BLOCK 670 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 2770 Hooper Ave. River Walk Mall Brick NJ PERMIT NO. 19-0555

ECC

CONSTRUCTION PERMIT APPLICATION

19-000178

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

I. IDENTIFICATION

1. Proposed Work Site at: #2 River Walk Mall 2770 Hooper Ave Stove
2. Name of Owner in Fee: Fidelity Management
   Tel. (973-) 966-2800 e-mail Sergios@Fidelity
   Address 64 street Shun pike Rd, municipality Chatham, NJ zip code 07928 Land.com
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Kyong Kim Tel. (732) 693-9058
   Address 1806 Adams Ave e-mail USTaekwondo MSN
   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 CJ Alger, RA, NCARB Contact 908-216-8711
   Address 1705 Bay Avenue unit 3 e-mail algertechdesign
   Tel. (908) 216-8711 FAX: Pleasant, NJ @ gmail.com
6. Responsible Person in Charge once Work has Begun Kyong Kim
   Tel. (732) 693-9058 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$150- ✓		
2. Electrical	0- ✓		
3. Plumbing	0- ✓		
4. Fire Protection	0- ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	2 $ 75		
11. Cert. of Occupancy	150-		
12. Other			
13. TOTAL	$ 377-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
✓ 1. Number of Stories 1	
✓ 2. Height of Structure 9' EXISTING ft.	
✓ 3. Area — Largest Floor 1,471 sq. ft.	
✓ 4. New Building Area NA sq. ft.	
✓ 5. Volume of New Structure NA cu. ft.	
✓ 6. Max. Live Load 60 PSF	
✓ 7. Max. Occupancy Load 15 OCCUPANTS	
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 ____	

CONDITIONAL

IIa. PROPOSED WORK

- ☑ Minor Work (painting, cleaning, floors, etc.)
- ☑ 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					02/26/19	KCK			
☑ Electrical		1/10/19			1/25/19	PK			
☑ Plumbing					2-4-19	[illegible]			
☑ Fire Protection				1/25/19		LA	2/27/19		CM
☐ Elevator		Eng	Exempt		1/24/19	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL (primary use)
1. State Specific Use: Business (Martial Arts Studio)
2. Use Group, Proposed: Business
3. Change in Use Group, Indicate Present: ~~Assembly~~ (B)
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: Karate Studio
2. Use Group, Proposed: US Taekwondo B
3. Change in Use Group, Indicate Present: M

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

D. Construct. Classification: Present 2A
   Proposed 3A

US Taekwondo Center
Change of Use

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

U.C.C. F100-1 (rev. 8/08)

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. (V) 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. (V) 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. (V) I further certify that I will perform or supervise the following work:
C.1. (V) Building C.2. (V) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. (V) 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 1-9-18

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 Kyong Ictms

Address 1806 Adams Ave
Toms River, NJ 08753

Telephone (732) 693-9058

Signature _____

tenant

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 3/20/2019
Control Number C-19-000178
Permit Number 19-0555
Permit Issue Date 3/6/2019
Certificate Number 19-0555

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone: (973) 966-2800

Contractor US TAEKWONDO - KYONG KIM

Address 1806 ADAMS AVE TOMS RIVER NJ 08753

Telephone: (732) 693-9058 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: 15

Description of Work/Use: TENANT FIT UP - - U.S. TAEKWONDO CENTER

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: 414
Collected By: Christopher Winters

Date Printed: 3/20/2019

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	1/22/19							ZA-19-00060
☐ 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.				

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 3/14/19 MFF OK per MUA on 3/21/19 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)

US Taekwondo

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 3/6/19

Date Issued / Permit # 19-0553

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

Block 670 Lot 4 Qualification Code

Work Site Location Store #2 2770 Hooper Ave. Brick, NJ 08723

Owner in Fee: Fidelity Management LLC

Tel. 973-966-2800 e-mail Sergios@FidelityLand.com

Address 641 Shunpike Rd (street) Chatham (municipality), NJ 07928 (zip code)

Contractor: Kyong Kim Tel. 732-693-9058

Address 1806 Adams Ave. e-mail USTC2000@MSN.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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[V] All	02/26/19	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 02/26/19

Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE

[V] CO [ ] CCO [ ] CA

Date: 03/13/19

Approved by: KEK

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			03/13/19	KEK
Barrier-Free				

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: [signature]

Print name here: Kyong Kim

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

painting + cleaning only

Install mats

COMMERCIAL

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
- [V] Other painting + cleaning
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present 2A Proposed 2A

No. of Stories 1

Height of Structure NA ft.

Area — Largest Floor 1471.8 sq. ft.

New Bldg. Area/All Floors NA sq. ft.

