BLOCK 701 LOT 7 & 9.03 QUALIFICATION CODE _____ ADDRESS (SITE) ~~718~~ 744 NJ Rte 70, Brick, NJ 08723 PERMIT NO. 16/2198

ECC

CONSTRUCTION PERMIT APPLICATION

C16-002038

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~718~~ 744 New Jersey Route 70, Brick, NJ 08723
2. Name of Owner in Fee: AAA Mid-Atlantic
   Tel. (302) 299-4330 e-mail fdimatteo@aaamidatlantic.com
   Address One River Place (street) Wilmington, DE (municipality) 19801 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Grace Construction Tel. (856) 755-0041
   Address 1550 Glen Ave Suite 4 e-mail jgates@gracecm.com
   Moorestorm, NJ 08057
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 260256249 FAX: (856) 755-3605
5. Architect or Engineer ai Design Group, Inc. Contact Ryan Doherty
   Address 330 S Tryon St, Suite 500, Charlotte, NC 28202 e-mail rdoherty@aidginc.com
   Tel. (704) 731-8080 FAX: _____
6. Responsible Person in Charge once Work has Begun James Gates
   Tel. (856) 302-4361 FAX: (856) 755-3605

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 1642.50		
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	2.00		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories 1
2. Height of Structure 27'-6" 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 No
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no X

COMMERCIAL

IIa. PROPOSED WORK

☐ Minor Work	☐ New Building	☒ Addition	☐ Demolition
☐ Repair	☐ Alteration	☐ Renovation	☐ Reconstruction
☐ Asbestos Abat. -Subch. 8	☐ Lead Hazard Abatement	☐ Radon Remediation	☐ Annual Permit

Entry alteration

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		Martin 11/29/16			06/29/16	KEK			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	5/24/16	5/24/16	6/2/16	KEK			
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: Select Group
3. Change in Use Group, Indicate Present: Select Group
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: Select Group
3. Change in Use Group, Indicate Presen Select Group

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

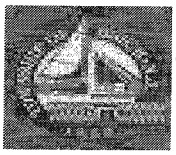
D. Construct. Classification: Present _____
Proposed _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 9/20/2016
Control Number C-16-002038
Permit Number 16-2198
Permit Issue Date 6/30/2016
Certificate Number 16-2198

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 744 ROUTE 70 Brick Township, NJ Block: 701 Lot: 7 Qual:

Owner in Fee: BRICKTOWN VF LLC % BRICKTOWN UE LLC

Owner Address: 210 ROUTE 4 EAST PARAMUS NJ 07652

Telephone:

Contractor GRACE CONSTRUCTION MGMT CO, LLC

Address 1530 GLEN AVE SUITE 4 MOORESTOWN NJ 08057

Telephone: (856) 302-4361 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL - AAA MIDLANTIC ...ENTRY ALTERATION

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: $0.00
Check Number:
Collected By:

Date Printed: 9/20/2016

U.C.C. F260 (rev. 08/05)

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	JC	8/5/16							ZA-16-00709
☐ 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.				

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, including such certification as the construction official may require, have been given or will be given prior to pemit issuance.

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, including such certification as the construction official may require, have been given or will be given prior to permit issuance.

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.

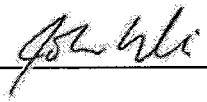
I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name John Ellis

Address 330 S Tryon St, Suite 500, Charlotte, NC 28202

Telephone (704) 731-8080

Signature 

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:23-2.15(b)4.

IV. ( ) HOME ELEVATION: Include Home Elevation Contractor Certification as per N.J.S.A. 52:27D-123.16.

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
4/22/16	Mailed in + missing info	
4/28/16	Missing items received via email	
6/30/16	Called. RF, left VM	

BUILDING SUBCODE
TECHNICAL SECTION

COPY

Date Received 04/22/2016
Control # C-16-002038
Date Issued 06/30/2016
Permit # 16-2198

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

Block 701 Lot 7 Qualification Code

Work Site Location: 744 ROUTE 70 Brick Township, NJ

Owner in Fee: BRICKTOWN VF LLC % BRICKTOWN UE LLC

Address 210 ROUTE 4 EAST PARAMUS NJ 07652

Tel. Email

Contractor: GRACE CONSTRUCTION MGMT CO, LLC

Address 1530 GLEN AVE SUITE 4 MOORESTOWN NJ 08057

Email

Tel. (856) 302-4361 Fax.

