BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 149 VAN ZILE PERMIT NO. 03-5404

CONSTRUCTION PERMIT APPLICATION

Best Window CG4-11

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

I. IDENTIFICATION

1. Propsed Work Site at: 149 VAN ZILE RD BRICK 08724
2. Name of Owner in Fee: Brick Town Plaza Assc Tel. (516) 393-9000
   Address 6000 Old County Rd (street) Garden City (municipality) NY (zip code) 11530
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BEST DESIGN WINDOWS Tel. (732) 280-0050
   Address 821 BELMAR PLAZA BELMAR NJ 07719
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 223343377 FAX: (732) 280-9162
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____
6. Responsible Person in Charge of Work DAN PAGE
   Tel. (732) 280-0050 FAX (732) 280-9162

TENANT FIT UP

CONTRACTOR

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35		
2. Electrical	35		
3. Plumbing			
4. Fire Protection	35		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	4		
10. Subtotal			
11. Cert. of Occupancy			
12. Other	35		
13. TOTAL	$ 109		

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	

INFORMATIONAL - MANDATORY FOR BUILDING CODE

II. PROPOSED WORK

	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									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration	900.00								
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical	1300.00								
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	1700								

OPTIONAL (for office use only)

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 FISH TALES PETSHOP
After Construction BEST DESIGN WINDOWS
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

LDS BR 10400566

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 BEST DESIGN WINDOWS

Address 821 BELMAR PLAZA

BELMAR NJ 07719

Telephone (732) 280-0050

Signature _____ PRES

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.				

Constituent Contact Report

Date	Comments	Initials

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/13/2004
Control #
Permit # 03-5404

UCC NEW JERSEY

CERTIFICATEE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee/Occupant BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Telephone (516)393-9000
Contractor BEST DESIGN
Address 1607 MAIN ST.
BELMAR, NJ
Telephone ( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Exp. No. 22-3343377P

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
MOVE PARTITION WALL FORWARD

[ ] 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 5:17P
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 OCCUPANCYP
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 COMPLIANCEP
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 _____, ___.M

CONSTRUCTION OFFICIAL

Fee $ 0
Paid [X] Check No. 3754
Collected by: MJR

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

03C

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 01/13 2004
Control #
Permit # 03-5404

UCC NEW JERSEY

CERTIFICATES

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 143 VAN ZILE RD - BEST WAY
TENANT FIT UP
Owner in Fee/Occupant
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530
Telephone (516)
Contractor SCOT
Address 1607
BELMAR, NJ
Telephone Fax
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Mobile Home Serial No.
Type of Mechanical Plant [ ] State [ ] Private
Use Group
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP
DEMO PARTITION WALL FOR NEW

[ ] 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 OR 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 OCCUPANCY - LEAD ABATEMENT 5:17P
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
U.C.C. F260 (rev. 1/04)

Fee
Paid [ ] Check No. 3754
Collected by: MLR

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 12/05/2003
Control #
Permit # 03-5404

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block [illegible] Lot 1 Qual [illegible]

Work Site Location 141 [illegible] [illegible]
TENANT FIT UP
Owner in Fee BRICK PLAZA [illegible]
Address [illegible] OLD COUNTRY RD
[illegible]
Telephone [illegible]

Contractor BEST DESIGN
Address [illegible] MAIN ST.
BELMAR, NJ
Telephone [illegible]
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [illegible]

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

DESCRIPTION OF WORK:
TENANT FIT UP
MOVE PARTITION WALL FORWARD
ADD PARTITION WALL TO CREATE TWO STORES

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 [illegible]

Construction Official

Date

PAYMENTS (Office Use Only)	
Building	35
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA State Permit Fee	3
Cert. of Occupancy	0
Other ZPEP	30
Total	[illegible] 138 —
Check No.	[illegible]
Cash	
Collected By	MJR

12/05/03 4:06PM 000000#5764
XX02 SERV.002

#5404	
BUILDING	$35.00
ELECTRIC	$35.00
FIRE	$35.00
DCA	$3.00
ZPA	$15.00
EPA	$15.00
CHECK	$138.00

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor BEST DESIGN
Address 1607 MAIN ST.
BELMAR, NJ
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3343377

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
MOVE PARTITION WALL FORWARD
ADD PARTITION WALL TO CREATE TWO OFFICES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/5/03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	14
[ ] 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 $ 400
3. Total (1+2) $ 400

