BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 161 Van Zile 135-197 Van Zile Rd PERMIT NO. Ko - 4054

ECC

CONSTRUCTION PERMIT APPLICATION

C16-003930

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

I. IDENTIFICATION

1. Proposed Work Site at: 135-197 (161) Van Zile Rd. (Unit 161)
2. Name of Owner in Fee: Brick Town Plaza Associates
   Tel. (917) 804-3482 e-mail _____
   Address 135-197 VAN ZILE RD (street) municipality zip code
3. Ownership in Fee: Public _____ Private Tenant
4. Principal Contractor: NATHAN KAPLAN Tel. (917) 804-3482
   Address 405 O'KELLY'S GROVE e-mail _____
   Morganville NJ 07751
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun NATHAN KAPLAN
   Tel. (917) 804-3482 FAX: (____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150		
2. Electrical	75		
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		
10. Subtotal	$		
11. Cert. of Occupancy	100		
12. Other 2	50		
13. TOTAL	$ 377		

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 17
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 (Tenant Fit Up)
- ☐ 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					10/26/16	KEK			
☑ Electrical		8/15/16		8/24/16		PSC	10/27/16		PSC
☐ Plumbing									
☐ Fire Protection				10/27/16	11/10/16	LA			
☐ Elevator		Exempt			8/23/16	ECC			
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:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

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. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(f)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

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

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

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

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

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

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

( ) Check if contractor.

Agent Name NATHAN KAPLAN

Address 405 Gallya Grove

Morganville NJ 07751

Telephone (917) 804-3482

Signature _____

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 03/07/2017
Control Number C-16-003930
Permit Number 16-4054
Permit Issue Date 11/18/2016
Certificate Number 16-4054

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 161 VAN ZILE RD. UNIT 161 Brick Township, NJ Block: 1149 Lot: 1 Qual:

Owner In Fee: BRICKTOWN PLAZA ASSOCIATES

Owner Address: 600 OLD COUNTRY RD #425 GARDEN CITY NY 11530

Telephone:

Contractor NATHAN KAPLAN

Address 405 GALLYA GROVE MORGANVILLE NJ 07751

Telephone: (917) 804-3482 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: 17

Description of Work/Use: TENANT FIT UP - METRO PCS (UNIT 161) ...FORMER HAIR SALON

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: $100.00
Check Number: 103
Collected By: Lauren Helmstetter

Date Printed: 03/07/2017

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

APPLICATION FOR CERTIFICATE

Date Received 08/15/2016
Date Permit Issued 11/18/2016
Control # C-16-003930
Permit # 16-4054
Date Issued 03/07/2017

IDENTIFICATION

Block 1149 Lot 1 Qualifier

Work Site Location 161 VAN ZILE RD. UNIT 161 Brick Township, NJ

Owner in Fee BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY 11530

Telephone

Contractor NATHAN KAPLAN
Address 405 GALLYA GROVE MORGANVILLE NJ 07751

Telephone (917) 804-3482
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 Previous M 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 - METRO PCS (UNIT 161) ...FORMER HAIR SALON

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.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals

Approval from the BTMUA (732) 458-7000 **emailed Peg on 3/3/17 MFF Ok as per Sue Email on 3/7/17 MFF**	**comment**	☑	☐
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	☐	☐

UCC Requirements

Final Building Inspection	comment	☑	☐
Final Electrical Inspection	comment	☑	☐
Final Plumbing Inspection	comment	☑	☐
Final Fire Inspection	comment	☑	☐
Final Elevator Inspection (If Applicable)	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11/18/16
Control #

Date Issued
Permit # 16-4054

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

Block 1149 Lot 1 Qualification Code

Work Site Location 135-137 Van Zile rd (unit 161)
161 Van Zile Rd

Owner in Fee: Bricktown Plaza Associates

Tel. (917) 804-3482 e-mail

Address

Contractor: street Nathan municipality Kaplan Tel. (917) 804-3482 zip code

Address 407 Cecilya Court e-mail
Moorestown NJ 07751

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:

Print name here: Nathan Kaplan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up-

Display counter
Service Counter

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	10/26/16	VRH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/26/16
Approved by: VRH

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 02/28/17
Approved by: VRH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO Recommend CO			12/19/16	DK
Other				
Final 12-6-16 PM			2/27/17	PM
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)
$

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 $ 1000
3. Total (1+ 2) $

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

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

12-6-16 Pm Final- ① 2 Exit lights out. 3 emergency lite not working.
② Repair Back Door very Hard to open sweep, in summer.
③ tripping Hazard at front door.

12/19/16 Pm Heat- Recommend 60 day TCO Rear Exit door exterior emergency lite not working.

