



CONSTRUCTION PERMIT APPLICATION

C6740

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

I. IDENTIFICATION

1. Proposed Work Site at: 2770 Hooper Ave, BRICK NJ 08723

2. Name of Owner in Fee: Weight Watchers Tel. (732) 536-0979
Address 499 East Midland Ave Paramus NJ 07652
Kennedy Mall Essex zip code

3. Ownership in Fee: Public Private

4. Principal Contractor: 2770 Hooper Ave Tel. ()
Address BRICK NJ 08723

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: () _____

5. Architect or Engineer _____ Tel. () _____
Address _____

6. Responsible Person in Charge of Work Elaine Abramczyk
Tel. (732) 536-0979 FAX () _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>85</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection	<u>75</u>		
5. Elevator Devices			
6. Subtotal	\$ _____		
7. Less 20% for State Plan Review			
8. Subtotal	\$ _____		
9. DCA Training Fee	<u>4</u>		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	<u>10</u>		
13. TOTAL	\$ <u>154</u>		

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. Construction Classification	_____
7. Total Land Area Disturbed	_____ sq. ft.
8. Flood Hazard Zone	_____
9. Base Flood Elevation	_____ ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	_____
12. Max. Occupancy Load	_____

Tenant Fit up

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)						
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work		<u>JS</u>	<u>12-1-03</u>		<u>12-11-03</u>	<u>FM</u>		
2. ☐ New Building								
3. ☐ Addition								
4. ☐ Alteration								
5. ☐ Fire Protection					<u>12-11-03</u>	<u>FM</u>		
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition		<u>Gu</u>	<u>12/12/03</u>		<u>12/12/03</u>			
TOTAL COSTS								

III. DO YOU WANT: (optional)

1. ☐ Partial Releases

2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☐ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction PET STORE

Net Gain or Loss Weight Watchers

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

IMPORTANT - MAINTAIN FEE - COMMERCIAL

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(e)1.vii:

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:

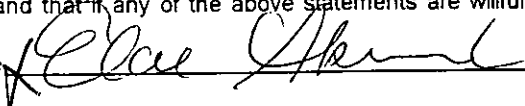
C.3. ☐ Electrical C.4. ☐ Plumbing

- 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

12/1/03

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. 5:32-2.15(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

Address

Telephone ()

Signature

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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. _____	_____	_____	_____

Constituent Contact Report

[illegible]

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CERTIFICATE

Date Issued 12/30/2003
Control #
Permit # 03-5506

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2770 HOOPER AVE-WRIGHT WATCHER
TENANT FIT UP
Owner in Fee/Occupant VACANT/UND CORP
Address 114 KAMP PL.
NORTH BRIDGE, NJ 07047-
Telephone (201)869-4732
Contractor WRIGHT WATCHERS
Address 49 EAST MIDLAND AVE
PARANUS, NJ 07652-
Telephone (732)536-0879 Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, _____ or the owner will be subject to fine or order to vacate:

Home Warranty No. NA
Type of Warranty Plan: [] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
TENANT FIT UP

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

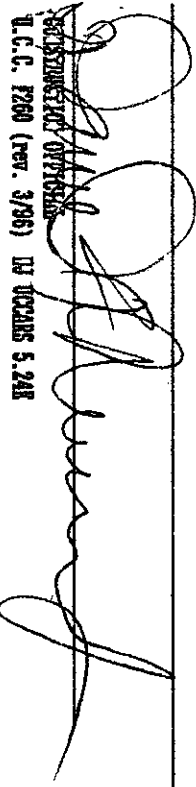
This serves notice that based on written certification, lead abatement was performed as per H2AC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF 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.

[] 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 _____, _____.