Volume of New Structure NA cu. ft.

Max. Live Load 60 PSF

Max. Occupancy Load 15 OCCUPANT

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1,000 -

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

1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy

US Taekwondo

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/6/19
Date Issued / Permit # 19-0555

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

Block 670 Lot 4 Qualification Code

Work Site Location River Walk Mall
2990 Hooper Ave. Brick, NJ 08723

Owner in Fee: Fidelity Management LLC

Tel. 973 966-2800 e-mail sergios@fidelityland.com

Address 641 Shumpike Rd, Chatham, NJ 07928
(street / municipality / zip code)

Contractor: Kyong Kim Tel. 732 693-8058

Address 1806 Adams Ave. e-mail USTC2000@msn.com
Toms River, NJ 08723

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present V B Proposed B (No working)

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 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 and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

Print name here: Kyong Kim

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Nothing as it is

COMMERCIAL

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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[V] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 3/13/19
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [V] CCO [ ] CA
Date: 3/14/19
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3-13-19	
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

US Taekwondo

Between Harbor Height & Beaty Square

NEW JERSEY UNIFORM CONSTRUCTION CODE

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 3/6/19

Date Issued / Permit # 19-0555

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

Block 670 Lot 4 Qualification Code

Work Site Location River walk mall

Owner in Fee: Fidelity Management LLC

Tel. 973 966-2800 e-mail sergios@fidelityland.com

Address 64 Shumpike Rd, Chatham NJ 07928
(street / municipality / zip code)

Contractor: Kyong Kim Tel. 732 693-9058

Address 1806 Adams Ave. e-mail USTC2000@MSN

Toms River, NJ 08723

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present ~~B~~ B Proposed B

Building Sewer Size Public Sewer ✓ Private Septic

Water Service Size Public Water ✓ Private Well

Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 2-27-19
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 3-19-19
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	3-13-19		3-14-19	MG

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: Kyong Kim

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Nothing as it is

COMMERCIAL

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	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	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	

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

VS Taekwon do

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

147 sq ft 150 acup. 15 acup.

Date Received / Control # 3/6/19

Date Issued / Permit # 19-0655

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

Block 670 Lot 1f Qualification Code

Work Site Location River walk Mall

2770 Hooper Ave. Brick NJ 08723

Owner in Fee: Fidelity Management LLC

Tel. 973 966-2800 e-mail sergios@Fidelityland.com

Address 644 (street) Shumpike Rd. (municipality) NJ. 07928 (zip code)

Contractor: Kyong Kim Tel. 732 693-9058

Address 1806 Adams Ave. e-mail USTC2000@msn

Towns River, NJ 08723

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:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present ✓B Proposed B

Constr. Class: Present 2A Proposed 2A

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

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

Location: Top Roof

Total Cost of Fire Protection Work $ 0

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: Next Back door

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: Kyong Kim

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

DESCRIPTION OF WORK:

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		

COMMERCIAL

Address co del & alarm @ insp.

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: 3-27-19

Approved by: RC

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 3/28/19

Approved by: RA

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			3/28/19	
Other				

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, March 21, 2019 8:46 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 2770 HOOPER AVE. TKD

MORNING MATT. WE WERE OUT THERE & 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

APPLICATION FOR CERTIFICATE

Date Received 01/14/2019
Date Permit Issued 03/06/2019
Control # C-19-000178
Permit # 19-0555
Date Issued

IDENTIFICATION

Block 670 Lot 4 Qualifier

Work Site Location 2770 HOOPER AVE, Brick Township, NJ

Owner in Fee KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD, CHATHAM NJ 07928

Telephone (973) 966-2800

Contractor US TAEKWONDO - KYONG KIM
Address 1806 ADAMS AVE TOMS RIVER NJ 08753

Telephone (732) 693-9058
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 M Previous B Current

FINAL COST OF CONSTRUCTION: $ 1003
(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 - U.S. TAEKWONDO CENTER

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

UCC F270 equiv.

MONMOUTH CONTROLS & INSTRUMENT CO., INC

Form for Inspection, Testing and Maintenance of Wet Pipe Fire Sprinkler Systems

This form covers the minimum requirements of NFPA 25-2002 for wet pipe fire sprinkler systems connected to water supplies without tanks for fire pumps. Separate forms are available for inspection, testing and maintenance of fire pumps, tanks and other fire protection systems. More frequent inspection, testing and maintenance may be necessary depending on the conditions of the occupancy and the water supply.
The work covered on this form is (check one): ☐ Monthly ☐ Quarterly ☒ Annual ☐ Third Year ☐ Fifth Year

Owner: _____ Owner's Phone Number: _____

Owner's Address: _____

Property Being Evaluated: Harbor Freight & US Taekwondo

Property Address: 2270 Hooper Ave Brick NJ

Date Work: 5/2/19 All responses refer to the current work (inspection, testing and maintenance) performed on this date.
Notes: 1) All questions are to be answered *Yes, No, or Not Applicable*. All "No" answers are to be explained in Part III of this form.
2) Inspection, Testing and Maintenance are to be performed with water supplies (including fire pumps) in service, unless the impairment procedures of chapter 14 of NJPA 25 are followed.