"METRO PCS"

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/18/16
Date Issued / Permit # 16-4054

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

Block 1149 Lot 1 Qualification Code

Work Site Location 735-157 Van Zile rd. (Unit 161) 161 Van Zile Rd

Owner in Fee: Brick Town Plaza Associates

Tel. (917) 804-3482 e-mail

Address

Contractor: NATHAN KAPLAN (street / municipality) Tel. (917) 804-3482

Address 105 Galaya Drive e-mail

Morganville NJ 07751

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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: NATHAN KAPLAN

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant Fit up no work

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

[X] 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: 12-7-16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12/6/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			12-6-16	
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

no sign on Facade

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/18/16

Date Issued / Permit # 16 - 4054

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

Block 1179 Lot 1 Qualification Code

Work Site Location 135-137 Van Zile rd. (unit 161) 161 VanZile Rd

Owner in Fee: Bricktown Plaza Associates

Tel. (917) 804-3482 e-mail

Address

Contractor: NATHAN KAPLAN (street / municipality) Tel. (917) 804-3482 (zip code)

Address 405 Gallya Drive e-mail
Marjanville NJ 07751

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $

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: NATHAN KAPLAN

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit UP no work

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 $

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: 9-8-16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12-20-16

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	12-6-16		12-6-16	

12-6-16
open Gas Flex (next to Back Door) cap off.

Metro PCS

1394 sq ft. M use occup 17

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received / Control # 11/18/16

Date Issued / Permit # 16-4054

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

Block 1149 Lot 1 Qualification Code

Work Site Location 131-137 Van Zile rd. (unit 161) 161 Vanzile Rd

Owner in Fee: Bricktown plaza Associates

Tel. (917) 804-3482 e-mail

Address

Contractor: NATHAN KAPLAN (street) Lafayette (municipality) Tel. (917) 804-3482 (zip code)

Address 401 Grace Grove e-mail

Morganville NJ 07751

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 (if applicable):

Federal Emp. ID No. FAX: ( )

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 $ 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:

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: NATHAN KAPLAN

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

DESCRIPTION OF WORK: Tenant Fit up. NO 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		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

No Sprinklers as per letter K 7/16

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: 11/16/16 Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11-4-16

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 12-8-16

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			12/7/16	DD
Other				

Plan Review

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Monday, March 06, 2017 4:44 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 161 VAN ZILE

HEY MATT! WE WERE OUT THERE & EVERTHING WAS OK TO CO.

161 Van Zile Rd. → Metro PCS

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 17
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP M

CONSTRUCTION PERMIT

Date Issued 11/18/16
Control # C-16-003930
Permit # 16 - 4054

IDENTIFICATION Block: 1149 Lot: 1 Qualifier
Work Site Location: 161 VAN ZILE RD. UNIT 161 Brick Township, NJ
Contractor NATHAN KAPLAN
Address 405 GALLYA GROVE MORGANVILLE NJ 07751
Owner in Fee BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425 GARDEN CITY NY 11530
Telephone: (917) 804-3482
Lic. No. or Bldrs. Reg. No.
Telephone:
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP - METRO PCS (UNIT 161) ...FORMER HAIR SALON

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 [signature] Date 11/14/16

PAYMENTS (Office Use Only)	
Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	$100.00
Other	$0
Total	$327 +50 377
Check No.	103
Cash	$0
Credit	$0
Collected By	[initials]

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:

11/18/16 11:13AM	
XX07 SERV.007	
BUILDING	$150.00
FIRE	$75.00
DCA	$2.00
C/O	$100.00
ZFA	$50.00
CHECK	$377.00

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 11/18/16

Date Issued / Permit # 16-4054

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

Block 1149 Lot 1 Qualification Code

Work Site Location 35-19 Van Zile rd (unit 161)
161 Van Zile Rd

Owner in Fee: Bricktown Plaza Associates

Tel. (917) 804-3482 e-mail

Address

Contractor: Mathan Kapcan (municipality) Tel. (917) 804-3482 (zip code)

Address 340 Cecilia Cove e-mail
Morganville NJ 07751

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:

Print name here: MATHAN KAPCAN

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit UP-

Display counter

Service Counter

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	10/26/16	TGH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/26/16
Approved by: TGH

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				
Barrier-Free				

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 $ 1000
3. Total (1+ 2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (exceeds 6')
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall ____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other
[ ] Demolition

FEE (Office Use Only)
$

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

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

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

"METRO PCS"

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/18/16
Control #
Date Issued
Permit # 16-4054

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

Block 1149 Lot 1 Qualification Code

Work Site Location 735-157 Van Zile rd. (Unit 161) 161 Van Zile Rd

Owner in Fee: Brick Town Plaza Associates

Tel. (917) 804-3482 e-mail

Address

Contractor: NATHAN KAPLAN (street, municipality) Tel. (917) 804-3482 (zip code)

Address 405 Gallya Drive e-mail

Moorestown NJ 08057

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $

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: NATHAN KAPLAN

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENANT FIT UP no work

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

[✓] 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: 10/27/16
Approved by:

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

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 11/18/16

Date Issued / Permit # 16-4054

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

Block 1149 Lot 1 Qualification Code _____

Work Site Location 135-137 Van Zile rd. (unit 161) 161 VanZile Rd

Owner in Fee: Bricktown Plaza Associates

Tel. (917) 804-3482 e-mail _____

Address _____

Contractor: NATHAN (street) KAPLAN (municipality) Tel. (917) 804-3482 (zip code)

Address 405 Gallya Drive e-mail _____
Morganville NJ 07751

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work $ _____

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: NATHAN KAPLAN

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant F.t UP no work

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 $ _____

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS 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				

Metro PCS 1394 sq ft. M use occup 17

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

New Jersey Uniform Construction Code

Date Received 11/18/16
Control #

Date Issued
Permit # 16-40547

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

Block 1149 Lot 1 Qualification Code

Work Site Location 157-197 Van Zile rd. (unit 161) 161 Vanzile Rd.

