BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 147 Vanzile PERMIT NO. 03-5388

CONSTRUCTION PERMIT APPLICATION

CAA-01 Jackson Hewitt

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

I. IDENTIFICATION

1. Propsed Work Site at: 147 VANZILE ROAD
2. Name of Owner in Fee: ~~ROAR~~ LORI A. SEAMY Te[redacted]
   Address [redacted] zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: OURSELVES Tel. ( ) _____
   Address _____
   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 ( ) _____

Tenant Fit Up

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection ✓ # 1038		55	
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	15 50	

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	

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	5000.00								
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection					11-5-05	DB			
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Cw	11/25/05		11/25/05				
TOTAL COSTS									

COMMERCIAL

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:
2. Use Group:
3. Change in Use Group, Indicate Former:

Fish TAILS
JACKSON HEWITT

LDS BR 10402510

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 _____

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 Lori A. Seary

Address [redacted]

Telephone [redacted]

Signature Lori A. Seary

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 01/02/2004
Control #
Permit # 03-5388

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual

Work Site Location 147 VAN ZILE RD-JACKSON HEWIT
TENANT FIT UP

Owner in Fee/Occupant BRICK PLAZA ASSOC

Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-

Telephone (516)393-9000

Contractor LORI A SEARY

Address [redacted]

Telephon [redacted] ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No.

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group B

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

TENANT FIT UP - JACKSON HEWITT TAX SERVICE

[ ] 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.

[X] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 1038
Collected by: ERP

CONSTRUCTION OFFICIAL

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/02/2004
Control #
Permit # 03-5388

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual

Work Site Location 147 VAN ZILE RD-JACKSON HEWIT
TENANT FIT UP

Owner in Fee/Occupant BRICK PLAZA ASSOC

Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-

Telephone (516)393-9000

Contractor LORI A SEARY

Address [redacted]

Telephone [redacted] ( )

Lic. No.

Federal Emp. No.

Home Warranty No.

Type of Warranty Plan: [ ] State [ ] Private

Use Group B

Maximum Live Load 0

Construction Classification

Maximum Occupancy Load 0

Description of Work/Use:

TENANT FIT UP - JACKSON HEWITT TAX SERVICE

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[ ] Partial or limited time period (____ years); see file

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[ ] 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 $ 0
Paid [X] Check No. 1038
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 01/02/2004
Control #
Permit # 03-5388

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 147 VAN ZILE RD-JACKSON HEWIT
TENANT FIT UP
Owner in Fee/Occupant BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-9000
Contractor LORI A SEARY
Address [redacted]
Telephone x ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

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

TENANT FIT UP - JACKSON HEWITT TAX SERVICE

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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 $ 0
Paid [X] Check No. 1038
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 12/05/2003
Control #
Permit # 03-5388

UCC NEW JERSEY
CONSTRUCTION PERMIT

:DENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 147 VAN ZILE RD-JACKSON HEWIT
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-9000

Contractor LORI A SEARY
Address [redacted]
Telephone
Lic. No.
Federal Emp. No.

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

DESCRIPTION OF WORK:
TENANT FIT UP - JACKSON HEWITT TAX SERVICE

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 ZP	15
Total $50 -	35
Check No.	1038
Cash	
Collected By	ERP

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 $ 100

Construction Official

12/05/2003
Date

12/05/03 9:51 0000000#5740
#035388 XX06 SERV.006
PLUMBING
EPA
CHECK
$35.00
$15.00
$50.00

.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

NJ UCCARS 5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 11/24/2003
Date Issued 12/5/03
Control # ~~G94-01~~
Permit # 03-5388

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-JACKSON HEWIT
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor LORI A SEARY
Address [redacted]
Tele.(7[redacted]
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 $ 100

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: 12-5-03
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12803
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			12-5-03	
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 [redacted]

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 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 PLAN REVIEW		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 11/24/2003
Date Issued 12/5/03
Control # ~~C94-01~~
Permit # 03-5388

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-JACKSON HEWIT
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor LORI A SEARY
Addres [redacted]
Tele.([redacted]
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 $ 100

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: 12-5-03
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

		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 11/24/2003
Date Issued 12/5/03
Control # ~~C94-01~~
Permit # 03-358

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-JACKSON HEWIT
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor LORI A SEARY
Addres [redacted]
Tele.([redacted]
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 $ 100

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: 12/5/03
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

	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)

Township of Brick
Zoning Permit

Approved: Monday, November 24, 2003 **Number:** 1978

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

Property Address: 147 Van Zile Road; Bricktown Plaza

Applicant: Lori A. Seary; Jackson Hewitt Tax Service

Property Owner: Bricktown Plaza Assocates

Existing Use: Vacant retail unit (former "Fish Tails").

