BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 135-167 VANZILE Rd. PERMIT NO. 03-5228

CONSTRUCTION PERMIT APPLICATION

CAG-14 Diamond mails

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

I. IDENTIFICATION

1. Propsed Work Site at: 145 - 143 VANZILE Rd. Brick NJ 08724
2. Name of Owner in Fee: Brick town plaza Associate Tel. (516) 393-9000
   Address 650 Old Country Rd # 425 Garden City NY 11530
   (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: KIET A. HUYNH Tel. (732) 239-7712
   Address 178 Corbin Court Lakewood NJ 08701
   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 _____
   Tel. (_____) _____ FAX (_____) _____

Tenenant fit up

electrical devices

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35.		
2. Electrical	75.		
3. Plumbing	400.		
4. Fire Protection		35.	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	6		
10. Subtotal			
11. Cert. of Occupancy 2P	15		
12. Other			
13. TOTAL	$ 531	35	

1081

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 _____

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates: Approval	Resubmission Dates: Rejection	Re-viewer
1. ☒ Minor Work	100								
2. ☐ New Building			10/15/02						
3. ☐ Addition									
4. ☒ Alteration					11-25-03				
5. ☐ Fire Protection					11-26-03				
6. ☒ Plumbing	4,000				11-24-03				
7. ☒ Electrical	1,000								
8. ☐ Elevator Devices					11/4/03				
9. ☐ Asbestos Abat. Subch. 8			10/31/02		N/A				
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	5100								

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
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
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
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use: A.K.B.T. DANCE STUDIO NAIL SALON
2. Use Group:
3. Change in Use Group, Indicate Former:

LANDLORD'S AFFIDAVIT

LDS BR 10402515

U.C.C. F100-1 (rev. 3/96)

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 10/14/03

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			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/30/2003
Control #
Permit # 03-5278

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 145 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee/Occupant BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-8000
Contractor KIET HUYNH
Address 178 CORBIN CT
LAKEWOOD, NJ 08701-
Telephone (732)239-7714 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No. N/A
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
REMOVE PARTITION WALL

[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 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 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 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 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. 1021
Collected by: ERP

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/30/2003
Control #
Permit # 03-5278

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 145 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee/Occupant BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-8000
Contractor KIET HUYNH
Address 178 CORBIN CT
LAKEWOOD, NJ 08701-
Telephone (732)239-7714 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No. N/A
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
REMOVE PARTITION WALL

[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 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. 1021
Collected by: ERP

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24K

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/30/2003
Control #
Permit # 03-5278

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 145 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee/Occupant BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-9000
Contractor KIET HUYNH
Address 178 CORBIN CT
LAKEWOOD, NJ 08701-
Telephone (732)239-7714 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Home Warranty No. N/A
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
REMOVE PARTITION WALL

[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 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 _____, ___.

CONSTRUCTION OFFICIAL

Fee $ 10
Paid [X] Check No. 1021
Collected by: ERP

U.C.C. F260 (rev. 3/96) NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 12/22/2003
Control #
Permit # 03-5278+A
Permit Issued 11/25/2003

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block [illegible] Lot [illegible] Qual [illegible]

Work Site Location 145 [illegible] MALL
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address [illegible] OLD COUNTRY RD
GARDEN CITY , [illegible] 11530-
Telephone (516)[illegible]

Contractor JET [illegible]
Address 170 CORBIN COURT
LAKEWOOD, NJ 08701-
Telephone [illegible]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

DESCRIPTION OF WORK:
FIRE REVIEW FOR TENANT FIT UP

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	1030
Cash	
Collected By	MJF

12/22/03 11:54AM 000000#6060
XX02 SERV.002
#5278
FIRE $35.00
CHECK $35.00

Estimated Cost of Work $

Construction Official [illegible]

Date

U.C.C. F190 (rev. 3/95) [illegible] 5.240

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

UCC NEW JERSEY
BUILDING &
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 11/25/03
Control # ~~C99-14~~
Permit # 035278

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 Qual
Work Site Location 147 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor KIET HUYNH
Address 178 CORBIN CT
LAKEWOOD, NJ 08701-
Tele.(732)239-7714 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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
REMOVE PARTITION WALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/25/03	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-30-03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes	12/12/03			JK
Energy	12/19/03			NR
Mechanical				
TCO				
Other				
Final			12/30/03	
BarrierFree				

TYPE OF WORK

	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	4
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

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/All 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. $ 0
2. Alteration $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 31
TOTAL FEE	$ 35
DCA State Permit Fee	$ 0

Paid [ ] Check #
Collected by:

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 10/15/2003
Date Issued 11/5/03
Control # ~~C99-14~~
Permit # 03-5278

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 Qual

Work Site Location 147 VAN ZILE RD-DIAMOND NAILS

TENANT FIT UP

Owner in Fee BRICK PLAZA ASSOC

Address 600 OLD COUNTRY RD

GARDEN CITY, NY 11530-

Tele.(516)393-9000

Contractor KIET HUYNH

Address 178 CORBIN CT

LAKEWOOD, NJ 08701-

Tele.(732)239-7714 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

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

REMOVE PARTITION WALL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Footing				
[X] All	11/5/03		Foundation				
[ ] Footing			Slab				
[ ] Foundation			Frame				
[ ] Frame			BarrierFree				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes				
[ ] Elect [ ] Plumb [ ] Fire			Energy				
SUBCODE APPROVAL [ ] Elev			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				
			BarrierFree				

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		4
[ ] Roofing		0
[ ] Siding		0
[ ] Fence	0 Height (exceeds 6')	0
[ ] Sign	0 Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

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/All 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. $ 0
2. Alteration $ 100
3. Total (1+2) $ 100

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [ ] Check $	Minimum Fee	$ 31
Collected by:	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 0