Owner in Fee: Bricktown Plaza Associates

Tel. (917) 804-3452 e-mail

Address

Contractor: Nathan Kaplan (street) (municipality) Tel. (917) 804-3482 (zip code)

Address 405 Gallys Grove e-mail

Morganville NJ 07751

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 (if applicable):

Federal Emp. ID No. FAX: ( )

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 $ 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:

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial-Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 11/10/16 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-14-16
Approved by:

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				

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: NATHAN KAPLAN

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENANT Fit UP NO 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., lampers, 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		

No sprinkler work as per letter 11/7/16

Fee Review

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

RECEIVING CLERK MP
DATE REC'D 8/15/16

ZONING PERMIT APPLICATION

PERMIT # ZP-16-01659
DATE ISSUED 11/18/16

BLOCK: 1149 LOT: 1 QUALIFIER: — SITE ADDRESS: 161 Van Zile Road

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bricktown Plaza Associates
COMPLETE ADDRESS: 135-197 Van Zile rd. Brick
PHONE # 917-804-3482 EMAIL:

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

3. RESPONSIBLE PERSON FOR WORK: NATHAN KAPLAN
PHONE# 917-804 3482 FAX#

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: Hair Salon (B)
PROPOSED USE: Metro PCS - (M)

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

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER

DESCRIPTION: Tenant Fit up

ZONING REVIEW:
DATE REVIEWED: 8/19/16 DATE DENIED: — DATE APPROVED: 8/19/16 INTLS: SG

(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

OFFICE USE ONLY

RECEIVED
AUG 19 2016
ZONING SKS

ZONING REVIEW:

DATE REVIEWED: 8/19/16 DATE DENIED: [redacted] DATE APPROVED: 8/19/16 INTLS: SKS

DATE:	COMMENTS:	INITIALS:
8/19/16	SENT TO ECC	SKS

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]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	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	69%
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:
Application Number: ZA-16-01273
Application Date: 08/19/2016
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

Worksite Location: **135-197 VAN ZILE RD.**
Bricktown Plaza - Unit No. 161
Brick Township, NJ 08724

Block: **1149**
Lot: **1**
Qualifier:
Zone: **B-3**

Owner: **BRICKTOWN PLAZA ASSOCIATES**

Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NY 11530

Applicant: **Nathan Kaplan; BRICKTOWN PLAZA ASSOCIATES**

Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NJ 11530

Application Approved Date: 08/19/2016

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

Use is: Retail Store -"Metro PCS" store (former hair salon).

Nonconforming Use is:

Work Description:

Rehabilitation - Interior alterations for a tenant fit-up for a new business, " Metro CPS", which replaces a hair salon.

An additional zzoning permit is required for any signage and for any other additional work.

Upon review it was determined that the Zoning Permit:

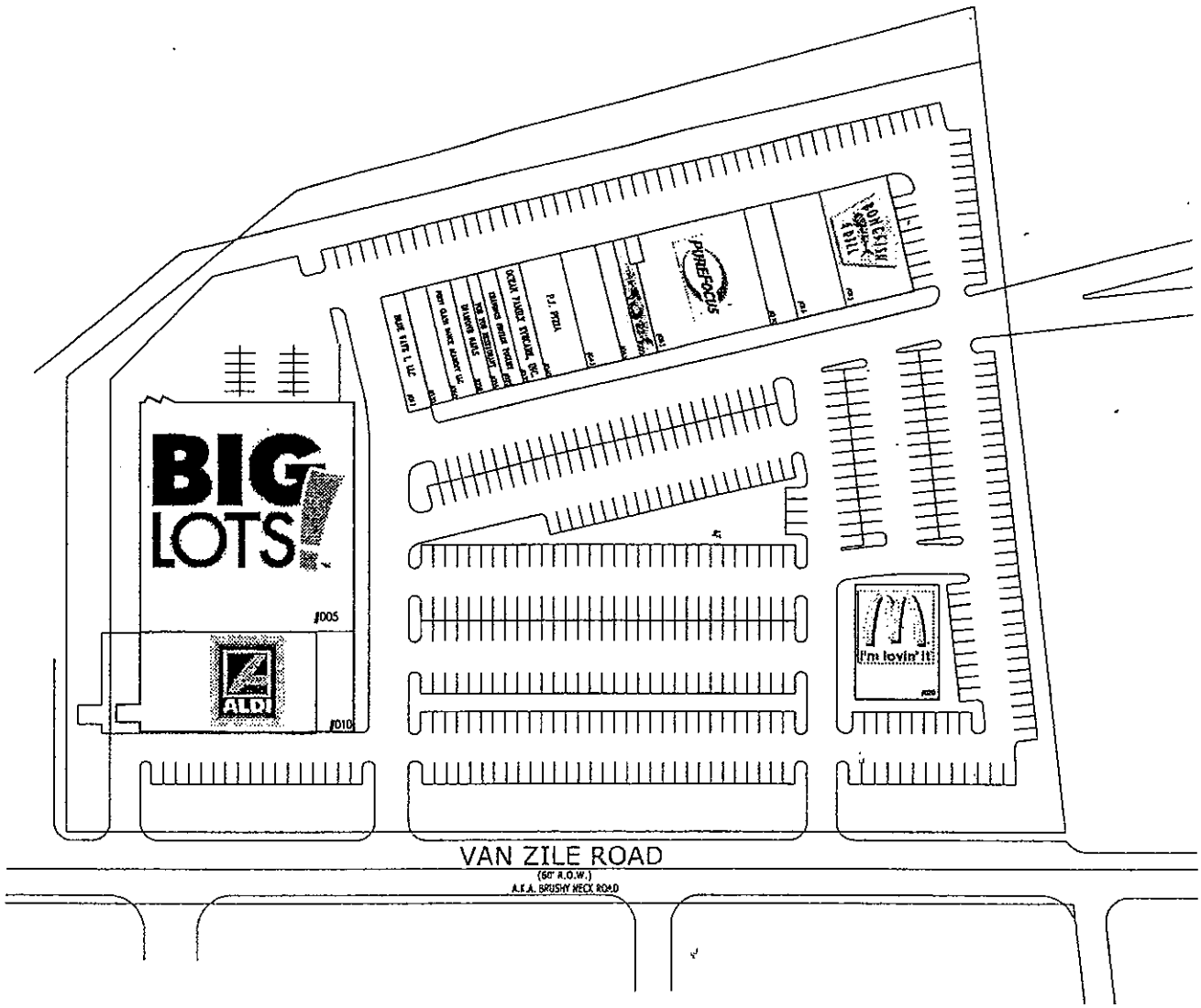
- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy

Sean Kinnevy, Zoning Officer — 08/19/2016 Date

Sean Kinnevy

Sean Kinnevy, Zoning Officer — 8/19/16 **Date**



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 19 2016

SP20
TFN-#161
"Metro PCS"

TOKARSKI + MILLEMANN
ARCHITECTS, LLC

Richard Orlando
Fire Subcode Official
Township of Brick
401 Chambers Bridge Rd.
Brick, NJ 08723

November 3, 2016

Re: **Metro PCS**
Brick Plaza Shopping Plaza
161 Van Zile Rd.
Brick, NJ 08724

Dear Mr. Orlando:

Please be advised that the work being done in the above mentioned location has no impact on the fire alarm or fire sprinkler system.

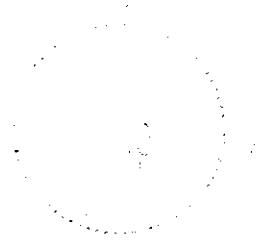
Please feel free to call me at 732-262-0046 if you have any further questions.

Sincerely,

Richard P. Tokarski, AIA
Architect

C: Nathan Kaplan

228 BRICK BOULEVARD BRICK, NEW JERSEY 08723 PH: (732) 262.0046 FX: (732) 262.0045 INFO@TM-ARCHITECTS.COM WWW.TM-ARCHITECTS.COM



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

11/3/16
Called
Nathan

Subcode Official Review

Date: Thursday, October 27, 2016

To: BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425
GARDEN CITY, NY 11530

RESUBMIT Fire
SUBCODES
DATES 11/7/16

RE: Fire Subcode
Block: 1149 Lot: 1 Qual:
161 VAN ZILE RD.
Permit Number: Control Number: C-16-003930
Last Submit Date: Thursday, October 27, 2016

Dear BRICKTOWN PLAZA ASSOCIATES,

Your request is hereby denied based upon the following infractions.

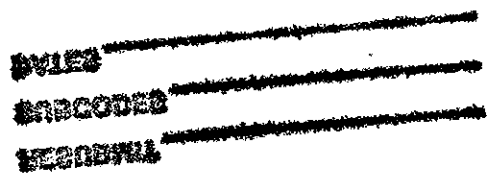
Structure has existing fire sprinkler and fire alarm systems. Need letter from design professional stating that work has no impact on either of these systems.

Sincerely,

_____

Richard Orlando, Subcode Official

CC:



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

Subcode Official Review

Date: Wednesday, August 24, 2016

To: BRICKTOWN PLAZA ASSOCIATES
600 OLD COUNTRY RD #425
GARDEN CITY, NY 11530

RE: Electrical Subcode
Block: 1149 Lot: 1 Qual:
135-197 VAN ZILE RD.
Permit Number: Control Number: C-16-003930
Last Submit Date: Wednesday, August 24, 2016

Dear BRICKTOWN PLAZA ASSOCIATES,

Your request is hereby denied based upon the following infractions.

Plans show 4 - new exit/emergency lights. Permit description of work lists "No Work."

Sincerely,

Patrick Callahan, Subcode Official

CC:

RESUBMIT KOK.