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 21
TOTAL FEE	$ 35
DCA State Permit Fee	$ 1

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 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor BEST DESIGN
Address 1607 MAIN ST.
BELMAR, NJ
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3343377

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

TENANT FIT UP
MOVE PARTITION WALL FORWARD
ADD PARTITION WALL TO CREATE TWO OFFICES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12/5/03	MM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	14
[ ] 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 $ 400
3. Total (1+2) $ 400

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 21
Collected by: TOTAL FEE	$ 35
DCA State Permit Fee	$ 1

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 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor BEST DESIGN
Address 1607 MAIN ST.
BELMAR, NJ
Tele.( ) Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3343377

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

TENANT FIT UP
HOVE PARTITION WALL FORWARD
ADD PARTITION WALL TO CREATE TWO OFFICES

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	12-5-03	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 1-13-04
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure Approval	Initial
Footing			
Foundation			
Slab			
Frame		12-11-03	FM
BarrierFree			
Insulation			
Finishes			
Energy			
Mechanical			
TCO			
Other			
Final		1/12/04	
BarrierFree			

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	14
[ ] 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 $ 400
3. Total (1+2) $ 400

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 21
TOTAL FEE	$ 35
DCA State Permit Fee	$ 1

Paid [ ] Check #
Collected by:

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 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor SEMPER FI ELECTRIC INC
Address 107 CRESCENT DR
BRICK, NJ 08724-
Tele.(732)295-8900
Lic. No. or Bldrs. Reg. No. 13833
Federal Emp. No. 22-3484254

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/3/03
Approved By: MM

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

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

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
3		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
0	0	AMP Subpanels	0
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

Administrative Surcharge	$	0
Paid [ ] Check # Minimum Fee	$	0
Collected by: TOTAL FEE	$	35
DCA State Permit Fee	$	2

U.C.C. F120 (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 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor SEMPER FI ELECTRIC INC
Address 107 CRESCENT DR
BRICK, NJ 08724-
Tele.(732)295-8900
Lic. No. or Bldrs. Reg. No. 13833
Federal Emp. No. 22-3484254

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 1,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12/5/03
Approved By: [signature]

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

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

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)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
3		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
0	0	AMP Subpanels	0
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 $ 35
DCA State Permit Fee $ 2

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

RS5.24E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor SEMPER FI ELECTRIC INC
Address 107 CRESCENT DR
BRICK, NJ 08724-
Tele.(732)295-8900
Lic. No. or Bldrs. Reg. No. 13833
Federal Emp. No. 22-3484254

B. ELECTRICAL CHARACTERISTICS

Use Group - Present _____ Proposed B
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 1,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 12 3 03
Approved By: VM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 12-29-03
Approved By: VM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			12/1/03	MM
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			12/29/03	MM

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

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
2		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
1		Alarm Devices/F.A.C. Panel	
3		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
0	0	AMP Subpanels	0
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

	Administrative Surcharge	$ 0
Paid [ ] Check # _____	Minimum Fee	$ 0
Collected by: _____	TOTAL FEE	$ 35
	DCA State Permit Fee	$ 2

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 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor SEMPER FI ELECTRIC INC
Address 107 CRESCENT DR
BRICK, NJ 08724-
Tele.(732)295-8900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3484254

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
[ ] Fire Plans Approved
Date:
Approved By:
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12/8/03
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			12-29-03	
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

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		NJ Reg System
Alarm Devices(smoke,heat,pulls,water/flow)	2	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	2	35
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		0
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 11/24/2003
Date Issued 12/5/03
Control # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor SEMPER FI ELECTRIC INC
Address 107 CRESCENT DR
BRICK, NJ 08724-
Tele.(732)295-8900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3484254

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
[ ] Fire Plans Approved
Date: 12-5-03
Approved By: nb
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)	2	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	2	35
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		0
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 # C94-11
Permit # 03-5404

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 149 VAN ZILE RD - BEST WINDOW
TENANT FIT UP
Owner in Fee BRICK PLAZA ASSOC
Address 600 OLD COUNTRY RD
GARDEN CITY, NY 11530-
Tele.(516)393-9000
Contractor SEMPER FI ELECTRIC INC
Address 107 CRESCENT DR
BRICK, NJ 08724-
Tele.(732)295-8900
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3484254

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
[ ] 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)	2	
Supervisory Devices (tampers,low/high air)	0	
Signalling Devices (horn/strobes, bells)	0	
Other Devices	0	
TOTAL	2	35
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		0
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)

Township of Brick
Zoning Permit

Approved: Monday, December 01, 2003 **Number:** 1996

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

Property Address: 149 Van Zile Road; Bricktown Plaza

Applicant: Dan Paone; Best Design Windows

Property Owner Bricktown Plaza Associates

Existing Use: Vacant retail unit (former "Fishtails").

