2715 UNIT B

BLOCK 550 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) Hooper Ave, Brick NJ 08723 PERMIT NO. 19-2133

CONSTRUCTION PERMIT APPLICATION

C19-002362

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

I. IDENTIFICATION

1. Proposed Work Site at: 2715 UNIT B HOOPER AVE BRICK NJ 08723
2. Name of Owner in Fee: ELI YFNAY "Spider Social Club"
   Tel. [redacted] e-ma [redacted]
   Address 2 DEBRA WAY LAKEWOOD NJ 08701 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: TIMOTHY HUGHES Tel. (908) 309-9297
   Address 16 POINT O WOODS DRIVE e-mail hughes tattoo@gmail.com
   Toms River, NJ 08753
   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 ANTHONY M. CONDOURIS Contact _____
   Address 20 BINGHAM Rd RUMSON NJ 07760 e-mail pat@amcarchitect.com
   Tel. (732) 842-3800 FAX: (___) _____
6. Responsible Person in Charge once Work has Begun TIMOTHY HUGHES
   Tel. (908) 309-9297 FAX: (___) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150-		
2. Electrical	150-		
3. Plumbing	150-		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 15		
11. Cert. of Occupancy	150-		
12. Other			
13. TOTAL	$ Te"Te-		

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	1	
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

- ☐ 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)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		JB	6/24/19		08/08/19	KAK			
☑ Electrical					7/19/19	RSC			
☐ Plumbing				7-8-19		DW 8-8-19			
☐ Fire Protection				7/22/19		RSC 8/15			
☐ Elevator		Eng Exempt	7/9/19			EE			
TOTAL COST									

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: Private tattoo studio
2. Use Group, Proposed: B
3. Change In Use Group, Indicate Present: B

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

Spider Social Club
Coffee Shop

FLOOD

CONVERSION

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.

(X) Check if contractor.

Agent Name TIMOTHY HUGHES

Address 16 POINTO WOODS DRIVE Toms River, NJ 08753

Telephone (908) 309-9297

Signature _____

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

OFFICE DATE RECEIVED: _____

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									
☐ 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.				

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/05/2019
Control Number C-19-002362
Permit Number 19-2133
Permit Issue Date 08/13/2019
Certificate Number 19-2133

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 2715 HOOPER AVE Unit B Brick Township, NJ 08723 Block: 550 Lot: 1 Qual:

Owner in Fee: 2715 HOOPER AVENUE LLC

Owner Address: 2 EAGLE LANE LAKEWOOD NJ 08701

Telephone: [redacted]

Contractor SPIDER SOCIAL CLUB - TIMOTHY HUGHES

Address 16 POINT O WOODS DRIVE TOMS RIVER NJ 08753

Telephone: (908) 309-9297 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 3

Description of Work/Use: TENANT FIT UP - - SPIDER SOCIAL CLUB

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: $150.00
Check Number: 472
Collected By: Christopher Winters

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 9/4/19 MFF Okay per MUA on 9/5/19 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Spider Social Club

Tattoo occup 3 "B" 265 SQFT

NEW JERSEY UNIFORM CONSTRUCTION CODE

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received Control # 8/13/19

Date Issued Permit # 19-2133

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

Block 550 Lot 1 Qualification Code

Work Site Location 2715 Hooper Ave. Unit B Brick NJ 08723

Owner in Fee: Eli Yenas Spider Social Club

Tel. [redacted] e-mail [redacted]

Address 2 Debra Way (street) Lakewood (municipality) NJ (zip code) 08701

Contractor: Tennant of Space / Timothy Hughes Tel. 908 309-9297

Address 16 Point O' Woods Dr. e-mail Hughes.tattoo@gmail.com

Toms River NJ 08753

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

Tim Hughes (c) 908 309-9297

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 100

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant/Contractor sign here:

Print name Here: Timothy Hughes

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Change of use

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Tattoo Parlor

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: SDIS

Approved by: TCO

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

Spider Social Club

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8/13/19
Control #
Date Issued
Permit # 19-2133

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

Block 550 Lot 1 Qualification Code

Work Site Location 2715 Hooper Ave Unit B Brick NJ 08723

Spidersocialclub

Owner in Fee: Eli Yenay

Tel. 732 668 8882 e-mail bsdhomes@gmail.com

Address 2 Debra Way Lakewood NJ 08701
street municipality zip code

Contractor: Bayer Plbg Htg & Cooling Tel. 732-886-2005

Address 44 Southport Dr. Howell e-mail

Contractor License No. 9560 Exp. Date 06/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 46-5126637 FAX: 732-256-2089

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 $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: 8-8-19 Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 8-8-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 9-5-19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO ~~Final~~ CCO			8-30-19	

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: Steve Bayer

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
replace sink like/like + 1

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

COMMERCIAL

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

U.C.C. F130 (rev. 11/09) 1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

Spider Social Club

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8/13/19
Control #
Date Issued
Permit # 19-2133

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

Block 550 Lot 1 Qualification Code

Work Site Location 2715 Hooper Ave Unit B Brick NJ 08723

Owner in Fee: Eli Venay Spider Social Club

Tel. [redacted] e-mail [redacted]

Address 2 Debra Way Lakewood NJ 08701
(street) (municipality) (zip code)

Contractor: Manfredi brothers electric LLC Tel. 908 910 1916

Address 458 Pinecroft Dr. e-mail
Brick NJ 08723

Contractor License No. 18062 Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 47-2677800 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 250.00

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: N. Manfredi

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: MINOR WORK-New GFI for sink area

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
1		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	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 7/19/19 Approved by: ASC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7/19/19
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 8/30/19
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/30/19	EK
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09) 1 White + Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Spider Social Club Tues @ 9:00 AM

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 8/13/19

Date Issued / Permit # 19-2133

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

Block 550 Lot 1 Qualification Code

Work Site Location 2715 Hooper Ave Unit B Brick NJ 08723

Owner in Fee: Eli Yenay "Spider Social Club"

Tel. 732 668-8882 e-mail bsdhomes@gmail.com

Address 2 Debra Way (street) Lakewood (municipality) NJ 08701 (zip code)

Contractor: Tennant/Timothy Hughes Tel. 908 309 9297

Address 16 Point O'Woods Dr. e-mail hughes.tattoo@gmail.com

Toms River NJ 08753

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

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

Federal Emp. ID No. FAX:

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: X

Print name here: Timothy Hughes

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Painting/Laminate floors SAME/SAME