Part I - Owner's Section

A. Is the building occupied?	☐Yes ☐No
B. Has the occupancy classification and hazard of contents remained the same since the last inspection?	☐Yes ☐No
C. Are all fire protection systems in service?	☐Yes ☐No
D. Has the system remained in service without modification since the last inspection?	☐Yes ☐No
E. Was the system free of actuation of devises or alarms since the last inspection?	☐Yes ☐No

Owner or Representative (print name) Signature and Date

Part II – Inspector's Section

A. Inspections

1. Daily and Weekly Items
   a. Control valves supervised with seals passed inspection in accordance with II.A.2.a below? ☒Yes ☐No ☐N/A
   b. Backflow preventers:
      1. Accessible and isolation valves opens? ☒Yes ☐No ☐N/A
      2. Sealed, locked or supervised? ☒Yes ☐No ☐N/A
      3. Relief port on RPZ not discharging? ☐Yes ☐No ☒N/A
2. Monthly Inspection Items (in addition to above items)
   a. Control valves and valves on backflow preventers with locks or electrical supervision:
      1. In correct (open or closed) position? ☒Yes ☐No ☐N/A
      2. Lock or supervision in place? ☒Yes ☐No ☐N/A
      3. Accessible and free from external leaks? ☒Yes ☐No ☐N/A
      4. Provided with appropriate wrenches? ☒Yes ☐No ☐N/A
      5. Provided with appropriate identification? ☒Yes ☐No ☐N/A
   b. Sprinkler wrench with spare sprinklers? ☒Yes ☐No ☐N/A
   c. Gages on system in good condition and showing normal water supply pressure? ☒Yes ☐No ☐N/A
   d. Alarm valve free from physical damage, trim in correct (open or closed) position and no leakage from retarding chamber or drains? ☒Yes ☐No ☐N/A
3. Quarterly Inspection Items (in addition to above items)
   a. Pressure reducing valves in open position, not leaking, with downstream pressure per design criteria, and in good condition with handwheels not broken? ☐Yes ☐No ☒N/A
   b. Fire department connections visible, accessible, couplings and swivels not damaged, gaskets in place and in good condition, identification sign(s) in place, check valve is not leaking, clapper in place and operating properly and automatic drain valve in place and operating properly? ☒Yes ☐No ☐N/A
   (If plugs or caps are not in place, inspect interior for obstructions)
   c. Alarm devices free from physical damage? ☒Yes ☐No ☐N/A
   d. Hydraulic nameplate (calculated systems) ☐Yes ☒No ☐N/A
4. Annual Inspection Items (in addition to above items)
   a. Proper number and type of spare sprinklers? ☒Yes ☐No ☐N/A
   b. Visible sprinklers:
      1. Free of corrosion and physical damage? ☒Yes ☐No ☐N/A
      2. Free of obstructions to spray patterns? ☒Yes ☐No ☐N/A
      3. Free of foreign materials including paint? ☒Yes ☐No ☐N/A
      4. Liquid in all glass bulb sprinklers? ☒Yes ☐No ☐N/A
   c. Visible pipe:
      1. In good condition/no external corrosion? ☒Yes ☐No ☐N/A
      2. No mechanical damage or leaks? ☒Yes ☐No ☐N/A
      3. Properly aligned and no external loads? ☒Yes ☐No ☐N/A
   d. Visible pipe hangers and seismic braces not damaged or loose? ☒Yes ☐No ☐N/A
   e. Hose, hose couplings and nozzles on sprinkler system passed inspection per NFPA 1962? ☐Yes ☐No ☒N/A
   f. Adequate heat in areas with wet piping? ☒Yes ☐No ☐N/A
   g. Has an internal inspection of the pipe been performed by removing the flushing connection and one sprinkler near the end of a branch line within the last 5 years? ☐Yes ☐No ☒N/A
   (If "No", conduct internal inspection)
5. Fifth Year Inspection Items (in addition to above items)
   a. Alarm valves and associated strainers, filters and restricted orifices passed internal inspection? ☐Yes ☐No ☒N/A
   b. Check valves internally inspected, all parts operate properly and are in good condition? ☐Yes ☐No ☒N/A
   c. Internal pipe inspection performed per 4.g? ☐Yes ☐No ☒N/A