U.C.C. 1260 (rev. 3/96) NJ UCCAINS 5.24F

Fee \$ 10
Paid [X] Check No. 4718
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

IDENTIFICATION

UCC NEW JERSEY
CERTIFICATE

Date Issued 12/30/2003
Control #
Permit # 03-5506

Block 670 Lot 4
Work Site Location 2770 HOOPER AVE-HEIGHT MATCHER
TENANT FIT UP
Owner In Fee/Occupant VARRAUD CORP
Address 114 KAMP PL.
NORTH BERGEN, NJ 07047-
Telephone (201)868-4732
Contractor HEIGHT MATCHERS
Address 49 EAST MIDLAND AVE
PARADISE, NJ 07652-
Telephone (732)536-0879 Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, or the owner will be subject to fine or order to vacate:

Home Warranty No. NA
Type of Warranty Plan: [] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
TENANT FIT UP

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:

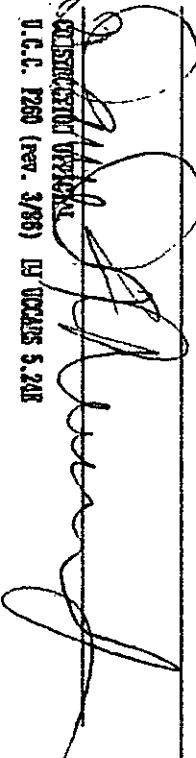
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period (____ years); see file

[] CERTIFICATE OF 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.

[] 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 _____.


U.C.C. 1260 (rev. 3/86) UCCJCS 5.24E

Fee \$ 10
Paid [X] Check No. 4718
Collected by: TL

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/30/2003
Control #
Permit # 03-5506

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 670 Lot 4
Work Site Location 2770 HOOPER AVE-WRIGHT WATCHER
TENANT FIT UP
Owner in Fee/Occupant VARRAUD CORP
Address 114 KAMP PL.
NORTH BERGEN, NJ 07047-
Telephone (201)869-4732
Contractor WRIGHT WATCHERS
Address 49 EAST MIDLAND AVE
PARAMUS, NJ 07652-
Telephone (732)536-0978 Fax ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No.

Home Warranty No. NA
Type of Warranty Plan: [] State [X] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
TENANT FIT UP

[X] 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.

[] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE

If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, _____ or the owner will be subject to fine or order to vacate:

[] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per H04C 5:17, 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 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.

[] 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 _____, _____.

U.C.C. Form (rev. 3/96) NJ OCCURS 5.24E

Fee \$ 10
Paid [X] Check No. 4718
Collected by: TL



APPLICATION FOR CERTIFICATE

Permit #
Date Issued
- or -
Control # 1*
Certificate Application Received:
Certificate Issued:

IDENTIFICATION

Work Site Location 2770 Hooper Ave Block 670 Lot 4 Qualification Code _____
Brick, NJ 08723

Owner in Fee Weight Watchers Contractor _____
Address 49 E. Midland Ave. Address _____
Paramus NJ 07652 License No. _____ Tel. () _____
Tel. (201) 800-852-1917 Federal Employee No. _____

ACTION

- ☒ CERTIFICATE OF OCCUPANCY
☐ CERTIFICATE OF CONTINUED OCCUPANCY
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP _____ Previous _____ Current _____

FINAL COST OF CONSTRUCTION: \$ _____

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all integral equipment exclusive of process or manufacturing equipment.)

Describe below any substantive deviation in dimension, lay out or appearance of the building or structure from the released plans and specifications filed with the construction permit application. Please note, a set of amended drawings may be required.

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

DESCRIPTION OF WORK/USE:

I hereby attest that to the best of my knowledge, the completed project meets the conditions of the 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 completed by the date on the Certificate.

SIGNED: _____

OWNER/AGENT

☐ OWNER

☐ AGENT

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 12/15/2003
Control #
Permit # 03-5506

IDENTIFICATION Block 670 Lot 4

Work Site Location 2770 HOOPER AVE-WEIGHT WATCHER
TENANT FIT UP
Owner in Fee VARRATIND CORP
Address 114 KAMP PL.
NORTH BERGEN, NJ 07047-
Telephone (201)869-4732
Contractor WEIGHT WATCHERS
Address 49 EAST MIDLAND AVE
PARAMUS, NJ 07652-
Telephone (732)536-0979
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:
[X] BUILDING [] PLUMBING [] LEAD HAZARD ABATEMENT
[] ELECTRICAL [X] FIRE PROTECTION [] DEMOLITION
[] ELEVATOR DEVICES [] ASBESTOS ABATEMENT [] OTHER
(Subchapter 8 only)
DESCRIPTION OF WORK:
TENANT FIT UP