Contractor License No. or, if new home, Bldrs Reg. No. Exp.

Home improvment Contractor Registration No. or Exemption Reason(is applicable):

Federal Emp. ID No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

Print Name Here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

ALTERATION - COMMERCIAL, - AAA MIDLANTIC ...ENTRY ALTERATION

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing/Foundation		
☐ Struct/Framework		
☐ Exterior		
☐ Interior		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
☐ CO ☐ CCO ☒ CA
Date: 9/19/16
Approved by:

INSPECTIONS		Dates (Month/Day)		
Type:	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			9-15-16	
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)

Rehabilitation	$6,425
Administrative Surcharge	
Minimum Fee	
State Permit Surcharge Fee	$294
TOTAL FEE	$6,719

B. BUILDING CHARACTERISTICS

Use Group Present Proposed M If Industrial Building:
Constr. Class Present Proposed State Approved
Number of Stories HUD
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg.
2. Rehabilitation $155,000
3. Total (1+2) $155,000

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Inspection Activity Report

Inspections for Permit Number 16-2198

Permit Number

16-2198

Inspection Date	Inspection Type	Inspector	Subcode	Result	Owner Location	Work Type	Work Description	Inspection Comments
08/08/2016	FRAMING	John Pinkava	Building	Pass	BRICKTOWN VF LLC % BRICKTOWN UE LLC 744 ROUTE 70	Alteration	ALTERATION - COMMERCIAL	
08/17/2016	SHEATHING	John Pinkava	Building	Fail	BRICKTOWN VF LLC % BRICKTOWN UE LLC 744 ROUTE 70	Alteration	ALTERATION - COMMERCIAL	need to keep 6" and 8" screw pattern
08/18/2016	SHEATHING	John Pinkava	Building	Pass	BRICKTOWN VF LLC % BRICKTOWN UE LLC 744 ROUTE 70	Alteration	ALTERATION - COMMERCIAL	
08/30/2016	Final	Michael Vecchio	Building	Cancelled	BRICKTOWN VF LLC % BRICKTOWN UE LLC 744 ROUTE 70	Alteration	ALTERATION - COMMERCIAL	kurt
08/31/2016	Final	Michael Vecchio	Building	Cancelled	BRICKTOWN VF LLC % BRICKTOWN UE LLC 744 ROUTE 70	Alteration	ALTERATION - COMMERCIAL	chris
09/06/2016	Final	Michael Vecchio	Building	Cancelled	BRICKTOWN VF LLC % BRICKTOWN UE LLC 744 ROUTE 70	Alteration	ALTERATION - COMMERCIAL	cancelled as per Kurt Taylor on 9/2/16
09/15/2016	Final	Michael Vecchio	Building		BRICKTOWN VF LLC % BRICKTOWN UE LLC 744 ROUTE 70	Alteration	ALTERATION - COMMERCIAL	

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 6/30/16

Date Issued Permit # 16-2198

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

Block 701 Lot 7 & 9.03 Qualification Code

Work Site Location ~~718~~ 744 New Jersey Route 70, Brick, NJ 08723

Owner in Fee: AAA Mid-Atlantic

Tel. (302) 299-4326 e-mail rsurette@aaamidatlantic.com

Address One River Place Wilmington, DE 19801
(street) (municipality) (zip code)

Contractor: Grace Construction Mgmt Co, LLC Tel. (856) 302-4361

Address 1530 Glen Ave, Suite 4, Moorestown e-mail jgates@gracecm.com
NJ, 08057

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

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX: (856) 755-3605

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 06/29/16 KEK
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

Joint Plan Review Required
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 06/29/16
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day): Failure, Failure, Approval, Initial

- Type: Footing
- Footing Bonding
- Foundation
- Slab
- Frame
- Truss Sys./Bracing
- Barrier Free
- Insulation
- Finishes -Base Layer
- Finishes -Final
- Energy
- Mechanical
- TOO
- Other
- Final
- Barrier-Free

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed B

No. of Stories 1

Height of Structure 27'-6" 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 $ 155,000
3. Total (1+ 2) $ 0

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: John Ellis

Print name here: JOHN ELLIS

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Demo of existing roof structure and covered walk finishes followed by construction of metal panel entry addition.

COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [X] Addition (Building Entry)
- [ ] 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 $

U.C.C. F110 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

CONSTRUCTION PERMIT

Date Issued 6/30/16
Control # C-16-002038
Permit # 16-2198

IDENTIFICATION Block: 701 Lot: 7 Qualifier
Work Site Location: 744 ROUTE 70 Brick Township, NJ
Owner in Fee: BRICKTOWN VF LLC % BRICKTOWN UE LLC
210 ROUTE 4 EAST PARAMUS NJ 07652
Telephone:

Contractor: GRACE CONSTRUCTION MGMT CO. LLC
Address: 1530 GLEN AVE SUITE 4 MOORESTOWN NJ 08057
Telephone: (856) 302-4361
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL - AAA MIDLANTIC ...ENTRY ALTERATION

Note: If constuction 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 $155,000

D. Newman Jr/MP 6/30/16
Construction Official Date

PAYMENTS (Office Use Only)

Building	$6,425
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$294
CO Fee	
Other	$0
Total	$6,719
Check No.	026730 50 6769
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

06/30/16 5:17PM 00155811694
KIOSK SERV.010
BUILDING $6425.00
DCA $294.00
ZPA $50.00
CHECK $6769.00

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.

RECEIVING CLERK
DATE REC'D 5-2-16

ZONING PERMIT APPLICATION

PERMIT # ZP-16-00985
DATE ISSUED 6/30/16

BLOCK: 701 LOT: 7 & 9.03 QUALIFIER: SITE ADDRESS: 718 New Jersey Route 70, Brick, NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: AAA Mid-Atlantic
   COMPLETE ADDRESS: One River Place
   Wilmington, DE 19801
   PHONE # 302-299-4330 EMAIL: fdimatteo@aaamidatlantic.com

2. NAME OF APPLICANT: ai Design Group, Inc.
   APPLICANT ADDRESS: 330 S Tryon St, ste 500, Charlotte, NC 28202
   PHONE # (704)731-8080 EMAIL: jellis@aidginc.com

3. RESPONSIBLE PERSON FOR WORK: James Gates
   PHONE# 856-302-4361 FAX# 856-755-3605

4. SIGNATURE OF APPLICANT: John Ellis

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: Yes
EXISTING USE: Automotive Service Shop
PROPOSED USE: Automotive Service Shop with Entry Addition

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: *ADDITION X *ALTERATION *PORCH *DECK

POOL: ABOVE GROUND N/A IN GROUND N/A FENCE: HEIGHT N/A TYPE N/A

HEIGHT: Existing (*APPLICABLE)

OTHER

DESCRIPTION: Upfit for existing shell space for the service and light repair of automobiles, retail sales of travel services, and insurance and business offices.

ZONING REVIEW:

DATE REVIEWED: 5-3-16 DATE DENIED: DATE APPROVED: 5-3-16 INTLS:

(SEE BACK PAGE)

ai DESIGN GROUP / ARCHITECTURE + INTERIORS

TRANSMITTAL

DATE:	04/21/2016
PROJECT NUMBER:	14357 (Permit Number: C-15-002644)
PROJECT NAME:	AAA Car Care (Entry Addition) – Brick, NJ
TO:	Construction Inspections Township of Brick 401 Chambersbridge Rd Brick, NJ 08723
ISSUED BY:	John Ellis, aiDG

If checked below, please:

- ☒ Acknowledge receipt of enclosures
- ☐ Return enclosures to us

We Transmit:

- ☒ Herewith ☐ Under separate cover ☐ Per your request

Transmitted Via:

- ☒ FedEx ☐ Courier _____ ☐ Other _____
- ☐ Overnight ___ arrival
- ☐ 2 Day

For Your:

- ☐ Use ☒ Review/Approval ☐ Record

The Following:

- ☐ Pay Application ☐ Specifications ☐ Correspondence
- ☒ Drawings ☐ Addendum ☒ Other: Permit Comments Response Package
- ☐ Submittals

COPIES	ISSUE DATE	REVISION #	DESCRIPTION
2	04/15/2016		Entry Addition - Full Size Permit Set – Signed and Sealed
1	04/21/2016		Permit Application Forms

Remarks: Included is the permit review response package. Please contact me with any questions or concerns you may have. Thank you.