B. Testing
Report any failures on Part III of this form.

1. Quarterly Tests.
   a. Mechanical waterflow alarm devices passed tests by opening the inspector's test connection with alarms actuating and flow observed? ☒Yes ☐No ☐N/A
   b. Post indicating valves opened until spring or torsion felt in the rod then closed back 1/4 turn? ☐Yes ☐No ☒N/A
   c. Main drain test for system downstream of backflow device or pressure reducing valve.
      1. Record the static pressure 75 psi
      2. Record the residual pressure 60 psi
      3. Was flow observed? ☒Yes ☐No ☐N/A
      4. Are results comparable to previous tests? ☒Yes ☐No ☐N/A

2. Semiannual Tests (in addition to previous items)
a. Valve supervisory switches indicate movement? ☐Yes ☐No ☐N/A
b. Electrical waterflow alarm devices passed tests by opening inspector's test connection with alarms actuating and flow observed? ☐Yes ☐No ☐N/A

3. Annual Tests (in addition to previous items)
a. Main drain test for systems not tested quarterly
1. Record Static 75 psi and Residual Pressure 65 psi
2. Was flow observed? ☐Yes ☐No ☐N/A
3. Are results comparable to previous tests? ☐Yes ☐No ☐N/A
b. Are all sprinklers dated 1920 or later? ☐Yes ☐No ☐N/A
c. Fast response sprinklers 20 years old or more replaced or successfully sample tested in last 10 years? ☐Yes ☐No ☐N/A
d. Standard response sprinklers 50 years old or more replaced or successfully sample tested in last 10 years? ☐Yes ☐No ☐N/A
e. Standard response sprinklers 75 years old or more replaced or successfully sample tested in last 5 years? ☐Yes ☐No ☐N/A
f. Dry-type sprinklers replaced or successfully sample tested in last 10 years? ☐Yes ☐No ☐N/A
g. Specific gravity of antifreeze correct? ☐Yes ☐No ☐N/A
h. All control valves operated through full range and returned to normal position? ☐Yes ☐No ☐N/A
i. Backflow devices passed backflow test? ☐Yes ☐No ☐N/A
j. Backflow devices passed forward flow test? ☐Yes ☐No ☐N/A
k. Pressure reducing valves passed partial flow? ☐Yes ☐No ☐N/A

4. Test for every third year (in addition to previous items)
Hose more than 5 years old connected to the system, as been serviced tested per NFPA 1962. Water discharged and water flow alarms operated? ☐Yes ☐No ☐N/A

5. Tests for every fifth year (in addition to appropriate items)
a. Sprinklers above high temperature tested? ☐Yes ☐No ☐N/A
b. Gages checked by calibrated gage or replaced? ☐Yes ☐No ☐N/A
c. Pressure reducing valves passed full flow test? ☐Yes ☐No ☐N/A

C. Maintenance
1. Regular Maintenance Items
a. If sprinkler have been replaced, were they proper replacements? ☐Yes ☐No ☐N/A
b. Used hose was cleaned, drained and dried before being placed back in service? ☐Yes ☐No ☐N/A
c. Hose exposed to hazardous materials was disposed of or decontaminated in an approved manner? ☐Yes ☐No ☐N/A
d. Systems normally filled with fresh water were drained and refilled twice if raw water got into the system? ☐Yes ☐No ☐N/A
e. If any of the following were discovered, was an obstruction investigation conducted? ☐Yes ☐No ☐N/A

Explain reasons(s) and obstruction investigation findings in Part III
1. Defective intake screen on pump supplied from open sources
2. Obstructive material discharged during flow tests.
3. Foreign material in dry-pipe valves, check valves or pumps
4. Foreign material in water during drain test or plugging of inspector's test connection.
5. Plugging of pipe or sprinklers found during activation or work.
6. Failure to flush yard piping or surrounding mains following new installation or repairs.
7. Record of broken mains in the vicinity.
8. Abnormal frequent false-tripping of dry-pipe valves
9. System is returned to service after an extended period of time out of service (more than one year)
10. There is reason to believe the system contains sodium silicate or its derivatives or highly corrosive fluxes in copper pipe.

f. If conditions were found that required flushing, was flushing of system conducted? ☐Yes ☐No ☐N/A

2. Annual Maintenance Items (in addition to previous items)
a. Operating stem of all OS&Y valves lubricated, completely closed, and reopened? ☐Yes ☐No ☐N/A
b. Sprinklers and spray nozzles protecting commercial cooking equipment and ventilating systems replace except for bulb-type which show no signs of grease build-up? ☐Yes ☐No ☐N/A

Part III - Comments *(Any "NO" answers, test failures or other problems found with the sprinkler system must be explained here. Also note here any products noticed on the system that have been the subject of a recall or replacement program.)*

Part IV - Inspector's Information

Inspector Eric Gruis Company Hammond Fire Control

Company Address: 24 Bowlby St

I state that the information on this form is correct at the time and place of my inspection, and that all equipment tested at this time was left in operating condition upon completion of this inspection except as noted in Part III above.

Signature of Inspector: [signature] Date: 5/7/18

License or Certification Number (if applicable) P00527

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 6/13/2018
Control Number
Permit Number
Permit Issue Date
Certificate Number BP-10-0058-2018

Certificate

Construction Code Division

(Certificate of Compliance)

Identification

Work Site Location: 2770 HOOPER AVE. STORAGE ROOM Brick Township, NJ

Block: 670 Lot: 4 Qual:

Owner in Fee: KENNEDY MALL ASSOCIATES

Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone:

Contractor

Address

Telephone: Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: Construction Classification:

Maximum Live Load: Maximum Occupancy Load:

Type: BACKFLOW PREVENTER Model: 709

Item Location: ELECTRICAL ROOM

Certificate Comments: The item listed below is in Compliance for the time frame given

☐ **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 6/13/2019

☐ **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: $100.00
Check Number: 009402
Collected By:

Date Printed: 6/18/2018

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

10-0058-01

OGT-06-18-081

DAWSON MECHANICAL CONTRACTING, LLC
149 Hickory Tavern Road Gillette, N.J. 07933
Telephone: 908-647-4062
Fax: 908-647-8533

Back Flow Prevention Device Inspection and Maintenance Report Form

SR#

Property Owner: Kennedy Mall

Mailing Address: 2270 Hooper Ave Brick N.J.

Contact Person: D. Voight Fzm

Device Address:

Device Location: HARBOR freight Main control Fire

Date: 6-13-18

Examined By: Dave Weinfeldt #7288 ⊘

Examined By: John DeCaro #12777 ○

RPZ ○ DCVA ⊘ PVB ○

Bronze ○ Iron ⊘ St Steel ○

Make: Watts Model #: 709

Size: 6" Serial #: 246267

	Reduced Pressure BackFlow Preventer			Pressure Vacuum Breaker	
	Double Check valve Assembly				
	Check Valve #1	Check Valve #2	Relief Valve	Check Valve #1	Air Inlet
Initial Test	Closed Tight ⊘ Leaked ○ 2.4 PSID	Closed Tight ⊘ Leaked ○ 2.4 PSID	Opened at _____ PSID Did Not Open ○	Closed Tight ○ Leaked ○ _____ PSID	Opened at _____ PSID Did Not Open ○
Repairs					
Test After Repairs	Closed Tight ○ _____ PSID	Closed Tight ○ _____ PSID	Opened at _____ PSID	Closed Tight ○ _____ PSID	Opened at _____ PSID
Condition of #2 Shut Off Valve		Closed Tight ⊘	Leaked ○		

PASS ⊘ FAIL ○

Witnessed by: Jason Cruz Helper

Owner Agent: Jerry Shaffer

State Official:

Certified Tester: Dave Weinfeldt #7288 ⊘

John DeCaro #12777 ○

Remarks

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

Receipt

Payment Date 6/18/2018
Transaction # PMT-18-05623
Receipt #

Issued To KENNEDY MALL ASSOCIATES

Description
ANNUAL BACKFLOW TEST
BP-10-0058
2770 HOOPER AVE

Date Printed 6/18/2018
Check Number 009402

Cash	$0.00
Check	$100.00
Charge	$0.00
Total Paid	$100.00

CONSTRUCTION PERMIT

Date Issued 2/6/19
Control # C19-000178
Permit # 1

19-0555

IDENTIFICATION Block: 670 Lot: 4 Qualifier

Work Site Location: 2770 HOOPER AVE. Brick Township, NJ

Owner in Fee: KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD. CHATHAM NJ 07928

Telephone: (973) 966-2800

Contractor: US TAEKWONDO - KYONG KIM
Address: 1806 ADAMS AVE TOMS RIVER NJ 08753

Telephone: (732) 693-9058
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 - U.S. TAEKWONDO CENTER

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 $1,003

Construction Official Date 2/20/19

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	$150.00
Other	$0
Total	$302
Check No.	1114
Cash	$0
Credit	$0
Collected By	

+175
377

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.

RECEIVING CLERK MFC
DATE REC'D 11/29/18 1/10/19

ZONING PERMIT APPLICATION

PERMIT # ZP-19-00206
DATE ISSUED 3/6/19

BLOCK: #670 LOT: #4 QUALIFIER: _____ SITE ADDRESS: River Walk Mall 2770 Hooper Ave Brick NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Fidelity Management LLC
COMPLETE ADDRESS: 641 Shunpike Road Chatham / NJ 07928
PHONE # 973-966-2800 EMAIL: Sergios@FidelityLand.com

2. NAME OF APPLICANT: Kyong IKim
APPLICANT ADDRESS: 1806 Adams Ave Toms River NJ 08753
PHONE # 732-693-9058 EMAIL: USTC2000@MSN.com

3. RESPONSIBLE PERSON FOR WORK: same as above
PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Shoes Store (BM)
PROPOSED USE: Karate Studio (TS)

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE) Demo

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

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER cleaning and as it is (Karate School)

DESCRIPTION: it was a shoes store, I will just cleaning.

ZONING REVIEW:
DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: 1- INTLS: an

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 1/22/19 DATE DENIED: — DATE APPROVED: 1/22/19 INTLS: SG

DATE:	COMMENTS:	INITIALS:
1/22/19	SENT TO Comm	SG

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.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 3/6/19
Application Number: ZA-19-00060
Application Date: 1/18/2019
Project Number:
Permit Number: ZP-19-00206
Fee: $75.00

Zoning Permit

Worksite Location: **2770 HOOPER AVE.**
Unit 2
Brick Township, NJ 08723

Owner: **Fidelity Mangement LLC**
Address: **641 SHUNPIKE RD.**
CHATHAM, NJ 07928

Applicant: **Kyong KTM**
Address: **1806 Adams Avenue**
Toms River , NJ 08753

Block: **670** Lot: **4** Qualifier: _____ Zone: **B-3**

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

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Fitness Center (US Taekwondo Center Karate Studio)**

Work Description:
Tenant Fit-Up - Tenant Fit -Up. No interior alterations. Changing from Shoe Store to "US Taekwondo Center".

Additional Zoning Permit is required for additional work or signage.