SUBCODES ELEC

DATES 10/26/16

[redacted]

[redacted]

[redacted]

facsimile TRANSMITTAL

TOKARSKI + MILLEMANN
ARCHITECTS, LLC

228 Brick Boulevard
Suite 2
Brick, New Jersey 08723

Phone: 732.262.0046
Fax: 732.262.0045

info@tm-architects.com
www.tm-architects.com

to:	Brick Building Department
attention:	Building Subcode Official
fax #:	(732) 262-2839
re:	MetroPCS Brick Plaza
date:	10-25-16
# of pages:	2 ,including cover sheet
cc:	

Comments:

Please find attached letter regarding review comments.

16-803930

Brick Township Building Department
401 Chambersbridge Rd.
Brick, New Jersey 08723

TOKARSKI + MILLEMANN
ARCHITECTS, LLC

Attn: Building Subcode Offical

RE: **Metro PCS**
Brick Plaza Shopping Plaza
161 Van Zile Rd.
Brick, NJ 08724

October 25, 2016

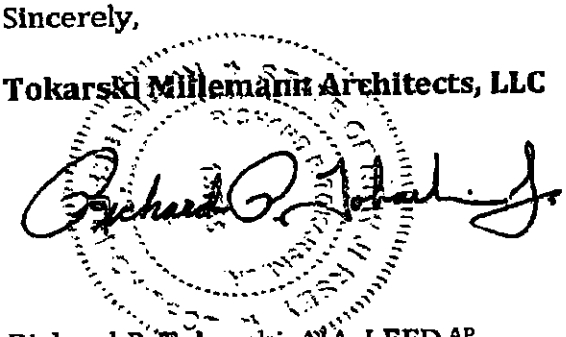
Dear Building Subcode Official,

In response to the review comments, please find the following responses.

All emergency lights and exit signs are existing in the locations we indicated on the plans.

Sincerely,

Tokarski Millemann Architects, LLC



Richard P. Tokarski, AIA, LEED AP

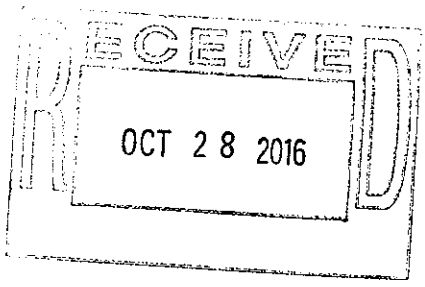
cc: File, Nathan Kaplan- MetroPCS

Brick Township Building Department
401 Chambersbridge Rd.
Brick, New Jersey 08723

TOKARSKI + MILLEMANN
ARCHITECTS, LLC

Attn: Building Subcode Offical

RE: **Metro PCS**
Brick Plaza Shopping Plaza
161 Van Zile Rd.
Brick, NJ 08724



October 25, 2016

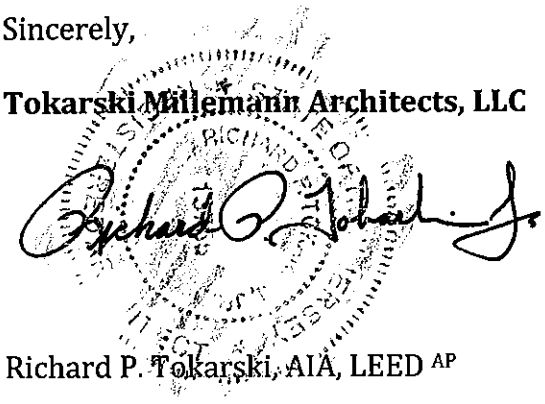
Dear Building Subcode Official,

In response to the review comments, please find the following responses.

All emergency lights and exit signs are existing in the locations we indicated on the plans.

Sincerely,

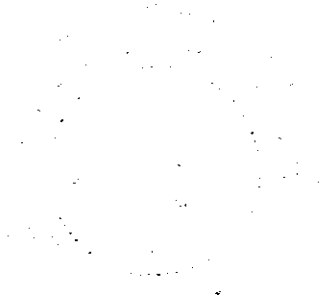
Tokarski Millemann Architects, LLC



Richard P. Tokarski, AIA, LEED AP

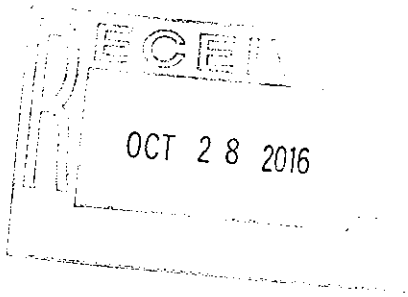
cc: File, Nathan Kaplan- MetroPCS

228 BRICK BOULEVARD BRICK, NEW JERSEY 08723 PH: (732) 262.0046 FX: (732) 262.0045 INFO@TM-ARCHITECTS.COM WWW.TM-ARCHITECTS.COM



TOKARSKI + MILLEMANN
ARCHITECTS LLC

TRANSMITTAL



Attention: Building Subcode Official

From: Rick Tokarski

Company: Township of Brick

Date: 25-Oct-16

Address: 401 Chambersbridge Rd.
Brick, NJ 08723

Project Name: Metro PCS

Project #: 1652

Sending via:

_____	FedEx Priority Overnight	_____	FedEx Standard Overnight	_____	FedEx 2nd Day		
x	First Class Mail	_____	Email PDFs	_____	Hand deliver/pick up		