John Ellis | 704.731.8077 | jellis@aidginc.com

END OF TRANSMITTAL

4/25/16 - Called John + left message stating we need more paperwork & to return my call. NP

4/26/16 - Spoke to John & he will email me everything needed. NP

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: _____ LOT: _____ QUALIFIER: _____ SITE ADDRESS: _____

IDENTIFICATION:

1. NAME OF OWNER IN FEE: _____
   COMPLETE ADDRESS: _____
   _____
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: _____
   APPLICANT ADDRESS: _____
   _____
   PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: _____
   PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: _____
EXISTING USE: _____
PROPOSED USE: _____

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 _____

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: _____ INTLS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
MAY 05 2016
ZONING

ZONING REVIEW:

DATE REVIEWED: 5/5/16 DATE DENIED: — DATE APPROVED: 5/5/16 INTLS: SGZ

DATE:	COMMENTS:	INITIALS:
5/5/16	SENT TO ECC	SGZ

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-16-00709
Application Date: 05/03/2016
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

Worksite Location: **744 ROUTE 70**
Brick Township, NJ 08723

Block: **701**
Lot: **7**
Qualifier:
Zone: **B-3**

Owner: **BRICKTOWN VF LLC % BRICKTOWN UE LLC**
Address: **210 ROUTE 4 EAST**
PARAMUS, NJ 07652

Applicant: **Grace Construction**
Address: **1550 Glen Ave. Suite 4**
Moorestown, NJ 08057

Application Approved Date: 05/03/2016

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

Use is: Automobile repair garage/sales (AAA)
Nonconforming Use is:

Work Description:
Rehabilitation, Facade Renovation - Demo of existing roof structure and covered walk finishes followed by construction metal panel entry addition.

Additional Zoning permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 05/03/2016 Date

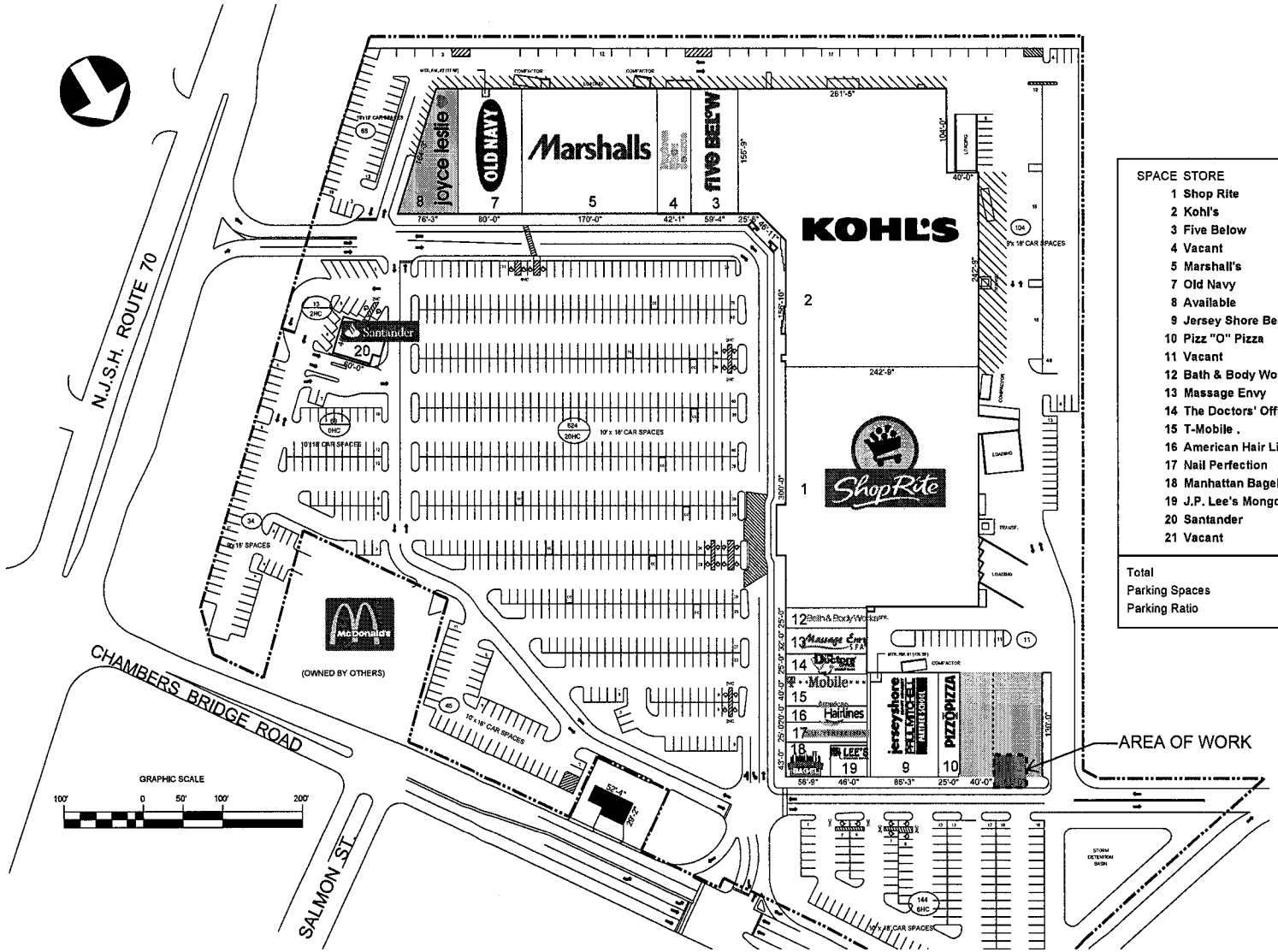
Sean Kinnevy, Zoning Officer — 5/5/16 **Date**