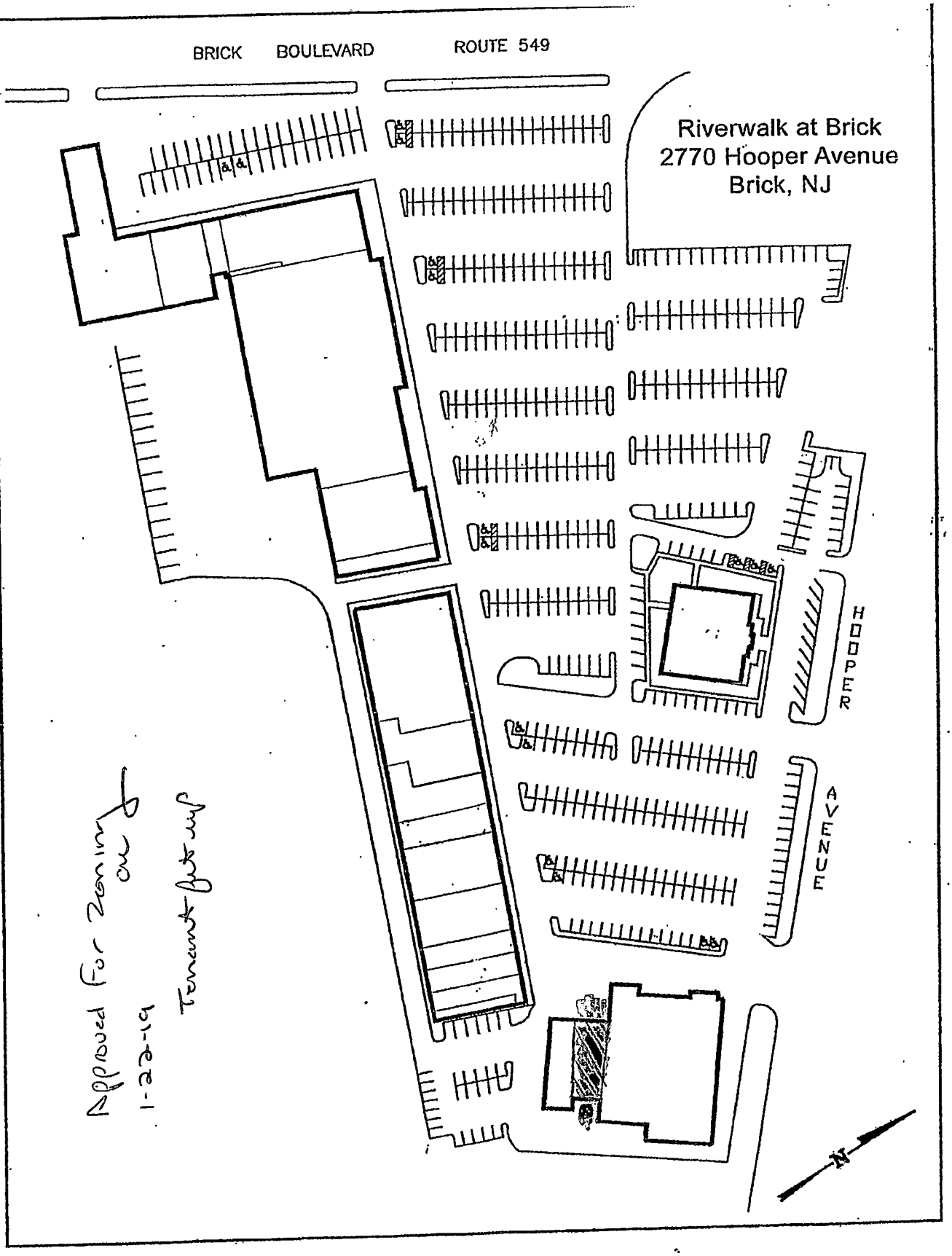
Application Approved Date: 1/22/2019

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, Assistant Zoning Officer — 1/22/2019 Date

Sean Kinnevy, Zoning Officer — 1/22/19 **Date**


BRICK BOULEVARD
ROUTE 549
Riverwalk at Brick
2770 Hooper Avenue
Brick, NJ
HOOPER
AVENUE
N
Approved For Zoning
Only
1-22-19
Tenant Build-up

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

Subcode Official Review

Date: Tuesday, January 29, 2019

To: KENNEDY MALL ASSOCIATES
641 SHUNPIKE RD.
CHATHAM, NJ 07928

RE: Fire Subcode
Block: 670 Lot: 4 Qual:
2770 HOOPER AVE.
Permit Number: Control Number: C-19-000178
Last Submit Date: Monday, January 28, 2019

Dear KENNEDY MALL ASSOCIATES,

Your request is hereby denied based upon the following infractions.

Buildiing has exisiting fire sprinkler and fire alarms systems. Please provide letters from licensed contractors to state that no work is needed to either system. Otherwise, update plans.

Carbon monoxide alarms required as per UCC bulletin 2017-1

Sincerely,

Richard Orlando, Subcode Official

CC:

RESUBMIT OF MFF
SUBCODES Fire
DATES 2/19/19

PHILIP D. MURPHY
Governor

SHEILA Y. OLIVER
Lt. Governor

New Jersey Office of the Attorney General

Division of Consumer Affairs
New Jersey State Board of Architects
124 Halsey Street, 3rd Floor, Newark NJ 07102

GURBIR S. GREWAL
Attorney General

PAUL RODRIGUEZ
Acting Director

Mailing Address:
P.O. Box 45001
Newark, NJ 07101
(973) 504-6385

January 10, 2019

Mr. Kenneth Kiseli - (Building Subcode Officer)
Township of Brick - (Building Department)
401 Chambers Bridge
Brick, NJ 08723

Project: Fit-up for Martial Arts Studio
Block 670 - Lot 4

Owner: Master Ryan Kim
US Taekwondo Center
2770 Hooper Avenue
Brick Township, New Jersey 08723

Re: Christopher Aker, RA
License #2IAI02107100

Dear: Mr. Kiseli,

This will CERTIFY that the Architect named above is duly licensed to practice in New Jersey.

Due to unavoidable delays in the delivery of his/her Professional Seal, the Architect is unable to seal his/her complete plans as required for review and filing purposes.

It would be appreciated if you will accept these plans for review with the understanding that the Architect will return to impress his/her seal on the plans or provide you with a duplicate set appropriately signed and sealed as you may direct. This act of cooperation will help avoid delays in the construction program.

BRICK TOWNSHIP RECEIVED JAN 15 2019 BUILDING DEPARTMENT

Thank you for your assistance.

Very truly yours,
N.J. STATE BOARD OF ARCHITECTS

Charles Kirk
Executive Director

c: Christopher Aker, RA

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 670 LOT: 4 ADDRESS: River walk Mall 2770 Hooper Ave. Brick, NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS: store #2 2770 Hooper Ave. Brick, NJ 08723
2. NAME OF OWNER IN FEE: Fidelity Management
   ADDRESS: 64 Shumpike Rd PHONE #: 973-966-2800
   Chatham, NJ 07928 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Kyong Kim
   ADDRESS: 1806 Adams Ave PHONE #: (732) 693-9058
   Toms River, NJ 08753 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: CJ Alcer, RA, NCARB
   ADDRESS: 1705 Bay Ave. unit 3 pt. pleasant, NJ PHONE: # (908-216-8711
5. RESPONSIBLE PERSON FOR WORK: Kyong Kim
   ADDRESS: 1806 Adams Ave. Toms River, NJ 08753
   PHONE #: (732) 693-9058 FAX #: (__) _____ E-MAIL: USFC2000@MSN

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION:

☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☑ OTHER painting & cleaning

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

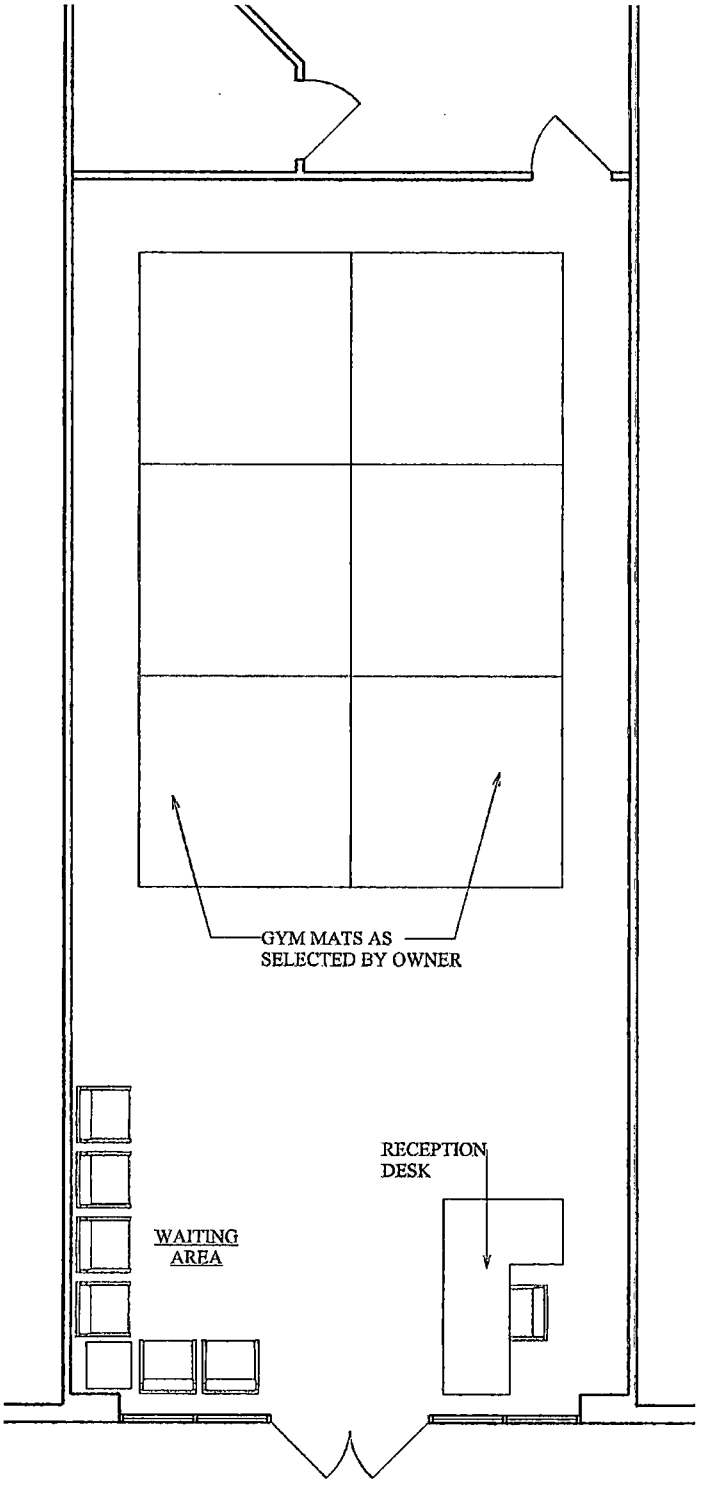
BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____



1 SCHEMATIC PLAN LAYOUT

SCALE: 3/16" = 1'-0"

SHEET: A1 OF 4 TOTAL

JOB NO.	AD19.003
ISSUE DATE	BY
JAN. 9, 2019	CJA
REVISION No. / DATE	BY

AKERTECT DESIGN
1705 Bay Avenue, Point Pleasant, NJ
phone: (732) 451 - 2100
web: http://www.akertectdesign.com
email: akertectdesign@gmail.com
PRINCIPAL: CJ AKER
NJ LICENSE # 21AI02107100

SCHEMATIC FURNITURE LAYOUT FOR:

US TAEKWONDO CENTER

2770 HOOPER AVENUE
TOWNSHIP OF BRICK, NEW JERSEY
BLOCK: 670 | LOT: 4