Proposed Use: Jackson Hewitt Tax Service office.

Proposed Construction: Interior alterations for tenant fit-up for 1,500 square feet for "Jackson Hewitt Tax Service" office.

Conditions: An additional zoning permit is required for any sign or any other 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
NOV 24 2003
ZONING

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 147 VAN ZILE Rd., BRICK, N.J 08724

PERSONAL NAME OF APPLICANT LORI A. SEARY

BUSINESS NAME OF APPLICANT JACKSON HEWITT TAX SERVICE

MAILING ADDRESS OF APPLICAN [redacted]

PROPERTY OWNER'S FULL NAME BRICK PLAZA ASSOCIATES

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) ~~[redacted]~~ FISH TAILS

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) TAX SERVICE

PROPOSED CONSTRUCTION (check all that apply) NONE

☐ 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) Tenant 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 Lori A. Seary Date 11/24/03

Reviewed by Zoning Office JE Date 11/24/5 (X) Approved ( ) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 149 Van Liew Ave.
TYPE OF SITE Residential / Commercial NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER [redacted]
APPLICANT ADDRESS P.O. Box 1045 CITY & STATE [illegible] NJ 08854

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

$ 5000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 12/2/03 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 [illegible] Date [illegible]
Preliminary Paid [illegible] Check # [illegible]
Receipt # [illegible]

Final Total Fee Required [illegible]
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.

12/2/03 - To [illegible]

_____
Office of Affordable Housing

325103 1037

PREMIER TAX & FINANCIAL SERVICES, DBA Jackson Hewitt
P.O. BOX 4591
TOMS RIVER, NJ 08754

55-132/312 08

DATE Dec. 04, 2003

PAY TO THE ORDER OF Brick Twp. $ 25.00

Twenty-Five and 00 DOLLARS

Commerce Bank America's Most Convenient Bank® 1-800-YES-2000

FOR permit [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: Jackson Hewitt
Owner/Applicant: Premier tax + financial
Property Address: 147 Van Zile Rd.
Block: 1149 Lot: 1

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

DATE: 12/4/03

Check Number 1037
Preliminary Fee Paid $ 25.00
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:

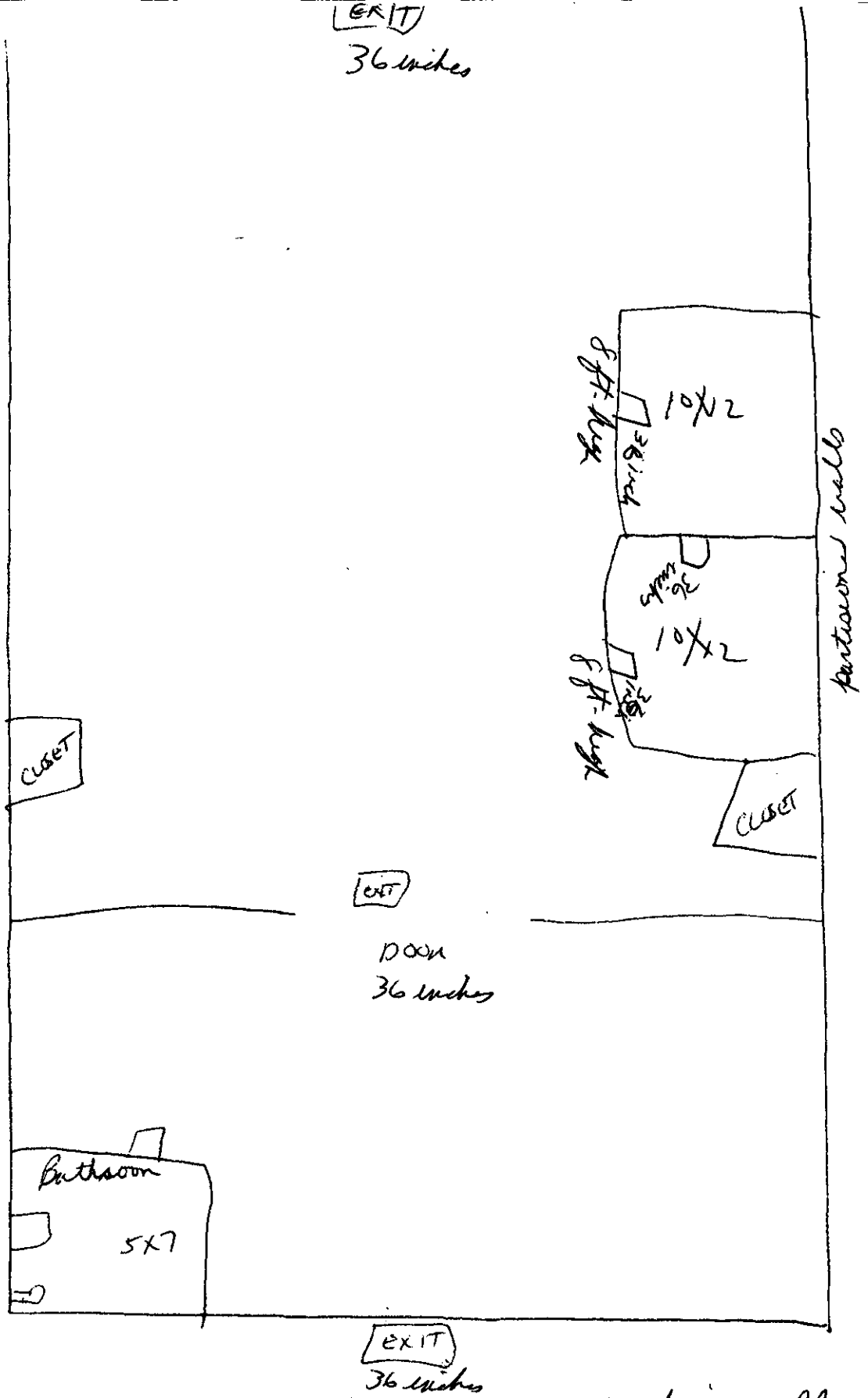
Kathy Tinbergen
Signature

12-4-03
Date

OFFICE OF AFFORDABLE HOUSING

GRANT PRELIMINARY APPROVAL

147 VAN ZILE Rd.
BRICK, NJ 08724



100 feet

15 feet

* all we did was put down new carpet & paint walls.

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: JACKSON HEWITT TAX SERVICE

Site Address: 147 VAN ZILE ROAD, BRICK, NJ 08724

Block: 1149 Lot: 1

Owner's Name: _____

Owner's Address: _____

City: _____ State: _____ ZipCode: _____

Tenant's Name: LORI A-SEARY

Tenant's Address: [redacted]

City: [redacted] State: [redacted]

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

Lori G. Seary 11/24/03
(Signature) (Date)

Sworn and subscribed before me on this 24 day of Nov 20 03.

Despina K Lines
(Notary's Signature)

DESPINA K. LINES
Notary Public of New Jersey
My Commission Expires March 13, 2004

Please attach a floor plan showing the dimensions of the room(s), location and widths of doorways, exit lights, aisle widths, counters, wall racks, and all existing equipment such as smoke detectors and sprinkler heads.

(est. 10/06/00; revised 03/12/01)

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 147 Van Zile Rd.
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Jackson Hewitt
APPLICANT Keri Seals PHONE NUMBER [redacted]
APPLICANT ADDRESS [redacted] CITY & STATE [redacted]

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

$ 5000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 12/2/03 Date

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

$ 5000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 1/2/04 Date

Prelininary Fee Required	25.00	Date	12/4/03
Preliminary Paid	25.00	Check #	1037
		Receipt #	325103
Final Total Fee Required	50.00		
Preliminary Paid	25.00	Date	1/2/04
Final Paid	25.00	Check#	1041
Balance Due	-0-	Receipt #	325128

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.

12/1/03 - Ta prelim.
12/31/03 - Ta final

Office of Affordable Housing

1041

PREMIER TAX & FINANC/HC Services D/B/A Jackson Hewitt Tax Service
P.O. BOX 4591
TOMS RIVER, NJ 08754

325128

55-132/312 08

DATE Jan. 02, 2004

PAY TO THE ORDER OF Twp. of Buck $ 25.00

Twenty-Five and 00/100 DOLLARS

Commerce Bank America's Most Convenient Bank® 1-800-YES-2000

FOR final Affordable Housing fee [redacted] Lisa C. Seas

Frederick J. Underwood, Jr.

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

Business/Development: Jackson Hewitt
Owner/Applicant: Premier tax + financial
Property Address: 147 Van Zile Rd.
Block: 1149 Lot: 1

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 1/2/04

Check Number 1041
Preliminary Fee Paid
Final Fee Paid $25.00

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:

KaDeen T. Bergen
Signature

1-2-04
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 147 VAN ZILE Rd, BRICK NJ 08724
Block: 1149 Lot: 1
Owner's Name: LORI A. SEARY (TENANT)
Owner's Mailing Address: [redacted]
Phon[redacted]

BUILDING

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

Technical Data

Description of Work:

TENANT FIT UP

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: $ 0

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: Loni A. Seary
Please Print Name LORI A. SEARY

ELECTRICAL

Contractor: DONE OTHER PERMIT
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
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

Contractor:_____
Address:_____
_____
Phone #:_____
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

FIRE

Contractor:_____
Address: OWNER
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work: TENANT FIT UP

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	
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 $0

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: Loki A. Scary
Print Name: LOKI A. SCARY