAMBERS BRIDGE RD. BRICK NJ 08723 Telephone: (917) 533-6662
Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ Federal Employee. No. _____

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☒ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☒ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

C C O - WORK PLAY FITNESS

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 \$4

D. Newman
Construction Official

5/23/19
Date

U.C.C. F170
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

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

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.

☐ 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:

☒ 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".

☐ A complete copy of released plans must be kept on the job site.

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



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 702 Lot 9 Qualification Code _____

Work Site Location Back Clayburgh bridge

Owner In Fee: Work Play Fitness LLC

Tel. 973 533 6662 e-mail _____

Address 125 Dean Ave Lead MS 0879

Contractor: _____ street _____ municipally _____ Tel. _____ zip code _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$D-

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)		Initial
	Type:	Failure	Failure	Approval		
☐ No Plans Required	Slab					
☐ Partial -Underslab Utilities Approved	Rough					
Date: _____	Approved by: _____					
☐ Plumbing Plans Approved	Water					
Date: _____	Approved by: _____					
Joint Plan Review Required:	Sewer					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Fixtures					
SUBCODE APPROVAL for PERMIT	Gas Equipment					
Date: _____	Gas Piping					
Approved by: _____	LP Gas Tank					
SUBCODE APPROVAL for CERTIFICATE	Fuel Oil Piping					
☐ CO ☐ CCO ☐ CA	Solar					
Date: <u>6-3-79</u>	TCO					
Approved by: _____	Final					

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: W Flinn

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK CCO

QTY. _____

FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Hot Water Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

FEE (Office Use Only) \$ _____

COMMERCIAL

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received 5/23/19
Control # _____
Date Issued _____
Permit # 19-1298

No pool locks



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 702 Lot 9 Qualification Code _____

Work Site Location 193 Chewers bridge rd

Owner in Fee: Dee Pkg Fitness LLC

Tel. 917 533 6662 e-mail _____

Address 1125 Ocean Ave 4600 NT 08701

Contractor: _____ Tel. _____

Address _____ e-mail _____

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

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

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories <u>2</u>	<u>A3</u>	If Industrialized Building:	
Height of Structure <u>15</u>	<u>ft.</u>	State Approved	HUD
Area — Largest Floor <u>15,000</u>	<u>sq. ft.</u>	Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors	<u>sq. ft.</u>	1. New Bldg.	\$
Volume of New Structure	<u>cu. ft.</u>	2. Rehabilitation	\$
Max. Live Load		3. Total (1+2)	\$
Max. Occupancy Load			

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: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

C10

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 \$ _____



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 702 Lot 9 Qualification Code _____

Work Site Location 913 Chambersbridge Rd

Owner in Fee: 100%

Tel. 917 532 6662 e-mail _____

Address 1125 Ocean Ave LEWD NJ 08001

street _____ municipality _____ zip code _____

Contractor: _____ Tel. _____ e-mail _____

Address _____ Tel. _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

Use Group Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 2

B. ELECTRICAL CHARACTERISTICS

PLAN REVIEW

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)			
	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Rough				
[] Partial Underslab Utilities Approved	Barrier-Free				
Date: _____ Approved by: _____	Trench				
[] Electric Plans Approved	Temp. Serv.				
Date: _____ Approved by: _____	Constr. Serv.				
Joint Plan Review Required:	TCO				
[] Bldg. [] Plumb. [] Fire. [] Elev.	Other				
SUBCODE APPROVAL FOR PERMIT	Service				
Date: _____	Final				
Approved by: _____	Barrier-Free				
SUBCODE APPROVAL for CERTIFICATE	Temp. Cut-in-Card Date Issued				
[] CO [] CCO [] CA	Final Cut-in-Card Date Issued				
Date: _____	Annual Pool Inspection				
Approved by: _____	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 [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: CCO

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		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 \$ _____