Tenant fit up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	08/08/19	KM
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 08/08/19

Approved by: KM

SUBCODE APPROVAL for CERTIFICATE

[✓] CO [ ] CCO [ ] CA

Date: 09/04/19

Approved by: KM

INSPECTIONS Type:	Dates (Month/Day) 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 ~~8-20-19~~			9-4-19	KM
Barrier-Free				

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)

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 250.00

RECEIVING CLERK, DATE REC'D 6/24/19

ZONING PERMIT APPLICATION

PERMIT # ZP-19-00391
DATE ISSUED 8/13/19

BLOCK: 550 LOT: 1 QUALIFIER: — SITE ADDRESS: 2715 UNIT 13 Hooper Ave Brick, NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: ELI YENAY
COMPLETE ADDRESS: 2 DEBRA WAY LAKEWOOD, NJ 08701
PHONE # [redacted] EMAIL [redacted]

2. NAME OF APPLICANT: TIMOTHY HUGHES
APPLICANT ADDRESS: 16 POINT O WOODS DR
TOMS RIVER, NJ 08753
PHONE # 908-309-9297 EMAIL: hughes.tattoo@gmail.com

3. RESPONSIBLE PERSON FOR WORK: TIMOTHY HUGHES
PHONE# 908-309-9297 FAX#

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75
OTHER: $
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL:
EXISTING USE: Dog grooming
PROPOSED USE: Tattoo Studio

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#:
APPROVAL DATE:

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER "Spider Social Club"

DESCRIPTION: TENANT FIT UP FOR private tattoo studio

ZONING REVIEW:
DATE REVIEWED: 7-8-19 DATE DENIED: DATE APPROVED: 8-7-819 INTLS:

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) 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

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]

	Minimum Lot Size						Minimum Required Yard Depth							Maximum Building Height					
	Interior Lots			Corner Lots			Principal Building				Accessory Building		Maximum Lot Coverage by Building					Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
Zone	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)		Stories	Eaves (feet)	Feet	Ridge (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

ZONING REVIEW:

DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

DATE:	COMMENTS:	INITIALS:

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 550 **LOT** 1 **ADDRESS** 2715 UNIT B Hooper Ave Brick, NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS 2715 UNIT B HOOPER AVE BRICK, NJ 08723
2. APPLICANT TIMOTHY HUGHES
3. NAME OF OWNER IN FEE ELI YENAY
   ADDRESS 2 DEBRA WAY LAKEWOOD, NJ. 08701
   PH[redacted] EMAIL [redacted]
4. PRINCIPAL CONTRACTOR TIMOTHY HUGHES
   ADDRESS 16 POINT O' WOODS DRIVE TOMS RIVER, NJ 08753
   PHONE 908-309-9297 EMAIL hughes.tattoo@gmail.com
5. ARCHITECT OR ENGINEER ANTHONY M. CONDOURIS
   ADDRESS 20 BINGHAM ROAD RUMSON, NJ 07760
   PHONE 732-842-3800 EMAIL pat@amcarchitect.com
6. RESPONSIBLE PERSON FOR WORK TIMOTHY HUGHES
   ADDRESS 16 POINT O WOODS DR TOMS RIVER, NJ 08753
   PHONE 908-309-9297 EMAIL hughes.tattoo@gmail.com

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

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 _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL

☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING

☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

☒ DESCRIPTION TENANT FIT UP FOR private tattoo studio

ENGINEERING REVIEW:

DATE RECEIVED DATE REJECTED DATE APPROVED INITIALS

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-19-00807
Application Date: 7/3/2019
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite **2715 HOOPER AVE**
Location: **Brick Township, NJ 08723**

Owner: **2715 HOOPER AVENUE LLC**
Address: **2 Debra Way**
LAKEWOOD, NJ 08701

Applicant: **Timothy Hughes**
Address: **16 Point O Woods Dr.**
Toms River, NJ 08753

Block: **550** Lot: **1** Qualifier: Zone: **B-2**

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

Present Use: **Commercial**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Tattoo Studio (Spider Social Club-Tattoo Studio)**

Work Description:

Tenant Fit-Up - Interior alterations for new tenant. Change from a dog groomer to a private tattoo studio, "Spider Social Club".

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

Application Approved Date: 7/8/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 7/8/2019 Date

CONSTRUCTION PERMIT

Date Issued 8/13/19
Control # C-19-002362
Permit # 17.5155

IDENTIFICATION Block: 550 Lot: 1 Qualifier
Work Site Location: 2715 HOOPER AVE Unit B Brick Township, NJ 08723
Owner in Fee 2715 HOOPER AVENUE LLC
2 EAGLE LANE LAKEWOOD NJ 08701
Telephone: [redacted]

Contractor SPIDER SOCIAL CLUB - TIMOTHY HUGHES
Address 16 POINT O WOODS DRIVE TOMS RIVER NJ 08753
Telephone: (908) 309-9297
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - SPIDER SOCIAL CLUB

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$150
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	$150.00
Other	$0
Total	$601
Check No.	1179
Cash	$0
Credit	$0
Collected By	

+75
676

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 $601

D. Hueman Jr 8/12/19
Construction Official Date

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

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.

- [ ] 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) 262-1041

Date Issued: 8/13/19
Application Number: ZA-19-00807
Application Date: 7/3/2019
Project Number:
Permit Number: ZP-19-00841
Fee: $75.00

Zoning Permit

Worksite Location: **2715 HOOPER AVE**
Brick Township, NJ 08723

Owner: **2715 HOOPER AVENUE LLC**
Address: **2 Debra Way**
LAKEWOOD, NJ 08701

Applicant: **Timothy Hughes**
Address: **16 Point O Woods Dr.**
Toms River, NJ 08753

Block: **550** Lot: **1** Qualifier: _____ Zone: **B-2**

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

Present Use: **Commercial**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Tattoo Studio (Spider Social Club-Tattoo Studio)**

Work Description:
Tenant Fit-Up - Interior alterations for new tenant. Change from a dog groomer to a private tattoo studio, "Spider Social Club".