Proposed Use: "Best Design Windows" store.

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
DEC 1 2003
PLANNING

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 149 VAN Zile

PERSONAL NAME OF APPLICANT DAN PAONE

BUSINESS NAME OF APPLICANT BEST DESIGN WINDOWS

MAILING ADDRESS OF APPLI [redacted]

PROPERTY OWNER'S FULL NAME Bricktown PLAZA ASSOCIATES.

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Retail STORE - FISH TAILS

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Retail STORE - BEST DESIGN WINDOWS

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

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

☐ 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.

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 _____ Date 10/27/03

Reviewed by Zoning Office JE Date 12/1/3 (X) Approved ( ) Denied

BEST DESIGN WINDOWS
821 BELMAR PLAZA
BELMAR, NJ 07719

325107

OCEANFIRST BANK
BRICK, NJ
55-7035/2312

3750

12/5/03

PAY TO THE ORDER OF Township of Brick $ 8.50

Eight Dollars 50 DOLLARS

MEMO Aff. Housing Fee

[redacted]

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

Business/Development: Best Design Windows

Owner/Applicant: Best Design Windows

Property Address: 149 Van Zile Rd.

Block: 1149 Lot: 1

DEPOSIT RECEIVED
Mandatory Development Fee
~~Commercial~~
Residential
Inclusionary Development Fee

DATE: 12/5/03

Check Number 3750

Preliminary Fee Paid *8.50

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

12-5-03
Date

OFFICE OF AFFORDABLE HOUSING

ANBT PRELIMINARY APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1141 LOT 1 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial NAME OF BUSINESS _____
APPLICANT _____ PHONE NUMBER [illegible]
APPLICANT ADDRESS _____ 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 %
- ◊ Commercial is .01%
- ◊ The estimated equalized assessed value of the proposed construction is

$ 1700

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 12/5/03 Date

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

$ _____

Frederick R. Millman, CTA, Tax Assessor — Date

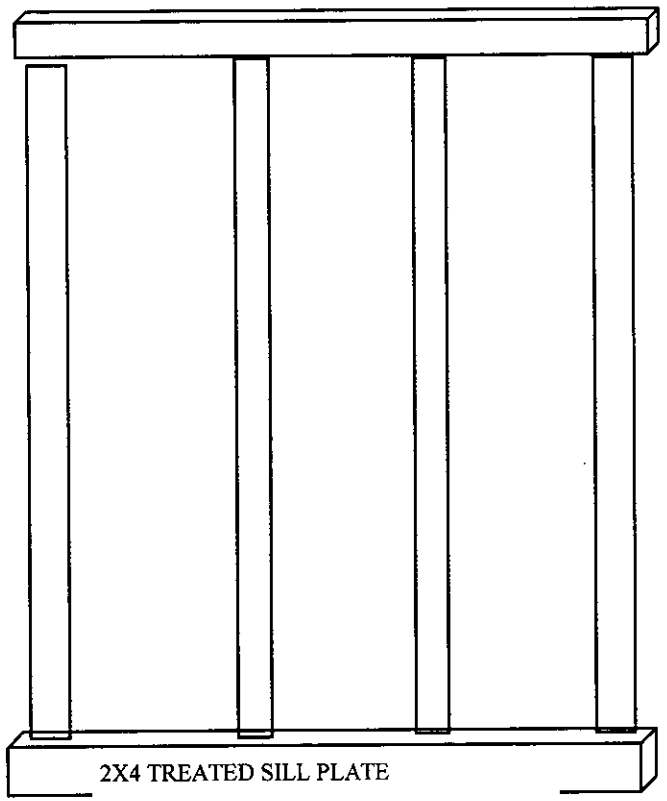
Prelininary Fee Required _____ Date _____
Preliminary Paid _____ Check # _____
Receipt # _____

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.