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

NJ UCCARS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 11/25/03
Control # ~~E99-14~~
Permit # 03 5278

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 Qual
Work Site Location 147 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor THE ELECTRIC CO
Address 561 NICHOLAS RD
BRICK, NJ
Tele.(732)899-3939
Lic. No. or Bldrs. Reg. No. 13828
Federal Emp. No. 15-2682696

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 11 21 03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12 1 03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			12/03	

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
14		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
19		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	75
DCA State Permit Fee	$	1

U.C.C. F120 (rev. 3/96)

NJ UCCARSS.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 11/25/03
Control # ~~C99-14~~
Permit # 03 5278

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 Qual
Work Site Location 147 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor THE ELECTRIC CO
Address 561 NICHOLAS RD
BRICK, NJ
Tele.(732)899-3939
Lic. No. or Bldrs. Reg. No. 13828
Federal Emp. No. 15-2682696

B. ELECTRICAL CHARACTERISTICS
Use Group - Present ______ Proposed B
[ ] Pole/Pad $ ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS Type	Failure	Failure	Approval	Initial
[ ] No Plans Required					
Joint Plan Review Required:	Rough				
[ ] Bldg [ ] Plumb	Temp Serv				
[ ] Fire [ ] Elevator	Const Serv				
[X] Elect Plans Approved	TCO				
Date: 11/21/03	Other				
Approved By: [signature]	Service				
SUBCODE APPROVAL	Final				
[ ] CO [ ] CCO [ ] CA	Temp. Cut-in-Card Date Issued				
Date:	Final Cut-in-Card Date Issued				
Approved By:					

Dates (Month/Day)

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
14		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
19		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

______
Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	75
DCA State Permit Fee	$	1

U.C.C. F120 (rev. 3/96)

NJ UCCARSS.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 11/24/03
Control # ~~699-14~~
Permit # 03 5278

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 Qual ______
Work Site Location 147 VAN ZILE RD-DIAMOND HAILS
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor THE ELECTRIC CO
Address 561 NICHOLAS RD
BRICK, NJ
Tele.(732)899-3939
Lic. No. or Bldrs. Reg. No. 13828
Federal Emp. No. 15-2682696

B. ELECTRICAL CHARACTERISTICS
Use Group - Present ______ Proposed B
[ ] Pole/Pad # ______ [ ] Temporary [ ] Other ______
Building Occupied as ______ Utility Co. ______
Estimated Cost of Electrical Work $ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Required					
Joint Plan Review Required:	Rough				
[ ] Bldg [ ] Plumb	Temp Serv				
[ ] Fire [ ] Elevator	Const Serv				
[X] Elect Plans Approved	TCO				
Date: 11/21/03	Other				
Approved By: [signature]	Service				
SUBCODE APPROVAL	Final				
[ ] CO [ ] CCO [ ] CA	Temp. Cut-in-Card Date Issued ______				
Date: ______	Final Cut-in-Card Date Issued ______				
Approved By: ______					

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's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2		Lighting Fixtures	
14		Receptacles	
3		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
19		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/4 HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
1	60	AMP Subpanels	40
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other ______	0
		Other ______	0

Paid [ ] Check # ______
Collected by: ______

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	75
DCA State Permit Fee	$	1

U.C.C. F120 (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 11/15/2003
Date Issued 12/22/03
Control # C99-14-1
Permit # 03-5278+A

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 Qual
Work Site Location 145 VAN ZILE RD-DIAMOND NAILS 458-3500
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD Kevin Huynh DCA PLATE
GARDEN CITY, NY 11530- (732)239-7712
Tele.(516)393-9000
Contractor KIET A HUYNH
Address 178 CORBIN COURT
LAKEWOOD, NJ 08701-
Tele.(732)239-7712
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 $ 1

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
[X] Fire Plans Approved
Date: 11-26-03
Approved By: DB

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12/4/03
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			12-22-03	DB
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.

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TENANT FIT UP		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA State Permit Fee	$	0

Paid [ ] Check #
Collected by:

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 11/15/2003
Date Issued 12/22/03
Control # C99-14-1
Permit # 03-5278+A

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 Qual
Work Site Location 145 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor KIET A HUYNH
Address 178 CORBIN COURT
LAKEWOOD, NJ 08701-
Tele.(732)239-7712
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 $ 1

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
[X] Fire Plans Approved
Date: 11-26-03
Approved By: RB

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				

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

Description of Work:
Water Supply Source
Method of Alarm/Suppr Sys Superv

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPM Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TENANT FIT UP		35
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: 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 11/15/2003
Date Issued 12/22/03
Control # C99-14-1
Permit # 03-5278+H

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 Qual
Work Site Location 145 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP.
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor KIET A HUYNH
Address 178 CORBIN COURT
LAKEWOOD, NJ 08701-
Tele.(732)239-7712
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 $ 1

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
[X] 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				

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	NUMBER	FEE (Office Use Only)
Type: [ ] Flammable Liquid [ ] Combust Liquid [ ] LPG [ ] LNG Capacity 0 Fuel		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices(smoke,heat,pulls,water/flow)	0	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	0	0
Suppression Systems		
Fire Pump 0 GPH Type	0	
Dry Pipe/Alarm Valves	0	
Pre-action Valves	0	
Sprinkler Heads (Dry and Wet)	0	0
Standpipes	0	0
Pre-Engineered Systems		
Wet Chemical	0	0
Dry Chemical	0	0
CO2 Suppression	0	0
Foam Suppression	0	0
Halon Suppression	0	0
Other		0
Kitchen Hood Exhaust System	0	0
Smoke Control System	0	0
Gas [ ] or Oil [ ] Fired Appliances	0	0
Other TENANT FIT UP		35
Other		0

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by: 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
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 11/28/03
Control # ~~C99-14~~
Permit # 023278