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

Application Approved Date: 7/8/2019

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on: _____
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 7/8/2019 Date

APPLICATION FOR CERTIFICATE

Date Received 06/26/2019
Date Permit Issued 08/13/2019
Control # C-19-002362
Permit # 19-2133
Date Issued

IDENTIFICATION

Block 550 Lot 1 Qualifier

Work Site Location 2715 HOOPER AVE Unit B Brick Township, NJ 08723
Owner in Fee 2715 HOOPER AVENUE LLC
2 EAGLE LANE LAKEWOOD NJ 08701
Telephone (732) 668-8882

Contractor SPIDER SOCIAL CLUB - TIMOTHY HUGHES
Address 16 POINT O WOODS DRIVE TOMS RIVER NJ 08753
Telephone (908) 309-9297
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ 601
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - SPIDER SOCIAL CLUB

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Owner/Agent

- [ ] OWNER
- [x] AGENT

BSD HOMES

To whom it may concern,

Please be advised that upon our investigation the property located at 2715 Hooper Ave Brick Township NJ block 550 Lot 1 and specifically unit B , doesn't have a fire alarm or any horn /strobe affixed to the unit or the building , this has been verified by management ,and in addition by contacting previous owners that also acknowledged this to be an accurate fact .

The Strobe / Horn that was drawn on the plans for unit B on behalf of the new tenants Jennifer and Timothy Hughes, was at one point a burglar alarm placed by a previous tenants, this is nonoperational and will be removed . as it has not been working and isn't connected to any source of power for many years.

We appreciate your help in this matter feel free to contact me with any further concerns or questions

Eli

Management / BSD Homes LLC

8/6/2019

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Monday, July 22, 2019

To: 2715 HOOPER AVENUE LLC
2 EAGLE LANE
LAKEWOOD, NJ 08701

RE: Fire Subcode
Block: 550 Lot: 1 Qual:
2715 HOOPER AVE
Permit Number: Control Number: C-19-002362
Last Submit Date: Monday, July 22, 2019

Dear 2715 HOOPER AVENUE LLC,

Your request is hereby denied based upon the following infractions.

Plan is indicating exisiting horn strobes as part of a fire alarm system. Need clarification if there is a exisiting fire alarm in structure that work will be impacted by propsed work. Please have fire alarm contractor clarify fire alarm situation in structure.

Sincerely,

_____

Richard Orlando, Subcode Official

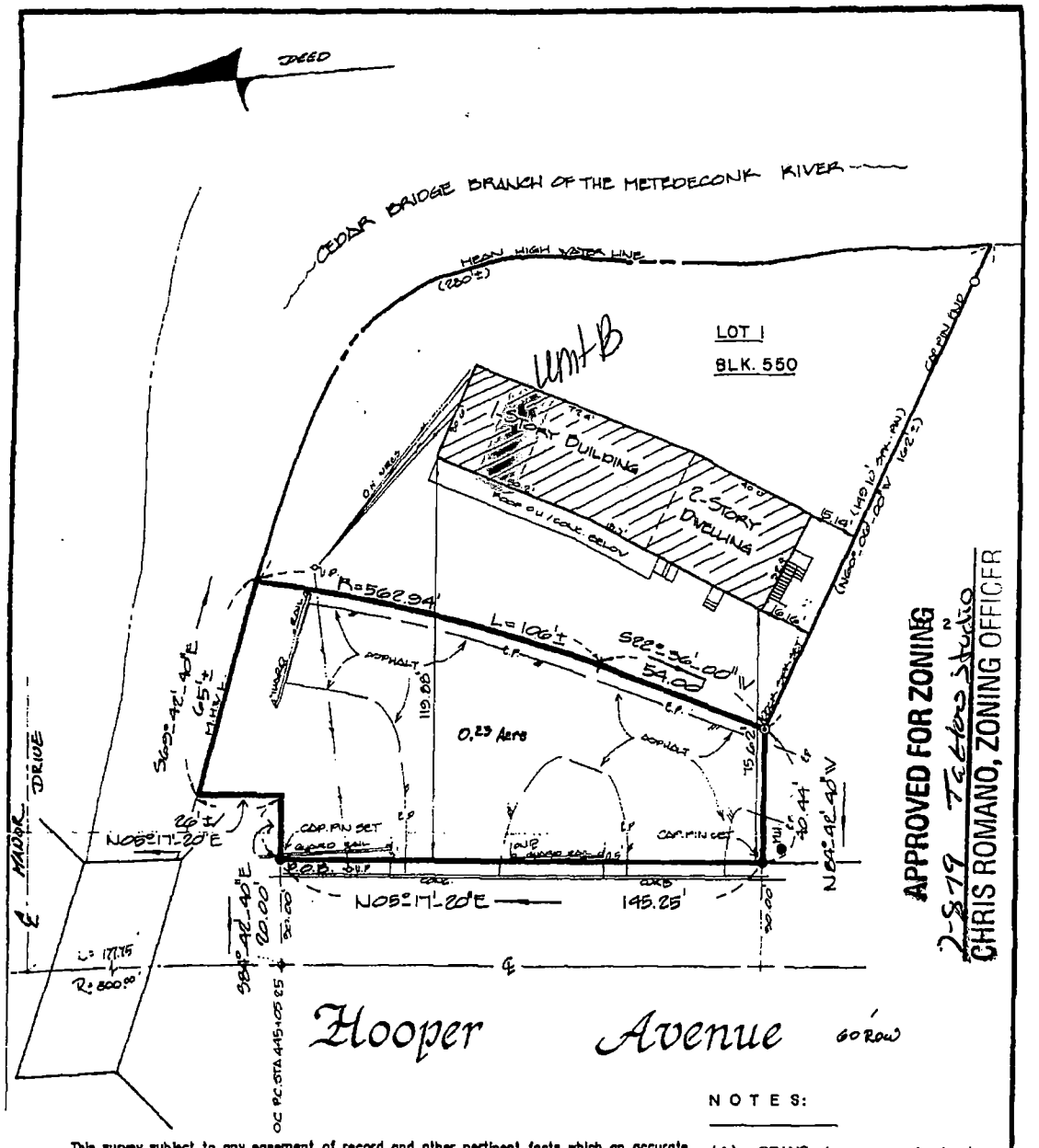
CC:

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, September 05, 2019 8:34 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 2715 HOOPER AVE. SPIDER CLUB

Morning Matt. We were out there this morning and they are ok to co.

Susan M. Stanisz
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com



NOTES:

(1) BEING known and designated as an unnumbered lot in Block 550 on the Official Tax Map of the Township of Brick, County of Ocean, State of New Jersey. TOGETHER with all that portion of Old Hooper Avenue about to be vacated.

(2) Corner markers requested

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. The certification of this survey on the date shown is solely to the named parties. No liability is assumed by the certifying surveyor for the use by any party not shown in the certification.
I certify that this survey was performed in the field and prepared in accordance with the record description and that there are no encroachments, except as shown herein.