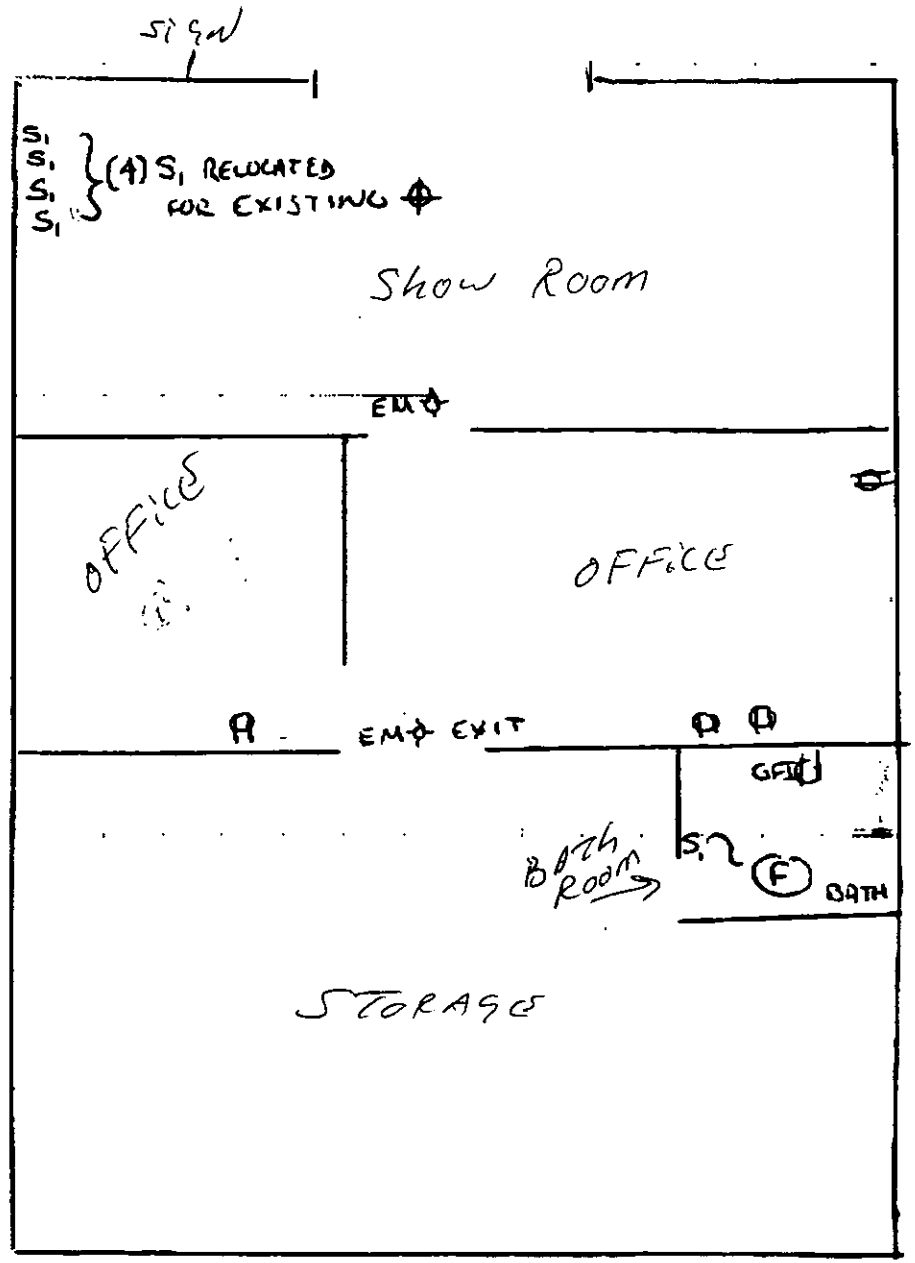
_____
Office of Affordable Housing



ALL WALLS ARE CONSTRUCTED WITH FUR STUDS. BOTTOM SILL PLATE IS 2X4 TREATED LUMBER. ALL DOORS ARE 36 INCHES WIDE

SEMPER FI ELECTRIC
P.O. BOX 391
BRICK, NJ 08723

FRONT OF STORE



Block 1149
LOT 1
149 VANZILE RD

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical		11-24 03	TO

TJ FIRE PROTECTION, INC.

November 24, 2003

Best Design Windows
Rt. 70 & Vanzile Rd.
Brick, NJ

Attn: Dan

Dear Dan,

Upon inspection of the above referenced store is was determined that sprinkler coverage is adequate after installations of additional walls.