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 Qual
Work Site Location 147 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor JOSEPH MANGRELLA
Address 15 SUTTON CT
OLD BRIDGE, NJ
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 06-2602523

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-21-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
8	Backflow Preventer	280
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other SUMP PUMP	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ ~~360~~ 400
DCA State Permit Fee $ 5

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 11/28/03
Control # ~~C99-14~~
Permit # 02-3278

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 Qual

Work Site Location 147 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP

Owner in Fee BRICK PLAZA ASSOC

Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-

Tele.(516)393-9000

Contractor JOSEPH MANGRELLA

Address 15 SUTTON CT
OLD BRIDGE, NJ

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 06-2602523

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equip.				
Gas Piping				
Solar				
TCO				

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
8	Backflow Preventer	280
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other SUMP PUMP	35
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ ~~360~~ 40
DCA State Permit Fee $ 5

U.C.C. F130 (rev. 3/96)

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 10/15/2003
Date Issued 11/25/03
Control # ~~C99-14~~
Permit # 03 5278

Chgd in Conf

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 Qual

Work Site Location 147 VAN ZILE RD-DIAMOND NAILS
TENANT FIT UP

Owner in Fee BRICK PLAZA ASSOC

Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-

Tele.(516)393-9000

Contractor JOSEPH MANGRELLA

Address 15 SUTTON CT
OLD BRIDGE, NJ

Tele.( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 06-2602523

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 11-21-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Approved By:
Date: 12-30-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			12/5/03	
Water				
Sewer				
Fixtures	12/2/03	12/22/03	12/29/03	
Gas Equip.				
Gas Piping				
Solar				
TCO				
FinAC			12/16/03	

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.

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
1	Sink	50
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
1	Water Heater	35
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
8	Backflow Preventer	280
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other SUMP PUMP	35
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	~~360~~ 400
DCA State Permit Fee	$	5

Paid [ ] Check #
Collected by:

U.C.C. F130 (rev. 3/96)

Township of Brick
Zoning Permit

Approved: Thursday, October 23, 2003 **Number:** 1824

Block 1149 **Lot** 1 **Zone:** B-3, Highway Dev.

Property Address: 143 Van Zile Road; Bricktown Plaza

Applicant: Kiet A. Huynh; Diamond Nails

Property Owner: Bricktown Plaza Associates

Existing Use: Vacant unit (former dance studio).

Proposed Use: Nail salon.

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

RECEIVED
OCT 22 2003

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 1149 LOT 1 QUALIFIER _____

PROPERTY ADDRESS 143 ~~135-167~~ Van Zile Road

PERSONAL NAME OF APPLICANT KIET A. HUYNH

BUSINESS NAME OF APPLICANT DIAMOND NAILS.

MAILING ADDRESS OF APPLICANT [redacted]

PROPERTY OWNER'S FULL NAME Brickstown Plaza Associate.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Dance All That Jazz.

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Nail Salon.

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Tennant fit up.

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 X _____ Date 10/14/03

Reviewed by Zoning Office _____ Date 10/22/3 (✓) Approved ( ) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 143 [illegible]
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

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 %

X ◊ Commercial is .01%

X ◊ The estimated equalized assessed value of the proposed construction is

$ 5,100

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 11/6/13 Date

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

$ _____

_____ _____

Frederick R. Millman, CTA, Tax Assessor — Date

Prelininary Fee Required _____ Date 11/[illegible]/13
Preliminary Paid _____ Check # [illegible]
Receipt # [illegible]

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ 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.

11/[illegible]/13 [illegible]

_____
Office of Affordable Housing

DIAMOND NAILS
143 VAN ZILE RD.
BRICK, NJ 08724

325093 1017

DATE 11/07/03 55-2-212

PAY TO THE ORDER OF Township of Brick. $ 25.50

Twenty five and 50/100 DOLLARS

WACHOVIA
Wachovia Bank, N.A.
ACH R/T 021200025

FOR [redacted]

Frederick J. Underwood, Sr.

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

Business/Development: Diamond Nails

Owner/Applicant: Diamond Nails

Property Address: 143 Van Zile Rd.

Block: 1149 Lot: 1

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 11/7/03

Check Number 1017

Preliminary Fee Paid x 25.50

Final Fee Paid

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:

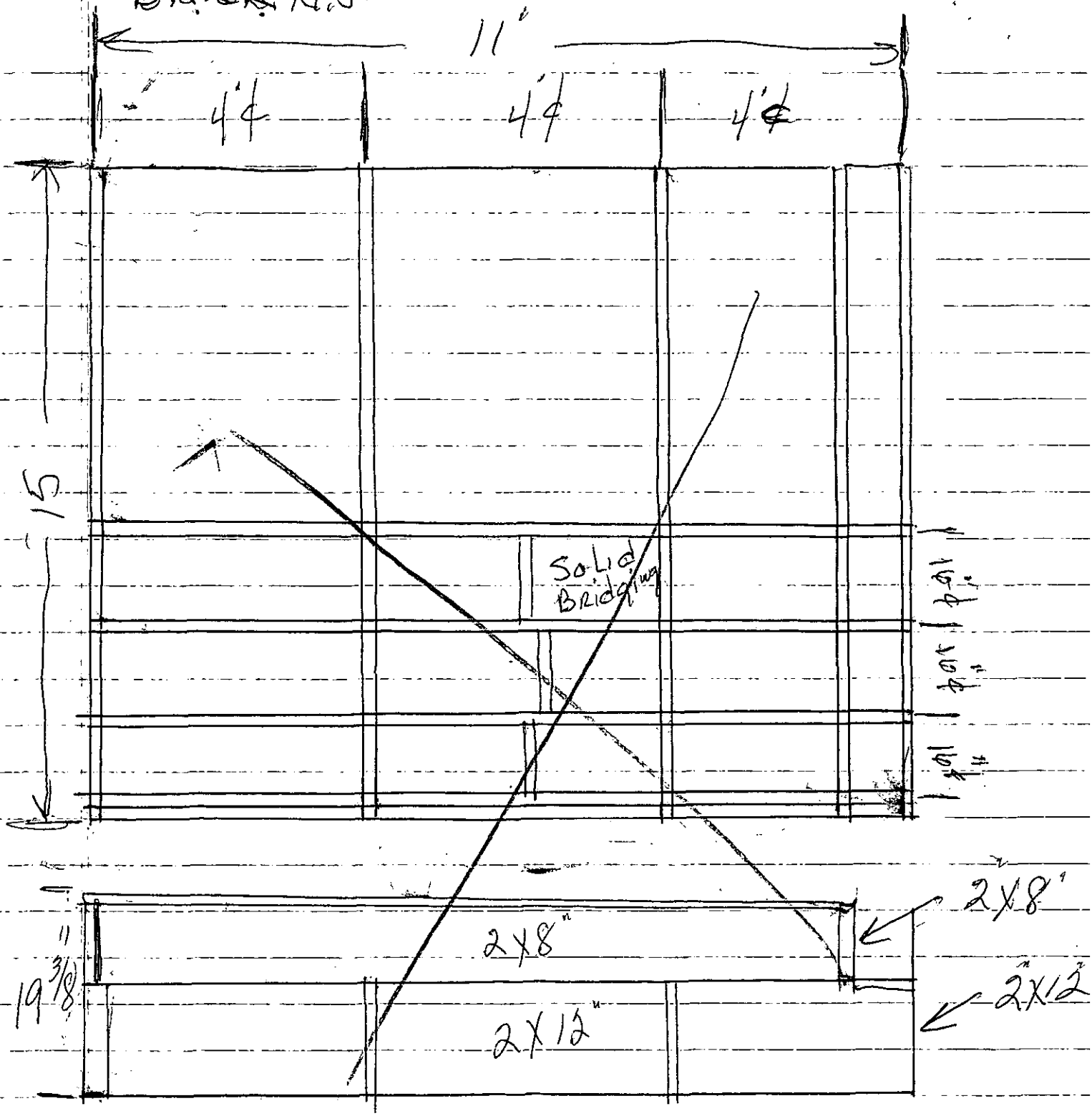
Signature

11-7-03
Date

OFFICE OF AFFORDABLE HOUSING

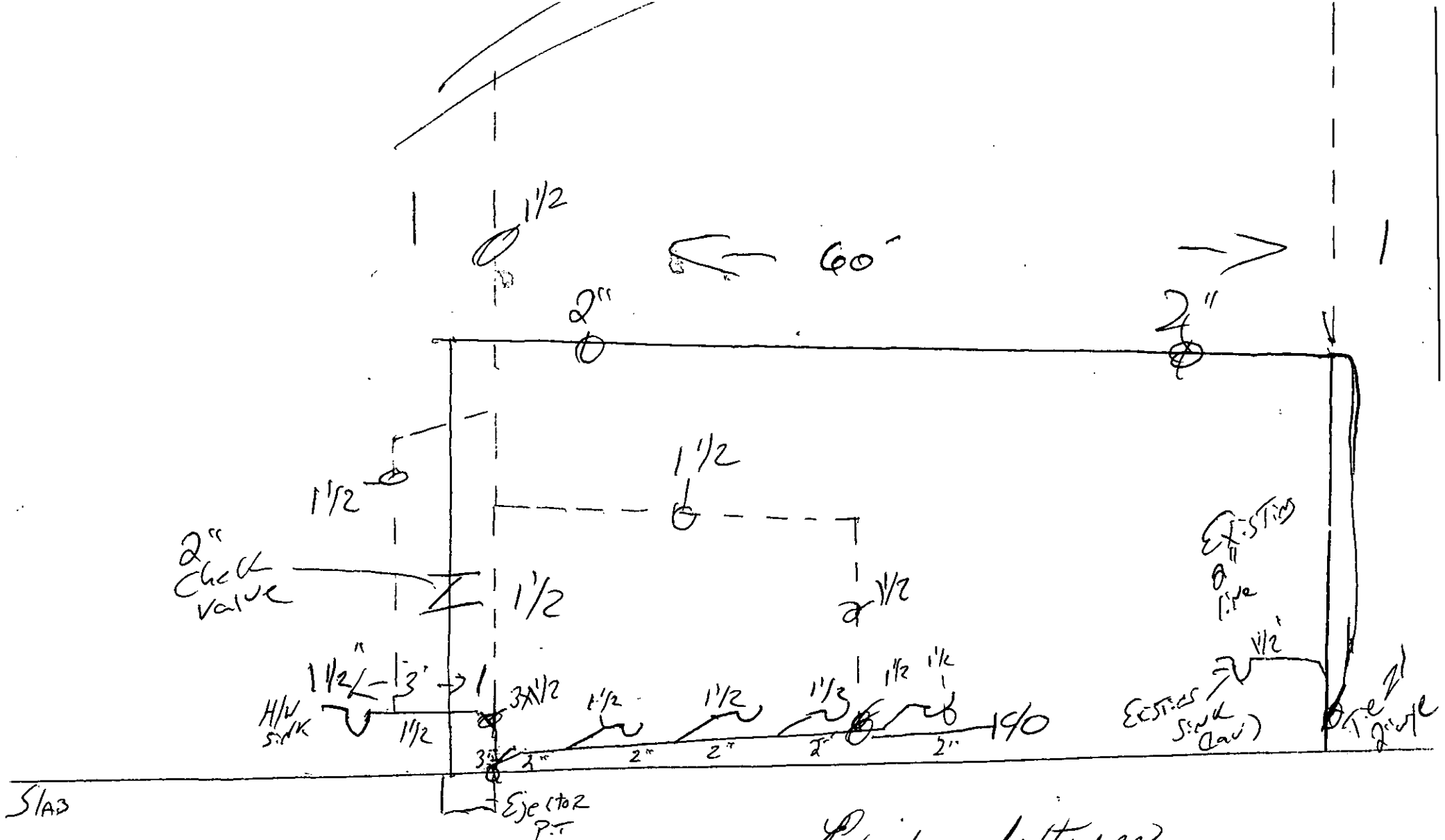
ANBT PRELIMINARY APPROVAL

143 VANBILE Rd.
BRICK N.J.



2X12" ON 4' CENTERS
2X8 ON 16" CENTERS
3/4" plywood
1/4" CERAMIC TILE (12"X12")

