BLOCK 1149 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 159 Van Zile Rd. PERMIT NO. 04-3035

CONSTRUCTION PERMIT APPLICATION

CB-5.8

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

I. IDENTIFICATION

1. Propsed Work Site at: 159 VAN ZILE RD BRICK NJ
2. Name of C... KAY MAJOROS Tel. [redacted]
   Address [redacted] zip code
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: KAY MAJOROS Tel. [redacted]
   Address [redacted]
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Re... as Begun KAY MAJOROS
   Tel [redacted] FAX: (732) 255-6911

COMMERCIAL

Tenant Fit-up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	106	
2.	Electrical		40	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$	5	
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other		30	
13.	TOTAL	$	181	

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									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing									
7.	☑ Electrical		JC	10/1/04		7/22/04	FD	7/27/04		OK
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8					7/22/04	MW	7/27/04		OK
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS		CM	7/14/04		7/14/04	M			

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. 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:

IMPORTANT MANDATORY FEE 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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10402863

U.C.C. F100-1 (rev. 04/03)

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 Kay Majors Date Jul 1-04

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.

Constituent Contact Report

Date	Comments	Initials

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/28/2004
Control #
Permit # 04-3035

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 159 VAN ZILE RD
TENANT FIT UP
Owner in Fee/Occupant MAJOROS, KAY
Address [redacted]
Telephone
Contractor JIM WEBER
Address 1210 TAYLOR LN
FORKED RIVER, NJ 08731-
Telephone (609)971-3718 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6463685

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 - PARTIAL REMOVAL OF EXISTING NON-B
BIGGER WORK AREA IN FLORIST

[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. 0473
Collected by: JML

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

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/22/2004
Control #
Permit # 04-3035

UCC NEW JERSEY

CONSTRUCTION PERMITE

IDENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 159 VAN ZILE RD
TENANT FIT UP
Owner in Fee MAJOROS, KAY
Address [redacted]
Telephone [redacted]

Contractor JIM WEBER
Address 1210 TAYLOR LN
FORKED RIVER, NJ 08731-
Telephone (609)971-3718
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 13-6463685

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL [ ] FIRE PROTECTION [ ] DEMOLITION
[ ] ELEVATOR DEVICES [ ] ASBESTOS ABATEMENT [ ] OTHER
(Subchapter 8 only)

DESCRIPTION OF WORK:
TENANT FIT UP - PARTIAL REMOVAL OF EXISTING NON-BEARING WALLS TO MAKE A BIGGER WORK AREA IN FLORIST

NOTE: If construction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $ 3,950

D. Delumen Jr. 07/22/2004
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	106
Electrical	40
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other ZP/EP	30
DCA State Permit Fee	5
Cert. of Occupancy	0
Other	
Total	181
Check No.	0473
Cash	
Collected By	JML

07/22/04 11:18AM 001558#1283
XX07 SERV.007

#3035	
BUILDING	$106.00
ELECTRIC	$40.00
ZPA	$15.00
EPA	$15.00
DCA	$5.00
CHECK	$181.00

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

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 07/01/2004
Date Issued 7/22/04
Control # C13-52
Permit # 04-3035

CONFIDENTIAL

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 159 VAN ZILE RD
TENANT FIT UP

Owner in Fee MAIORDS KAY

Addr [redacted]

Tele

Contractor JIM WEBER

Address 1210 TAYLOR LN
FORKED RIVER, NJ 08731-

Tele.(609)971-3718 Fax ( )

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 13-6463685

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	7-22-04	
[ ] 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			7/27/04	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present B 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 $ 3,200
3. Total (1+2) $ 3,200

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP - PARTIAL REMOVAL OF EXISTING NON-BEARING WALLS TO MAKE A BIGGER WORK AREA IN FLORIST

Counter Height Must Comply with ADA Requirements

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	106
[ ] 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

Administrative Surcharge	$ 0
Paid [ ] Check # Minimum Fee	$ 0
Collected by: TOTAL FEE	$ 106
DCA State Permit Fee	$ 4