If you have any further concerns or questions, feel free to call.

Sincerely,

David Barlow

NJ license # P00473/153861

CC: Kevin Batzel

Brick Fire Prevention

1162 ST. GEORGE AVE #296
AVENEL, NJ 07001
PH: 732-340-0122
FAX:732-340-0780

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 149 Van Zile Rd.
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS Best Doors Windows
APPLICANT Best Doors. Windows PHONE NUME [redacted]
APPLICANT ADDRESS [redacted] CITY & STATI [redacted]

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required		Date fax - 732 840 2155
	Down Payment		Date
	Balance		Date
	Paid In Full		Date
Market Rate	No Fee Required		

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$ 1700

Frederick R Millman — Frederick R. Millman, CTA, Tax Assessor — 12/5/03 Date

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

$ 1700

Frederick R Millman — Frederick R. Millman, CTA, Tax Assessor — 1/9/04 Date

Prelininary Fee Required	$ 8.50	Date	12/5/03
Preliminary Paid	8.50	Check #	3750
		Receipt #	325107
Final Total Fee Required	$ 17.00		
Preliminary Paid	8.50	Date	1/14/04
Final Paid	8.50	Check#	3755
Balance Due	- 0 -	Receipt #	325132

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.

Rita Rose Fanelli — Office of Affordable Housing

12/5/03 - fa prelim
1/8/04 - fa final
1/12/04 - letter + phone call to Jared

BEST DESIGN WINDOWS
821 BELMAR PLAZA
BELMAR, NJ 07719

325132

OCEANFIRST BANK
BRICK, NJ
55-7035/2312

3755

1-14-04

PAY TO THE ORDER OF Township of Brick $ 8.50

Eight Dollars & Fifty cents DOLLARS

MEMO Aff. Housing

[redacted]

From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Best Design Windows

Owner/Applicant: Best Design Windows

Property Address: 149 Van Zile Rd.

Block: 1149 Lot: 1

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

DATE: 1/14/04

Check Number 3755

Preliminary Fee Paid

Final Fee Paid $8.50

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.

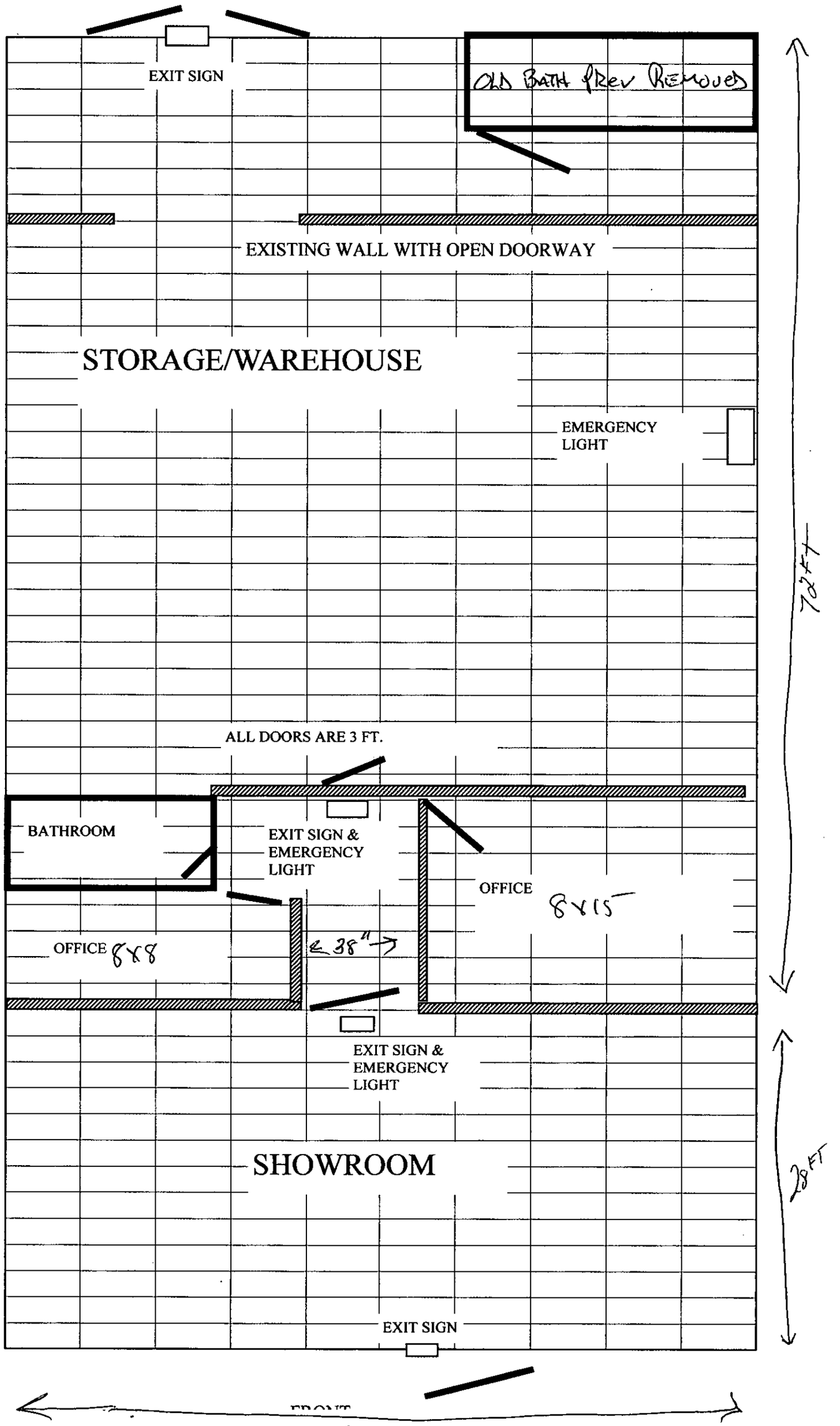
Received in Treasurer's Office by:

Signature

1-14-04
Date

OFFICE OF AFFORDABLE HOUSING

AWAIT FINAL APPROVAL


EXIT SIGN
OLD BATH PREV REMOVED
EXISTING WALL WITH OPEN DOORWAY
STORAGE/WAREHOUSE
EMERGENCY LIGHT
72 FT
ALL DOORS ARE 3 FT.
BATHROOM
EXIT SIGN & EMERGENCY LIGHT
OFFICE 8X15
OFFICE 8X8
38"
EXIT SIGN & EMERGENCY LIGHT
SHOWROOM
28 FT
EXIT SIGN
FRONT
20 FT

EXSITING AS IS

EXIT SIGN

~~Bath~~
OLD BATH Prev Removed

EXISTING WALL WITH OPEN DOORWAY

BATH

EXIT SIGN

EXIT SIGN

FRONT

30 Feet

100 FT

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building	12-503		
Fire			
Electrical			

Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical			

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 1419 VAN Zile RD Brick
Block: 1149 Lot: 1
Owner's Name: Bricktown Plaza Associates.
Owner's Mailing Address: 600 Old Country Rd
Garden City NY 11530
Phone: (516) 393-9000

BUILDING

Contractor: Best Design Windows
Address: 821 Belmar Plaza
Belmar NJ
Phone#: 732-280-0050
Lis #
Federal Emp # or SSN 223343377

Technical Data

Description of Work:
Move Partition wall
Forward - Add Partions wall
To create 2 offices

Type of Work

___New Building
___Addition
__✓__Alteration
___Roofing
___Asbestos Abatement
___Fireplace wd/gas
___Siding
___Fence
___Pool
___Demolition
__✓__Sign 40 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: $ 4000.00

Cost of New Building: $

Cost of Site Work $

Total Cost of New Building Work: $ 400.00

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: Daniel S Payne
Please Print Name Daniel S Payne

ELECTRICAL

Contractor: Semper Fi Electric
Address: 107 Crescent, Dr., Brick

Phone#: 732-295-8900
Lis #: 13833
Federal Emp # or SSN 22-3484254

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	Smoke (2)
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	1
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: 1300.00

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: Thomas S. Allen
Please Print Name THOMAS S. ALLEN

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:

~~Cap off water & sewer line~~
~~[illegible]~~

Estimated Cost of Plumbing Work ~~3000.00~~

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: TI Fire Protection Inc
Address: 1162 St Georges Ave #296
Avenel NJ 07001
Phone #: 732-340-0122.
Lis #:_____
Federal Emp # or SSN_____

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	
Dry Sprinkler Heads	
Total	
Smoke Detectors	2
Heat Detectors	
Total	
Stand Pipes	
Kitchen Hood Exhaust System	