Zoning Review
Approval
By: Facade Rev.
Date: 5-2-16

URBAN EDGE PROPERTIES

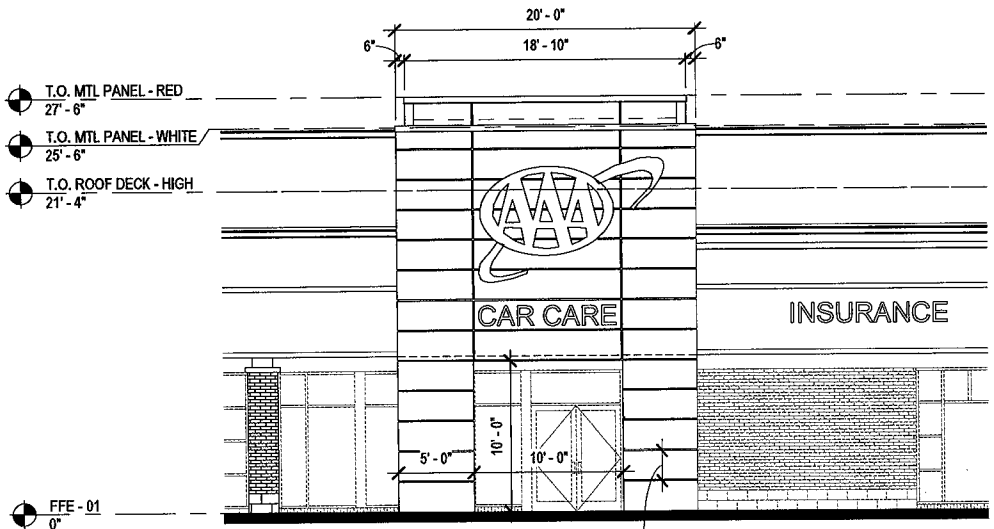
BRICKTOWN, NJ

644 NJ Highway 70 W, Bricktown, NJ 08723 Ocean County



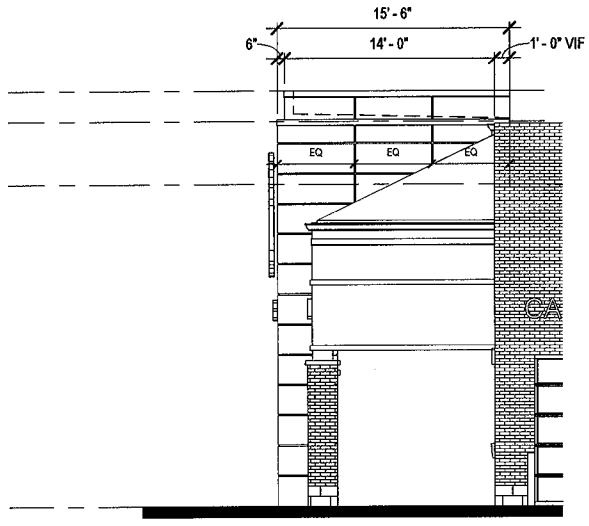
SPACE	STORE	SF
1	Shop Rite	75,144
2	Kohl's	87,667
3	Five Below	9,300
4	Vacant	6,591
5	Marshall's	26,648
7	Old Navy	12,463
8	Available	8,095
9	Jersey Shore Beauty Academy	10,846
10	Pizz "O" Pizza	3,502
11	Vacant	13,528
12	Bath & Body Works	2,569
13	Massage Envy	3,288
14	The Doctors' Office Urgent Care	2,581
15	T-Mobile .	4,098
16	American Hair Lines	2,000
17	Nail Perfection	2,569
18	Manhattan Bagel	2,616
19	J.P. Lee's Mongolian Barbecue	1,802
20	Santander	2,764
21	Vacant	1,348

Total	279,419
Parking Spaces	1,053
Parking Ratio	3.787 per 1,000 sf



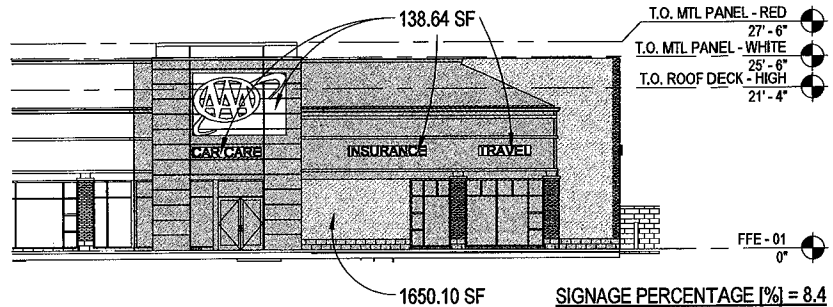
NORTH ELEVATION

SCALE: 1/8" = 1'-0"



WEST ELEVATION

SCALE: 1/8" = 1'-0"



SIGNAGE PERCENTAGE [%] = 8.4

SIGNAGE DIAGRAM

SCALE: 1/16" = 1'-0"

ai DESIGN GROUP ARCHITECTURE + INTERIORS
330 S. Tryon Street, Suite 500 / Charlotte, NC 28202
aiDGinc.com / 704-731-8080

AAA CAR CARE CENTER
718 New Jersey 70
Brick, NJ 08723

Entry Feature Elevations & Rendering