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 07/01/2004
Date Issued 7/22/04
Control # C13-52
Permit # 04-3035

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 159 VAN ZILE RD
TENANT FIT UP

Own [redacted]
Add
Tel

Contractor GEOFFREY STAHL
Address PO BOX 9547
BARNEGAT, NJ 08005-
Tele.(609)971-6556
Lic. No. or Bldrs. Reg. No. 9578
Federal Emp. No. 22-2960236

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 750

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 7/22/04
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 7/27/04
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other 3 Fireplaces			7/27 0-mm	
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	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
0		TOTAL NUMBERS	0
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
3	5	KW Central A/C Unit	30
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	$ 10
Collected by:	TOTAL FEE	$ 40
	DCA State Permit Fee	$ 1

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

Township of Brick
Zoning Permit

Approved: Tuesday, July 13, 2004 **Number:** 1057

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

Property Address: 159 Van Zile Road; Brick Town Plaza

Applicant: Catherine Majoros; Bow-Kay Florist

Property Owner Brick Town Plaza Associates

Existing Use: Vacant retail unit.

Proposed Use: Florist shop.

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: An additional zoning permit is required for any sign or any other additional work.
The street address number must be displayed on the door.

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
JUL 13 2004
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 159 Van Zile Road

PERSONAL NAME OF APPLICANT Catherine Majoros

BUSINESS NAME OF APPLICANT "Bow-Kay" Florist

MAILING ADDRESS OF APPLICANT [redacted]

PROPERTY OWNER'S FULL NAME Brick Town Plaza Associates

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Multi-shopping center with Aldi's as anchor - vacant store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) for use as florist - "Bow-Kay" Florist

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) tenant f.t. 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.

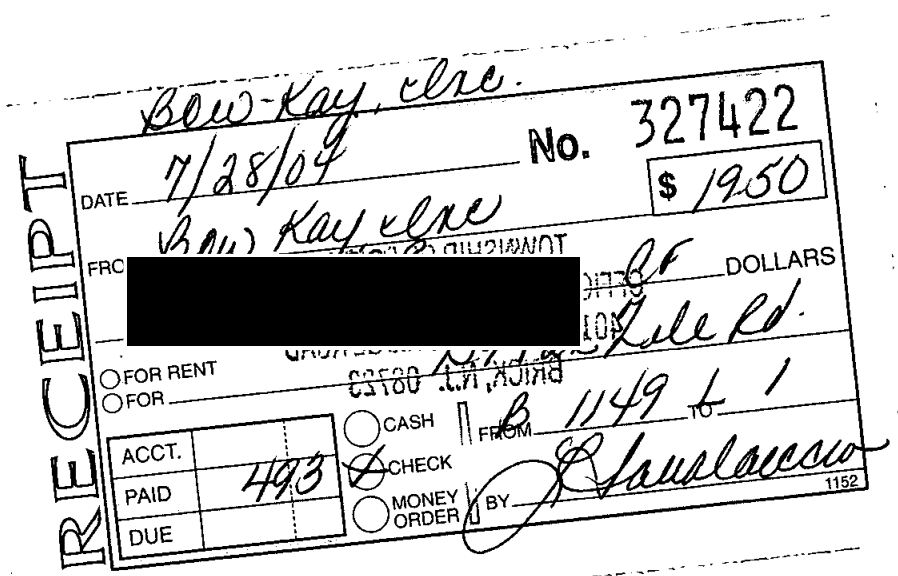
Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

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 C. Kay Majoros Date Jul 1-04

Reviewed by Zoning Office SC Date 7/13/4 (X) Approved ( ) Denied



RECEIPT

Bow-Kay, Inc.

DATE 7/28/04 No. 327422

$ 1950

FRC [redacted] DOLLARS

Lee Rd.