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

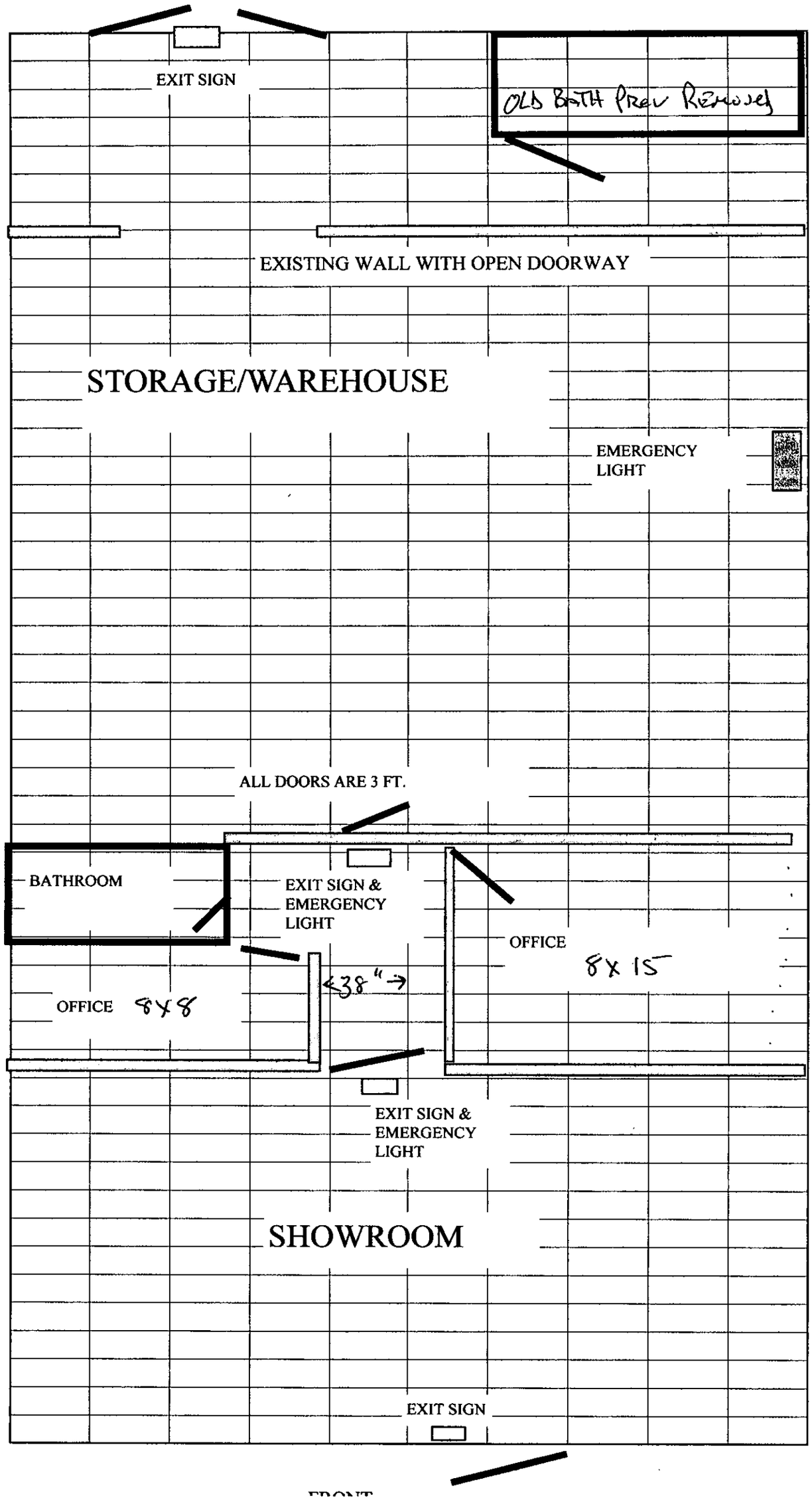
Gas/ Oil Fired Appliances:
Gas Stove_____
Gas Dryer_____
Furnace (Gas or Oil)_____
Gas Fireplace_____
Gas Logs_____
Total Appliances_____

Wood Burning Stove_____
Wood Fireplace_____
Other:
inspected sprinkler Heads. All heads comply with Floor Plans.