NO PLATFORM Built-
Be ...



Existing fixtures

1 toilet

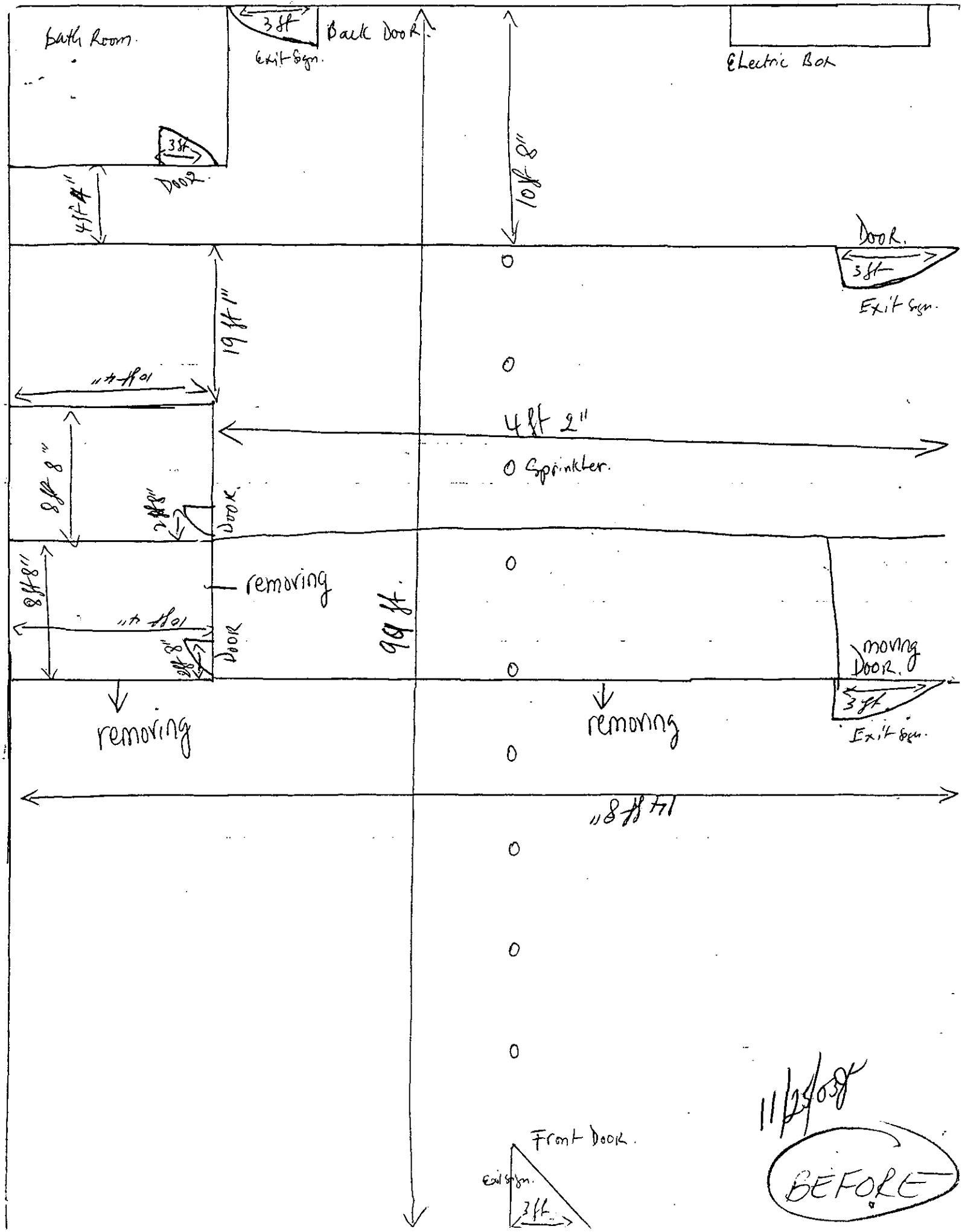
1 sink

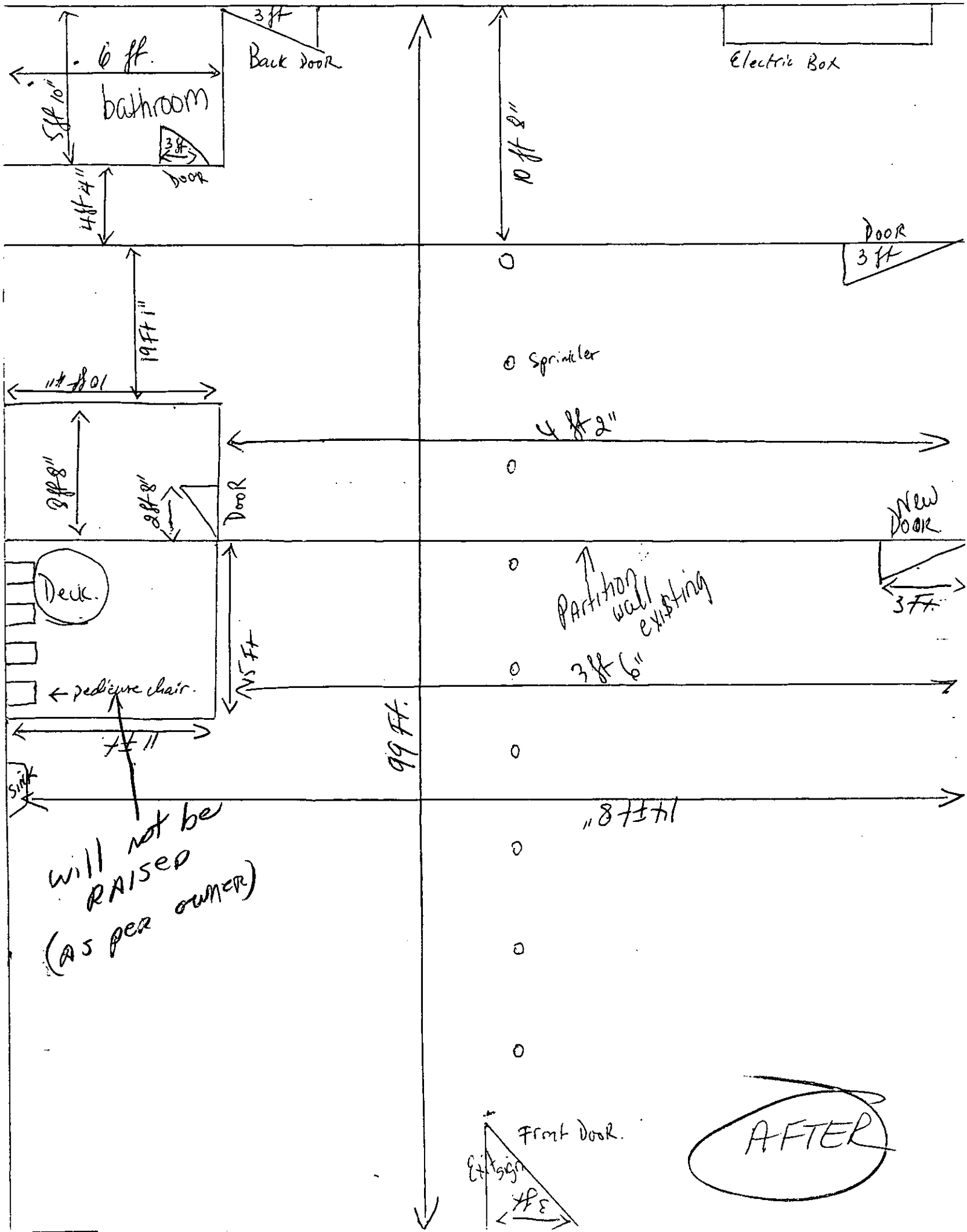
143 VANZILE Rd BRICKTOWN

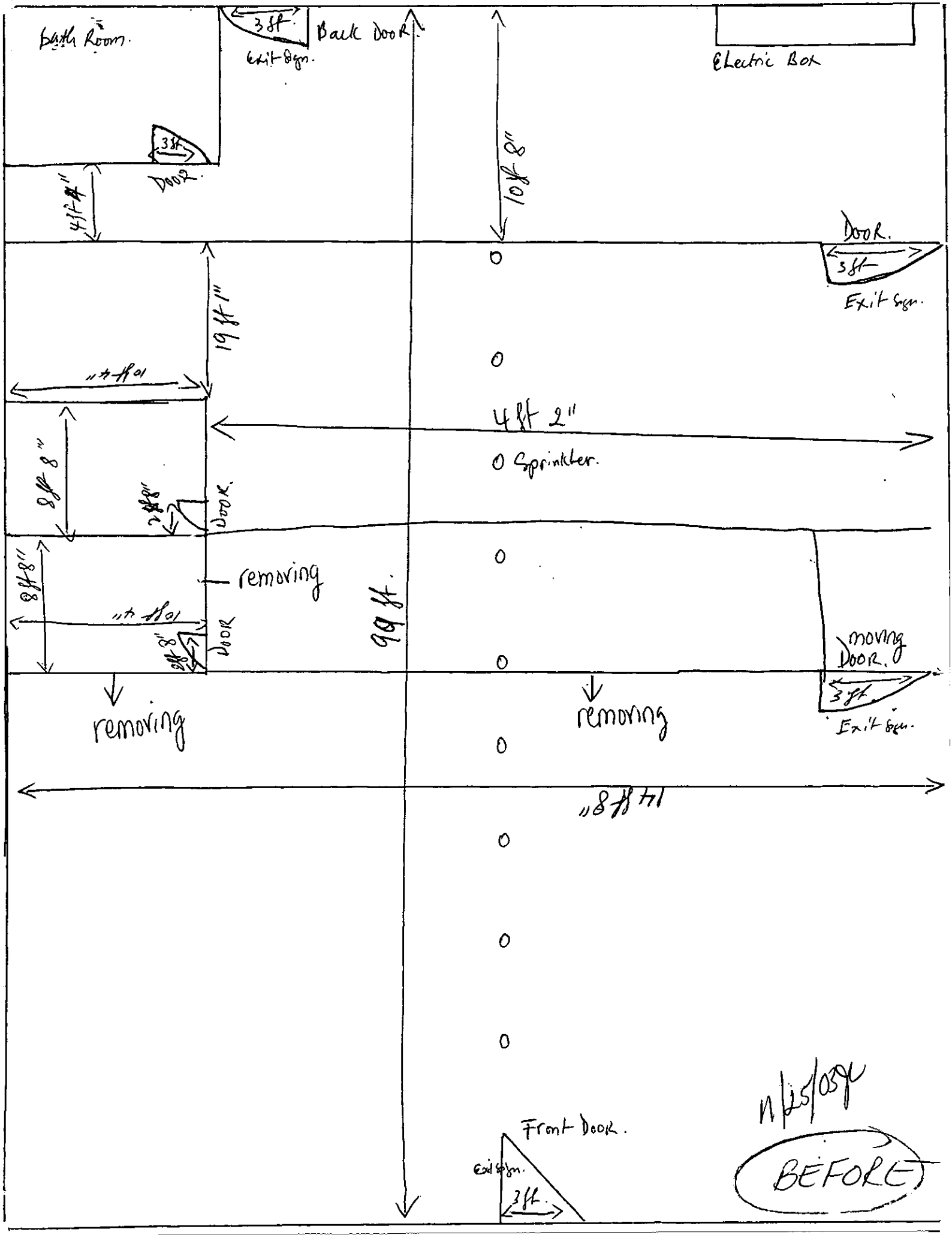
Diamond Nails

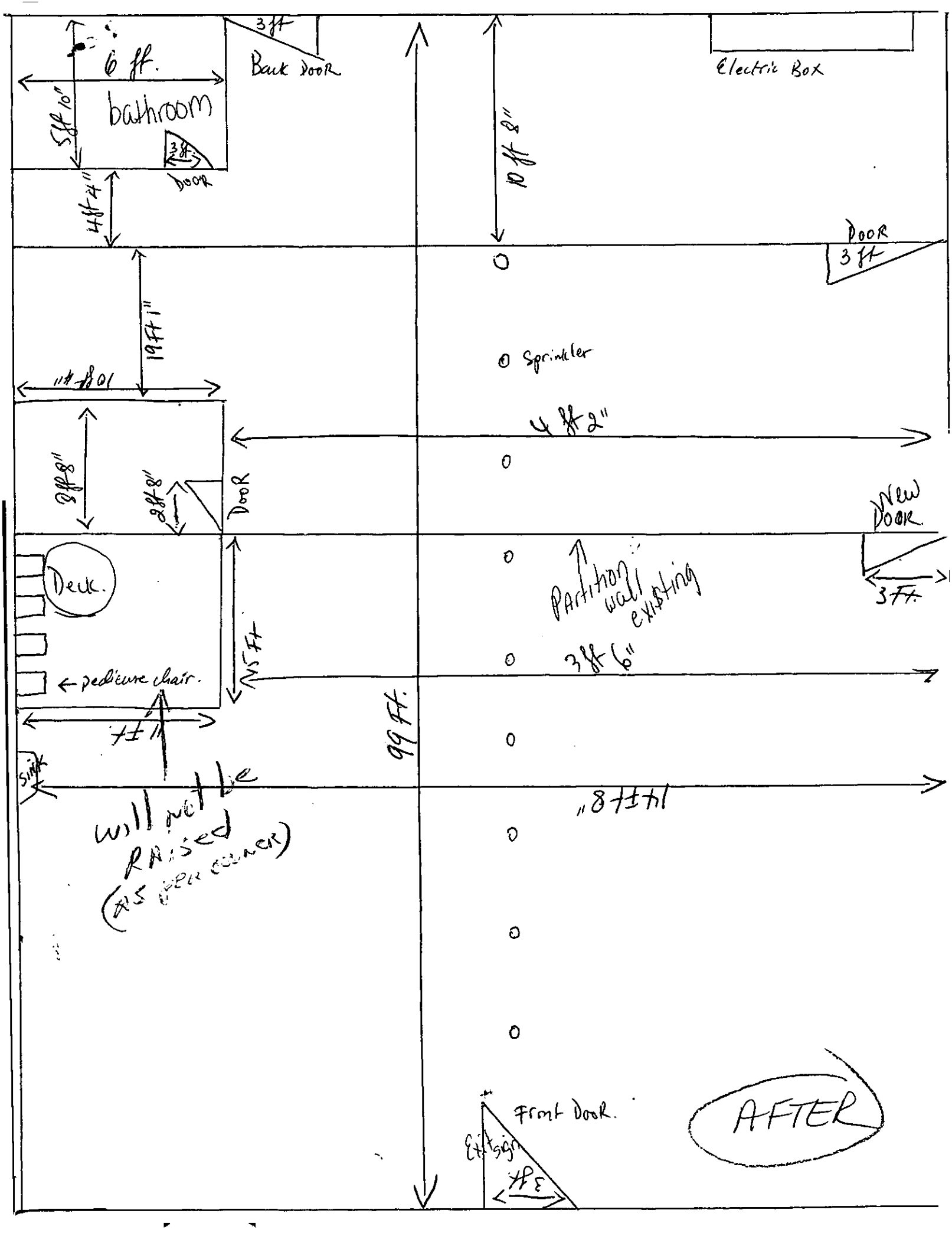
1/4" = 1'-0"

Roger Nagell


Bath Room.
3ft
Exit Sign.
Back Door.
Electric Box
3ft
Door.
4ft 4"
10ft 8"
Door.
3ft
Exit Sign.
19ft 1"
11ft 10"
4ft 2"
Sprinkler.
8ft 8"
2ft 8"
Door.
removing
8ft 8"
11ft 10"
2ft 8"
Door.
99 ft.
moving
Door.
3ft
Exit Sign.
removing
removing
11ft 10"
Front Door.
Exit Sign.
3ft
11/25/08
BEFORE


3ft
Back Door
6 ft.
bathroom
5ft 10"
3ft
Door
4ft 4"
10 ft 8"
Electric Box
Door
3 ft
19ft 1"
11ft 01
Sprinkler
4 ft 2"
9ft 8"
9ft 8"
Door
New Door
3ft.
Deck.
Partition wall existing
3ft 6"
5ft
pedicure chair.
7ft 11
99 ft.
sink
8ft 11
will not be RAISED (as per owner)
Front Door.
Exit sign
3ft
AFTER