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 \$ 3,010

Construction Official
Date 12/15/2003

B.C.C. 1170 (rev. 3/96) BY ORDINANCE 5.248

\$154.00
\$15.00
\$15.00
\$4.00
\$35.00
\$85.00

12/15/2003 11:30AM 000000#5922
XX04 SERV.004

PAYMENTS (Office Use Only)
Building 85
Electrical 0
Plumbing 0
Fire Protection 35
Elevator Devices 0
Other
DCA State Permit Fee 4
Cert. of Occupancy 0
Other 0
Total 154- 124
Check No. 4718
Cash
Collected By TL

Date Received 12/01/2003
Date Issued 12/15/03
Control # C67-40
Permit # 03-5506

Date Received 12/01/2003
Date Issued 12/15/03
Control # C67-40
Permit # 03-5506

Federal Emp. No.

TEENANT FILL UP

No structural work.

Total Land Area Disturbed

0 Sq. Ft.

HUD

U.C.C. F110 (rev. 3/96)

U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/01/2003
Date Issued 12/15/03
Control # C67-40
Permit # 03-5506

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 Qual
Work Site Location 2770 HOOPER AVE-WEIGHT WATCHER
TENANT FIT UP

Owner In Fee VARNATUND CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-

Tele. (201) 869-4732

Contractor WEIGHT WATCHERS

Address 49 EAST MIDLAND AVE
PARAMUS, NJ 07652-

Tele. (732) 536-0979 Fax ()

Lic. No. or Bldg's. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req. 12-11-03 ~~11-11-03~~

☐ All

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CCO ☐ CA

Date:

Approved By:

INSPECTIONS

Type

Footing

Foundation

Slab

Frame

BarrierFree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

BarrierFree

Dates (Month/Day)

Failure Failure Approval Initial

B. BUILDING CHARACTERISTICS

Use Group Present

Const. Class Present

No. of Stories

Height of Structure

Area Largest Floor

New Bldg. Area/All Floors

Volume of New Structure

Total Land Area Disturbed

Proposed B

0

0 Ft.

0 Sq. Ft.

0 Sq. Ft.

0 Cu. Ft.

0 Sq. Ft.

0 Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. \$

2. Alteration \$

3. Total (1+2) \$

3,000

Industrialized Building:

☐ State Approved

☐ HUD

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP

NO Structural 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.

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence

☐ Sign

☐ Pool

☐ Asbestos Abatement Subchapter 8

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Demolition

FEE (Office Use Only)

\$

0

0

85

0

0

0

0

0

0

0

0

Paid ☐ Check #

Collected by:

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA State Permit Fee

U.C.C. F110 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 12/01/2003
Date Issued 12/1/03
Control # C67-40
Permit # 03-5506

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 Qual
Work Site Location 2770 HOOPER AVE-WEIGHT WATCHER

TENANT FIT UP

Owner in Fee VANRATUND CORP
Address 114 KAMP PL
NORTH BERGEN, NJ 07047-

Tele. (201) 869-4732
Contractor WEIGHT WATCHERS

Address 49 EAST MIDLAND AVE
PARAMUS, NJ 07652-

Tele. (732) 538-0979 Fax ()
Lic. No. of Bldgs. Reg. No.

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
No Plans Req. 12/1/03

All
Footings
Foundation
Slab
Frame
Barrierfree
Joint Plan Review Required:

Elect [] Plumb [] Fire
SUBCODE APPROVAL [] Elev
[] CO [] CCO [] CA

Date:
Approved By:

INSPECTIONS
Type
Failure Failure Approval Initial

Final
Barrierfree

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed

No. of Stories 0
Height of Structure 0 ft.

Area Largest Floor 0 Sq. Ft.
New Bldg. Area/Alt. Floors 0 Sq. Ft.

Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[] State Approved
[] HUD

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP

NO Structural Work

TYPE OF WORK
[] New Building
[] Addition
[X] Alteration
[] Roofing
[] Siding
[] Fence 0 Height (exceeds 6')
[] Sign 0 Sq. Ft.
[] Pool
[] Asbestos Abatement Subchapter 8
[] Lead Haz. Abatement NJAC 5:17
[] Other
Other
[] Demolition

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 85
DCA State Permit Fee \$ 4

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/01/2003
Date Issued 12/15/03
Control # C67-40
Permit # 03-556

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

Block 610 Lot 4 Qual

Work Site Location 2770 HOOPER AVE-WEIGHT WATCHER

TENANT FIT UP

Owner in Fee YAMRATUND CORP

Address 114 KAMP PL

NORTH BERGEN, NJ 07047-

Tele.(201)869-4732

Contractor WEIGHT WATCHERS

Address 49 EAST MIDLAND AVE

PARAMUS, NJ 07652-

Tele.(732)536-0979

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B

Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location:

Total Est Cost of Fire Prot Work \$ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bldg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 12-11-03

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 12-30-03

Approved By: [Signature]

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.

Signature

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable liquid [] Combust liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER

[] System

Alarm Devices(smoke,heat,pulls,water/flow) 0

Supervisory Devices (tamper,low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0

Standpipes 0

Pre-Engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Halon Suppression 0

Other 0

Kitchen Hood Exhaust System 0

Smoke Control System 0

Gas [] or Oil [] Fired Appliances 0

Other 35

Other 0

Other 0

Other 0

Other 0

Other 0

Other 0

Other 0

Other 0

Other 0

FEE (Office Use Only)

Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA State Permit Fee \$ 0
U.C.C. F140 (rev. 3/96)

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE

TECHNICAL SECTION

Date Received 12/01/2003
Date Issued 12/15/03
Control # C67-40
Permit # 03-5506

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

Block 610 Lot 4 Qual

Work Site Location 2770 MOORE AVE-WEIGHT WATCHER

TENANT FIT UP

Owner in fee VAHRAHUND CORP

Address 114 KAMP PL

NORTH BERGEN, NJ 07047-

Tele.(201)869-4732

Contractor WEIGHT WATCHERS

Address 49 EAST MIDLAND AVE

PARAMUS, NJ 07652-

Tele.(732)536-0979

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B

Constr Class Present Proposed

Heating Systems [] New [] Existing [] HVAC

Type: [] Gas [] Oil [] Elect [] Solar

[] Other

Location: _____

Total Est Cost of Fire Prot Work \$ 10

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Bidg [] Elect

[] Plumb [] Elevator

[] Fire Plans Approved

Date: 12-15-03

Approved By: [Signature]

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: _____

Approved By: _____

INSPECTIONS

Type

Alarm Sys

Suppr Test

Standpipe

Fire Pump

PreEng Sys

Mechanical

Smoke Ctl

TCO

Final

Other

Dates (Month/Day)

Failure Failure Approval Initial

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid

[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER

[] System

Alarm Devices(smoke,heat,pulls,water/flow) 0

Supervisory Devices (tamper,low/high air) 0

Signalling Devices (horn/strobes, bells) 0

Other Devices 0

TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves 0

Pre-action Valves 0

Sprinkler Heads (Dry and Wet) 0

Standpipes 0

Pre-Engineered Systems

Wet Chemical 0

Dry Chemical 0

CO2 Suppression 0

Foam Suppression 0

Halon Suppression 0

Other 0

Kitchen Hood Exhaust System 0

Smoke Control System 0

Gas [] or Oil [] Fired Appliances 0

Other TENANT FIT UP 35

Other 0

FEE (Office Use Only)

Administrative Surcharge \$ 0

Paid [] Check # Minimum Fee \$ 35

Collected by: TOTAL FEE \$ 35

DCA State Permit Fee \$ 0

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 12/01/2003
Date Issued 12/15/03
Control # C67-40
Permit # 031-5506

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

Block 670 Lot 4 Quat
Work Site Location 2770 HOOPER AVE-WEIGHT WATCHER

TENANT FIT UP

Owner in Fee YANRATUND CORP

Address 114 KAMP PL

NORTH BERGEN, NJ 07047-

Tele. (201) 869-4732

Contractor WEIGHT WATCHERS

Address 49 EAST MIDLAND AVE

PARAHUS, NJ 07652-

Tele. (732) 530-0979

Lic. No. or Bldgs. Reg. No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr Class Present Proposed
Heating Systems [] New [] Existing [] HVAC
Type: [] Gas [] Oil [] Elect [] Solar
[] Other
Location:
Total Est Cost of Fire Prot Work \$ 10