FOR RENT

FOR

B 1149 L 1

CASH

CHECK

MONEY ORDER

FROM TO

BY

ACCT.	
PAID	493
DUE	

1152

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 159 Van Zile Rd.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Bew Kay's Liquors
APPLICANT Kay Traders 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

$ 3900

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 7/15/04 Date

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

$ 3900

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 7/27/04 Date

Preliminary Fee $19.50 — Date 7/19/04
Check # 0468 — Receipt # 327415

Final Fee $19.50 — Date 7/28/04
Check# 0493 — Reciept # 327432

Total Fee Due/Paid $39.00
Balance Due _____

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.

Barbara Tavalaccio
Office of Affordable Housing

7/14/04 - Ta prelim.
7/15/04 - mailed letter
7/27/04 - Ta final

BOW-KAY, INC.
2112 ROUTE 88 EAST 732-295-3110
BRICK, NJ-08724

327422 0493

55-2/212

DATE Jul 27 04

PAY TO THE ORDER OF Brick Town Affordable Housing $ 19.50

Nineteen Dollars 50/100 DOLLARS

FIRST UNION NATIONAL BANK
SILVERTON OFFICE
TOMS RIVER, NJ 08753

FOR Permit 2nd half Catherine Tracy

[redacted]

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

Business/Development: Bow Kay Florist
Owner/Applicant: Bow Kay Florist
Property Address: 159 Van Zile Rd.
Block: 1149 Lot: 1

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: _____

Check Number 0493
Preliminary Fee Paid _____
Final Fee Paid * 19.50

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 _____ Date 7/28/04

OFFICE OF AFFORDABLE HOUSING

AWAIT FINAL APPROVAL

AHBT FINAL APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 1 SITE ADDRESS 159 Van Zile Rd.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS Bew Kay Florist
APPLICANT Kay Waters PHONE NUMBER 732-295-3110
APPLICANT ADDRESS 2112 Rt. 88 E. CITY & STATE Brick NJ. 08724

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

$ 3900

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 7/15/04 Date

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

$ _____

_____ Frederick R. Millman, CTA, Tax Assessor — _____ Date

Preliminary Fee $19.50 — Date 7/19/04
Check # 0468 — Receipt # 327415

Final Fee _____ — Date _____
Check# _____ — Reciept # _____

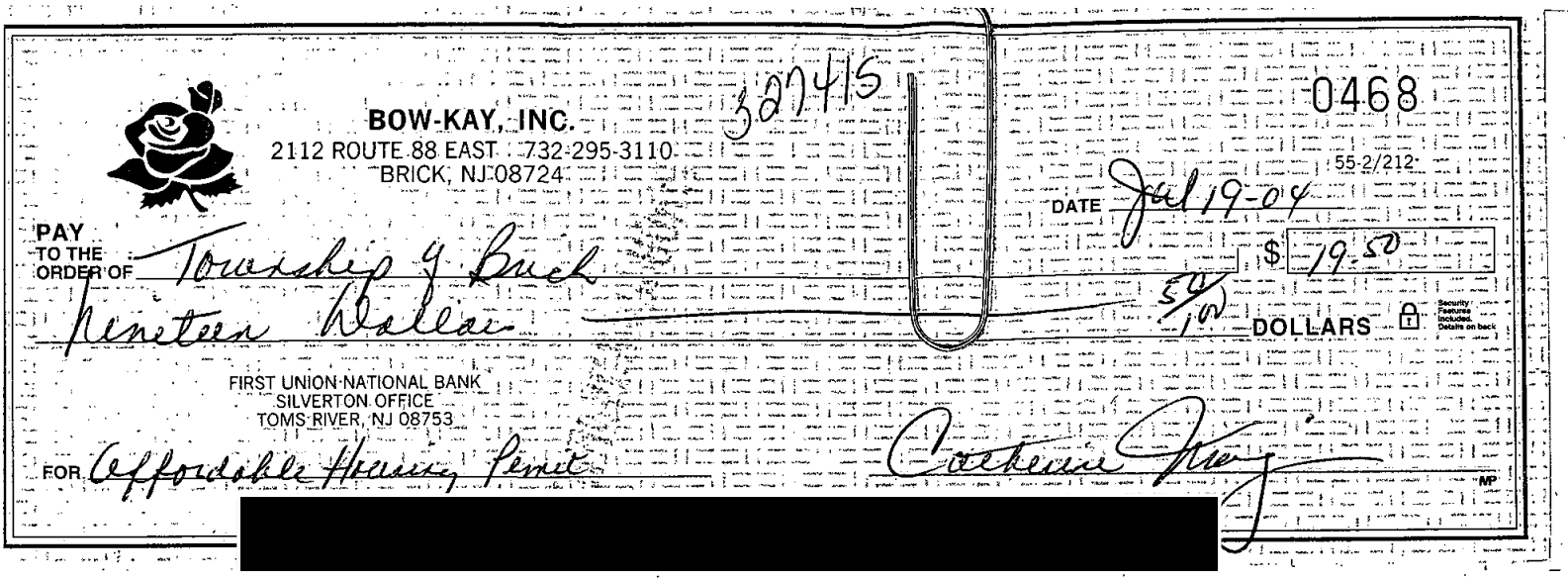
Total Fee Due/Paid $39.00
Balance Due _____

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.

7/14/04 - To Pelleck.
7/15/04 - Mailed Letter

_____
Office of Affordable Housing



BOW-KAY, INC.
2112 ROUTE 88 EAST 732-295-3110
BRICK, NJ 08724

327415

0468

55-2/212

DATE Jul 19-04

PAY TO THE ORDER OF Township of Brick

$ 19.50

Nineteen Dollars 50/100 DOLLARS

FIRST UNION NATIONAL BANK
SILVERTON OFFICE
TOMS RIVER, NJ 08753

FOR Affordable Housing Permit

Catherine Tracy

[redacted]

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

Business/Development: Bow Kay, Inc.

Owner/Applicant: Bow-Kay, Inc.

Property Address: 159 Van Zile Rd.

Block: 1149 Lot: 1

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

DATE: 7/19/04

Check Number 468

Preliminary Fee Paid $19.50

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

7-19-04
Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

AHBT PRELIMINARY APPROVAL

BLK 1149 LOT 140

135-167

Tenant Fit-ups

Different use then previous proprietor:

- Zoning Application
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new/replacement electric)
- Plumbing Permit (adding/deleting/changing fixtures)
- Floor plan of before and after---signed

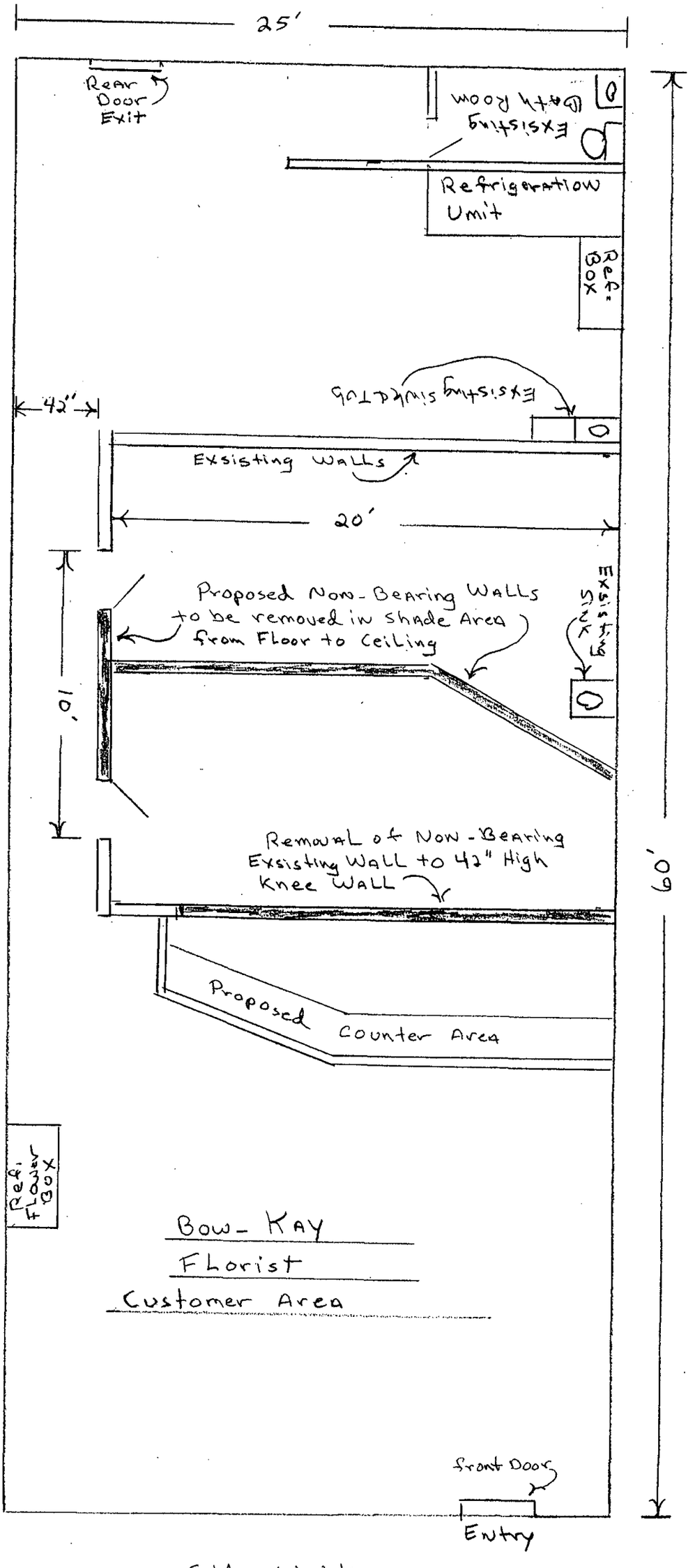
Same use as previous proprietor w/ interior renovations:

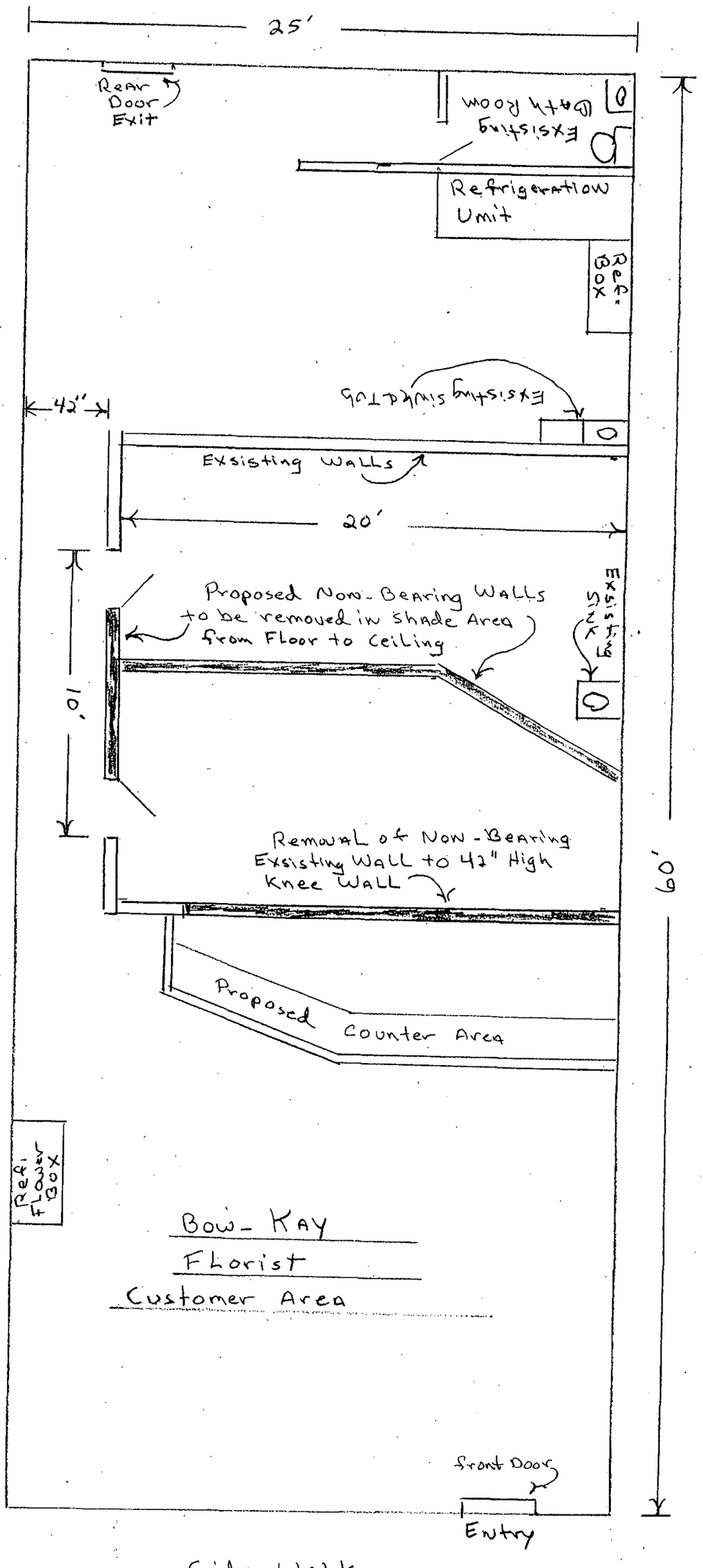
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new fixtures/receptacles)
- Plumbing Permit (adding/deleting/changing plumbing fixtures)
- Drawings of layout before and after--- signed

Same use as previous proprietor w/ no interior changes:

- Tenant Occupancy Verification Form
- Detailed floor plan showing dimension of room, location and size of doors, exit lights, smoke detectors, sprinkler heads, aisle widths, counters, ect…

***Based on the evaluation of the application submitted, a permit and fee may not be necessary. The office will contact the tenant when such a determination has been made.


25'
Rear Door Exit
Existing Bath Room
Refrigeration Unit
Ref. Box
Existing Sink Tub
42"
Existing Walls
20'
Proposed Non-Bearing Walls to be removed in shade Area from Floor to Ceiling
Existing Sink
10'
Removal of Non-Bearing Existing Wall to 42" High Knee Wall
Proposed Counter Area
Ref. Flower Box
Bow-Kay
Florist
Customer Area
Front Door
Entry
Side Walk
STORE front
60'
Scale 1/4" to 1'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60'
Ref. Flower Box
Bow-Kay
Florist
Customer Area
Front Door
Entry
Side Walk
STORE Front

Scale 1/4" to 1'

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 159 Yaw Zile Rd.
Block: 1149 Lot: 1
Owner's Name: KAY [redacted]
Owner's Mailing Address: [redacted]

Phone: [redacted]

BUILDING

Contractor: Jim Weber
Address: 1210 Taylor Lane
Forked River, N.J. 08731
Phone#: 609-971-3718
Lis #: [redacted]
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:
Partial Removal of Exsisting Non-Bearing Walls to make a bigger work Area in Florist

Type of Work

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

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: 1
Height of Structure: 12'
Area of the largest floor: Total floorspace 1500 S.F.
Area of New Structure:_____
Volume of New Structure:_____
Total Land Disturbed:_____

Cost of Alteration: $ 3200.00

Cost of New Building: $_____

Cost of Site Work $_____

Total Cost of New Building Work: $ 3200.00

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: Jim Weber
Please Print Name Jim Weber

ELECTRICAL

Contractor: Geoffrey STAHL
Address: PO Box 954
Barnegat NJ 08005
Phone#: 609-971-6556
Lis #: 9578
Federal Emp # or SSN 222960136

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
Sprinkler System	
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other: 1-20A 240V Flower Box 2-20A 240V Refrigeration units	

Estimated Cost of Electrical Work: 750.00

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: Geoffrey Stahl
Please Print Name Geoffrey STAHL

CONTRACTOR'S SEAL