Purpose:

_____	Bid	_____	Review	_____	Revision	_____	Qualifications Package
x	Permit	_____	Proposal	_____	Addenda	x	Signed & Sealed
_____	Submittals	_____	Shop Dwgs	_____	Payment	_____	File/for your use

Copies	Description
1	Code Response Letter-signed and sealed
2	Signed and sealed exiting and proposed floor plans

Comments:

228 Brick Boulevard ~ Brick, NJ 08723 ~ Phone 732-262-0046 Fax 732-262-0045

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 135-197 Van Zile Rd (unit 161)

BLOCK: 1149 **LOT:** 1

CONTRACTOR: NATHAN KAPLAN

CONTRACTOR'S ADDRESS: 405 GALLYA CIR MORGANVILLE NJ 07751

Type of Construction(minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): N/A

Party responsible for removal: NATHAN KAPLAN

Dumpster Size: N/A

Destination of Debris: N/A

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

2/15/16
Date

NATHAN KAPLAN
Print Name

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-16-01273
Application Date: 08/19/2016
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

Worksite Location: **135-197 VAN ZILE RD.**
Bricktown Plaza - Unit No. 161
Brick Township, NJ 08724

Block: **1149**
Lot: **1**
Qualifier:
Zone: **B-3**

Owner: **BRICKTOWN PLAZA ASSOCIATES**

Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NY 11530

Applicant: **Nathan Kaplan; BRICKTOWN PLAZA ASSOCIATES**

Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NJ 11530

Application Approved Date: 08/19/2016

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

Use is: Retail Store -"Metro PCS" store (former hair salon).
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a tenant fit-up for a new business, " Metro CPS", which replaces a hair salon.

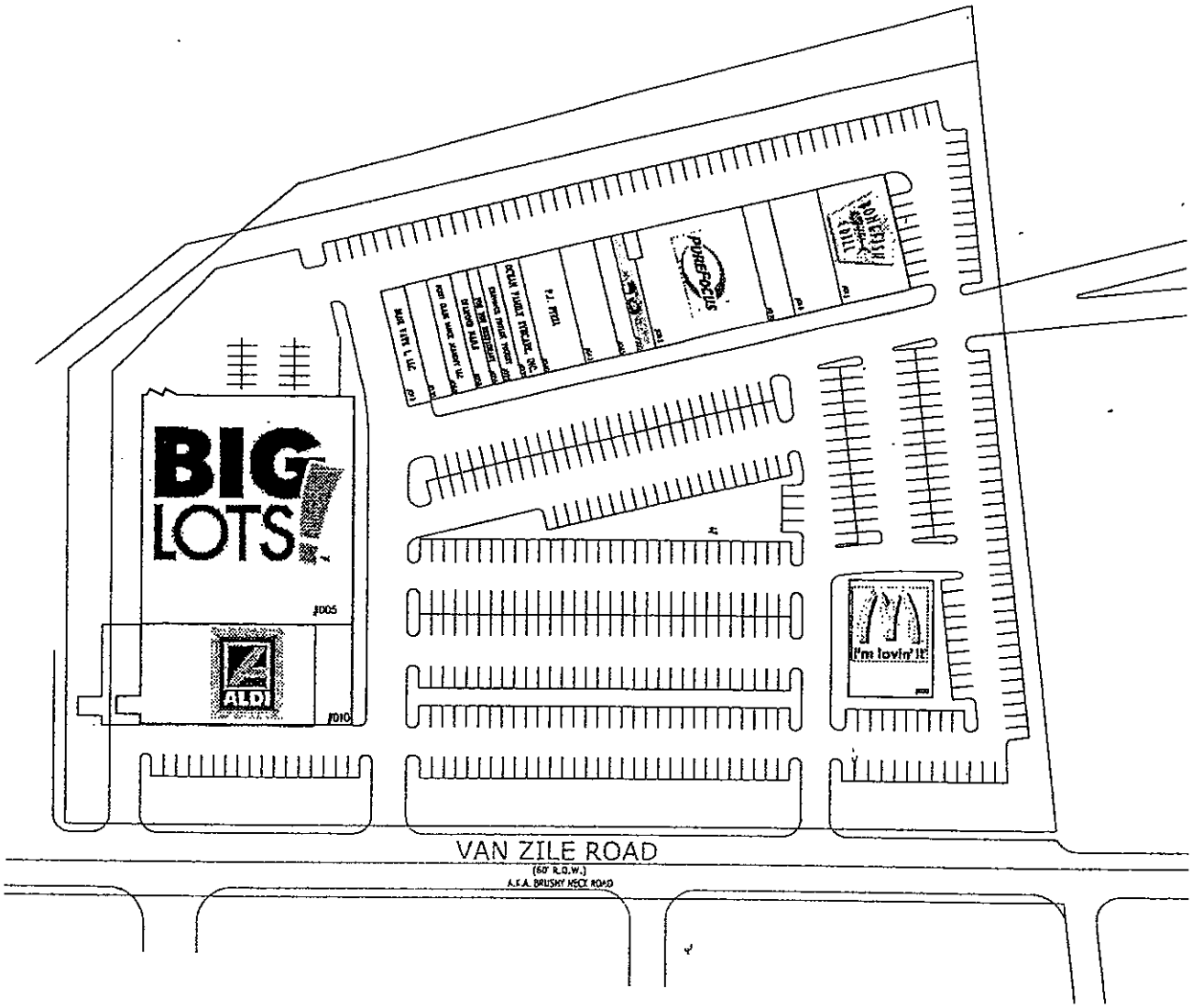
An additional zzoning permit is required for any signage and for any other additional work.