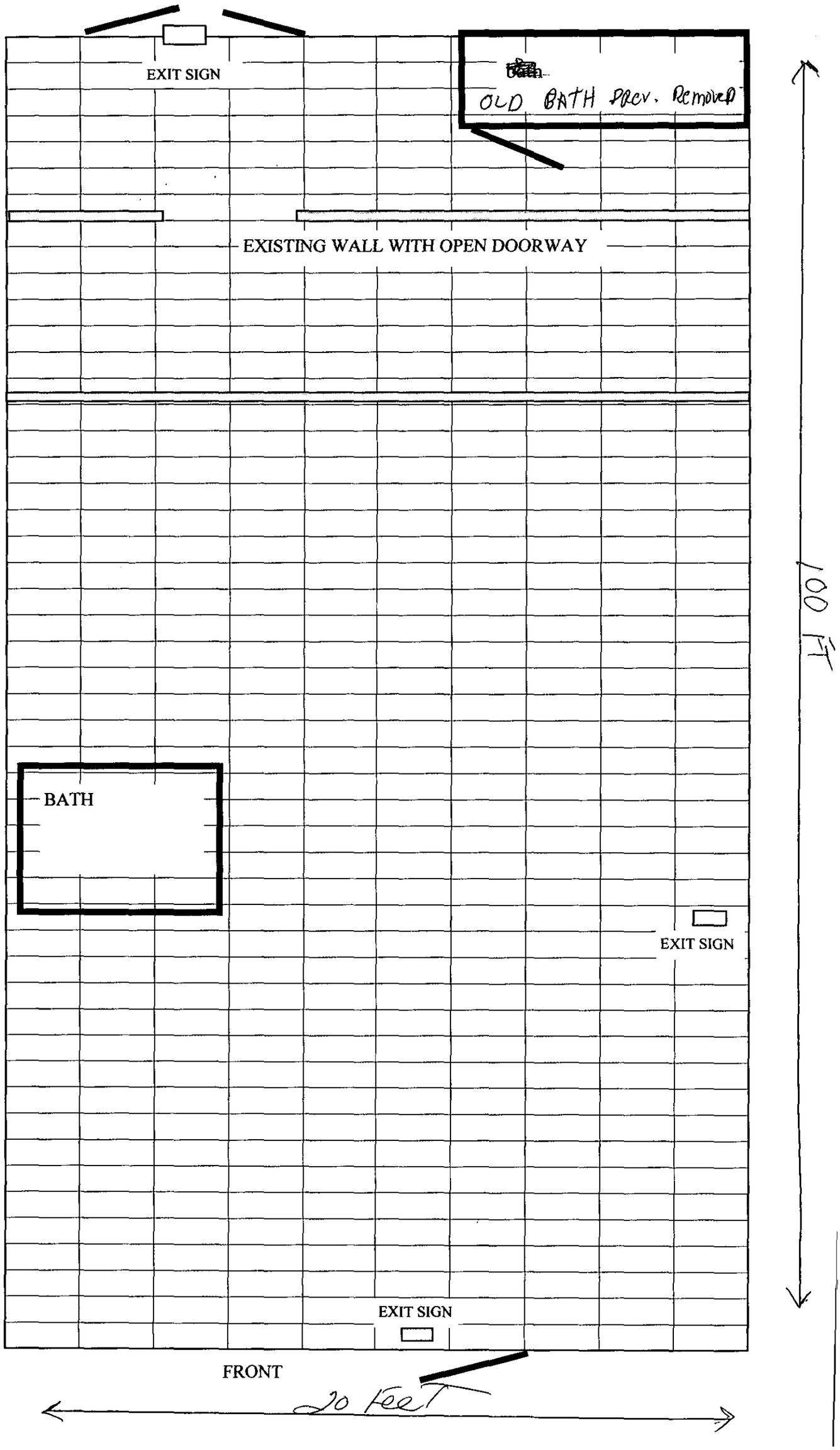
Estimated Cost of Fire Work_____

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: Edward B O'Leary
Print Name: Edward B Oleary


EXIT SIGN
OLD BATH PREV REMOVED
EXISTING WALL WITH OPEN DOORWAY
STORAGE/WAREHOUSE
EMERGENCY LIGHT
ALL DOORS ARE 3 FT.
BATHROOM
EXIT SIGN & EMERGENCY LIGHT
OFFICE
8X15
38"
OFFICE
8X8
EXIT SIGN & EMERGENCY LIGHT
SHOWROOM
EXIT SIGN

EXSTING AS IS



Brick Township

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building			
Fire			
Electrical			