Fire Alarm System
New [] Existing []
Location of Panel:
Fire Suppression/Standpipe Sys
New [] Existing []
Location of Main Control Valve

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required
Joint Plan Review Required:

[] Bldg [] Elect
[] Plumb [] Elevator
[] Fire Plans Approved
Date:

Approved By:

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date:

Approved By:

INSPECTIONS
Type Dates (Month/Day)
Failure Failure Approval Initial

Alarm Sys
Suppr Test
Standpipe
Fire Pump
PreEng Sys
Mechanical
Smoke Ctl
TCO
Final
Other

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: [] Flammable Liquid [] Combust Liquid
[] LPG [] LNG Capacity 0 Fuel

Alarm Systems [] 110V Interconnected NUMBER

[] System

Alarm Devices (smoke, heat, pulls, water/flow) 0
Supervisory Devices (tamper, low/high air) 0
Signalling Devices (horn/strobes, bells) 0
Other Devices 0
TOTAL 0

Suppression Systems

Fire Pump 0 GPM Type
Dry Pipe/Alarm Valves 0
Pre-action Valves 0
Sprinkler Heads (Dry and Wet) 0
Standpipes 0
Pre-Engineered Systems
Wet Chemical 0
Dry Chemical 0
CO2 Suppression 0
Foam Suppression 0
Halon Suppression 0
Other 0

Kitchen Hood Exhaust System 0
Smoke Control System 0
Gas [] or Oil [] Fired Appliances 0
Other TENANT FIT UP 35
Other 0

FEE (Office Use Only)

Paid [] Check \$ Administrative Surcharge \$
Collected by: TOTAL FEE Minimum Fee \$
DCA State Permit Fee \$ 35
\$ 0

Signature

**Township of Brick
Zoning Permit**

Approved:

Monday, December 08, 2003

Number:

2035

Block

670

Lot

4

Zone:

B-3, Highway Dev.

Property Address:

2770 Hooper Avenue

Applicant:

Elaine Abramczyk; Weight Watchers

Property Owner

Kenendy Mall Associates

Existing Use:

Vacant commercial unit (former pet store).

Proposed Use:

Weight Watchers facility.

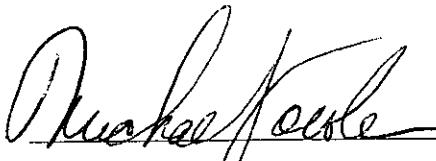
Proposed Construction:

Interior alterations for tenant fit-up.

Conditions:

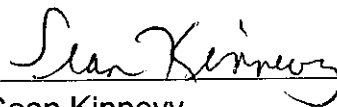
An additional zoning permit is required for any additional work.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.



Michael P. Fowler, AICP/PP

Municipal Planner



Sean Kinnevy

Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 670 LOT 4 QUALIFIER _____
 PROPERTY ADDRESS 2770 Hooper Ave., Brick, NJ 08723
 PERSONAL NAME OF APPLICANT Elaine Abramczyk, Territory Manager
 BUSINESS NAME OF APPLICANT Weight Watchers
 MAILING ADDRESS OF APPLICANT 49 East Midland Ave, Paramus NJ 07652
 PROPERTY OWNER'S FULL NAME Kennedy Mall Associates
 PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) pet store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Weight Watchers

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) Vacant lot up Height _____

☐ Addition - Height _____

☐ Alteration _____

☐ Porch or deck - Height _____

☐ Shed - Height _____

☐ Fence - Type _____

☐ Swimming Pool _____

☐ Other (please describe) _____

☐ in-ground ☐ above-ground

CHECKLIST

- ☐ All information completed above
- ☐ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT Elaine Abramczyk

Date 12/8/03

Reviewed by Zoning Office _____

Date 12/8/03

Approved () Denied

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 670 LOT 4 SITE ADDRESS 3770 Hooper Ave.
TYPE OF SITE Residential (~~Commercial~~) NAME OF BUSINESS Weight Watchers
APPLICANT PLANE PLANNING PHONE NUMBER 202-536-0979
APPLICANT ADDRESS 49 E. Highland Ave. CITY & STATE Paramus, N.J. 07652