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

Sean Kinnevy, Zoning Officer — 08/19/2016
Date

Sean Kinnevy, Zoning Officer — 8/19/16
Date



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

AUG 19 2016

5920

TFN - #161

"Metro PCS"

ENGINEERING PERMIT APPLICATION

BLOCK: 1149 LOT: 1 ADDRESS: _____

RECEIVING CLERK: _____

PERMIT #: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 135-137 Van Zile rd (unit 16)
2. NAME OF OWNER IN FEE: Brick Tow plaza Associates

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: NATHAN KAPLAN

   ADDRESS: _____ PHONE #: (917) 804-3482

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: _____

   ADDRESS: _____

PHONE #: (__) _____ FAX #: (__) _____ E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____
☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

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

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

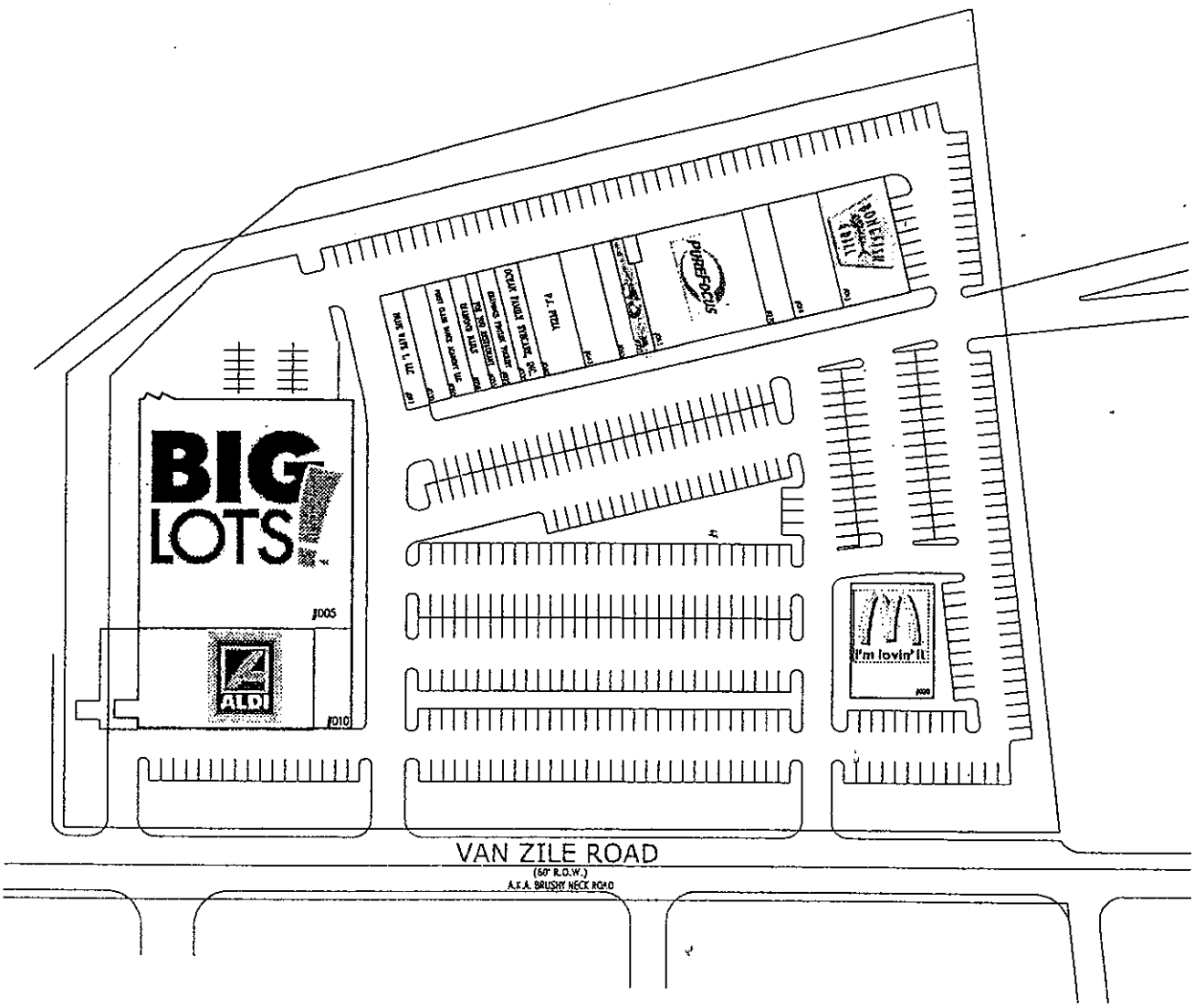
FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