Bath Room.
3ft.
Exit Sign.
Back Door.
Door.
3ft.
Electric Box
10ft 8"
4ft 4"
Door.
3ft.
Exit Sign.
19ft 1"
11ft 10"
4ft 2"
Sprinkler.
8ft 8"
2ft 8"
Door.
removing
8ft 8"
11ft 10"
2ft 8"
Door
99 ft.
moving
Door.
3ft.
Exit Sign.
removing
removing
11ft 8"
Front Door.
Exit Sign.
3ft.
11/25/09
BEFORE


6 ft.
bathroom
5ft 10"
3ft
Door
4ft 4"
3ft
Back Door
Electric Box
10 ft 8"
Door
3ft
19ft 1"
11ft 8"
Sprinkler
4 ft 2"
9ft 8"
8ft 8"
Door
New Door
3ft.
Deck.
Partition wall existing
3ft 6"
← pedicure chair.
7ft 1"
15ft
99 ft.
Sink
11 8 ft 1"
will not be Raised
(As open corner)
Front Door.
Exit sign
3ft
AFTER

Resubmit 11/25/03

National Fire Code
Plan Review Record
Township of Brick

Date: 11-25-03

Site Address: 145 Van Zile Rd. Diamond Nails

Reviewed By: Ron Pisar

CORRECTION LIST

No.	Description
1)	verify sprinkler heads not being relocated & alterations don't interfear w/ sprinkler coverage.

11-25-03
Kiet Hoyh
732 239-7713
no answer
10 rings

Party Called and Phone #:

Resubmitted on: By:

Diamond Nails

RECEIPT

DATE 12-30-03 No. 325125

$25 50

FROM Diamond Nails
143 Van Zile Rd
Brick, N.J. 08724

DOLLARS

○ FOR RENT
○ FOR CF 143 Van Zile Rd

ACCT.		
PAID	25	50
DUE		

○ CASH ∥ B FROM 1149 L TO 1
⊗ CHECK
○ MONEY ORDER ∥ BY Kathy Tinbergen

1152

1033

DIAMOND NAILS
143 VAN ZILE RD.
BRICK, NJ 08724

55-2-212

DATE 12/30/03

PAY TO THE ORDER OF Township of Brick $ 25.50

Twenty five and 50/100 DOLLARS

WACHOVIA
Wachovia Bank, N.A.
ACH R/T 021200025

FOR [redacted]

Frederick J. Underwood, Sr.

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

Business/Development: Kiet Huynh

Owner/Applicant: Diamond Nails

Property Address: 143 Van Zile Rd.

Block: 1149 Lot: 1

DEPOSIT RECEIVED
Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 12-30-03

Check Number 1033

Preliminary Fee Paid _____

Final Fee Paid 25.50

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:

Kathleen Tinbergen
Signature

12-30-03
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

Diamond Nails 03-5278

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 145 Van Zile Rd Block 1149 Lot 1

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

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.

FINALS		FINALS		FINALS
BUILDING	12/30 OK	APPROVED		
PLUMBING		APPROVED	12/30/03 OK	
FIRE	12/23 OK	APPROVED		
ELECTRIC		APPROVED	12/10/03 OK	
ENGINEERING		APPROVED		
O.C.SOIL		APPROVED		
COMMERCIAL OCCUPANCY CARD				
C.C. FROM B.T.M.U.A.	n/a @ per Carol			

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

AFFORDABLE HOUSING 12/30/03 OK

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: 143 Vanzile Rd. (135-167 VANZILE Rd.)
Block: 1149 Lot: 1
Owner's Name: BRICKTOWN PLAZA ASSOCIATE
Owner's Mailing Address: 600 old Country Rd #425
GARDEN City, NY 11530
Phone: (516) 393-9000

BUILDING

Contractor: Kiet Huynh
Address: 178 Corbin CT.
Lakewood, NJ 08701
Phone#: 239-7712
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Tenant
FIT UP
remove partition
wall

Type of Work

___New Building
___Addition
___Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
___Sign _____sq ft

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: $ 100

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 KIET HUYNH

ELECTRICAL

Contractor: The Electric Co.
Address: 561 Nicholas Rd
Brick NJ. 08724
Phone#: 732-899-3939
Lis #: 13828
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	2
Receptacles	14
Switches	3
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	19
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	60 AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: $ 1000

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 ROBERT T. SCHUETZ

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: Joseph Magrella
Address: 15 Sutton Ct
Old Bridge
Phone #: 732-266-6566
Lis #: 11789
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets (Toilet)	
Urinals/Bidets	
Bath Tub (w/or w/out shower head)	
Lavatory (BR Sink)	
Shower	
Floor Drain	
Sink HAND WASH	1
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater 50 Gal Electric	1
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer 8 UNITS (7)	8
Greasetrap	
Air Conditioner (Condensate Drain)	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump With PIT	1
Pool Heater	
Other: FOUR Pedicure Chairs	(4)
2 - VENT STACK	(2)

Estimated Cost of Plumbing Work $4,000 —

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: Joseph Magrella
Please Print Name: Joseph Magrella

CONTRACTOR'S SEAL

FIRE

Contractor: KIET A. HUYNH
Address: 178 Corbin ct.
Lakewood NJ. 08701
Phone #: (732) 239-7712
Lis #:
Federal Emp # or SSN [redacted]

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:

Flammable Storage Tanks ___capacity___fuel
Combustible Storage Tanks___capacity___fuel
LPG Storage Tanks___capacity___fuel

Item	Quantity
Wet Sprinkler Heads	Not relocating 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:
Print Name: KIET HUYNH.