03/09/2016

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS

PERMIT #:

BLOCK: 701 LOT: 7 & 9.03 ADDRESS: 718 New Jersey Route 70, Brick, NJ 08723

IDENTIFICATION:

1. **WORK SITE ADDRESS:** 718 New Jersey Route 70, Brick, NJ 08723
2. **NAME OF OWNER IN FEE:** AAA Mid-Atlantic
   ADDRESS: One River Place **PHONE #:** (302)299-4330
   Wilmington, DE 19801 fdimatteo@aaamidatlantic.com **FAX #:** ( )
3. **PRINCIPAL CONTRACTOR:** Grace Construction
   ADDRESS: 1550 Glen Ave, Suite 4 **PHONE #:** (856) 302-4361
   Moorestown, NJ 08057 **FAX #:** (856) 755-3605
4. **ARCHITECT OR ENGINEER:** ai Design Group, Inc.
   ADDRESS: 330 S Tryon St, ste 500 Charlotte, NC 28202 **PHONE: #** (704) 731-8080
5. **RESPONSIBLE PERSON FOR WORK:** James Gates
   ADDRESS: 1550 Glen Ave, Suite 4, Moorestown, NJ 08057

PHONE #: (856) 302-4361 **FAX #:** (856) 755-3605 **E-MAIL:** jgates@aidginc.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
● OTHER Entry Addition
LENGTH: Existing bldg. **WIDTH:** Existing bldg. **HEIGHT:** 27'-6"

FEE SUMMARY:

APPLICATION FEE:	$
REVIEW FEE:	$ N/A
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:

ENGINEERING REVIEW:

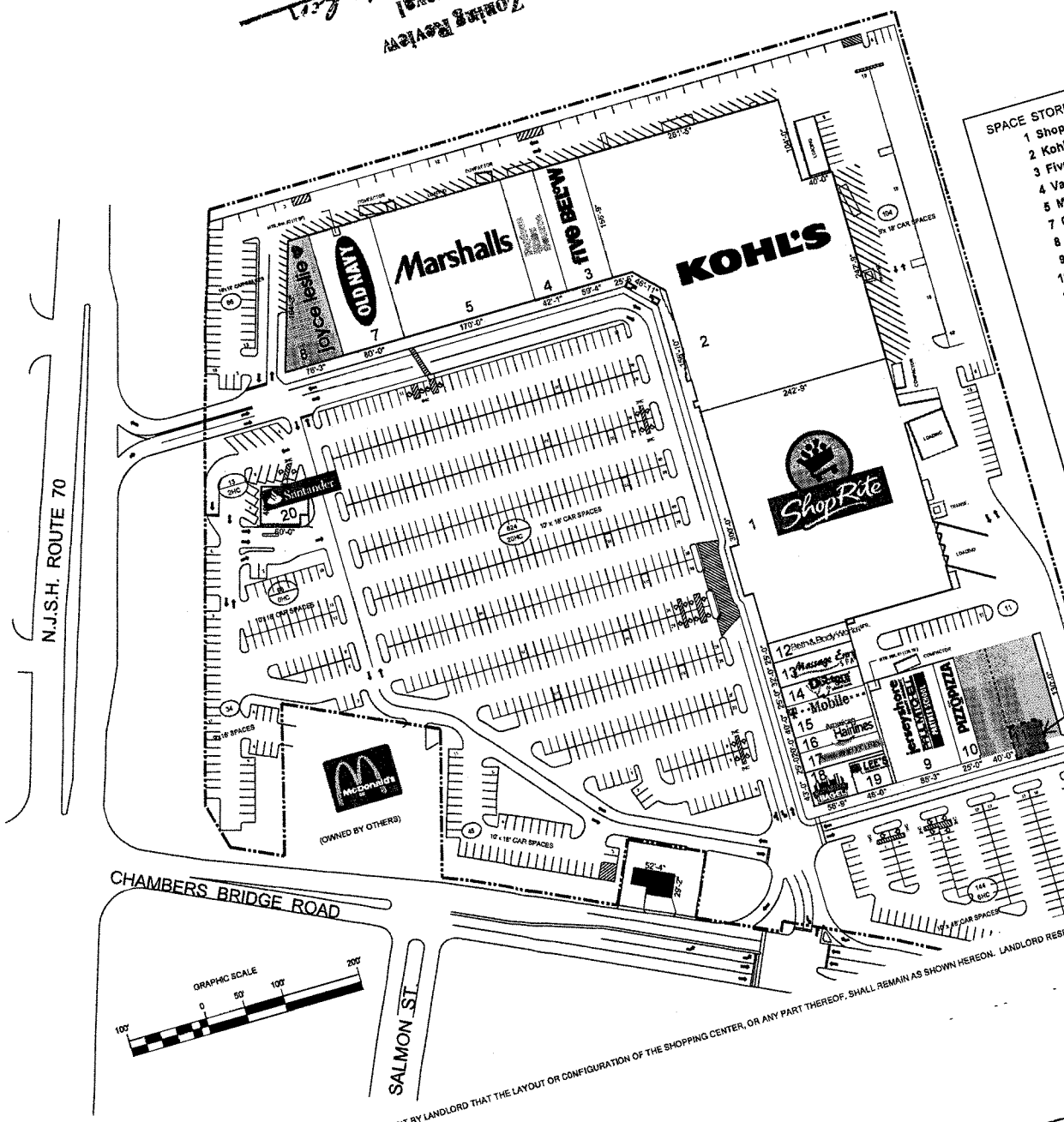
DATE RECEIVED: 5/21/16 DATE REJECTED: 5/21/16 DATE APPROVED: 6/2/16 INITIALS: KSS

BRICKTOWN, NJ

644 NJ Highway 70 W, Bricktown, NJ 08723 Ocean County

URBAN EDGE PROPERTIES

Zoning Review
Approved
By: [illegible]
Date: 5-23-16



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