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

- ☐ Residential is .005 %
- ☒ Commercial is .01%
- ☒ The estimated equalized assessed value of the proposed construction is

\$ 3000.00

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

12/10/03
Date

- ☐ The final equalized assessed value of the construction at the above referenced site is:

\$ 3000

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

12/15/03
Date

Preliminary Fee Required	<u>\$15.00</u>
Preliminary Paid	<u>15.00</u>
Final Total Fee Required	<u>30.00</u>
Preliminary Paid	<u>15.00</u>
Final Paid	<u>15.00</u>
Balance Due	<u>- 0 -</u>

Date	<u>12/10/03</u>
Check #	<u>Cash</u>
Receipt #	<u>325111</u>
Date	<u>12/15/03</u>
Check #	<u>4719</u>
Receipt #	<u>325114</u>

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Paula L. Lualaba
Office of Affordable Housing

12/9/03 - Ta prelim.
12/10/03 - Linda Lualaba called.
12/15/03 - Ta final

JEFFREY ABRAMCZYK
ELAINE F. ABRAMCZYK
87 W CANADIAN WOODS RD.
MANALAPAN, NJ 07726

325114

5-33/212
345153580

4719

DATE Dec 15 03

PAY TO THE ORDER OF Township of Brick \$ 15.00

fifteen DOLLARS

Fleet
93314 www.fleet.com
Marlboro Plaza Office
Englestown, New Jersey 07726

MEMO

MP

100212003390 31451 53580 4719

of Brick
62-1000
920-4850
p.brick.nj.us

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Weight Watchers
Owner/Applicant: Elaine Abramczyk
Property Address: 2770 Harper Ave.
Block: 670 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial
Residential

Inclusionary Development Fee

DATE: 12/15/03

Check Number 4719

Preliminary Fee Paid

Final Fee Paid

\$15.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

Date

OFFICE OF AFFORDABLE HOUSING

NOT FINAL APPROVAL

**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 110 LOT 4 SITE ADDRESS 1111 1st St. S.W.
TYPE OF SITE Residential (~~Commercial~~) NAME OF BUSINESS _____
APPLICANT _____ PHONE NUMBER 770-330-1777
APPLICANT ADDRESS 44 CITY & STATE Atlanta, GA 30312

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

- ◇ Residential is .005 %
- ◇ Commercial is .01%
- ◇ The estimated equalized assessed value of the proposed construction is

\$ 3000.00

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

12/10/03
Date

- ◇ The final equalized assessed value of the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee Required 1500
Preliminary Paid 1500

Date 12/10/03
Check # 0000
Receipt # 1500

Final Total Fee Required _____
Preliminary Paid _____
Final Paid _____
Balance Due _____

Date _____
Check# _____
Receipt # _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401. CHAMBERS BRIDGE ROAD • BRICK, NJ 08723



Joseph C. Scarpelli, Mayor

Township Council:

Kimberley S. Casten — President
Stephen C. Acropolis
Gregory S. Kavanagh
Leon C. Mowadia
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
<http://www.twp.brick.nj.us>

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Weight Watchers
Owner/Applicant: Lena Lures
Property Address: 2770 Heeper Ave.
Block: 010 Lot: 4

DEPOSIT RECEIVED

Mandatory Development Fee

Commercial

Residential

Inclusionary Development Fee

DATE: 12/10/03

Check Number

Preliminary Fee Paid

Final Fee Paid

Cash

\$15.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

Date

OFFICE OF AFFORDABLE HOUSING

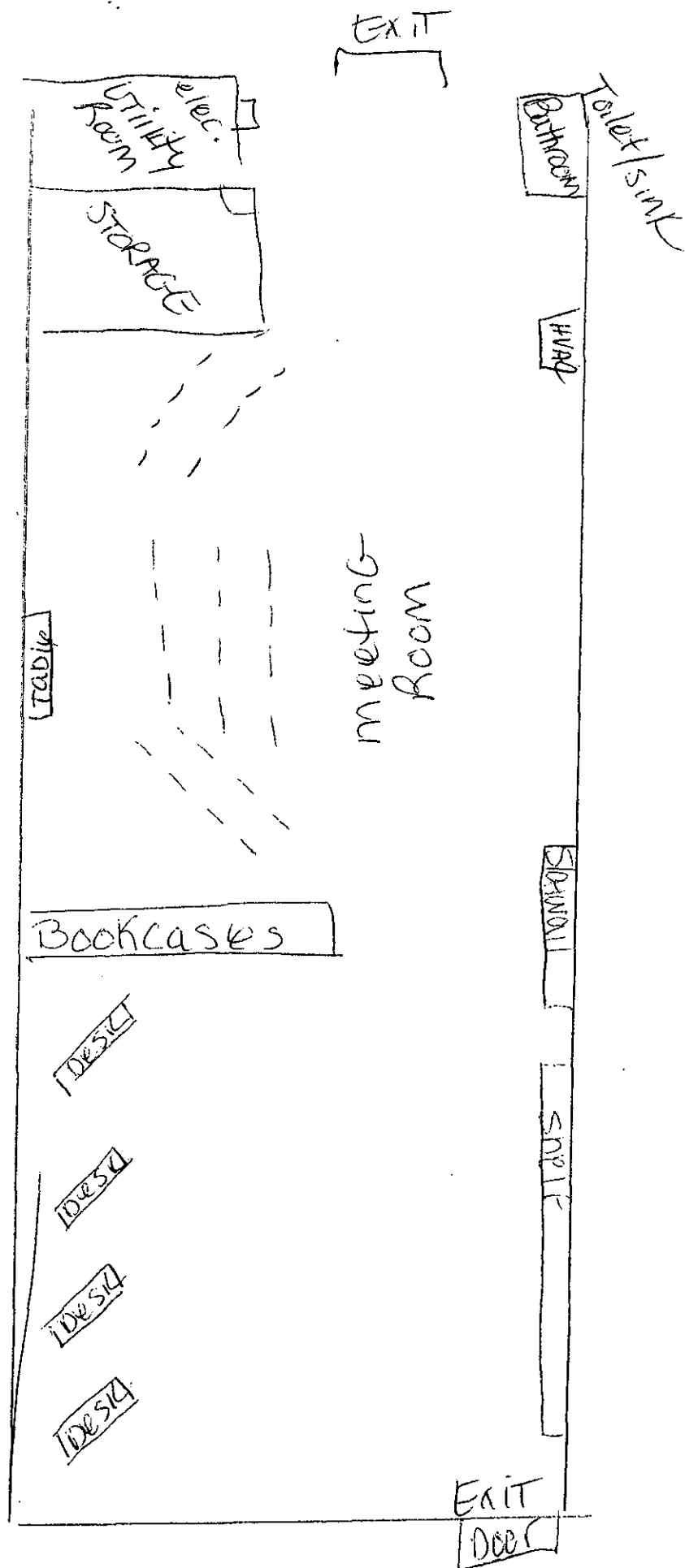
NOT PRELIMINARY APPROVAL

Property owner Kennedy Mall Assoc
641 Shunpike Rd
Chatham NJ 07928

Proprietary Const .
tenant fit-up

2770 Hooper Ave
Brick, NJ 08723

2,132 Sq. Ft.



Front

Brick Township
Plan Review Class Date By
Zoning
Plumbing
Building
Fire
Electrical

Brick Township
Plan Review Class Date By
Zoning _____
Plumbing _____
Building _____
Fire _____
Electrical _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401. CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

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Frederick J. Underwood, Sr.



Township of Brick
(732) 262-1000
Fax: (732) 920-4850
<http://www.twp.brick.nj.us>

Resubmit 12/8/03

Elaine Abramczyk
Weight Watchers
49 East Midland Ave.
Paramus, NJ 07652

Date: 12-4-3
Block: 670
Lot: 4
2770 Hooper Ave.

— Your application for a zoning permit is incomplete. In order to review your application we need the following:

— Two (2) accurate plot plans, drawn either by a surveyor or an engineer, as per Section 190-31 of the Township Code. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

X A zoning permit application form completely filled out by the applicant. No facsimile copies can be accepted.

— Your application for a zoning permit is denied for the following reasons:

cc: Daniel F. Newman, Construction Official

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401. CHAMBERS BRIDGE ROAD • BRICK, NJ 08723



Joseph C. Scarpelli, Mayor

Township Council:

Kimberley S. Casten — President
Stephen C. Acropolis
Gregory S. Kavanagh
Leon C. Mowadiah
Kathy M. Russell
Anthony R. Shupin
Frederick J. Underwood, Sr.

Township of Brick
(732) 262-1000
Fax: (732) 920-4850
<http://www.twp.brick.nj.us>

Date: 12-1-03

Block: 670 Lot: 4

Property Address: 2770 HOOPER AVE

I, _____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.
2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 12/12/03

Signed: [Signature]

Rejected on: _____

Signed: _____

Comments: _____

03-5506

Weight-Watches

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 2770 Hooper Ave Block 670 Lot 4

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

732-685-9838

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

Scheduled 12/29 *FINALS* BUILDING.....*FINALS* APPROVED.....*OK 12/29*

PLUMBING.....APPROVED.....

12/29 *X* FIRE.....*OK 12/29* APPROVED.....

ELECTRIC.....APPROVED.....

ENGINEERING.....APPROVED.....

O.C.SOIL.....APPROVED.....

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A.....

CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

OK AFFORDABLE HOUSING.....*Called Patti 12/29 sending someone out*

ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 2770 Hooper Ave, Brick, NJ 08823
 Block: _____ Lot: _____
 Owner's Name: Weight Watchers
 Owner's Mailing Address: 49 East Midland Ave, Paramus, NJ 07652
 Phone: (732) 536-0979

BUILDING

Contractor: WEIGHT WATCHERS
 Address: SAME AS ABOVE
 Phone#: _____
 Lis # _____
 Federal Emp # or SSN _____

Technical Data

Description of Work:

Tenant Fit-up
Pet Shop to Weight Watchers
Painting + set-up
\$3,000

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft
☐ Fireplace wd/gas

Building Characteristics

Use Group Present: _____ Proposed: _____
 No of Stories: _____
 Height of Structure: _____
 Area of the largest floor: _____
 Area of New Structure: _____
 Volume of New Structure: _____
 Total Land Disturbed: _____
 Cost of Alteration: \$ _____
 Cost of New Building: \$ _____
 Cost of Site Work \$ _____
 Total Cost of New Building Work: \$ \$3,000

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Elaine Abramczyk
 Please Print Name Elaine Abramczyk

ELECTRICAL

Contractor: _____
 Address: _____
 Phone#: _____
 Lis #: _____
 Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	<u>2</u>
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool (Receptacles, Switches, Lights, Motor 1HP) _____
 Spa/Hot Tub/Storable Pool _____
 Electric Range _____ KW
 Oven/Surface Unit _____ KW
 Electric Water Heater _____ KW
 Electric Dryer _____ KW
 Dishwasher _____ KW
 Garbage Disposal _____ HP
 A/C Unit - Central Air _____ KW
 Space Heater/Air Handler _____ KW
 Baseboard Heating _____ KW
 Motors 1+ HP _____
 Transformer/Generator _____ KW
 Light Stander _____ AMP
 Service _____ AMP
 Subpanel _____ AMP
 Motor Control Center _____ AMP
 Sign/Outline Light _____ KW
 Furnace _____
 Steam Boiler _____
 Other: _____

Estimated Cost of Electrical Work: _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____
 Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Contractor: _____
Address: Weight Watchers
270 Hooper Ave, Brick NJ
Phone #: 732-536-0979 08723
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	_____
Urinals/Bidets	_____
Bath Tub (w/or w/out shower head)	_____
Lavatory (BR Sink)	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Air Conditioner (Condensate Drain)	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Pool Heater	_____
Other:	_____

Estimated Cost of Plumbing Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

	capacity	fuel
Flammable Storage Tanks	_____	_____
Combustible Storage Tanks	_____	_____
LPG Storage Tanks	_____	_____

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____

Smoke Detectors _____
Heat Detectors _____
Total _____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Gas Stove _____
Gas Dryer _____
Furnace (Gas or Oil) _____
Gas Fireplace _____
Gas Logs _____
Total Appliances _____

Wood Burning Stove _____
Wood Fireplace _____
Other: _____

Estimated Cost of Fire Work _____

I hereby certify that I am the agent/owner of record and am authorized to make this application and perform the work listed on this application.

Signature: Elaine Abramson

Print Name: Elaine Abramson