THIS SURVEY CERTIFIED ONLY TO:

- SAMUEL YANNON
- KYD ENTERPRISES
- MID-STATE ABSTRACT COMPANY (MS-33045)
- FIRST AMERICAN TITLE INSURANCE COMPANY
- WALTER W. SCHOENEWOLF, ESQUIRE

Ronald W. Post Surveying
#500 Transom Court
Toms River, N.J. 08753
Telephone: 201-929-9294

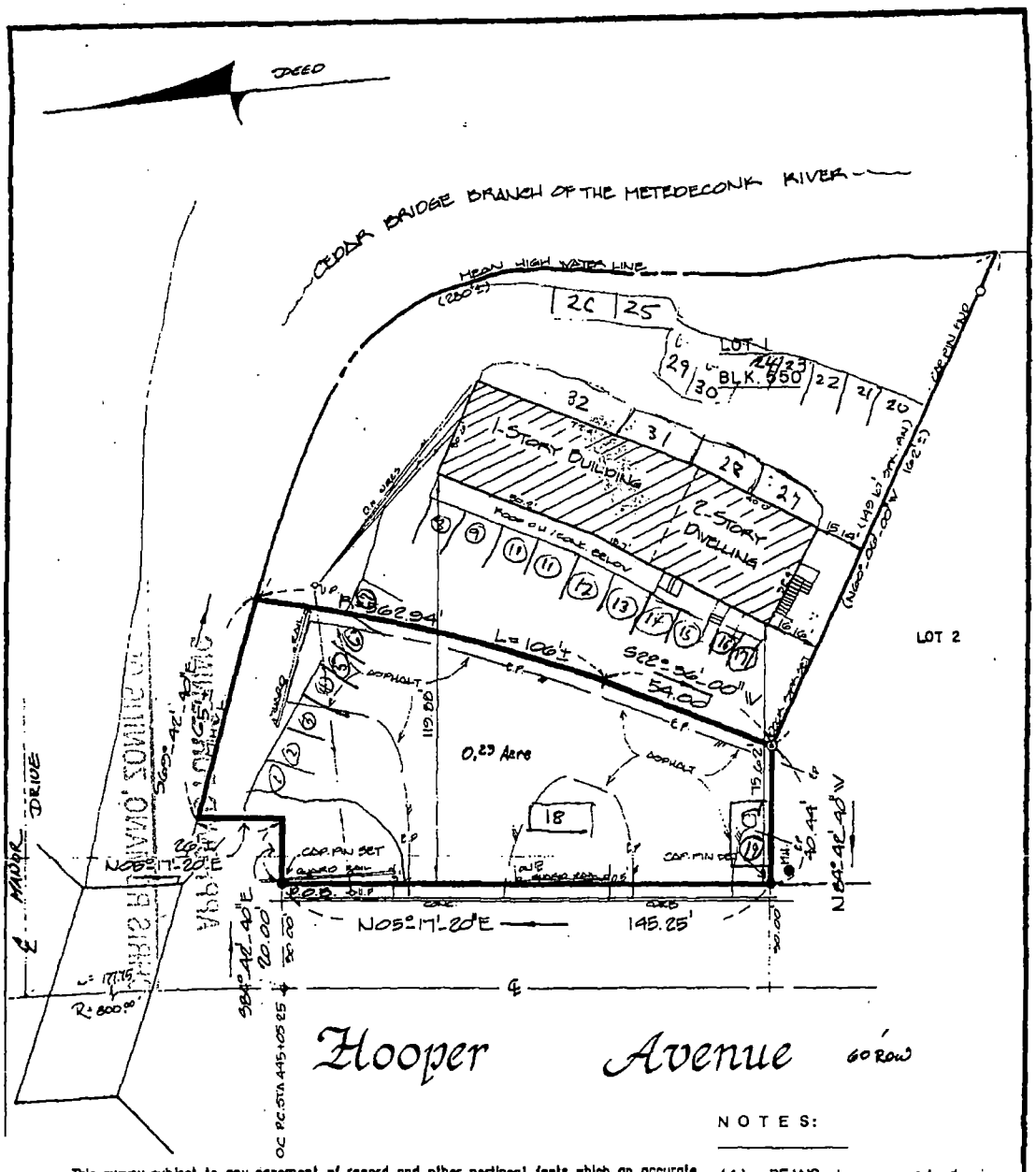
Ronald W. Post
Prof. Land Surveyor—N.J.Lic. 28534
Prof. Planner N.J.Lic. 02940
Ronald W. Post 9-4-87
Date

SURVEY OF PROPERTY to be conveyed to SAMUEL YANNON

KYD ENTERPRISES

SCALE	DRAWN	DATE	JOB NO.
1" = 30'	GR	9-4-87	87-1024

OVER



NOTES:

(1) BEING known and designated as an unnumbered lot in Block 550 on the Official Tax Map of the Township of Brick, County of Ocean, State of New Jersey. TOGETHER with all that portion of Old Hooper Avenue about to be vacated.

(2) Corner markers requested

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. The certification of this survey on the date shown is solely to the named parties. No liability is assumed by the certifying surveyor for the use by any party not shown in the certification.
I certify that this survey was performed in the field and prepared in accordance with the record description and that there are no encroachments, except as shown herein.

THIS SURVEY CERTIFIED ONLY TO:

- SAMUEL YANNON
- KYD ENTERPRISES
- MID-STATE ABSTRACT COMPANY (MS-33045)
- FIRST AMERICAN TITLE INSURANCE COMPANY
- WALTER W. SCHOENEWOLF, ESQUIRE

Ronald W. Post Surveying
1500 Transom Court
Toms River, N.J. 08753
Telephone: 201-929-9294

Ronald W. Post
Prof. Land Surveyor—N.J.Lic. 28534
Prof. Planner N.J.Lic. 02940

Ronald W. Post 2-4-87
Date

SURVEY OF PROPERTY to be conveyed to SAMUEL YANNON

K Y D ENTERPRISES

SCALE	DRAWN	DATE	JOB NO.
1" = 30'	GR	2-4-87	87-1024

June 14, 2019

Business plan for Spider Social Club:

I, Timothy Hughes, started my tattooing career in 2008. As an artist in the tattooing trade for over a decade, I have grown quite a following. I am aiming to open a private studio where I can accommodate my tattoo clients personally by appointment only.