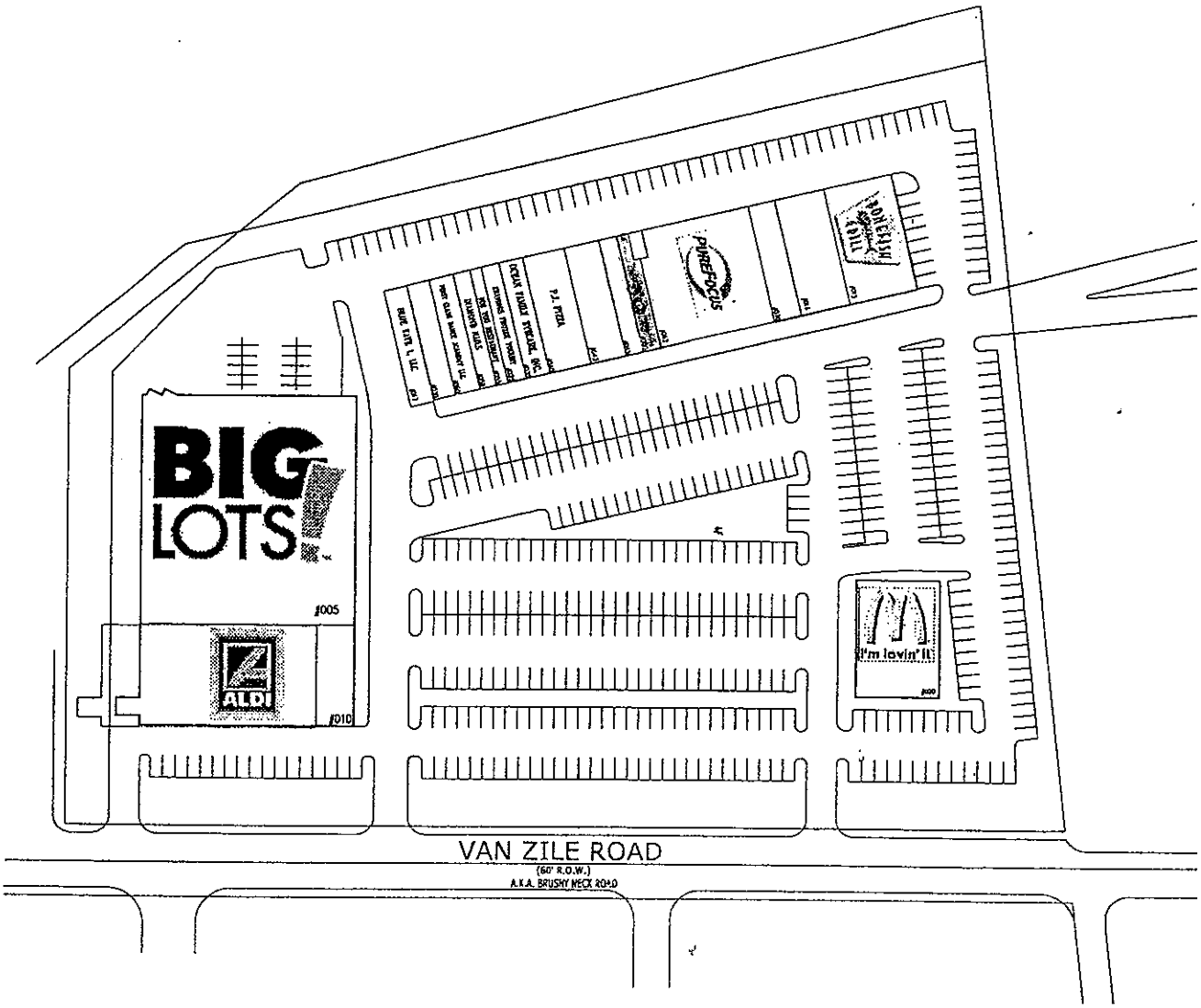
APPLICATION NUMBER: _____

APPROVED DATE: _____



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 19 2016

TFH - #161
"Metro PCS"



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
AUG 19 2016

5620
TFN - #161
"Metro PCS"

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-16-01273
Application Date: 08/19/2016
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

Worksite Location: **135-197 VAN ZILE RD.**
Bricktown Plaza - Unit No. 161
Brick Township, NJ 08724

Block: **1149**
Lot: **1**
Qualifier:
Zone: **B-3**

Owner: **BRICKTOWN PLAZA ASSOCIATES**

Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NY 11530

Applicant: **Nathan Kaplan; BRICKTOWN PLAZA ASSOCIATES**

Address: **600 OLD COUNTRY RD #425**
GARDEN CITY, NJ 11530

Application Approved Date: 08/19/2016

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

Use is: Retail Store -"Metro PCS" store (former hair salon).

Nonconforming Use is:

Work Description:

Rehabilitation - Interior alterations for a tenant fit-up for a new business, " Metro CPS", which replaces a hair salon.

An additional zzoning permit is required for any signage and for any other 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

Sean Kinnevy

Sean Kinnevy, Zoning Officer — 08/19/2016 Date

Sean Kinnevy

Sean Kinnevy, Zoning Officer — 8/19/16 **Date**

Metro PCS

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 17
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP _____