BLOCK 1149 LOT 1 C3-49 ADDRESS (SITE) 171 VANZILE Rd. PERMIT NO. 01-0392

Tanning Lounge

CONSTRUCTION PERMIT APPLICATION COMMERCIAL

Applicant Completes: Sections I, II, III (optional), IV, VI and VII near Aldi's

I. IDENTIFICATION

1. Proposed Work-site at: 171 Van Zile Rd Brick 08724
2. Name of Owner in Fee: MARIA DEMARTINO Tel. (732) 206 0516
   Address 23 NATIONAL AVE. (street) BRICK (municipality) 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Anthony Golisch Tel. (732) 350 7088
   Address 701 PENN. AVE. WHITING N.J.
   License No. OR, if new home, Builder Reg. No. [redacted]
   Federal Emp. No. Contact Tel ff Social Sec
5. Architect or Engineer David Hartdorn Tel. (732) 899-1608
   Address 332 DEERFOOT LN BRICK NJ
6. Responsible Person in Charge of Work Anthony Golisch Tel. 350 7088

RECEIVED JAN – 3 2001

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 160		
2. Electrical	455		
3. Plumbing	35		
4. Fire Protection	46		
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	1.41		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	30		
13. TOTAL	$ 731		

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 _____ sq. ft.
    no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	6000.00
6. ☐ Fire Protection	
7. ☒ Plumbing	2000.00
8. ☒ Electrical	5500.00
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	13,500.00

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
				1-9-01	FM			
				1-18-01	RB			
			1-11-01	2-22-01	RB			
				2-21-01	FM			
	Em	1/4/01		1/4/01	JK			

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

IMPORTANT - FILL IN COMMERCIAL APPLICATION

LDS BR 10202425

2/22/01

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 faot 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 Marie DeMarte Date 12/26/00

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

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	
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐ Other									
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☐ Certificate of Approval	No.		
☐ None			

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/25/2001
Control #
Permit # 01-0392

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee/Occupant BRICKTOWN PLAZA ASSOC
Address 600 OLD COUNTRY RD SUITE 425
GARDEN CITY, NY -
Telephone (516)393-9000
Contractor ANTHONY GOLTSCH
Address 1701 PENN AVE
WHITING, NJ
Telephone (732)350-7088 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7506239

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 WAS WINKLEMANS BUTCHER SHOP NOW TAN

[ ] 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. Cash
Collected by: ERP

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 05/25/2001
Control #
Permit # 01-0392

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 1149 Lot 1 Qual
Work Site Location 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee/Occupant BRICKTOWN PLAZA ASSOC
Address 600 OLD COUNTRY RD SUITE 425
GARDEN CITY, NY -
Telephone (516)393-9000
Contractor ANTHONY GOLTSCH
Address 1701 PENN AVE
WHITING, NJ
Telephone (732)350-7088 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7506239

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 WAS WINKLEMANS BUTCHER SHOP NOW TAN

[ ] 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. Cash
Collected by: ERP

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

02/22/2001 14:36PM 00000041910
**07 SERV.007

#10392	$160.00
BUILDING	$455.00
ELECTRIC	$35.00
PLUMBING	$46.00
FIRE	$11.00
DCA	$15.00
ZPA	$15.00
EPA	$737.00
**TOTAL	$0.00
CASH	
CHANGE	

Date Issued 02/22/20
Control #
Permit # 01-0392

UCC NEW JERSEY CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 1 Qual

Work Site Location 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee BRICKTOWN PLAZA ASSOC
Address 600 OLD COUNTRY RD SUITE 425
GARDEN CITY, NY
Telephone (516)393-9000

Contractor ANTHONY GOLTSCH
Address 1701 PENN AVE
WHITING, NJ
Telephone (732)350-7088
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7506239

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP WAS WINKLEMANS BUTCHER SHOP NOW TANNING LOUNGE

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 $ 13,750

Construction Official

02/22/2001
Date

U.C.C. 4170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	160
Electrical	455
Plumbing	35
Fire Protection	46
Elevator Devices	0
Other	
DCA Training Fee	11
Cert. of Occupancy	0
Other ZPP	30
Total	737.00
Check No.	
Cash	X
Collected By	ERP

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2/22/01
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP

Owner in Fee DEMARTINO, MARIA

Addres: [redacted]
BRICK, NJ 08724-

Tele.( ) Fax ( )

Contractor GREGORY C. HAZARD

Address 916 BAY AVE.
PT PLEASANT BEACH, NJ 08742-

Tele.( )

Lic. No. or Bldrs. Reg. No. 10363

Federal Emp. No. 13-6601921

COMMERCIAL

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B

Building Sewer Size [ ] Public Sewer [ ] Private Septic

Water Sewer Size [ ] Public Water [ ] Private Well

Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-22-01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 5-23-01

INSPECTIONS Type	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab				
Rough		3-9-01		DW
Water				
Sewer				
Fixtures		5-23-01		DW
Gas Equip.				
Gas Piping		3-4-01		DW
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

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

Signature/Contractor Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet 80'	0
0	Bath Tub	0
0	Lavatory 2 @ 8.00	0
0	Shower "	0
0	Floor Drain 1/4 (*)	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
1	Washing Machine	10
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	2

Paid [ ] Check # Collected by:

(*) Extending 1" to dryer with 3/4". OK by code

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2 [illegible]/01
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee DEMARTINO, MARIA
Address: [redacted]
BRICK, NJ 08724-
Tele.( ) Fax ( )
Contractor GREGORY C. HAZARD
Address 916 BAY AVE.
PT PLEASANT BEACH, NJ 08742-
Tele.( )
Lic. No. or Bldrs. Reg. No. 10363
Federal Emp. No. 13-6601921

B. PLUMBING CHARACTERISTICS

Use Group Present B Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2 22. 01
Approved By:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

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

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
1	Washing Machine	10
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
1	Gas Piping	25
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Greasetrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
	Other	0
	Other	0

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

(*) Extending 1" to dryer will 3/4". OK by code

U.C.C. P130 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2/2/01
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner i
Address [redacted]
Tele.(732)818-0354 Fax ( )
Contractor DREW ELECTRIC SERVICE
Address 358 GRANDE RIVER BLVD
TOMS RIVER, NJ 08755-
Tele.(732)818-0354
Lic. No. or Bldrs. Reg. No. 5897
Federal Emp. No. 22-2584121

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~No~~ Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
~~No~~ Elect Plans Approved
Date: 2-21-01
Approved By:

SUBCODE APPROVAL
~~No~~ CO [ ] CCO [ ] CA
Date: 5/7/01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	3/12/01			
Temp Serv	4/20/01			
Const Serv				
TCO				
Other				
Service	4/30/01		5/7/01	
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	
10		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	
10		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
8	12	KW Elect Water Heater	320
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
1	400	AMP Service	100
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

Paid [ ] Check #
Collected by:

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	455
DCA Training Fee	$	4

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2/5/2001
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee DEMARTINO, MARIA
Addres [redacted]
BRICK, NJ 08724-
Tele.(732)818-0354 Fax ( )
Contractor DREW ELECTRIC SERVICE
Address 358 GRANDE RIVER BLVD
TOMS RIVER, NJ 08755-
Tele.(732)818-0354
Lic. No. or Bldrs. Reg. No. 5897
Federal Emp. No. 22-2584121

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 5,500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
~~[ ]~~ No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
~~[ ]~~ Elect Plans Approved
Date: 2/2/01
Approved By:

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	
10		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	
10		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
8	12	KW Elect Water Heater	320
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
1	400	AMP Service	100
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	$ 455
	DCA Training Fee	$ 4

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2/22/01
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee DEMARTINO, MARIA
Addres [redacted]
BRICK, NJ 08724-
Tele.(732)350-7088 Fax ( )
Contractor ANTHONY GOLTSCH
Address 1701 PENN AVE
WHITING, NJ
Tele.(732)350-7088
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7506239

COMMERCIAL

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present B 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 $ 250

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: 1-12-01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 5-23-01
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			5-23-01	OB
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	NUMBER	
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 [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

check for relocation of Sprinkler heads.

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	46
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2/22/01
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee DEMARTINO, MARIA
Address [redacted]
BRICK, NJ 08724-
Tele.(732)350-7088 Fax ( )
Contractor ANTHONY GOLTSCH
Address 1701 PENN AVE
WHITING, NJ
Tele.(732)350-7088
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7506239

B. FIRE PROTECTION CHARACTERISTICS
Use Group Present B 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 $ 250

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: 1-15-01
Approved By: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO				
Final				
Other				

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

D. TECHNICAL SITE DATA

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

Storage Tanks
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity 0 Fuel
Alarm Systems [ ] 110v Interconnected
[ ] System

	NUMBER	FEE (Office Use Only)
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 [X] or Oil [ ] Fired Appliances	1	46
Other		0
Other		0

check c.c. of location of sprinkler heads

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 46
DCA Training Fee $ 0

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2 02/01
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee ARMANDINO MARIA
Address [redacted]
BRICK, NJ 08724-
Tele.(732)206-0516
Contractor ANTHONY GOLTSCH
Address 1701 PENN AVE
WHITING, NJ
Tele.(732)350-7088 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7506239

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-9-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 5-25-01
Approved By: FM

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame	3-1-01		3/9/01	FM
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			5/25/01	
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 $ 6,000
3. Total (1+2) $ 6,000

Industrialized Building:
[ ] State Approved
[ ] HUD

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP WAS WINKLEMANS BUTCHER SHOP NOW TANNING LOUNGE

Combustion Air FOR water heaters MUST NOT BE COMPROMISED

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	160
[ ] 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	$ 160
	DCA Training Fee	$ 5

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 01/03/2001
Date Issued 2 02101
Control # ~~C3-49~~
Permit # 01-0392

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 171 VAN ZILE RD-TANNING LOUNG
TENANT FIT UP
Owner in Fee DEMARTINO, MARIA
Address [redacted]
BRICK, NJ 08724-
Tele.(732)206-0516
Contractor ANTHONY GOLTSCH
Address 1701 PENN AVE
WHITING, NJ
Tele.(732)350-7088 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 15-7506239

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 WAS WINKLEMANS BUTCHER SHOP NOW TANNING LOUNGE

Combustion Air For water heaters must NOT be compromised

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	1-9-01	EMM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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				

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 $ 6,000
3. Total (1+2)$ 6,000

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	160
[ ] 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
Minimum Fee	$ 0
TOTAL FEE	$ 160
DCA Training Fee	$ 5

Paid [ ] Check #
Collected by:

U.C.C. P110 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: January 3, 2001 **No. 1.0004**

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

Property Address: 171 Van Zile Road, Aldi Plaza

Applicant: Maria DeMartino

Property Owner: Same

Existing Use: Vacant retail unit (formerly Winkleman's butcher shop)

Proposed Use: Tanning lounge

Proposed Construction: Interior alterations for tenant fit-up.

Conditions: Interior work only.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

RECEIVED
JAN 3 2001
ZONING

BLOCK 1149 LOT 1

PROPERTY ADDRESS (number and street) 171 VANZILE Rd. BRICK

NAME OF PROPERTY OWNER MARIA DEMARTINO

PERSONAL NAME OF APPLICANT MARIA DEMARTINO

BUSINESS NAME OF APPLICANT SOLAR LOUNGE

MAILING ADDRESS OF APPLICANT [redacted]

TELEPHONE NUMBER OF APPLICANT

PRESENT USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☒ Commercial (please describe) Empty WAS WINKLEMANS BUTCHER Shop

PROPOSED USE OF PROPERTY (check all that apply)
- ☐ Vacant Lot
- ☐ Single-family dwelling
- ☐ Multi-family dwelling
- ☒ Commercial (please describe) TANNING Lounge

PROPOSED CONSTRUCTION (please describe, specifically additions)
PARTITIONS TO DIVIDE TANNING ROOMS, ETC. FOR TANNING BEDS
LAUNDRY AREA

All dimensions: ____Width ____Length ____Height

All dimensions: ____Width ____Length ____Height

All dimensions: ____Width ____Length ____Height

Deck or Garage: ____Attached ____Detached ____Height

Fence: ____Style ____Material ____Height

COMMERCIAL

CHECKLIST:

- ☑ All information completed above
- ☑ Two (2) copies of the property survey map 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.

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 Maria DeMartino Date 12/26/00

Reviewed by Zoning Officer JK Date 1-3-1 (X) Approved ( ) Rejected

01-0588
01-0392

"Tanning Lounge"

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 171 Van Zile Rd. Block 1149 Lot 1

Final Inspections needed if applicable as follows:

Z06-0555

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

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

	FINALS	FINALS	FINALS
5/25	BUILDING	APPROVED	5/25/01 OK
5/23	PLUMBING	APPROVED	5/23/01 OK
	FIRE	APPROVED	5/23/01 OK
	ELECTRIC	APPROVED	5/17/01 OK
	ENGINEERING	APPROVED	N/A
	O.C.SOIL	APPROVED	N/A

COMMERCIAL OCCUPANCY CARD

C.C. FROM B.T.M.U.A. ~~Needs C.C.~~ NO C.C. as per Patty

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

AFFORDABLE HOUSING OK as per LisaRose

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 11/4/11

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 1104 LOT 1 SITE ADDRESS [illegible]

TYPE OF SITE _____ TYPE OF BUSINESS _____
(Residential/Commercial)

APPLICANT _____ CITY & STATE _____

☐ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☒ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1144 LOT 1 SITE ADDRESS [illegible]
TYPE OF SITE Residential /(Commercial) TYPE OF BUSINESS [illegible]

APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # [illegible] NAME OF BUSINESS [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 %

Estimated Assessment $ 5000.- Date 1/8/01

Estimated Required Fee $ 45.00

Required Deposit on Estimate $ ~~45.00~~ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ 45.00

Minus Deposit of Estimate $ - 0 -

Balance Due $ 45.00 Date 1/8/01

Check # 1010 Receipt # 4522

Amount Paid In Full $ 45.00

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.

FINAL APPROVAL

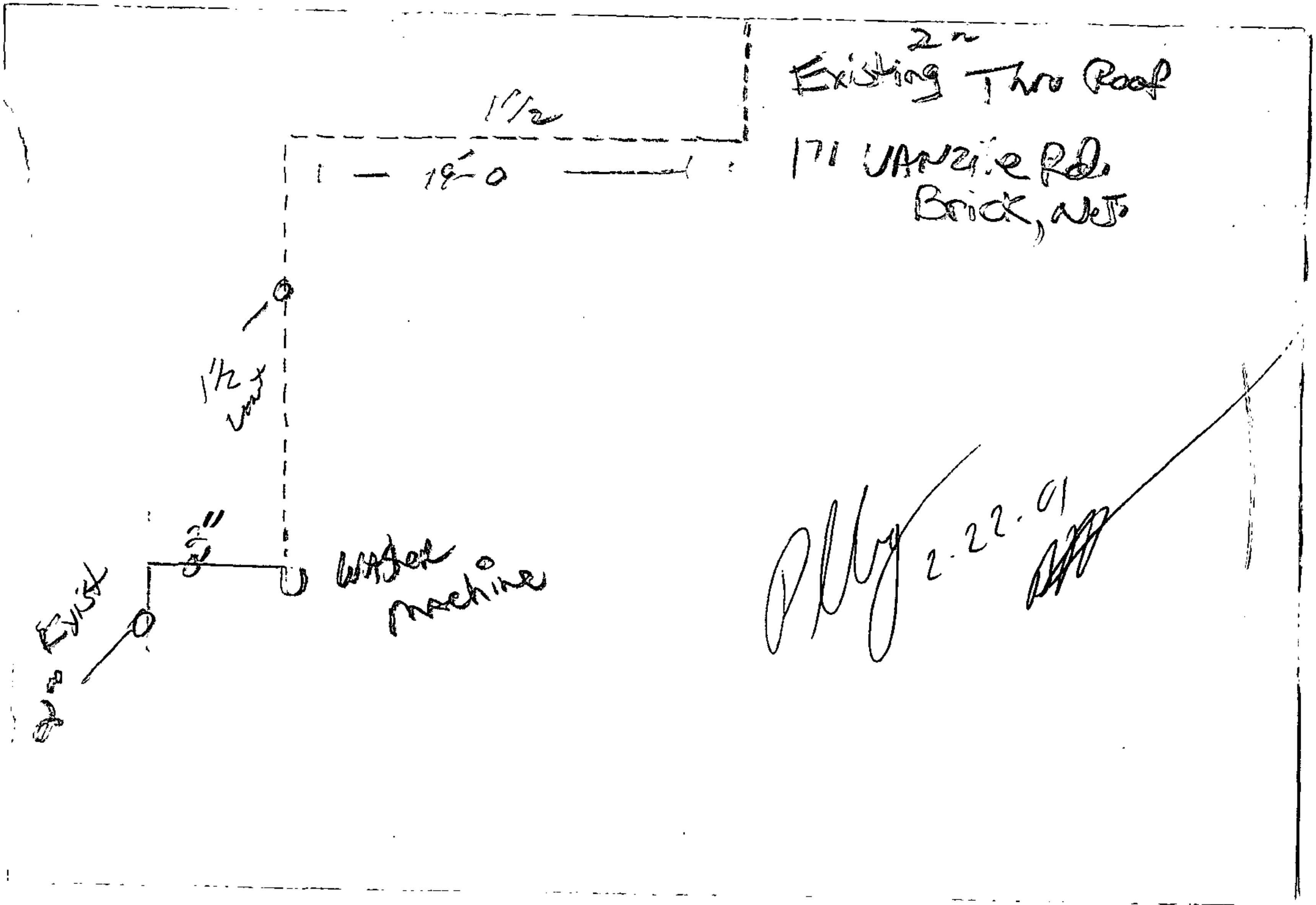
Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 17
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP "B"



2"
Existing Thru Roof
171 VANZile Rd.
Brick, N.J.
1½
19'-0
1½ vent
3"
Water machine
Exist
2"
2.22.01

TOWNSHIP OF BRICK

For Information Call: 262-7025

Permit No. 01-0392

APPROVAL FOR PLUMBING

	Date	Inspector
( ) Slab		
( ) Rough		
( ) Water		
( ) Gas		
( ) Mechanical		
( ) Other		
(X) Final	5-23-01	

U.C.C. Form F-223A

01-0392

For Information Call:

Permit No.

APPROVAL FOR ELECTRICAL

	Date	Inspector
[ ] Rough		
[ ] Service		
[ ] Other		
[X] Final	5/7/01	

U.C.C. Form F-222A

TOWNSHIP OF BRICK

NEW JERSEY UNIFORM CONSTRUCTION CODE

For Information Call: _____

Permit No. 01-0392

APPROVAL FOR BUILDING

	Date	Inspector
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Mechanical		
[ ] Other		
[X] Final	5/25/01	

U.C.C. Form F-221B

171 Van Zile Rd. - Tammy Lounge

For Information Call: 262-4624

Permit No. 01-0392

1149
1

APPROVAL FOR FIRE PROTECTION

	Date	Inspector
[ ] Sprinklers		
[ ] Standpipes		
[ ] Special Supp.		
[ ] Alarm		
[ ] Mechanical		
[ ] Other		
[X] Final	5-22-01	

U.C.C. Form F-224A

PRO 117

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723
(732) 262-1050

Department of Administration & Finance

Office of Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
www.twp.brick.nj.us

COMMERCIAL

Date: 10/26/00

Block: 1149 Lot: 1

Property Address: 171 VANZILE Rd.

I, MARIA DEMARTINO (name) of 93 NATIONAL AVE. BRICK (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in Chapter 190.31 if the Codified Ordinance of the Township of Brick.

Maria DeMartino
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

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

FOR OFFICE USE ONLY

Approved on: 1/4/01 Signed:

Rejected on: Signed:

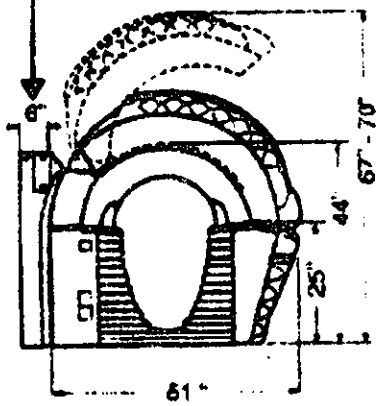
Comments:

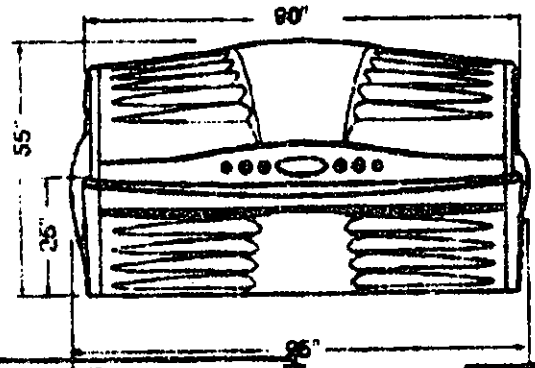
~~Power For You~~ and SilverBullet Footprint

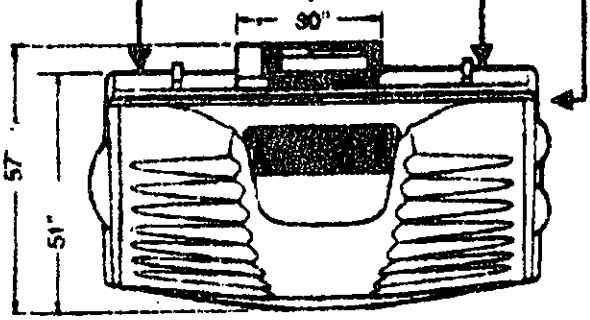
in Room 2

Exhaust Duct Location:
12" Ducting through top of unit in rear. Ducting kit provided with unit.

RCA Jack Connection:
These are used for line signal of musik source, amplifier on board.







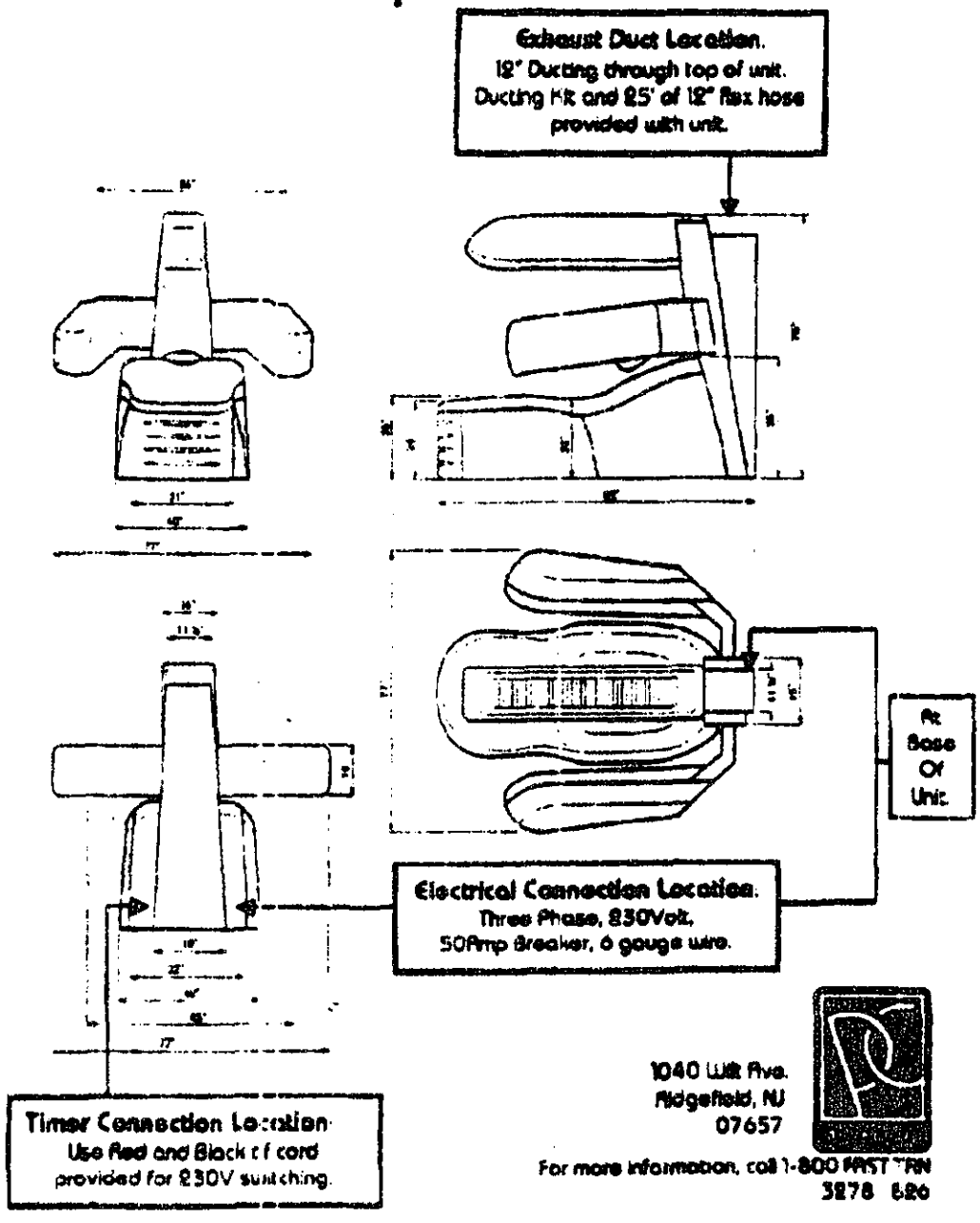
Electrical Connection Location:
Three Phase, 230Volt,
PFV =70Amp, Silver Bullet =60 Amp Breaker, 4 gauge wire.
Timer Connection Location:
Use Red and Black of provided cord for switching.

Electrical Connection Location:
115Volt, 15Amp Breaker
A/C Connection

1040 Wilk Avenue
Ridgefield, NJ 07657
For more information, call 1-800 FAST TAN
3278 826

in Room 1

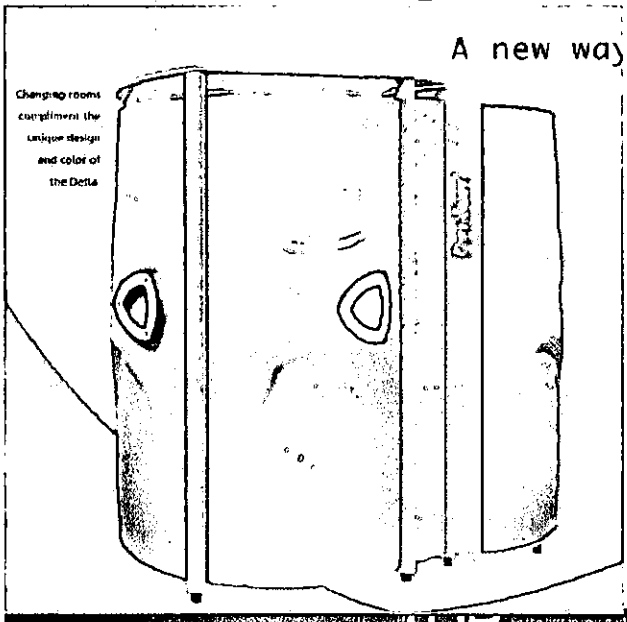
SunBoard Footprint & Electrical



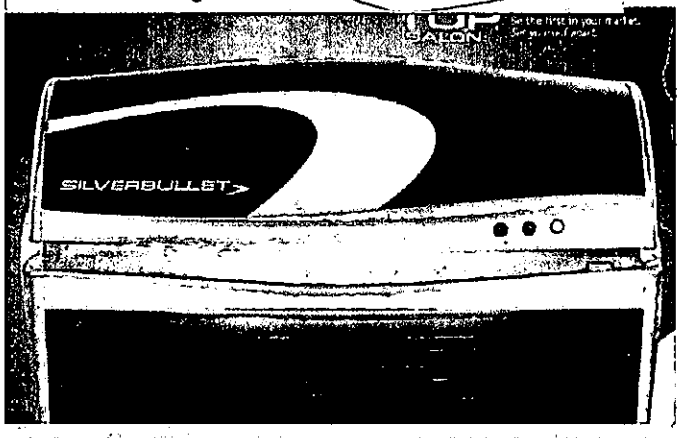
1040 Wall Ave.
Ridgefield, NJ
07657

For more information, call 1-800 FAST FAN
3278 826

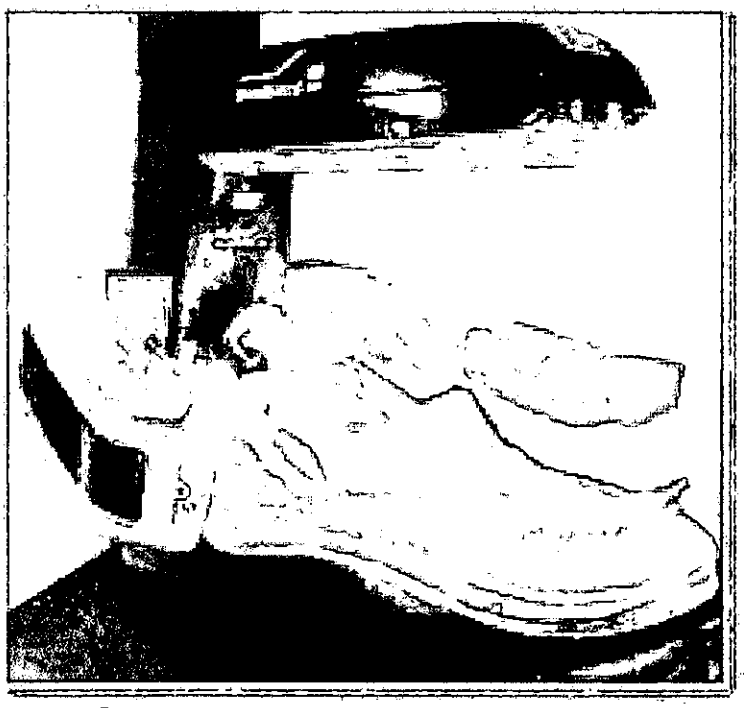
MY TANNING BEDS



Sunboard.

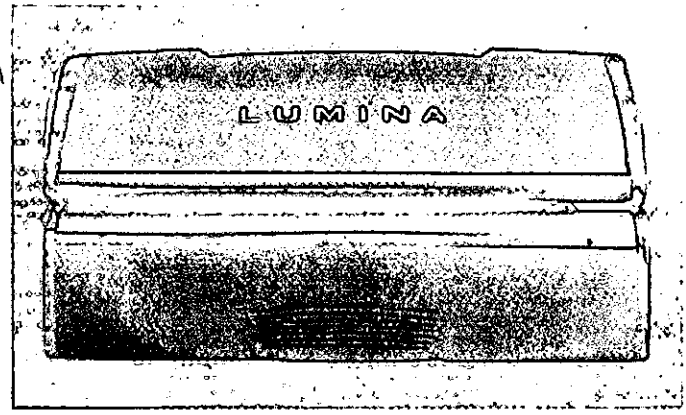


Room 2

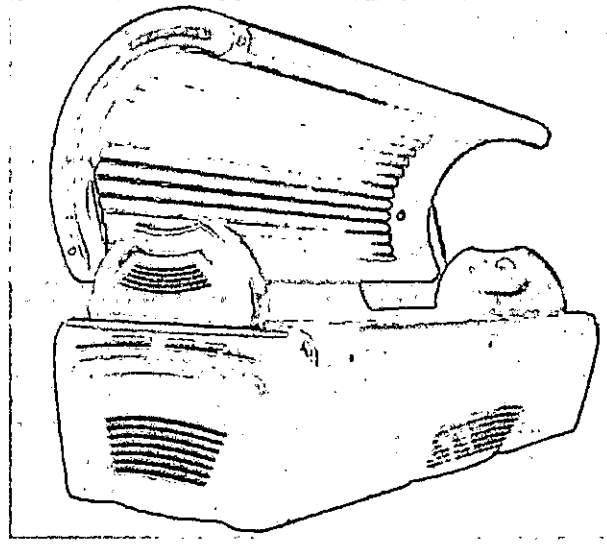


Room 1

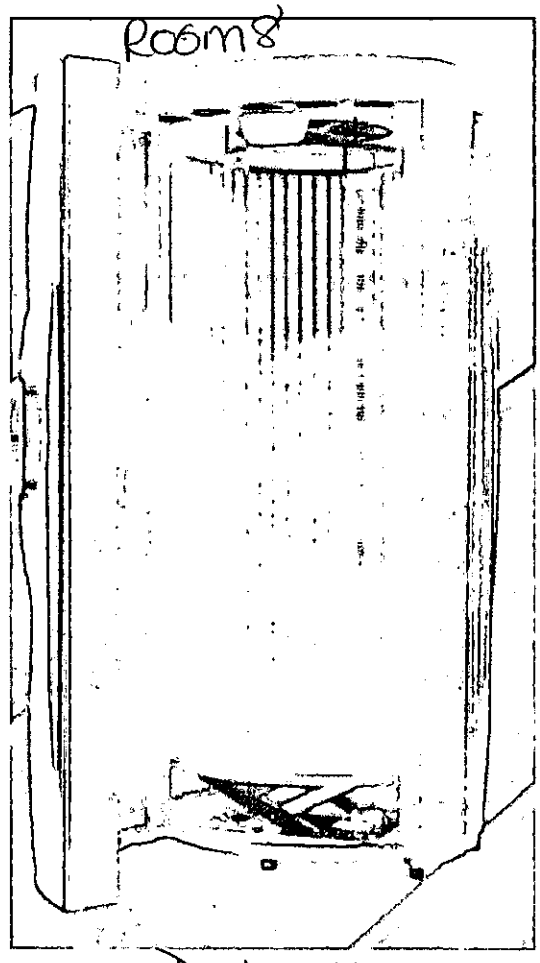
Room 6



Rm 4 or 5



Room 8



Delta 180

National Electrical Code
Plan Review Record
Township of Brick

Date: 1 10 01

Site Address: 171 Van Zile

Reviewed By: MR

CORRECTION LIST

No.	Description
	(1) No load caculation for additional load Please shows Exist Service permit app shows you amp new servic ? (2) no air (3) low voltage (4)

Party Called and Phone #: 350-7088 Anthony Goltsch

Resubmitted on: _____ **By:** _____

Resubmit
Electric
2-13-01

Electrical Requirements for

Solar Lounge

Brick, NJ

November 30, 2000

Bed Model	Number of units	Phase	Amps (breaker size)	Voltage	Transformer Size	Location of Electrical Hook-up and timer.
Silver Bullet	1	Three Single	60 15	230-240 115	2 @ 2.0 KVA N/A	See Diagram...
SunBoard	1	Three	50	230-240	2 @ 2.0 KVA	Back corner of Room, corner in which unit will be positioned. See Diagram...

All equipment to be hardwired to meet state and local codes. Equipment is provided with 20' of timer control cord to be connected to T Max timer system.

Any additional questions please call 1.800.327.8826 and ask for technical.

Plumbing Plan Review Record

Work site location: 177 Van Zile Rd

Building Description: _____

Reviewed: [signature]

Date: 1-11-01

Correction list

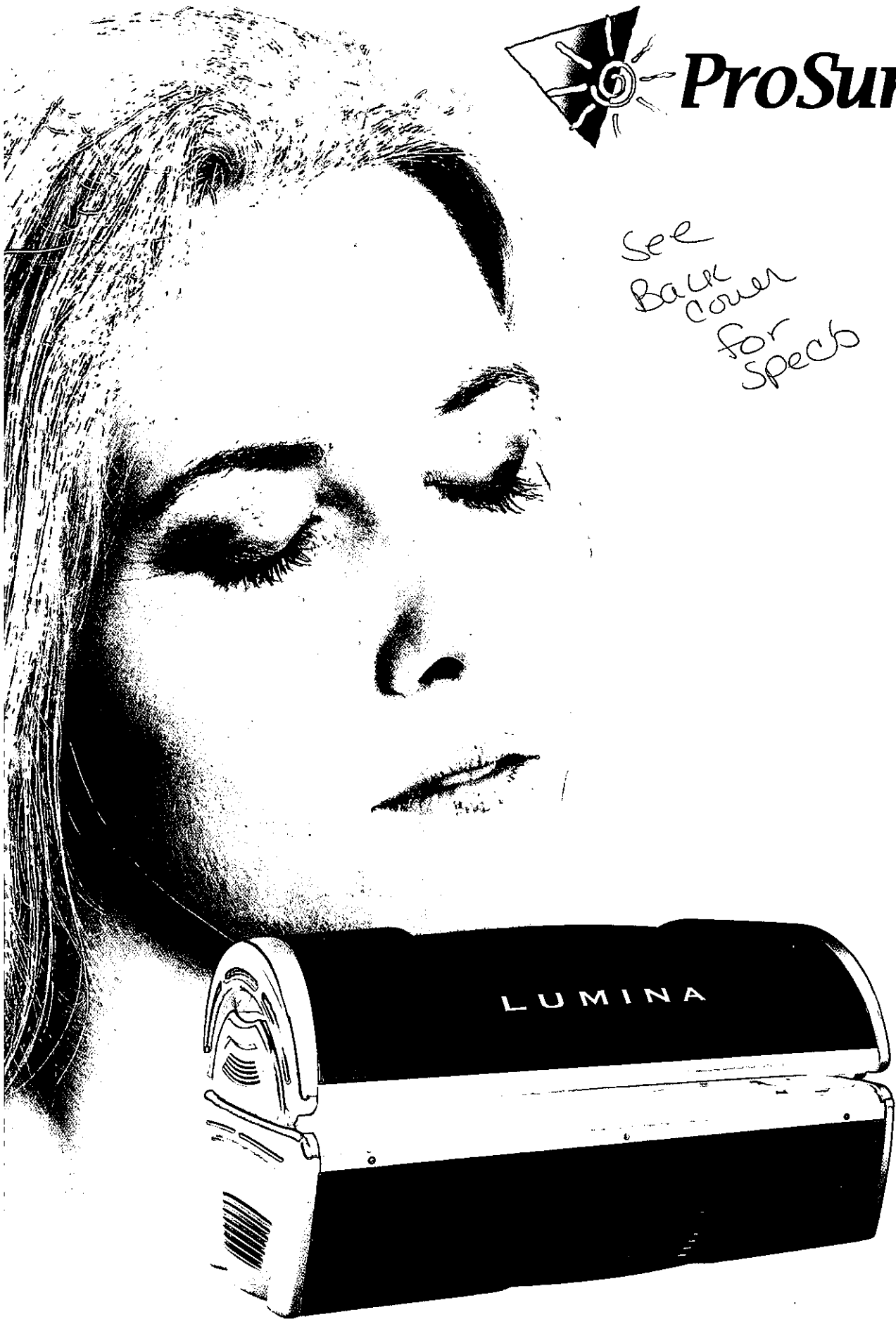
No.	Description	Code section
	Gas sketch not to code	
		206 - 0516
	Resubmit	12-21-01
	Hazard 899	0659

RESUBMIT
DATE 2/21/01

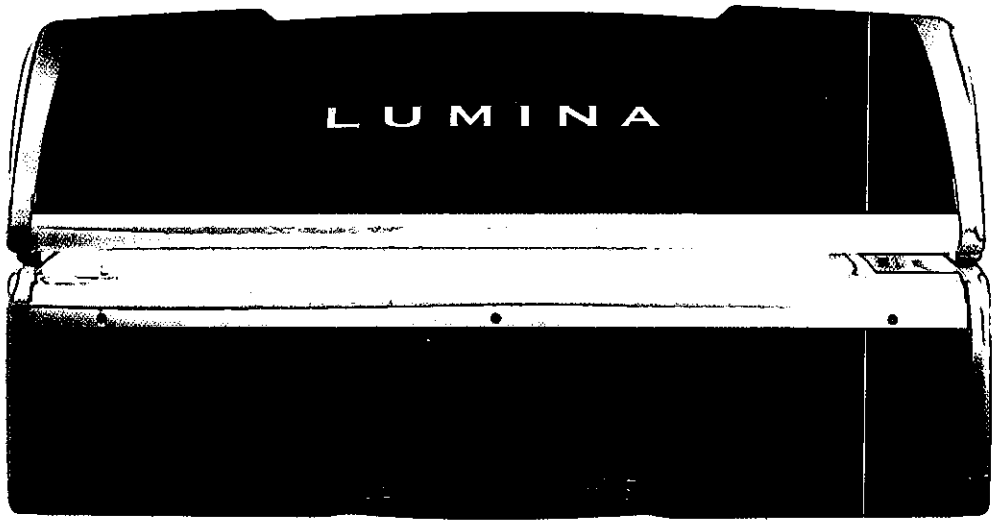
ProSun®

LUMINA

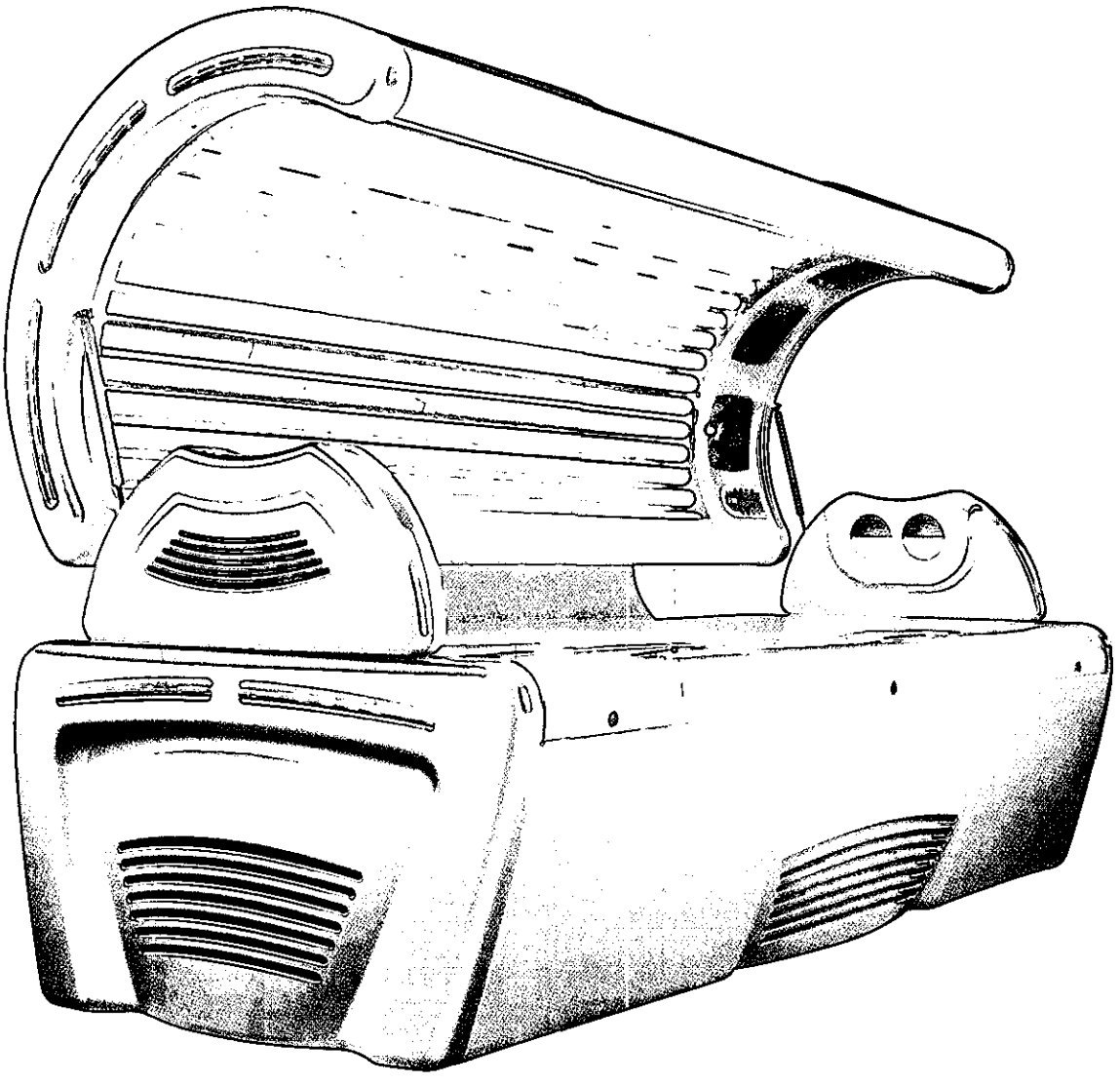
See Back Cover for Specs



A Worldwide Leader in Tanning Equipment

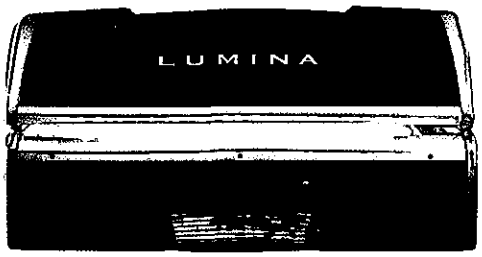


Designed for Your Comfort

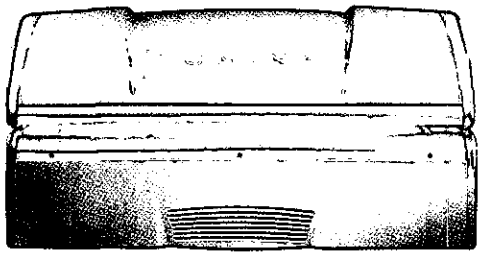


Introducing ProSun's Lumina Series: Superbeds without the super price. The perfect, affordable addition to any business desiring the high profits that upgrading offers. Combining modern European design, latest tanning technology and a low cost. Lumina is another reason why ProSun is a worldwide leader in tanning.

Blue metallic



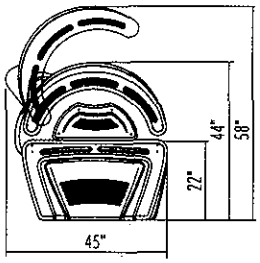
Silver metallic

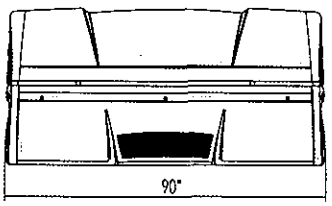


20 of these

1 of these in Room 6

	Lumina 30	Lumina 32/9	* Lumina 34/3	Lumina 34/41	* Lumina 36/57
Canopy Lamps	16 x 160 Watt	18 x 100 Watt	18 x 160 Watt	18 x 160 Watt	20 x 100 Watt
Bench Lamps	14 x 100 Watt	14 x 100 Watt	16 x 100 Watt	14x 100 Watt	16 x 100 Watt
Face Tanner	none	9 x 25 W Soft Power	3 x 400W High Pressure	9 x 25 W Soft Power	21x25 W Soft Power Throughout
Foot Fan	●	●	●	●	●
Head Fan	●	●	●	●	●
Continuously adjustable cooling	●	●	●	●	●
Decorative panel	●	●	●	●	●
Digital timer display	●	●	●	●	●
Bench dust filter	●	●	●	●	●
Programmable internal timer	●	●	●	●	●
Terminal for external timer	●	●	●	●	●
Operating hours counter	●	●	●	●	●
Ergonomically designed acrylic	○	○	○	○	○
Central exhaust	○	○	○	○	○
Exhaust capacity	13.5 cu foot / sec	13.5 cu foot / sec	16cu foot / sec	16cu foot / sec	16cu foot / sec
Connection	60 Hz / 220 V	60 Hz / 220 V	60 Hz / 220 V	60 Hz / 220 V	60 Hz / 220 V
Power output approx.	4500 W	3900 W	8140W	5000W	4700 W
Breaker 3 phase	30 Amp/3 phase	30 Amp/3 phase	30 Amp/3 phase	30 Amp/3 phase	30 Amp/3 phase
Breaker single phase	40 Amp/single phase	40 Amp/single phase	50 Amp/single phase	50 Amp/single phase	50 Amp/single phase
Weight	475 lb	500 lb	550 lb	520 lb	515 lb





Overall Dimension: 90" x 40" x 43"
Tanning Surface : 84" x 33"

○ = optional ● = standard

ProSun® Tanning Industries Inc. reserves the right to change specifications and designs without notice.

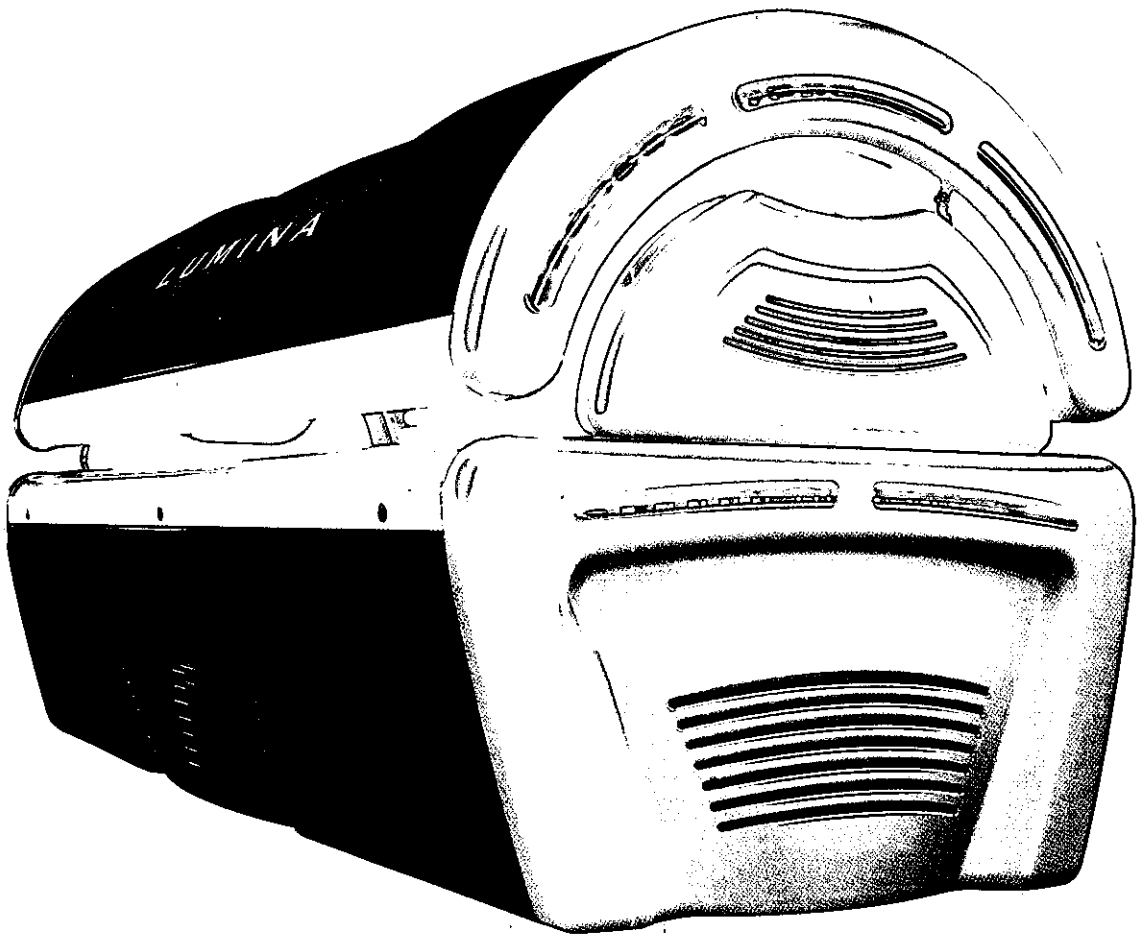
1 in Room 4 and 1 in Room 5 (2) all together

ProSun®

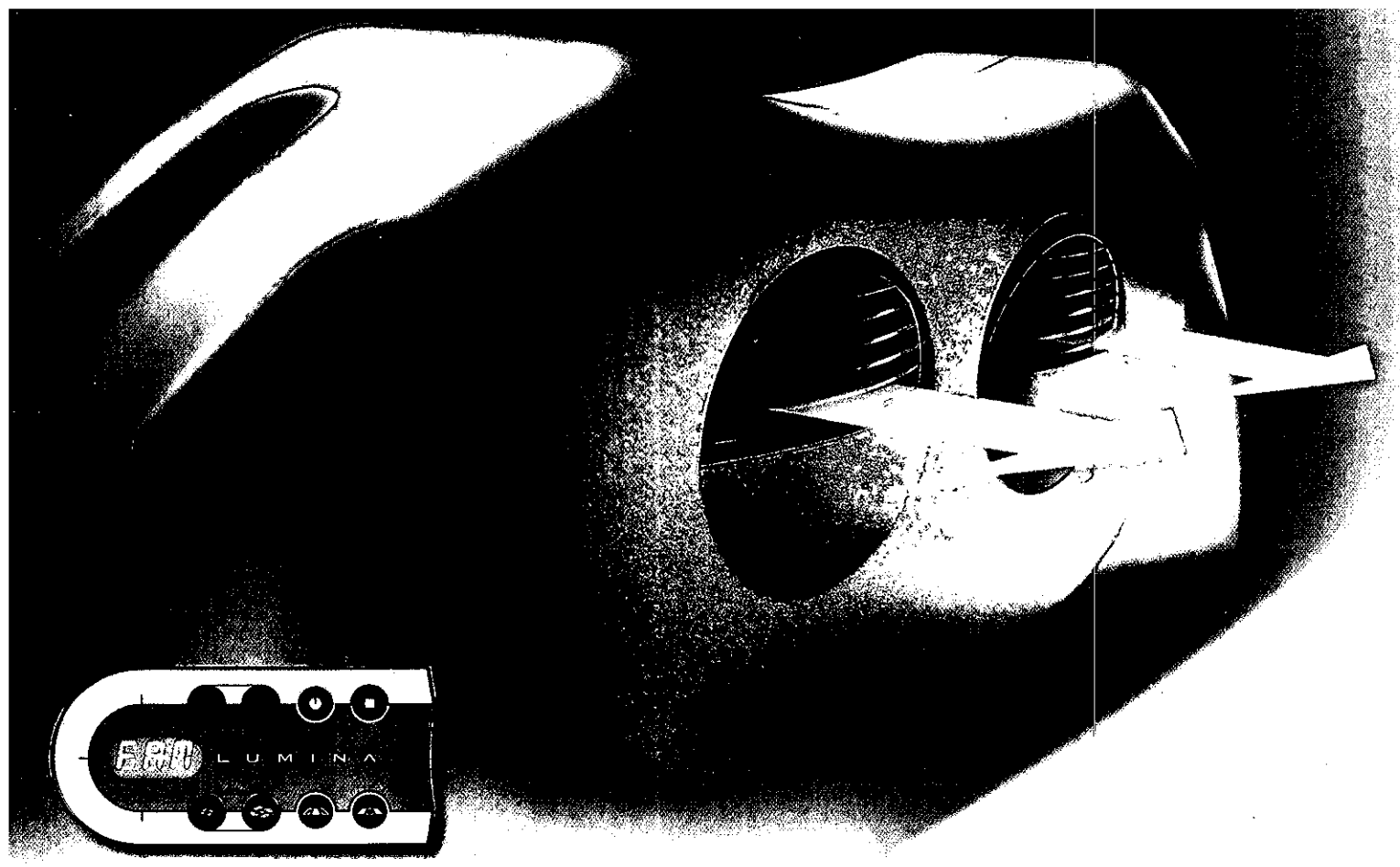
▶ **ProSun Tanning Industries, Inc.**
2442 - 23rd Street North
St. Petersburg, FL 33713-4018
Website: www.prosun.com

▶ Phone: 727-825-0400
Fax: 727-825-0700
Toll free: 800-874-2776
E-mail: sales@prosun.com

A Worldwide Leader in Tanning Equipment



Unique exterior design, available in Metallic Blue or Silver with grey endcaps, creates an upscale appearance.



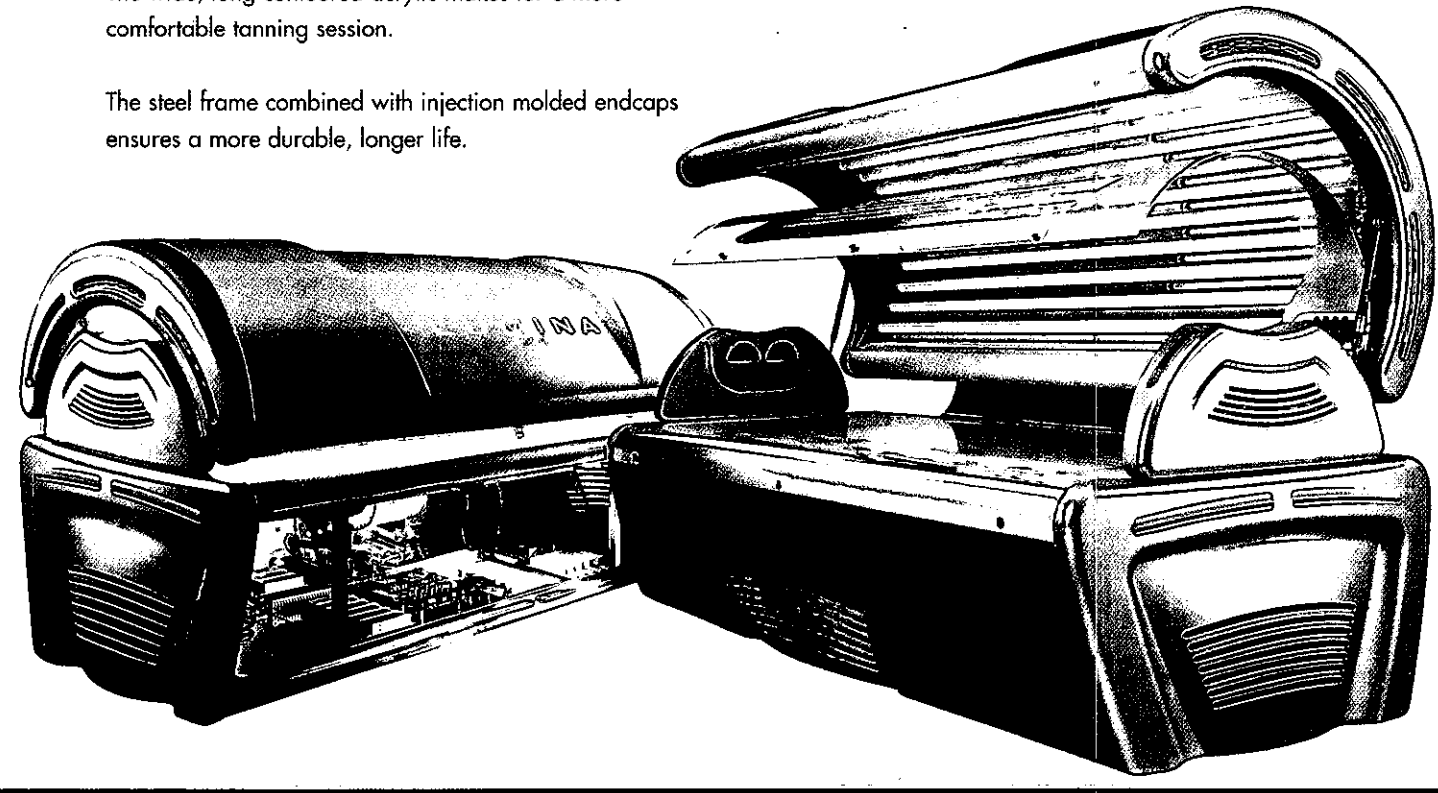
A fingertip control panel with LED readout allows customized tanning environment.

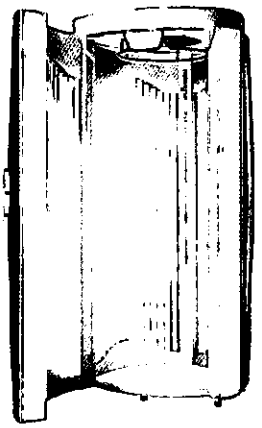
Comfort is assured with tanner controlled body cooling fans utilizing an advanced ventilation system.

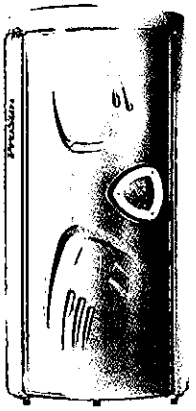
Easy to remove acrylics and convenient ballast access make maintenance easy.

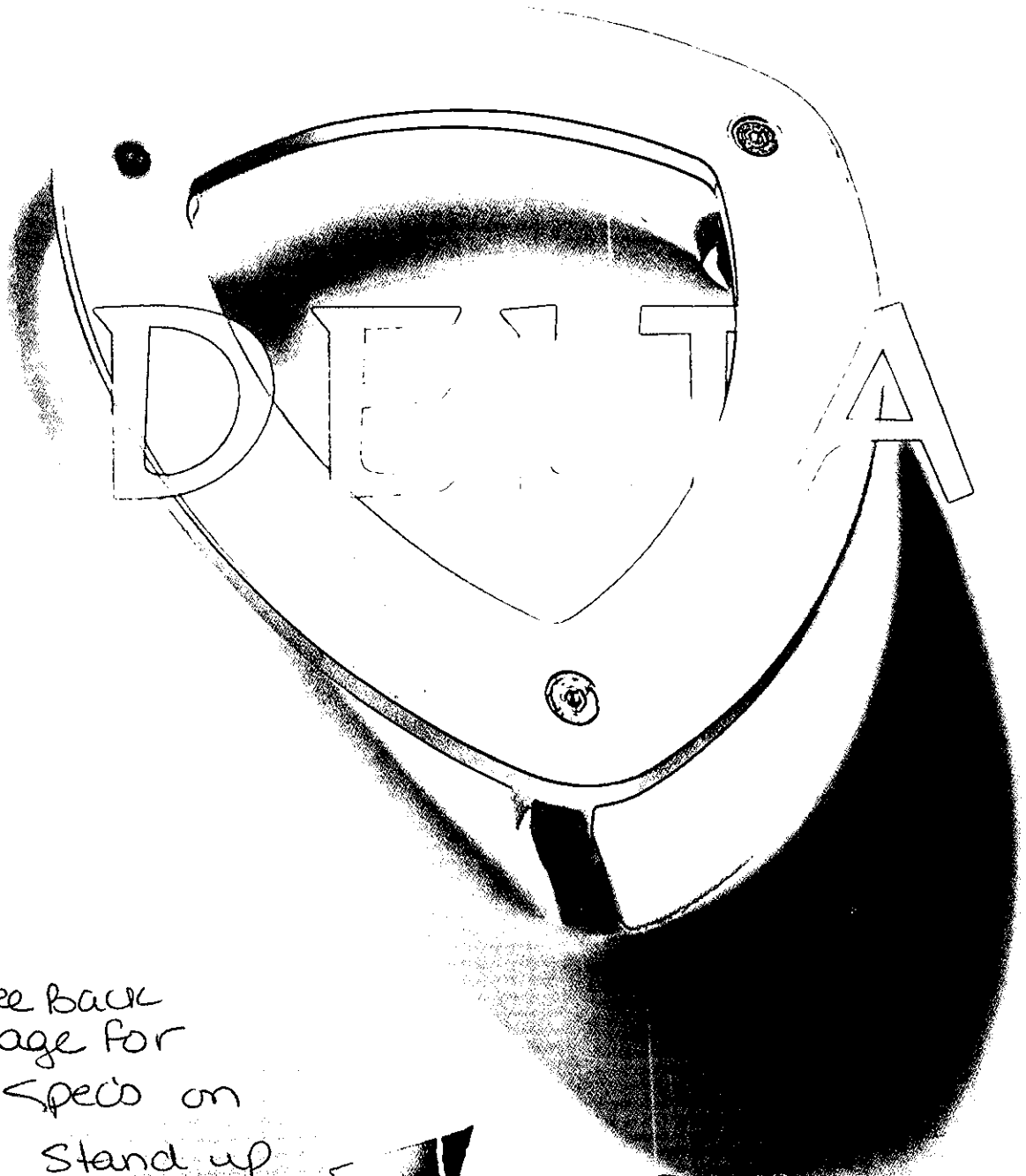
The wide, long contoured acrylic makes for a more comfortable tanning session.

The steel frame combined with injection molded endcaps ensures a more durable, longer life.









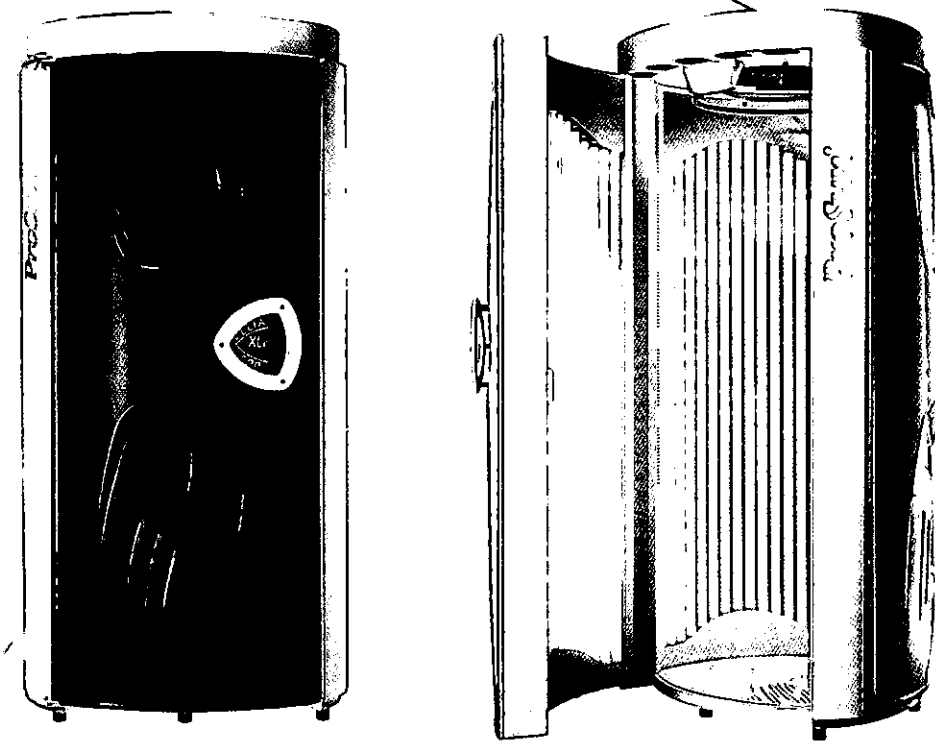
See Back Page for Specs on Stand up unit

ProSun®

Step into the World of P

ProSun®

The Delta provides comfort, convenience and attractive styling.



roSun Delta

Surround yourself in comfort and luxury. You'll feel great and have a beautifully smooth and even complexion in no time. After all, it's not just how you get a tan that's important, but the quality of that tan. The same goes for comfort, luxury and appearance; step into the world of ProSun Delta and have your highest expectations surpassed.

ProSun introduces the highly attractive Delta series, stylishly designed Stand-Ups in the colors metallic silver and metallic blue. The Delta offers the most efficient method for tanning. You no longer need to lie down because this superior Stand-Up creates a perfect tan on all sides.

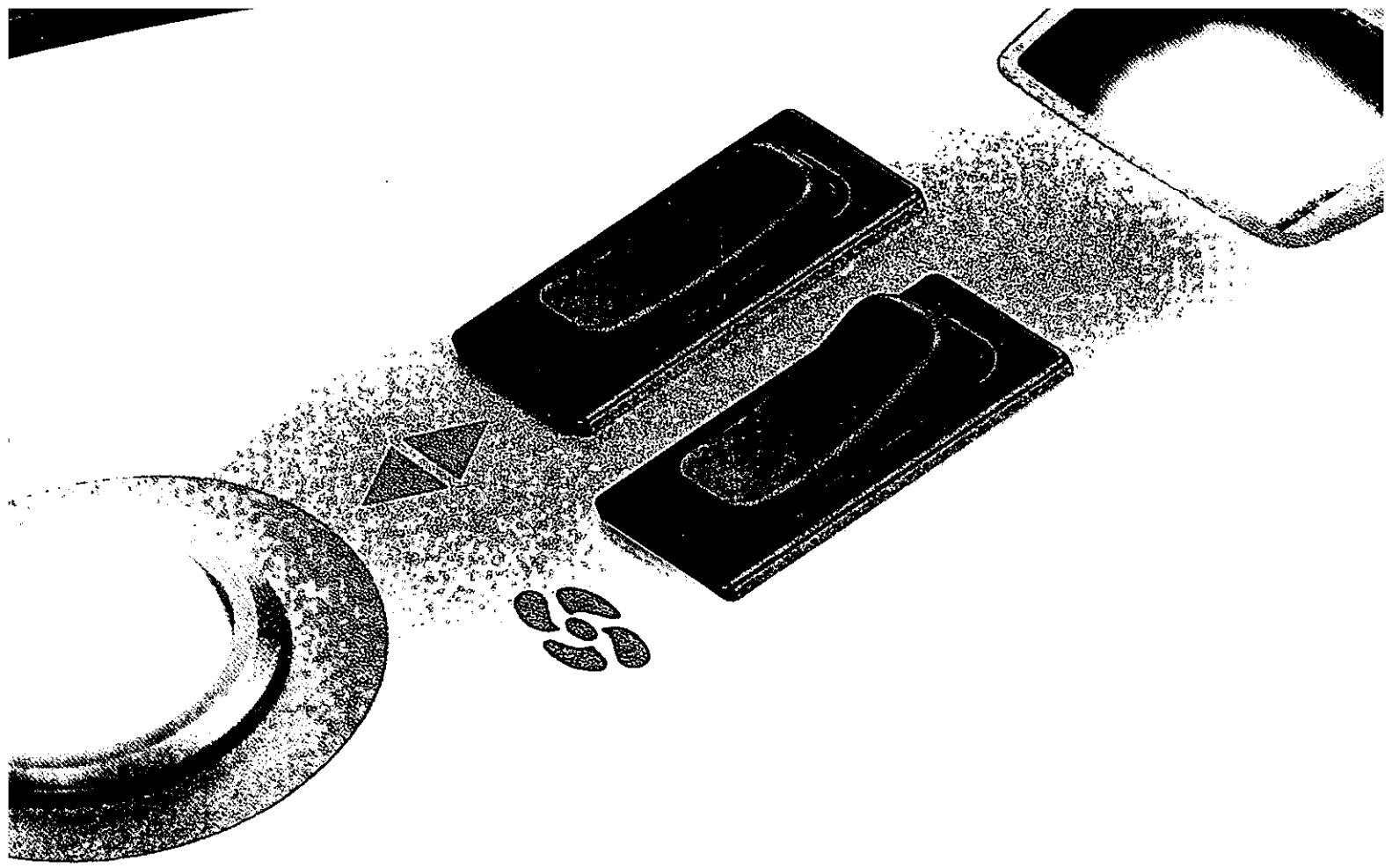
The futuristic Delta offers you an unprecedented uniform tan within an extremely brief period of time. Delta is exclusively for people like you who want to see superior tanning results quickly. That means more sessions per hour, highly satisfied clients and greater profits than ever before.

Convenience is not a needless luxury. It is practical, yet pleasurable. You want to be able to enjoy peace and quiet without worry. Only then can you truly relax. Convenience is a must and therefore a standard feature of every Delta. A single press of a button controls all major functions and the handle on the ceiling enables you to stand in comfort. Once the lamps switch on, you can simply close your eyes and dream away...

All conve

wi

A more complete, overall dark tan.

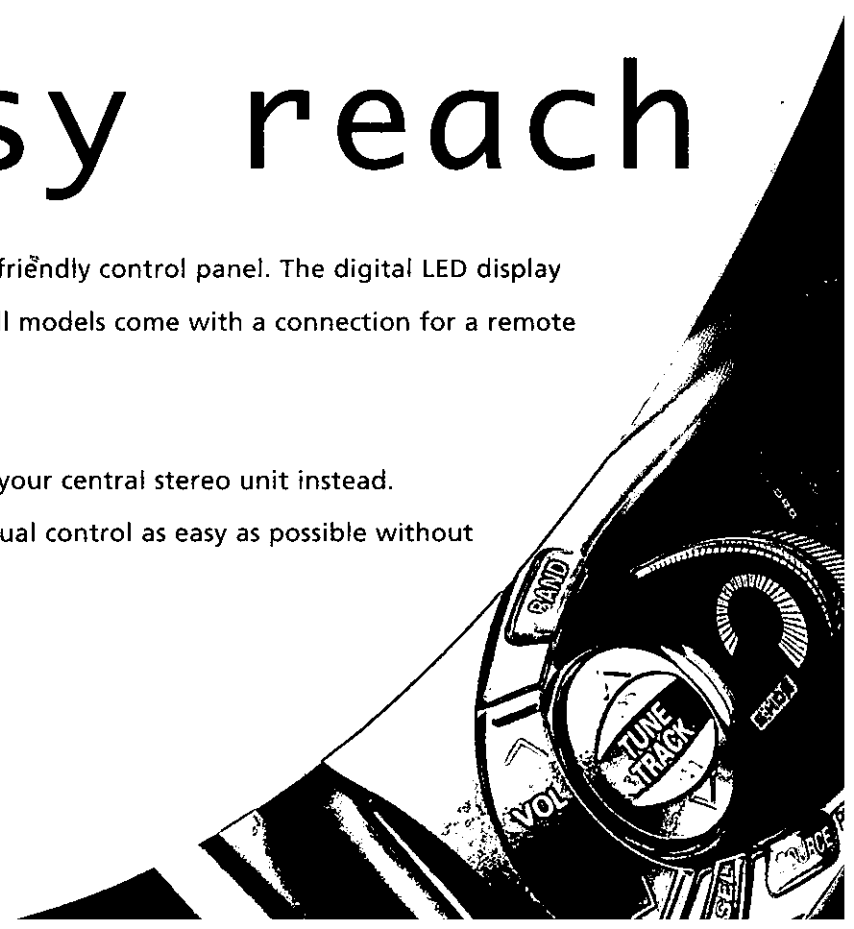


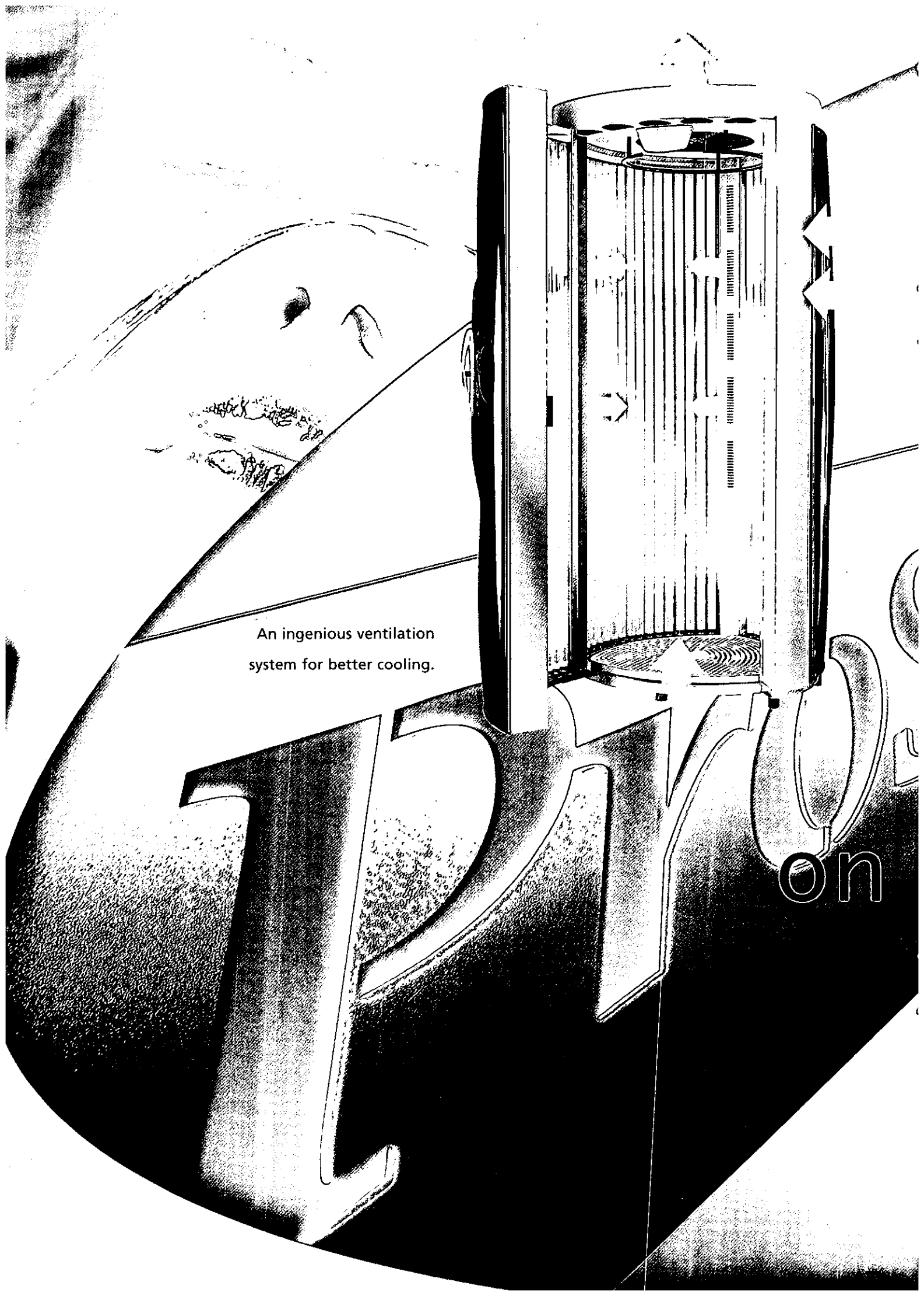
niences are

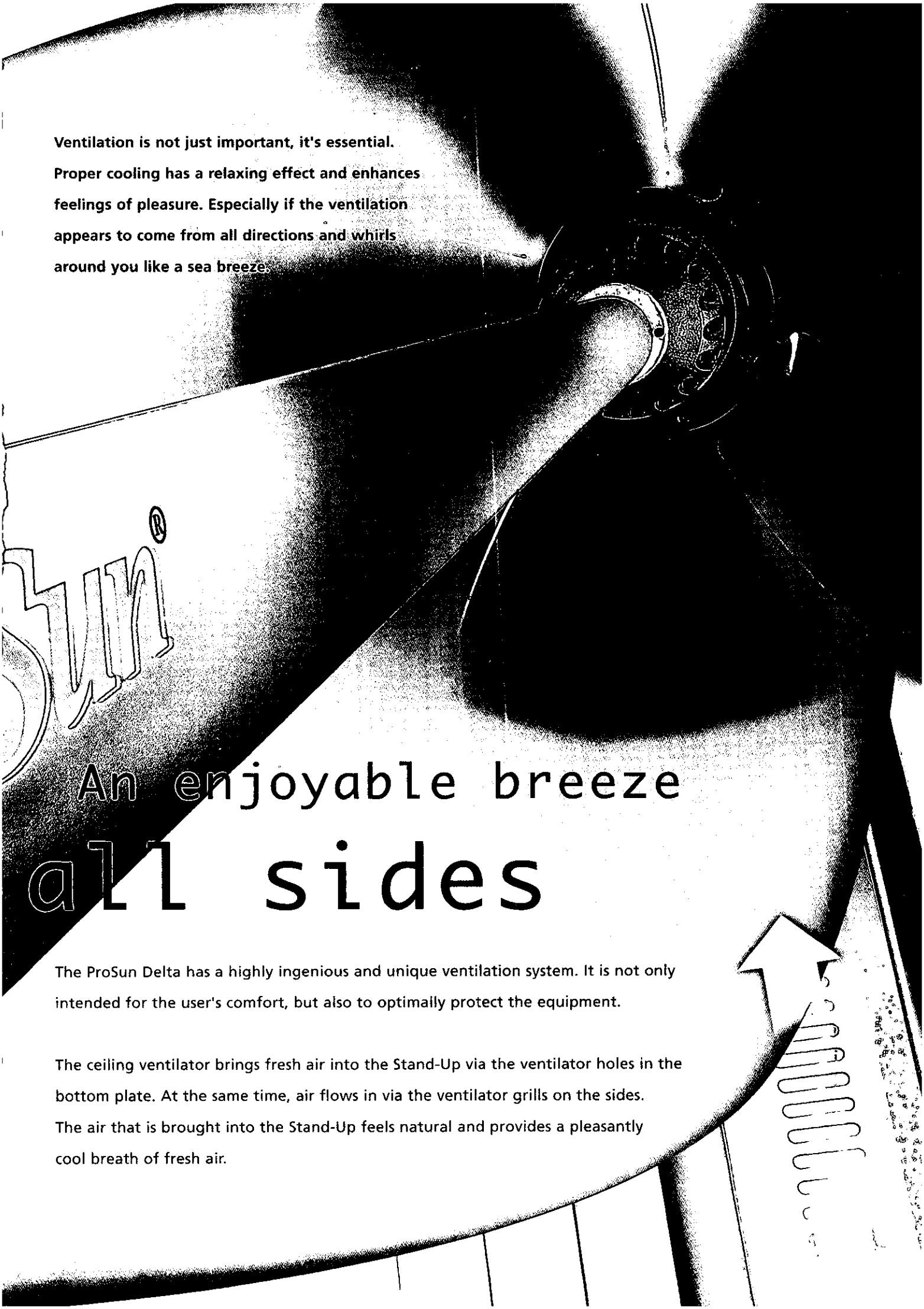
thin easy reach

The ProSun Delta is equipped with an extremely user-friendly control panel. The digital LED display shows exactly how long you have been sunbathing. All models come with a connection for a remote timer and can be easily equipped with a radio.

Naturally, you can choose to connect a speaker set to your central stereo unit instead.
All possibilities have been anticipated to make individual control as easy as possible without having to give it a moment's thought.




An ingenious ventilation
system for better cooling.
on

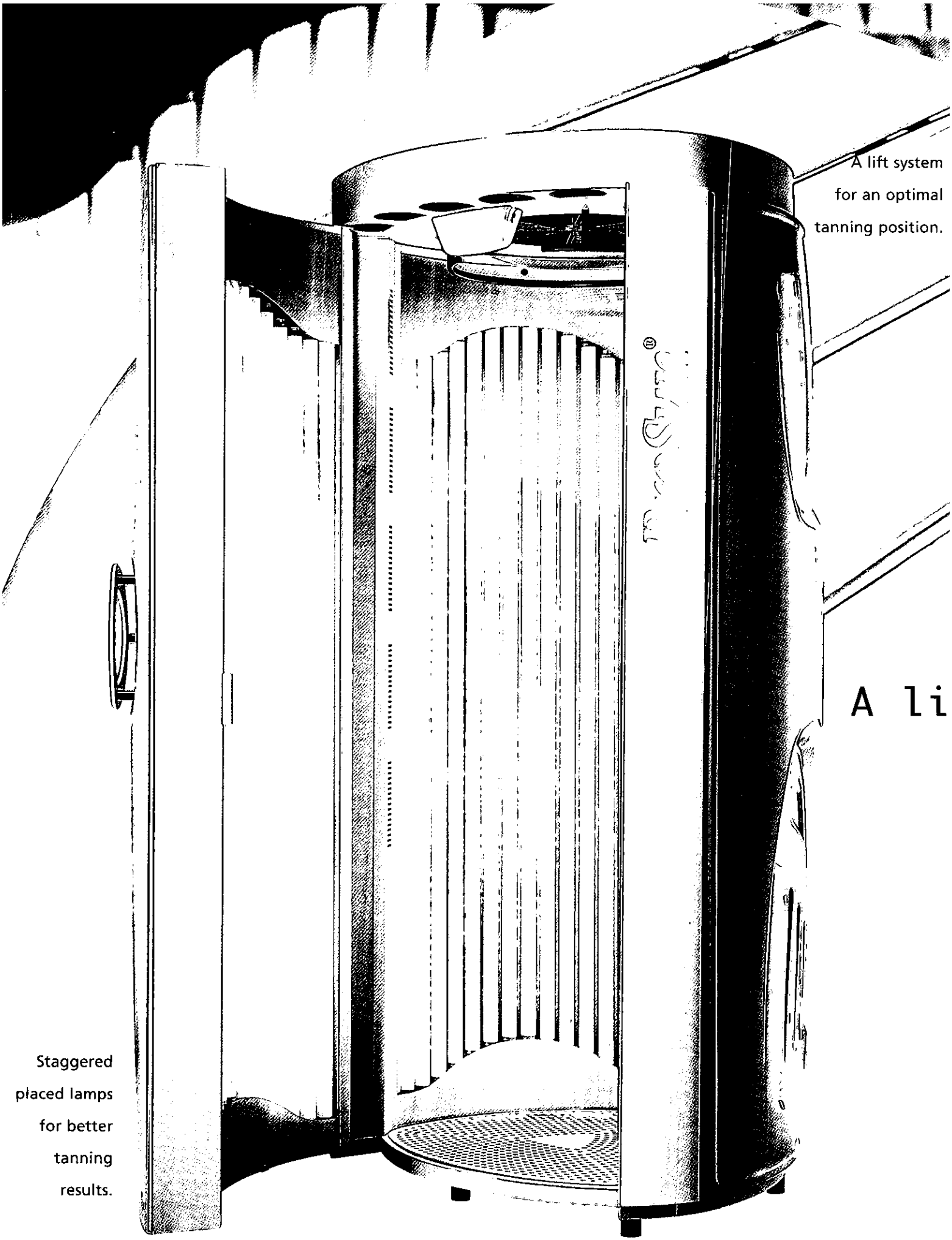


Ventilation is not just important, it's essential. Proper cooling has a relaxing effect and enhances feelings of pleasure. Especially if the ventilation appears to come from all directions and whirls around you like a sea breeze.

An enjoyable breeze all sides

The ProSun Delta has a highly ingenious and unique ventilation system. It is not only intended for the user's comfort, but also to optimally protect the equipment.

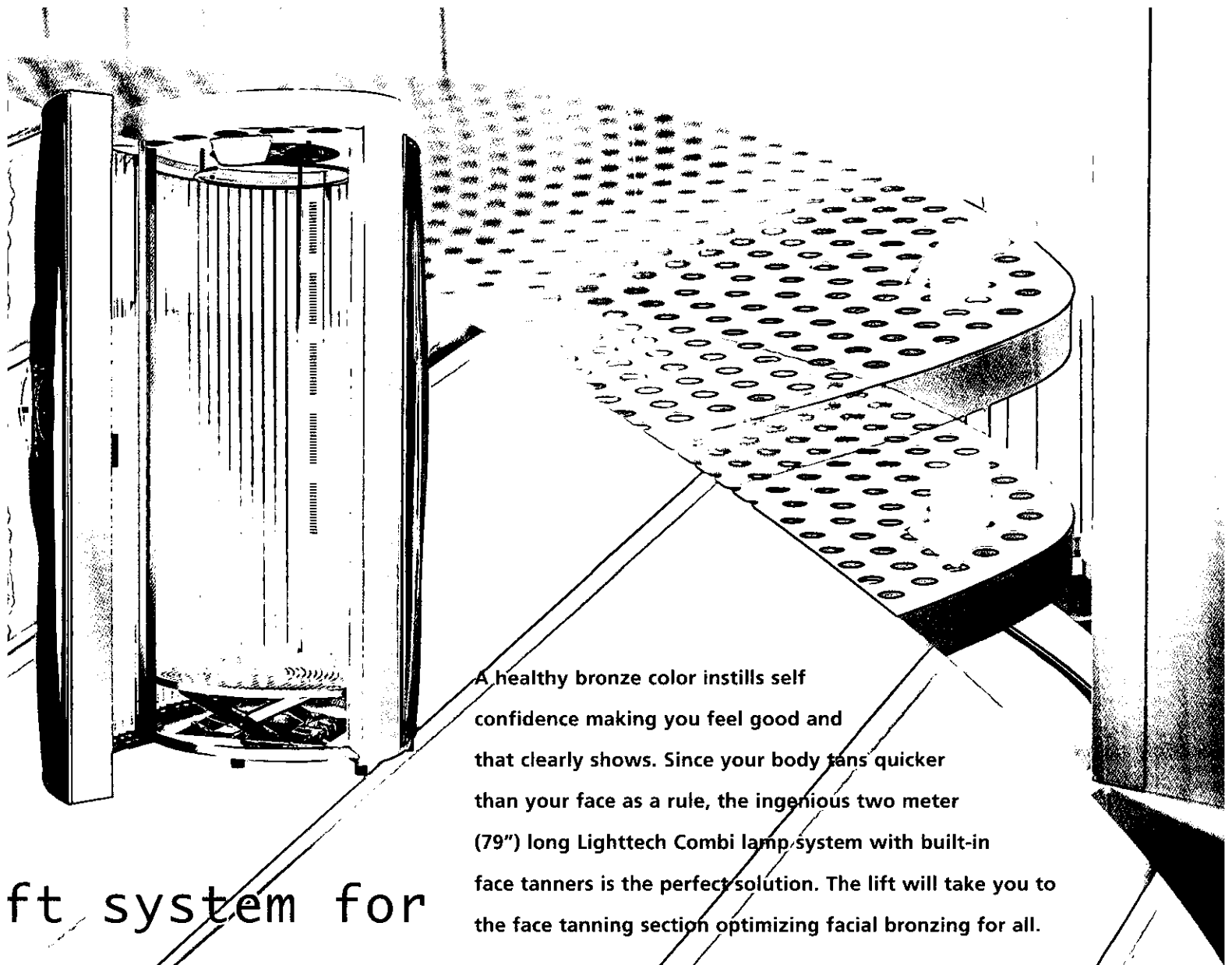
The ceiling ventilator brings fresh air into the Stand-Up via the ventilator holes in the bottom plate. At the same time, air flows in via the ventilator grills on the sides. The air that is brought into the Stand-Up feels natural and provides a pleasantly cool breath of fresh air.



A lift system for an optimal tanning position.

A li

Staggered placed lamps for better tanning results.



A healthy bronze color instills self confidence making you feel good and that clearly shows. Since your body tans quicker than your face as a rule, the ingenious two meter (79") long Lighttech Combi lamp system with built-in face tanners is the perfect solution. The lift will take you to the face tanning section optimizing facial bronzing for all.

ft system for

optimal tanning

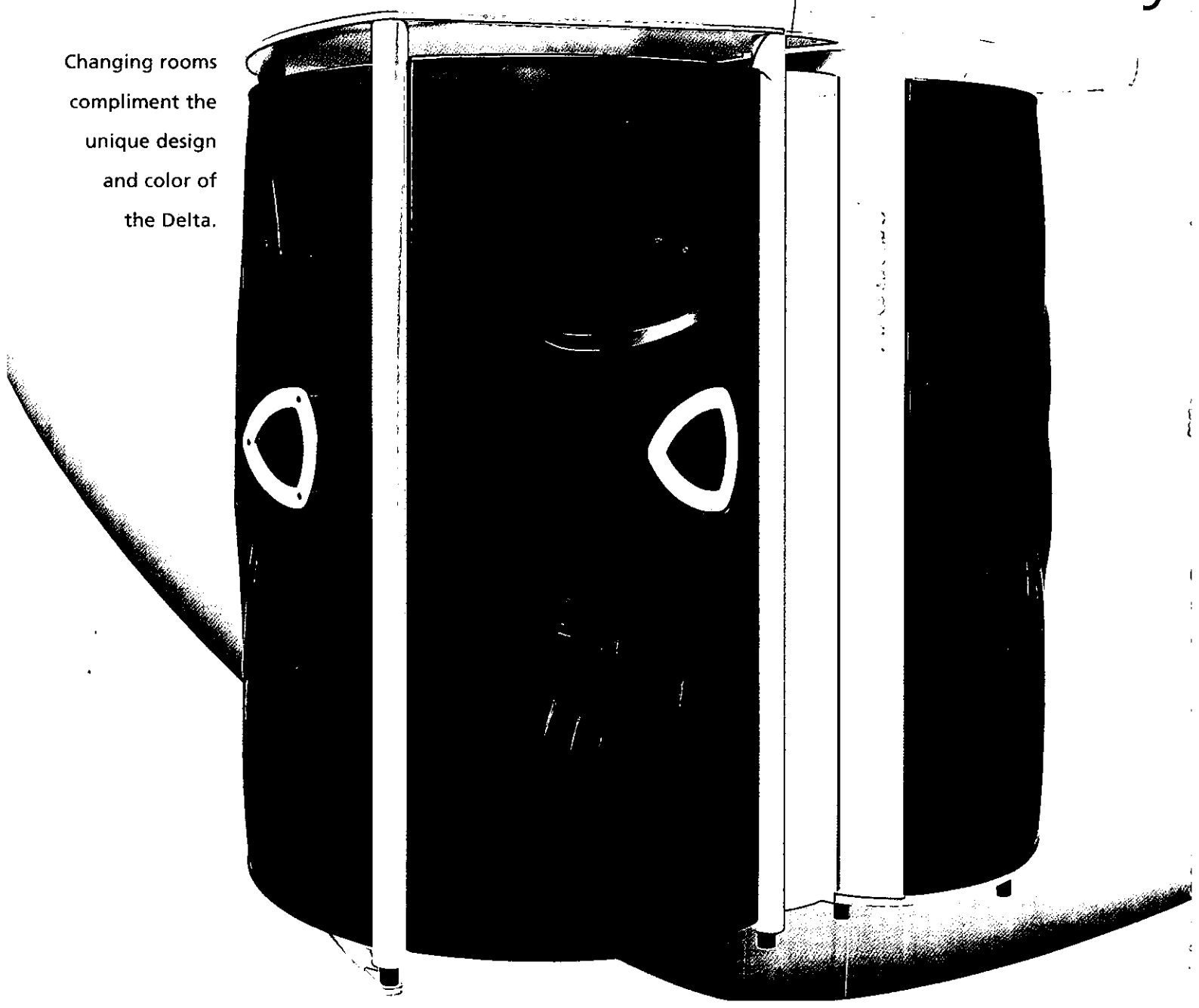
The tanning lamps have an optimal effect when the body is positioned at the proper height. Because the ProSun Delta is optionally equipped with a lift, the body is brought into the perfect tanning position. The tanning Stand-Up is therefore suitable for every tanner's height. The round shape of the booth and the 48 two meter (79") long Lighttech Combi lamps also provide a considerably large tanning surface area for the perfect tan all over.

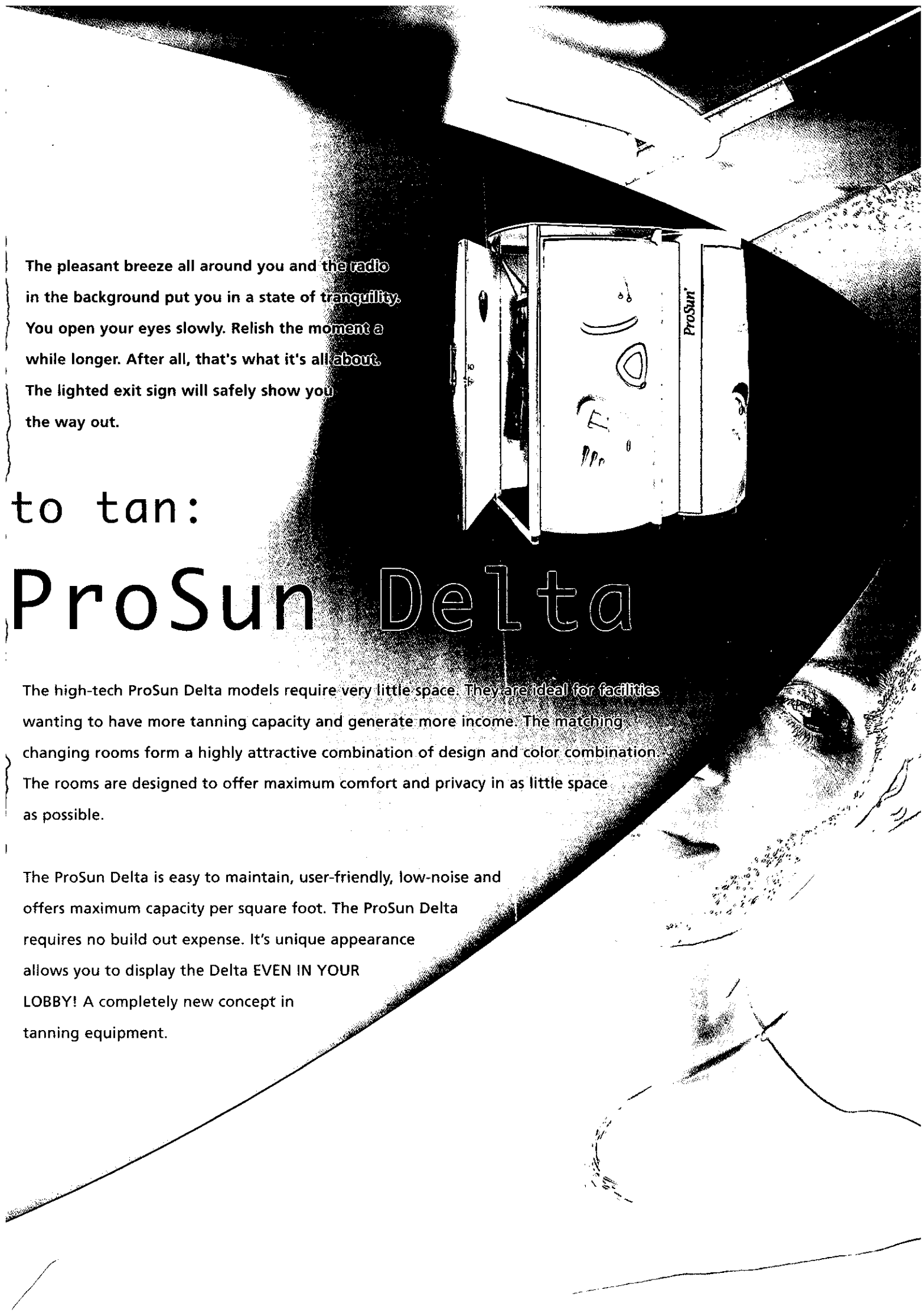
This Delta model is also available with staggered placed 1.80 meter (72") 160 watt RUVA lamps. The lift also ensures that your body is positioned optimally in relation to the lamps, resulting in a remarkable even, overall dark tan.

More sessions per hour
equal greater profits
then ever before.

A new way

Changing rooms
compliment the
unique design
and color of
the Delta.





The pleasant breeze all around you and the radio in the background put you in a state of tranquility. You open your eyes slowly. Relish the moment a while longer. After all, that's what it's all about. The lighted exit sign will safely show you the way out.

to tan:

ProSun Delta

The high-tech ProSun Delta models require very little space. They are ideal for facilities wanting to have more tanning capacity and generate more income. The matching changing rooms form a highly attractive combination of design and color combination. The rooms are designed to offer maximum comfort and privacy in as little space as possible.

The ProSun Delta is easy to maintain, user-friendly, low-noise and offers maximum capacity per square foot. The ProSun Delta requires no build out expense. It's unique appearance allows you to display the Delta EVEN IN YOUR LOBBY! A completely new concept in tanning equipment.

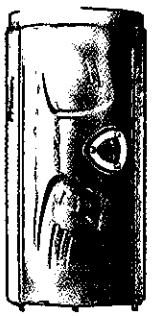
The ProSun Delta Series

Technical specifications

	ProSun Delta 500/160 Intensive	ProSun Delta 500/180Xlc Intensive
Lamps	48 x 160Watt R-UVA	48 x 180Watt R-UVA (79" long)
Digital LED display	●	●
Acrylics	●	●
Hour counter	●	●
Speakers	●	●
Exit sign	●	●
Color standard	silver metallic	blue metallic
Other color	o	o
Dressing room	o	o
Exposure schedule	10 minutes	10 minutes
Body cooling fan	●	●
Adjustable floor lift system	-	o
Emergency stop button	●	●
Remote interface connection	●	●
Power	220Volt/60Hz; 3 Phase/Single Phase	220Volt/60Hz; 3 Phase/Single Phase
Connection hard wired	220Volt/60Hz disconnect box	220Volt/60Hz disconnect box
Breaker	30Amp/3Phase; 70Amp SinglePhase	30Amp/3Phase; 70Amp SinglePhase
Power output approx.	8000Watt	9000Watt
ETL/CSA approved	●	●
Weight	900Lb	900Lb

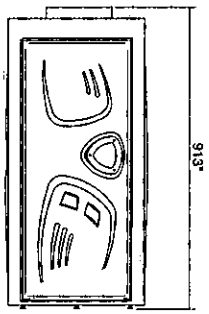
● = standard, o = optional

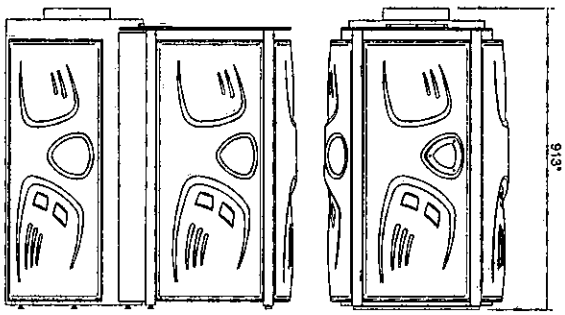
ProSun Tanning Industries, Inc. reserves the right to change specifications and designs without notice.

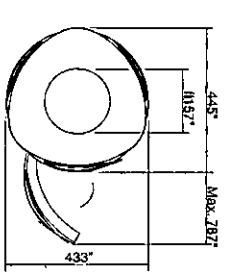


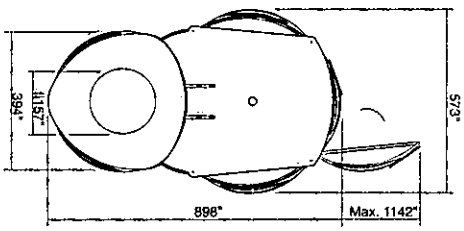
Silver metallic

Blue metallic









ProSun®

▶ **ProSun Tanning Industries, Inc.**
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Website: www.prosun.com

▶ Phone: 727-825-0400
Fax: 727-825-0700
Toll free: 800-874-2776
E-mail: sales@prosun.com

A Worldwide Leader in Tanning Equipment

Counter Form
PLEASE PRINT

PLUMBING

tractor: Greg C Hazard
lress: 2411 OAK St. Pt Pleasant Boro, NJ 08742
ne #: 732-899-0659
#: 10363
eral Emp # or SSN [redacted]

Technical Data

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or Drain	
k	
hwasher	
nking Fountain	
shing Machine X	
se Bib	
s Piping GAS Dryer 3/4	
el Oil Piping	
ter Heater	
am Boiler	
t Water Boiler	
wer Pump	
erceptor/Separator	
ckflow Preventer	
easetrap	
ater Cooled A/C or Refrig. Unit	
ptic Tank Closure	
wer Service Connection	
ater Service Connection	
tive Solar System	
xiliary Meter	
rinkler Heads	
mp Pump	

her:

stimated Cost of Plumbing Work

ignature: Greg C Hazard

lease Print Name: Greg C. Hazard

CONTRACTOR'S SEAL

FIRE

Contractor:
Address:
Phone #:
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	
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:
Number of gas/oil fired appliances

Furnace
Gas/Wood Fireplace
Gas Logs
Wood Burning Stove
Other:

Estimated Cost of Fire Work

Signature:

Print Name:

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 171 VANZILE Rd. BRICK
Block: 1149 Lot: 1
Owner's Name: MARIA DEMARTINO
Owner's Mailing Address: [redacted]
Phone: ([redacted]

BUILDING

Contractor: ANTHONY GOLTSCH
Address: 1701 PENN. AVE.
WHITING NJ.
Phone#: 732 350 2088
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

TANNING SALON

Type of Work

___New Building	___Siding
___Addition	___Fence
X Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration: 13500.00

Cost of New Building:

Total Cost of Building Work: $13500.00

Signature: Anthony Goltsch

Please Print Name ANTHONY GOLTSCH

ELECTRICAL

Contractor: DREW ELECTRIC
Address: 358 GRANDE RIVER BLVD
TOMS RIVER, NJ 08755
Phone#: 732-818-1440
Lis #: 5897
Federal Emp # or SSN 222584121

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	10
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KV
Oven/Surface Unit	KW
Electric Water Heater	KV
Electric Dryer	KV
Dishwasher	KV
Garbage Disposal	H
A/C Unit –Central Air	KV
Space Heater/Air Handler	KV
Baseboard Heating	KV
Motors 1+ HP	
Transformer/Generator	K
Light Stander	AM
Service 400 AMP SERVICE 3Φ	AM
Subpanel	AM
Motor Control Center	AM
Sign/Outline Light	K
Furnace	
Steam Boiler	
Other: 8 - 220VOLT 50 AMP 1 PHASE LINES FOR TANNING BEDS	

Estimated Cost of Electrical Work:

Signature: Drew Cirlincione

Please Print Name DREW CIRLINCIONE

CONTRACTOR'S SEAL

Applicable to Ordinance 728-92
This form must be handed in with permit application or a permit will not be issued.

TOWNSHIP OF BRICK

171 VANZILE Rd. BRICK | 1149 | 1
Work Site Address | Block | Lot

MARIA DEMARTINO [redacted]
Owner's Name, Address, Ph

ANTHONY GOLTSCH 1701 PENN. AVE. WHITING N.J. 732 350 7088
Contractor's Name, Address, Phone

Construction TANNING SALON
Describe type (Single -family home, etc.)

Demolition _____
Describe type (Structure, roof, siding, etc.)

Describe type and estimated quantity of material CONSTRUCTION DEBRI
3 yds.

Name, address and phone of party responsible for removal of debris:
ANTHONY GOLTSCH 1701 PENN. AVE. WHITING N.J. 732 350 7088

Size of dumpster: TRAILER

Destination of discarded debris: OCEAN COUNTY LAND FILL

Hauler's DEP Permit No.: _____

**Note: Any recyclable material, including, but not limited to: corrugated cardboard, vegetative waste, concrete, asphalt, clean wood, etc., must be delivered to an approved recycling center, and receipts provided to the Township of Brick along with tipping receipts for non-recyclable material.

Generator's Certification: Under penalty of criminal and civil prosecution, for the making or submissin of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed or recycled in accordance with all applicable State and Federal laws and regulations, and that I have been authorized, in writing, to make such declarations by the person in charge of the generator's operation.

ANTHONY GOLTSCH | Anthony Goltsch | 12/26/00
Printed/Typed Name | Signature | Date

****

FOR OFFICE USE ONLY

MUST BE COMPLETED BEFORE CERTIFICATE OF OCCUPANCY OR CERTIFICATION OF APPROVAL IS ISS

Recycling tonnage receipts attached? _____

Certified tipping receipts attached? _____

**Note: Receipts must show certified weights, date of disposal and name and address of disposal center.

DISTRIBUTION LIST:
1. Original to Code Enforcement Officer
2. Construction Code Office
3. Applicant

Counter Form
PLEASE PRINT

PLUMBING

ractor:_____
ress:_____
_____
ıe #:_____
:_____
ral Emp # or SSN_____

Technical Data

ıres — Quantity

er Closets_____
als/Bidets_____
Tub_____
atory_____
wer_____
r Drain_____
:_____
ıwasher_____
ıking Fountain_____
shing Machine X
Bib_____
Piping _____
l Oil Piping_____
ter Heater_____
ım Boiler_____
Water Boiler_____
/er Pump_____
rceptor/Separator_____
kflow Preventer_____
asetrap_____
ter Cooled A/C or Refrig. Unit_____
tic Tank Closure_____
ver Service Connection_____
ter Service Connection_____
tive Solar System_____
xiliary Meter_____
rinkler Heads_____
mp Pump_____
her:

timated Cost of Plumbing Work_____

gnature:_____
ease Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

Heating Type: X Gas ____Oil ____Electric ____Solar
Heating System is ____New X Existing
Location of Furnace/Boiler: EXISTING RTU

Water Supply Source CITY
Method of Valve Supervision TAMPER EXISTING
Local Alarm Supervision BELL EXISTING
Central Supervision: FLOW SWITCH EXISTING
Proprietary Supervision: CENTRAL STATION EXISTING

Flammable Storage Tanks NA capacity_____fuel
Combustible Storage Tanks NA capacity_____fuel
LPG Storage Tanks NA capacity_____fuel

Item — Quantity

Wet Sprinkler Heads 10 EXISTING
Dry Sprinkler Heads NONE
Total 10 EXISTING

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

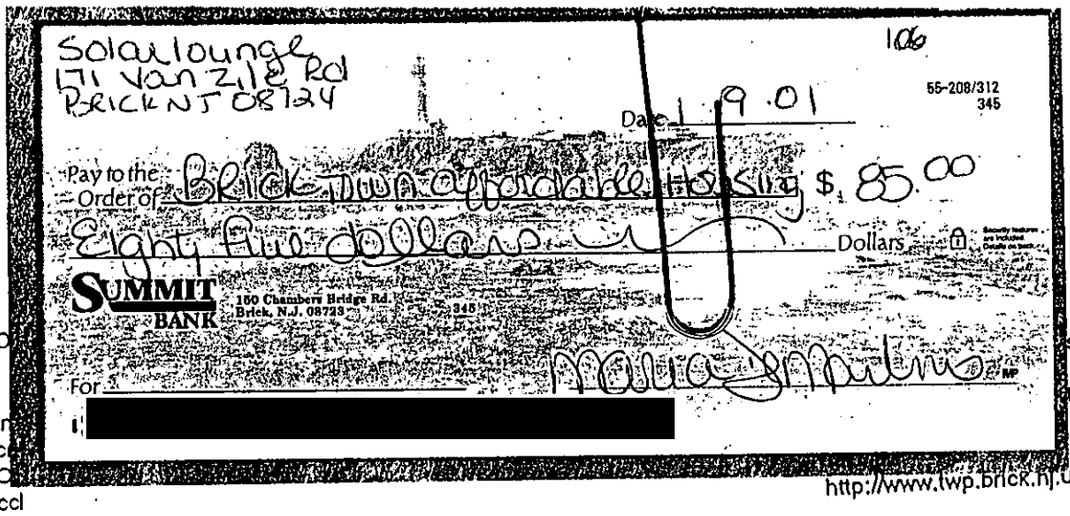
Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other: NO CHANGE

Estimated Cost of Fire Work_____

Signature:_____
Print Name:_____


Solar Lounge
171 Van Zile Rd
Brick NJ 08724

106

Date 1.9.01

55-208/312
345

Pay to the Order of Brick Twp Affordable Housing $ 85.00

Eighty five dollars Dollars

SUMMIT BANK 150 Chambers Bridge Rd. Brick, N.J. 08723 345

For Maria DeMartino

[redacted]

Joseph C. Scarp

Township Council:
Frederick J. Un
Stephen C. Ac
Kimberley S. C
Steven N. Cucci
Gregory S. Kavanagh
Kathy M. Russell
Tony R. Shupin

sing
trator
20-1456
http://www.twp.brick.nj.us

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 1/8/01

Business/Development: Solar Lounge

Owner/Applicant: Maria DeMartino

Property Address: 171 Van Zile Rd.

Block: 1149 Lot: 1

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Estimated Fee $ _____

Deposit Amount $ _____

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 106

Final Fee $ 85.00

Less Deposit $ -0-

Final Payment $ 85.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received In Treasurer's Office by:

Signature _____ Date 1/8/01