Spider Social Club will be completely private providing a professional space to service clients in a safe and sterile environment. I do realize the volume of tattoo shops in the Brick area, however I am not looking to compete with other businesses, rather just serve my already existing clientele in an appropriate setting.

I am licensed by the state of NJ and certified in all fields necessary for the Board of Health and NJ standards. I aim to have the highest standards of cleanliness for doing tattoos. If I can do it in a private, appointment only atmosphere, I believe I can avoid the preconception of what the public consider when they think of a tattoo shop. I want to have a high end studio for quality work.

I am looking to open at 2715 Hooper Ave. unit B. I will be removing carpet flooring and installing wood laminate, painting, and blinds on the front window for privacy. I have a plumbing contractor to install a sink for the tattoo studio and replace a sink that is in the bathroom. The back room will be used for storage supplies. This will prevent any possibility of cross contamination.

If I am approved for this space, it will work perfectly for my needs. I firmly believe this will make a nice addition to the town having an artistic, classy type of studio that will redefine what it means to the tattoo business.

Any questions or concerns, please contact :

Timothy Hughes 908-309-9297

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Friday, July 12, 2019

To: 2715 HOOPER AVENUE LLC
2 EAGLE LANE
LAKEWOOD, NJ 08701

RE: Plumbing Subcode
Block: 550 Lot: 1 Qual:
2715 HOOPER AVE
Permit Number: Control Number: C-19-002362
Last Submit Date: Wednesday, July 10, 2019

Dear 2715 HOOPER AVENUE LLC,

The following comments were made during the Plan Review process:
Prior Approvals- NJAC 5:23-2.15 (a) 5 A statement that all required State county and local prior approvals have been given, including such certification as the construction official may require;

A tattoo studio must be approved by the Ocean County Department of Health prior to a permit being issued. Please provide a copy of their approval of your plan.

Otherwise the plan is compliant to code.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit 8/8/19

ADDRESS 16 POINT O WOODS DRIVE TOMS RIVER, NJ 08753

CONTRACTOR TIMOTHY HUGHES PHONE 908-309-9257

ADDRESS 16 POINT O WOODS DRIVE TOMS RIVER, NJ 08753

TYPE OF WORK MINOR ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES_____ NO _____

	THE FOLLOWING IS FOR OFFICE USE ONLY:	YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED			
2	SCALE NOT LESS THAN 1"=50'			
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)			
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS			
6	CONTOURS 1' INCREMENTS			
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8	PROPOSED GRADING & ELEVATIONS			
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION			
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS			
11	METHOD OF DRAINAGE			
12	NORTH ARROW			
13	DRIVEWAY WIDTH & TYPE			
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER			
16	SIDEWALK/CURB & APRONS			
17	PARKING AREAS			
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC			
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS			
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21	LIMITS OF CLEARING			
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTAINTS			
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

_____

_____

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 2715 UNIT B Hooper Ave Brick, NJ 08723

BLOCK: 550 **LOT:** 1

CONTRACTOR: Township of Brick Public Works

CONTRACTOR'S ADDRESS: 336 Ridge Rd Brick, NJ 08724

Type of Construction(minor, new home): MINOR

Type of Debris (shingles, siding, wood, etc.): CARPET

Party responsible for removal: TENANT

Dumpster Size: ROBO CAN

Destination of Debris: Dumpster

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

6/24/19
Date

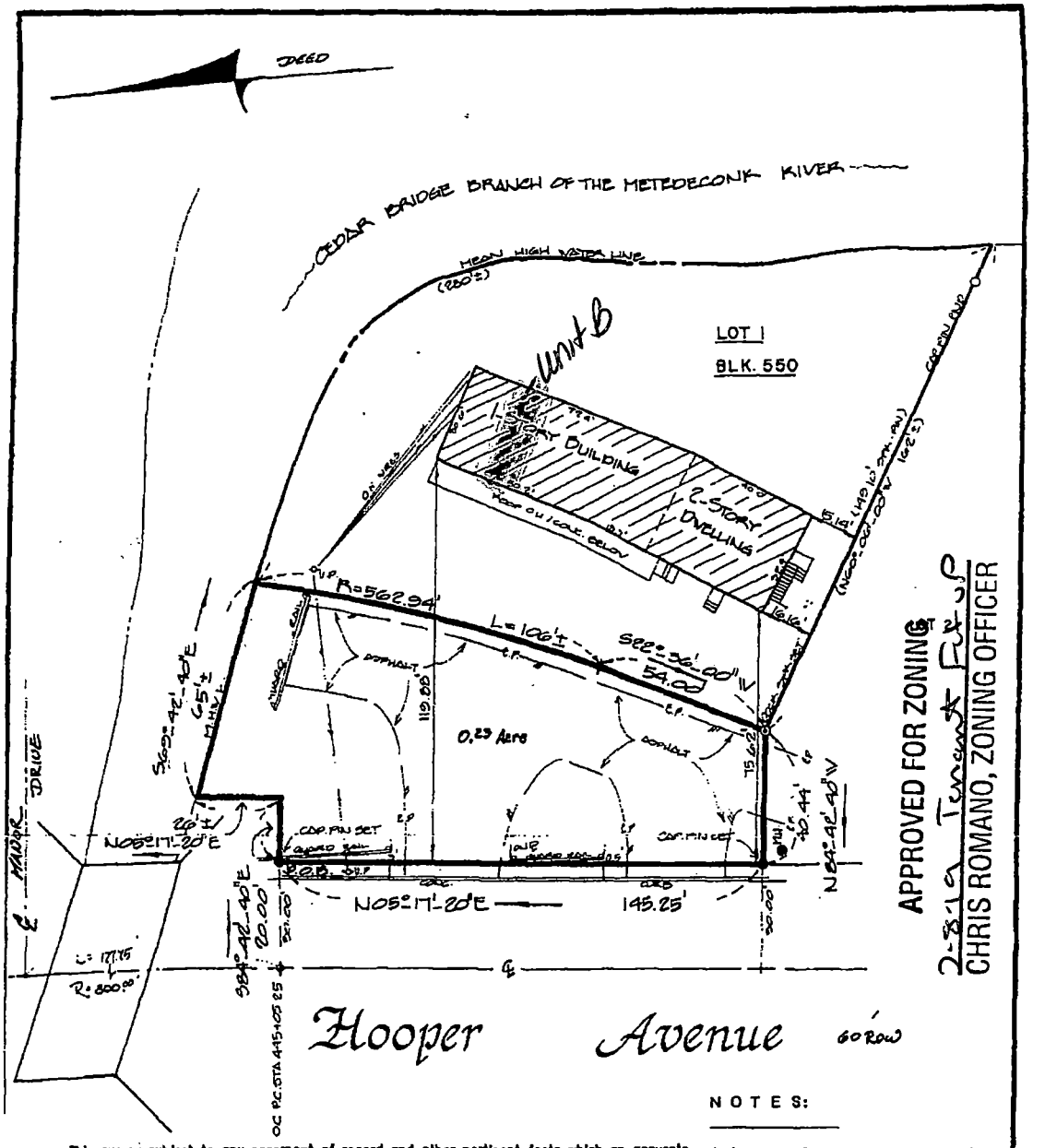
TIMOTHY HUGHES
Print Name

Township of Brick

SINGLE FAMILY DWELLING

REVISED 09/29/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for Single Family Dwelling.	Yes ✓	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ✓	NO ___
3. Engineering Form completely filled out (All Sections) Single Family Dwelling Checklist Major Sub Division	Yes ✓	NO ___
4. Copy of Ocean County Soils Certification (609)971-7002 714 Lacey Road, Forked River, NJ 08731	Yes ___	NO ___
5. Four ~~true-size SEALED Plot Plans with Topography~~ Site plans ✓ (Refer to the Engineering Plot Plan checklist & Zoning Plot Plan Requirements)	Yes ___	NO ___
6. Bldg/Plmg/Electrical/ Fire Subcode Techs completed. (Plumbing & Electric must be sealed if applicable)	Yes ✓	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath. **If requesting a partial release we will need an extra set of the footing/foundation plans SEALED. Partial release includes Zoning, Engineering, Affordable Housing and Building.**	Yes ✓	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
10. Manufacturer brochures indicating specs and install (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
11. Two gas pipe drawings– Indicate Tee's, BTU's, Hook-ups, length of run and size of pipe.	Yes ___	NO ___
12. Two Drain Waste Vent schematic – Sealed if prepared by a licensed professional.	Yes ✓	NO ___
13. BTMUA Availability Statement – (732)458-7000	Yes ___	NO ___
14. Completed debris form	Yes ___	NO ___
15. Copy of current Home Builders Warranty	Yes ___	NO ___
16. Modular Homes – Separate the cost – The house is new SFD. Site prep & all other work onsite – Alteration	Yes ___	NO ___
17. Heat Loss Calculation	Yes ___	NO ___



This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. The certification of this survey on the date shown is solely to the named parties. No liability is assumed by the certifying surveyor for the use by any party not shown in the certification.
I certify that this survey was performed in the field and prepared in accordance with the record description and that there are no encroachments, except as shown herein.

THIS SURVEY CERTIFIED ONLY TO:

- SAMUEL YANNON
- KYD ENTERPRISES
- MID-STATE ABSTRACT COMPANY (MS-33045)
- FIRST AMERICAN TITLE INSURANCE COMPANY
- WALTER W. SCHOENEWOLF, ESQUIRE

NOTES:

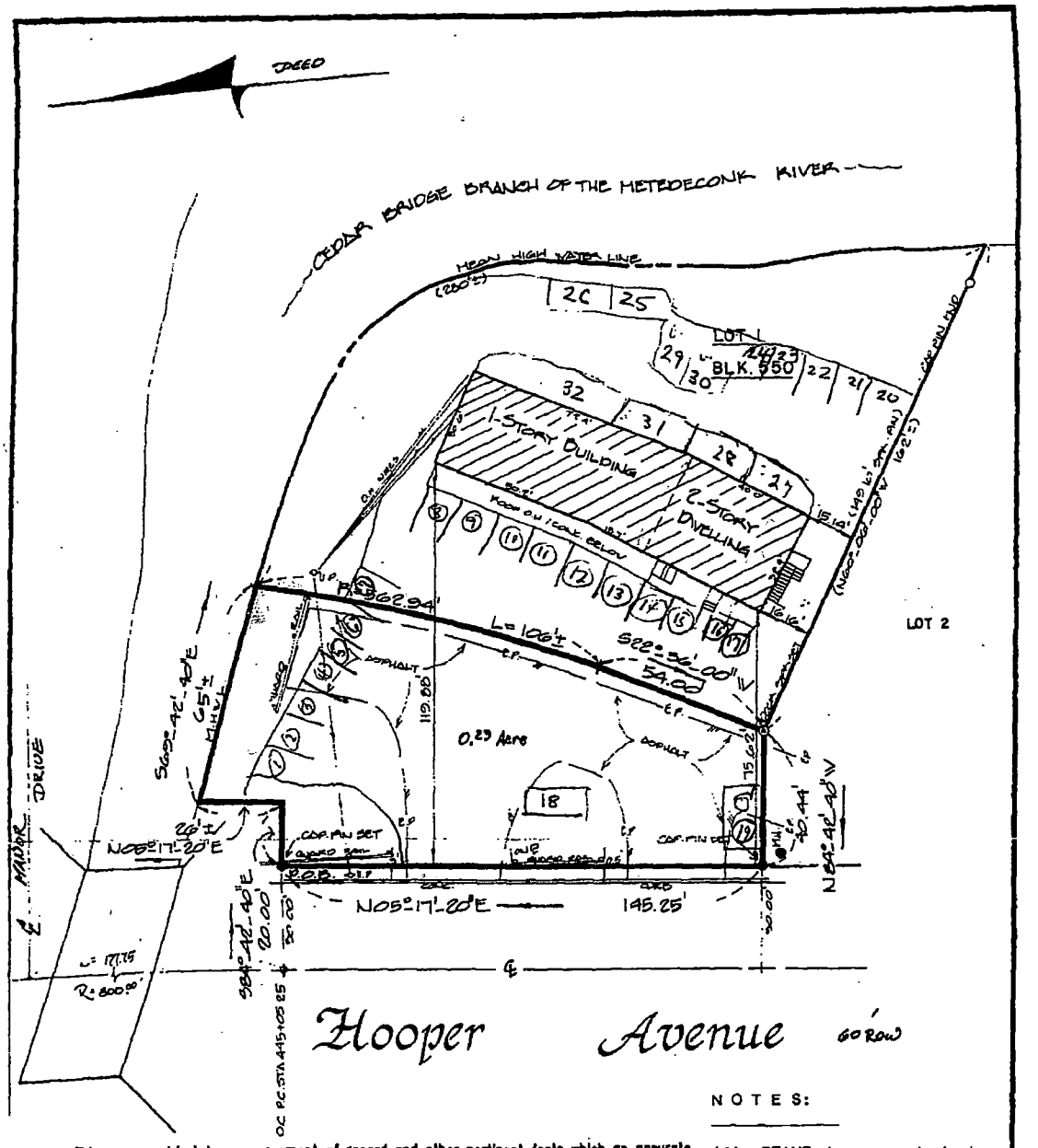
(1) BEING known and designated as an unnumbered lot in Block 550 on the Official Tax Map of the Township of Brick, County of Ocean, State of New Jersey. TOGETHER with all that portion of Old Hooper Avenue about to be vacated.
(2) Corner markers requested

Ronald W. Post Surveying
#500 Transom Court
Toms River, N.J. 08753
Telephone: 201-929-9294

Ronald W. Post
Prof. Land Surveyor—N.J.Lic. 28534
Prof. Planner N.J.Lic. 02940
Ronald W. Post 2-4-87
Date

SURVEY OF PROPERTY
to be conveyed to
SAMUEL YANNON
K Y D ENTERPRISES

SCALE	DRAWN	DATE	JOB NO.
1" = 30'	GR	2-4-87	87-1024



NOTES:

(1) BEING known and designated as an unnumbered lot in Block 550 on the Official Tax Map of the Township of Brick, County of Ocean, State of New Jersey. TOGETHER with all that portion of Old Hooper Avenue about to be vacated.

(2) Corner markers requested

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. The certification of this survey on the date shown is solely to the named parties. No liability is assumed by the certifying surveyor for the use by any party not shown in the certification.
I certify that this survey was performed in the field and prepared in accordance with the record description and that there are no encroachments, except as shown herein.

THIS SURVEY CERTIFIED ONLY TO:

- SAMUEL YANNON
- KYD ENTERPRISES
- MID-STATE ABSTRACT COMPANY (MS-33045)
- FIRST AMERICAN TITLE INSURANCE COMPANY
- WALTER W. SCHOENEWOLF, ESQUIRE

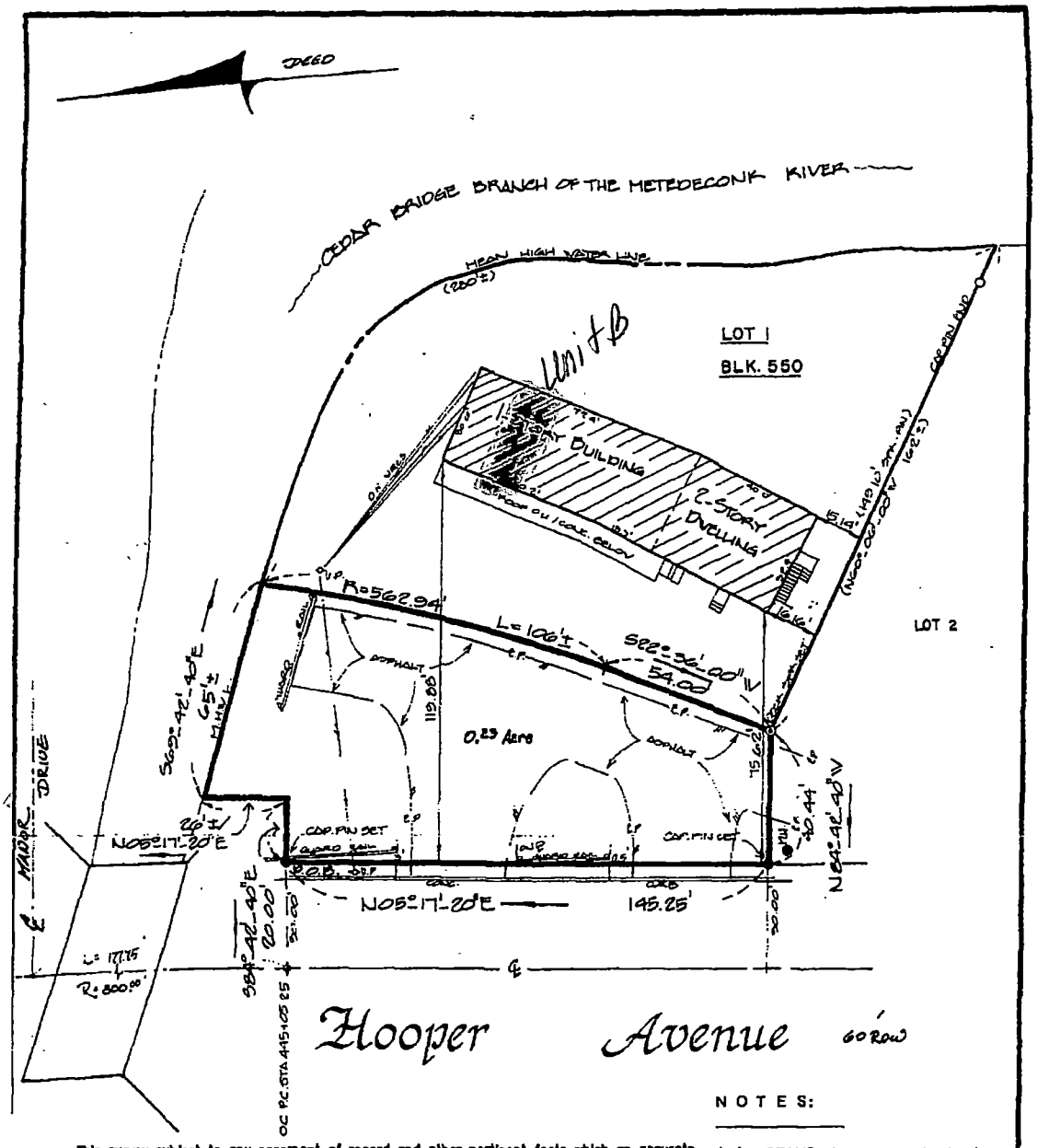
Ronald W. Post Surveying
#500 Transom Court
Toms River, N.J. 08753
Telephone: 201-929-9294

Ronald W. Post
Prof. Land Surveyor—N.J.Lic. 28534
Prof. Planner N.J.Lic. 02940

Ronald W. Post 9-4-87
Date

SURVEY OF PROPERTY
to be conveyed to
SAMUEL YANNON
K Y D ENTERPRISES

SCALE	DRAWN	DATE	JOB NO.
1" = 20'	GR	9-4-87	87-1084



NOTES:

(1) BEING known and designated as an unnumbered lot in Block 550 on the Official Tax Map of the Township of Brick, County of Ocean, State of New Jersey. TOGETHER with all that portion of Old Hooper Avenue about to be vacated.

(2) Corner markers requested

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. The certification of this survey on the date shown is solely to the named parties. No liability is assumed by the certifying surveyor for the use by any party not shown in the certification.
I certify that this survey was performed in the field and prepared in accordance with the record description and that there are no encroachments, except as shown herein.

THIS SURVEY CERTIFIED ONLY TO:

- SAMUEL YANNON
- KYD ENTERPRISES
- MID-STATE ABSTRACT COMPANY (MS-33045)
- FIRST AMERICAN TITLE INSURANCE COMPANY
- WALTER W. SCHOENEWOLF, ESQUIRE

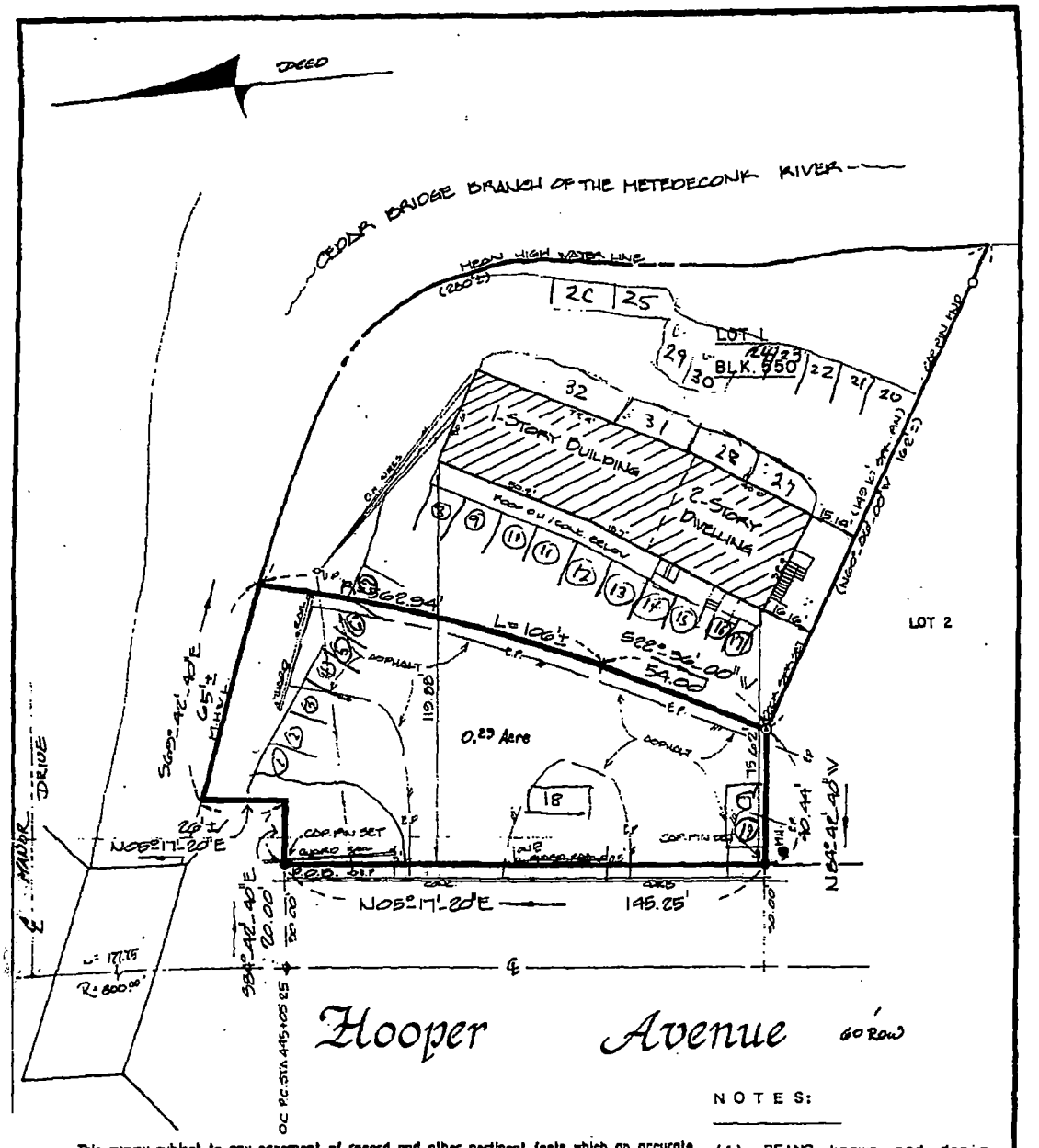
Ronald W. Post Surveying
#500 Transom Court
Toms River, N.J. 08753
Telephone: 201-929-9294

Ronald W. Post
Prof. Land Surveyor—N.J.Lic. 28534
Prof. Planner N.J.Lic. 02940

Ronald W. Post 9-4-87
Date

SURVEY OF PROPERTY
to be conveyed to
SAMUEL YANNON
K Y D ENTERPRISES

SCALE	DRAWN	DATE	JOB NO.
1" = 30'	GR	9-4-87	87-1024



NOTES:

(1) BEING known and designated as an unnumbered lot in Block 550 on the Official Tax Map of the Township of Brick, County of Ocean, State of New Jersey. TOGETHER with all that portion of Old Hooper Avenue about to be vacated.

(2) Corner markers requested

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. The certification of this survey on the date shown is solely to the named parties. No liability is assumed by the certifying surveyor for the use by any party not shown in the certification.
I certify that this survey was performed in the field and prepared in accordance with the record description and that there are no encroachments, except as shown herein.

THIS SURVEY CERTIFIED ONLY TO:

- SAMUEL YANNON
- KYD ENTERPRISES
- MID-STATE ABSTRACT COMPANY (MS-33045)
- FIRST AMERICAN TITLE INSURANCE COMPANY
- WALTER W. SCHOENEWOLF, ESQUIRE

Ronald W. Post Surveying
#500 Transom Court
Toms River, N.J. 08753
Telephone: 201-929-9284

Ronald W. Post
Prof. Land Surveyor—N.J.Lic. 28534
Prof. Planner N.J.Lic. 02940

Ronald W. Post 2-4-87
Date

SURVEY OF PROPERTY
to be conveyed to
SAMUEL YANNON
K Y D ENTERPRISES

SCALE	DRAWN	DATE	JOB NO.
1" = 30'	ER	2-4-87	87-1024