BLOCK 1149 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 1930 Rt. 88 Brick NJ. PERMIT NO. 10-1958

CONSTRUCTION PERMIT APPLICATION C-10-002592

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

I. IDENTIFICATION

1. Proposed Work Site at: 1930 Rt 88 Unit 8 Laurel Square Brick NJ 08724
2. Name of Owner in Fee: Nick Catone Super Intermediates LLC/ Property
   Tel. ( ) e-mail
   Address PO Box 7760 Dept 124 (street) (municipality) 85261 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Nick Catone Tel. (732) 330-8115
   Address 980 Sibi Ct. e-mail Nickcatone@yahoo.com
   Brick, NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

Change of Use

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75 ✓		40 ✓
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy		50 Co. fee	
12. Other	+50		
13. TOTAL	$	100	

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☒ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES

(Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		VB	7/16/10		7/23/10	CW			
☐ Electrical					9/7/10	ST			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Emg	Exempt		7/21/10	ERE			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale _____
   Gained, Rental _____
   Lost, Sale _____
   Lost, Rental _____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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
11. ☐ LPGas Tanks

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. (X) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.ix:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(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 Nick Catones

Address 980 Seids Court
Brick NJ 08724

Telephone ( ) _____

Signature [signature]

III. ( ) LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
7/20/10	called tenant - need addn. info - see note left message	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 09/14/2010
Control Number C-10-002592
Permit Number 10-1958
Permit Issue Date 07/26/2010
Certificate Number 10-1958

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1930 ROUTE 88 Space #8 Brick Township, NJ Block: 1149 Lot: 5 Qual:

Owner in Fee: SUPER INTERMEDIATECO LLC%E PROP TAX

Owner Address: PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261

Telephone:

Contractor Nick Catone's Mixed Martial Arts Training

Address 980 Sids Court Brick NJ 08724

Telephone: 7323308115 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-4 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Mattress place to Mixed Martial Arts Training Academy

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **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 Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 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 Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $50.00
Check Number:
Collected By: Bernadette Ritchings

Date Printed: 09/14/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 7/26/10
Control # C-10-002592
Permit # 10-1756

IDENTIFICATION Block: 1149 Lot: 5 Qualifier

Work Site Location: 1930 ROUTE 88 Space #8 Brick Township, NJ

Owner in Fee: SUPER INTERMEDIATECO LLC%E PROP TAX PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261

Telephone:

Contractor: Nick Catone's Mixed Martial Arts Training

Address: 980 Sids Court Brick NJ 08724

Telephone: (732) 330-8115

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP Mattress place to Mixed Martial Arts Training Academy

Note: If constuction 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 $500

Construction Official

Date 7-26-10

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	$50.00
Other	$0
Total	$126
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:
  1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
  2. Foundations and all walls up to grade level prior to back filling.
  3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
  4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

*07 SEP.007
BUILDING $75.00
$1.00
C/O 50.00
CURRY $126.00

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

Ken 11-3-11

This is the jacket for the Original Fennant Fit-up App - I plucked it for reference purposes — When you are done with it please give it to Kim. Thanx Mike

Called

PERMIT UPDATE

Date Update Issued 9/8/10
Control # C-10-003212
Permit # 10-1958/A

IDENTIFICATION Block: 1149 Lot: 5 Qualifier
Work Site Location: 1930 ROUTE 88 Space #8 Brick Township, NJ
Owner in Fee: SUPER INTERMEDIATECO LLC%E PROP TAX PO BOX 4900 - DEPT 124 SCOTTSDALE AZ 85261
Telephone:

Contractor: Nick Catone's Mixed Martial Arts Training
Address: 980 Sids Court Brick NJ 08724
Telephone: (732) 330-8115
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ELECTRICAL ALTERATIONS EXIT LIGHTS ONLY

Note: If constuction 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 $400

Construction Official — Date 9/2/10

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	4369
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

09/08/10 11:40AM 00135811690
WKM SERV.001
#1958
ELECTRIC $40.00
DCA $1.00
TOTAL $41.00

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

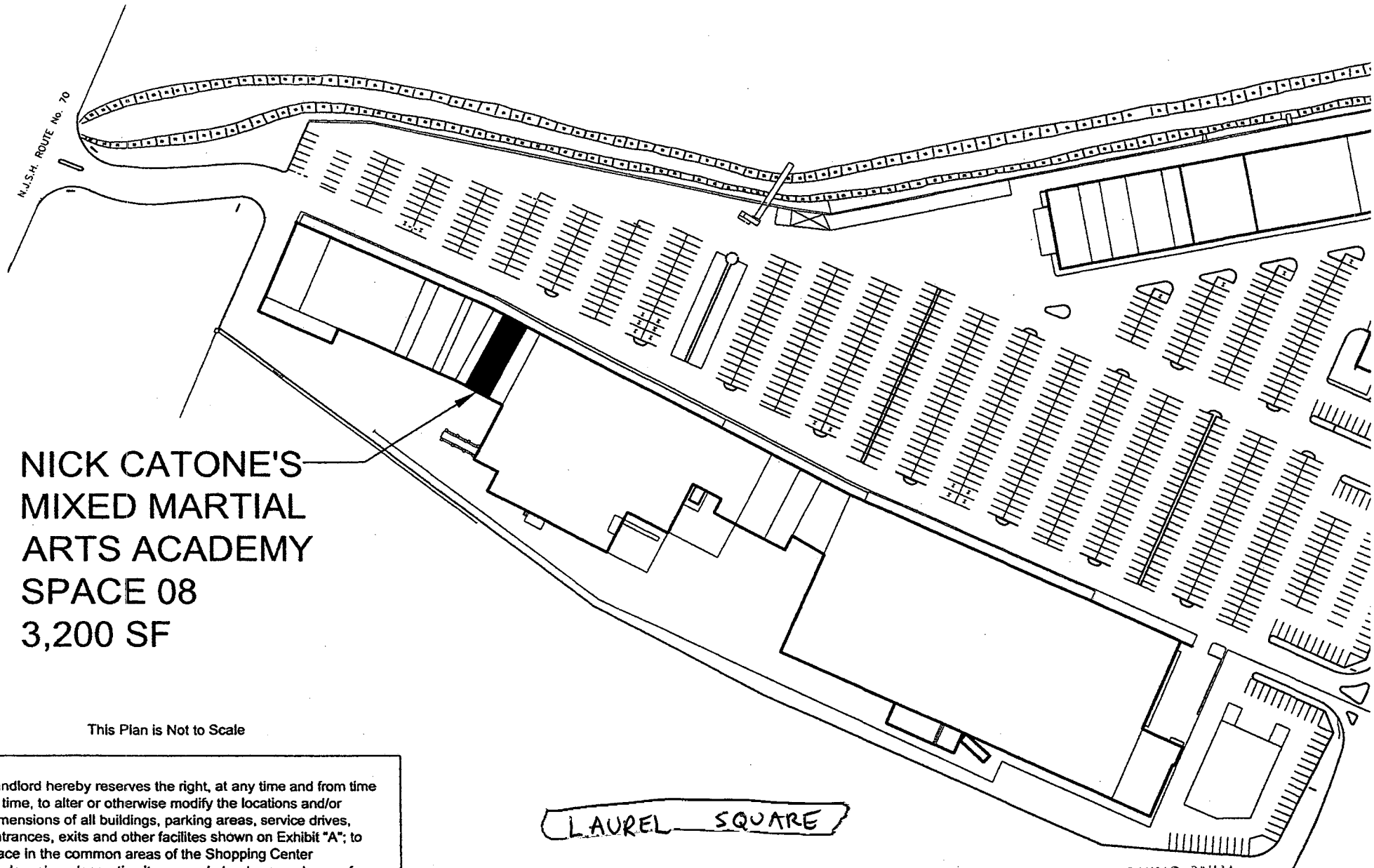
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.



This Plan is Not to Scale

Landlord hereby reserves the right, at any time and from time to time, to alter or otherwise modify the locations and/or dimensions of all buildings, parking areas, service drives, entrances, exits and other facilites shown on Exhibit "A"; to place in the common areas of the Shopping Center landscaping, decorative items, and structures and areas for retail sales and promotional activities, and to construct, lease, operate and maintain in the area shown on this Exhibit "A" and on contiguous land, as part of the Shopping Center, buildings, structures and other facilities not shown on this Exhibit "A".

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 21 2010

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

update

Date Received
Control # 10-1958-A

Date Issued
Permit # 9/8/10

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 5 Qualification Code

Work Site Location 1930 RT. 88, LAUREL SHOPPING CENTER BRICKTOWN, NJ

Owner in Fee: NICK CATONE

Tel. (732) 330-8115 e-mail

Address fax# 609 804 1435

Contractor: All Lit UP, Inc. Electric Tel. (609) 804 1131
(street, municipality, zip code)

Address P.O. Box 113 Cologne 08213 e-mail

Contractor License No. 14578A Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. 264-152007 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

[ ] Pole/Pad # [ ] Temporary [ ] Other

Building Occupied as Commercial Utility Co.

Est. Cost of Elec. Work $ 400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Electric Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 9/7/10
Approved by: V
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/14/10
Approved by: D

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9/10/10	DD
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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.

Michael S. Lyon
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Exit Lights

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
2		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge	$
Minimum Fee	$
State Permit Surcharge Fee	$
TOTAL FEE	$

PAID 9/10/10 CASH

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ACTION OFFICE SUPPLIES, INC (732) 534-3000

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/26/10
Control #
Date Issued
Permit # 10-1958

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 5 Qualification Code

Work Site Location LAUREL SQUARE BRICK NJ
RT 88. UNIT 8

Owner in Fee: ~~NICK CATONE~~ SUPER INTERMEDIATES LLC/C/O PROPERTY

Tel. (732) 330-5115 e-mail

Address PO BOX 4900 DEPT 124 ~~BY~~ SCOTTSDALE AZ 85261
street municipality zip code

Contractor: NICK CATONE Tel. (732) 330-8115

Address 980 SIDS CT. e-mail
BRICK NJ 08724

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[X] All	7/23/10	W
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 7-23-10
Approved by: KA/JH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 9/10/10
Approved by: KA

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	*8/31/10 W		9/8/10	W
	*9/7/10 W			

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ X
2. Rehabilitation $ [redacted]500
3. Total (1+ 2) $

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.

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
No Work
*Check Exit Signs/Lighting and ADA Compliance at Inspection

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$

Administrative Surcharge $
Minimum Fee $
State Permit Surcharge Fee $
TOTAL FEE $

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

8/31/10 W – Final Reg –

1) Floor-Wall Finishes not installed –
2) Additional Emerg. ϕ's
3) Change door swing at Locker Room –
4) ?

9/7/10 W – Final Reg –

1) Floor transition @ Rear Door needed –

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 9/8/10
Permit # 10-17584-T

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1179 Lot 3 Qualification Code _____

Work Site Location 130 [illegible]

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: [illegible] Tel. (____) [illegible]

Address [illegible] e-mail _____

Contractor License No. [illegible] Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. [illegible] FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date:_____ Approved by: _____

[ ] Electric Plans Approved
Date:_____ Approved by: _____

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved by: _____

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____
Annual Pool Inspection _____ _____
Date of Grounding and Bonding Certification _____

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.

Michael [illegible]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr [ ] Exempt Applicant

NEW JERSEY STATE OF ELECTRICAL CONTRACTOR LICENSED 14576

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Ext Lights

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		_____	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		_____	
		_____	

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

FIRE SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 5

Work Site Location 1930 RT. 88, LAUREL SHOPPING CENTER BRICK NJ

Owner in Fee NICK CATONE

Address

Tele. (732) 330-8115

Contractor All Lit Up Inc, Electric

Address P.O. Box 113 Cologne NJ 08213

Tele. (609) 804 1131 Fax (609) 804 1435

Lic. No. 14578A

Federal Emp. No. 264152007

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 400.00

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
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.

Michael S Flynn

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: EXIT LIGHTS

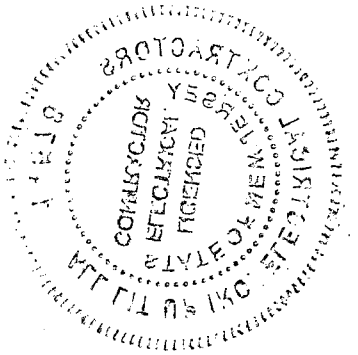
Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid [ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected [ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices EXIT LIGHTS		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

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



FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 5

Work Site Location 1930 RT. 88 [illegible]
BRICK NJ.

Owner in Fee N.J. CANONE

Address

Tele. (732) 330-8115

Contractor All Lit Up Inc, Electric

Address P.O. Box 113
Clayton NJ 08213

Tele. (609) 804 1131 Fax (609) 804 1435

Lic. No. 14578A

Federal Emp. No. 264152007

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ 400.00

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
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.

Michael S Fitzgerald
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

EXIT LIGHTS

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ___ Fuel ___		
Alarm Systems [ ] 110v Interconnected	**NUMBER**	
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices EXIT LIGHTS		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

UCC F140
(rev 3/98)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 5

Work Site Location 1433 [illegible]

[illegible]

Owner in Fee [illegible]

Address [illegible]

Tele. (7) [illegible]

Contractor [illegible]

Address [illegible]

Tele. (609) 201 1131 Fax (609) 201 1135

Lic. No. 13VH 17

Federal Emp. No 264152607

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ [illegible]

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
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.

Michael S Fitzgerald

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Exit Lights

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected	**NUMBER**	
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	____	____
Supervisory Devices (i.e., tampers, low/high air)	____	
Signaling Devices (i.e., horn/strobes, bells)	____	____
Other Devices Ex. Lights	____	____
TOTAL	____	____
Suppression Systems		
Fire Pump ____ GPM Type ____	____	____
Dry Pipe/Alarm Valves	____	____
Pre-action Valves	____	____
Sprinkler Heads (Dry and Wet)	____	____
Standpipes	____	____
Pre-engineered Systems		
Wet Chemical	____	____
Dry Chemical	____	____
CO_2 Suppression	____	____
Foam Suppression	____	____
Halon Suppression	____	____
Other _____	____	____
Kitchen Hood Exhaust System	____	____
Smoke Control System	____	____
Gas [ ] or Oil [ ] Fired Appliances	____	____
Other _____	____	____

Administrative Surcharge	$	____
Minimum Fee	$	____
DCA Training Fee	$	____
TOTAL FEE	$	____

UCC. F140
(rev. 3/96)

FIRE SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block _____ Lot _____

Work Site Location _____

_____

Owner in Fee _____

Address _____

_____

Tele. (____) _____

Contractor _____

Address _____

_____

Tele. (____) _____ Fax (____) _____

Lic. No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____

Constr. Class Present _____ Proposed _____

Heating Systems [ ] New [ ] Existing [ ] HVAC

Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ _____

Fire Alarm System

New [ ] Existing [ ]

Location of Panel: _____

Fire Suppression/Standpipe System

New [ ] Existing [ ]

Location of Main Control Valve:

_____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date: _____

Approved by: _____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: _____

Approved by: _____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
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

ELECTRICAL CONTRACTORS OF NEW JERSEY LICENSED ELECTRICAL CONTRACTOR 14578

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

		FEE (Office Use Only)
Storage Tanks		
Type: [ ] Flammable Liquid [ ] Combustible Liquid		
[ ] LPG [ ] LNG Capacity ____ Fuel ____		
Alarm Systems [ ] 110v Interconnected **NUMBER**		
[ ] System		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices _____		
TOTAL		
Suppression Systems		
Fire Pump ____ GPM Type ____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
Halon Suppression		
Other _____		
Kitchen Hood Exhaust System		
Smoke Control System		
Gas [ ] or Oil [ ] Fired Appliances		
Other _____		

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

UCC F140
(rev. 3/96)

File in jacket
in Lektrieva
Block 1149 Lot 5
permit 10-1958

Nicholas Catone
980 Sids Court
Brick, NJ 08724
PH: 732-330-8115
E-mail: ncatone@yahoo.com

July 20, 2010

Daniel Newman Jr.
Building Director

To Whom It May Concern:

I am currently in the process of opening a Mixed Martial Arts School in Brick. Recently, the property manager of the Laurel Square Shopping Plaza instructed me to contact The Township of Brick for a "Change in Use."

The studio is for business use only. The prior business was a mattress company. There will be no construction involving any aspect of the unit property. I will only be painting the space and laying down mats and flooring. No structural work. I was advised to inquire about a waiver for architectural plans?!

Please feel free to contact me for any further questions regarding this matter.

Sincerely,

Nick Catone

Receipt

Payment Date 07/26/2010

Transaction # PMT-10-03976

Receipt #

Issued To Nick Cantone

Description Martial Arts

Date Printed 07/26/2010

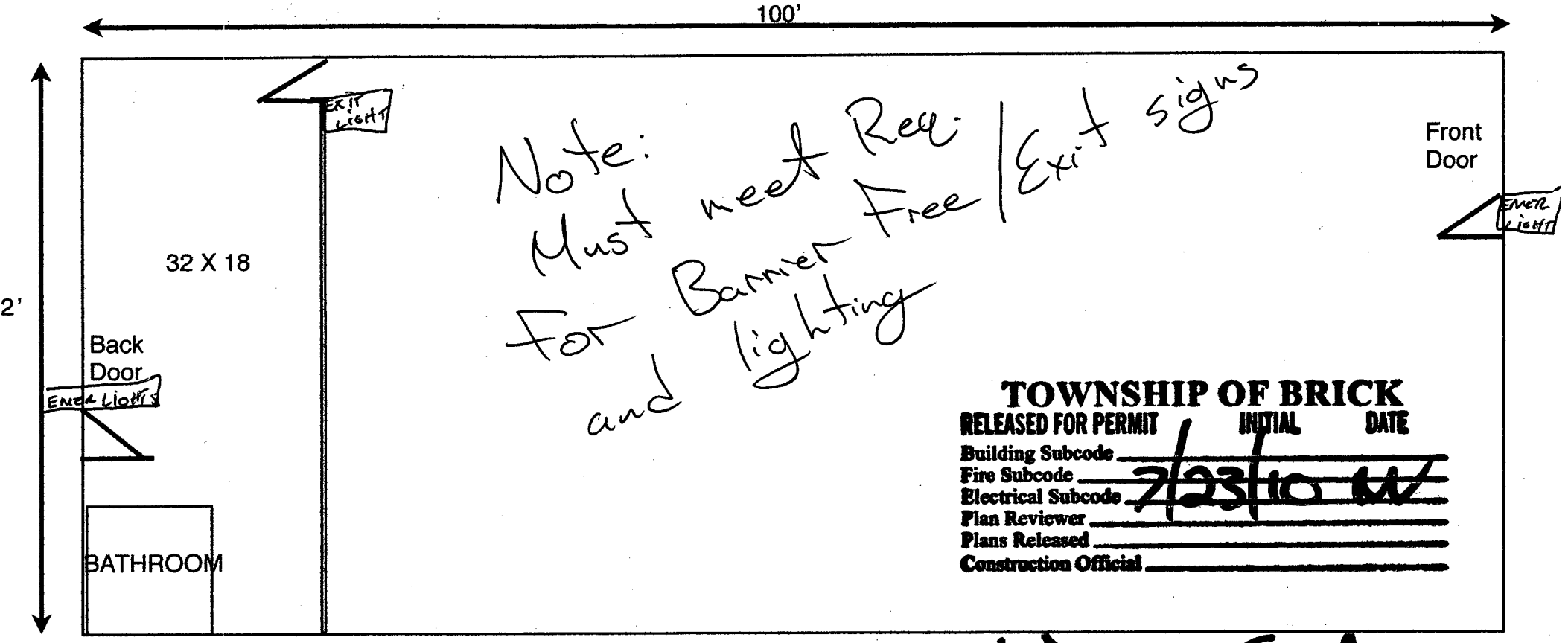
Check Number

Cash	$50.00
Check	$0.00
Charge	$0.00
Total Paid	$50.00

07/26/10 3:16PM 001558#9743
XX07 SERV.007
#1958

ZPA	$50.00
XXXTOTAL	$50.00
CASH	$50.00
CHANGE	$0.00

ORIGINAL PLAN



TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode		
Fire Subcode		
Electrical Subcode		7/23/10
Plan Reviewer		
Plans Released		
Construction Official		

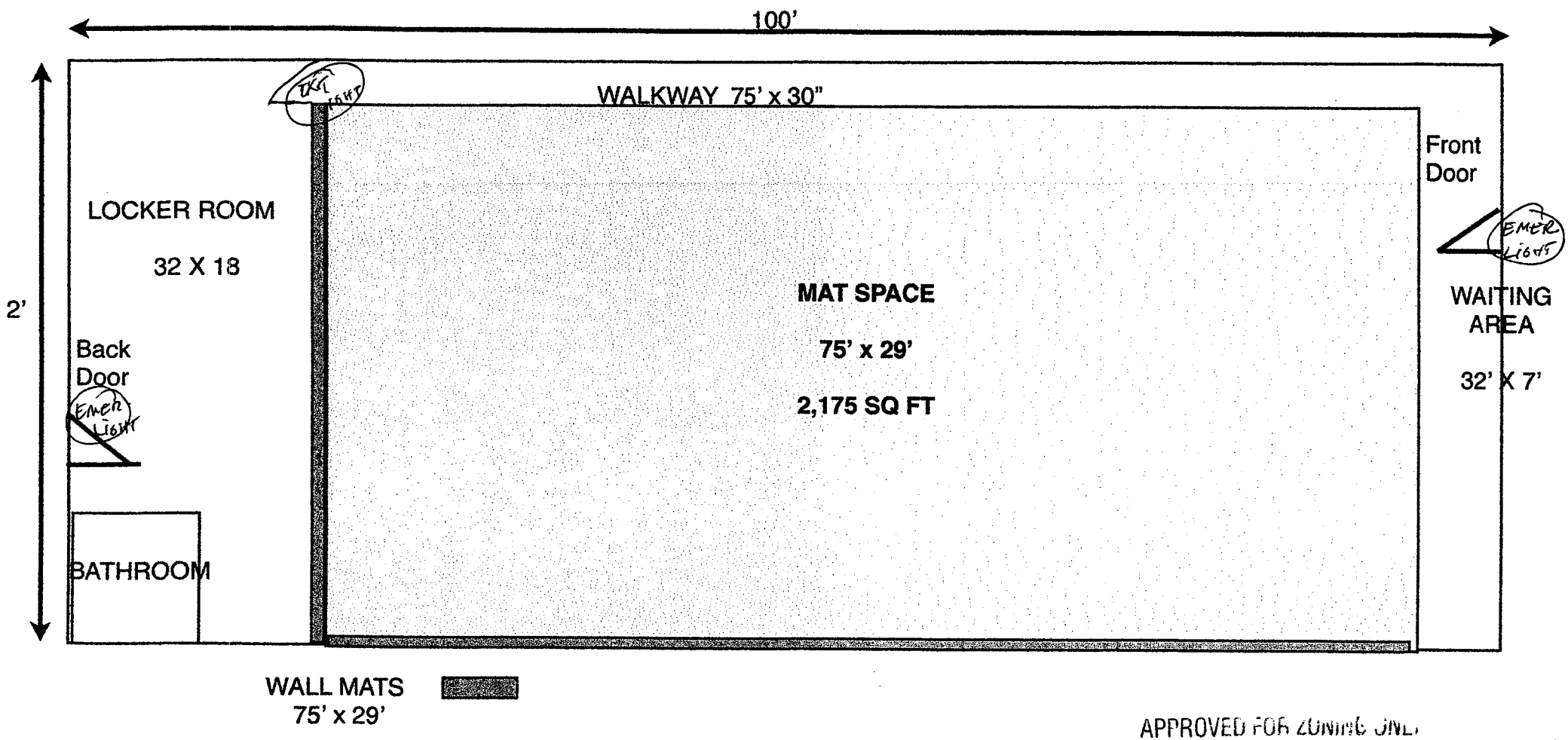
Office Set

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 21 2010

LAUREL SQUARE 1930 RT. 88
BRICK, NJ SPACE #8

Plans After Moved In



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUL 21 2010

NICK CATONE'S MIXED MARTIAL ARTS ACADEMY

WRESTLING, MMA, JIU JITSU, BOXING, MUAY THAI, CARDIO KICKBOXING

RECEIVING CLERK 1449 KB
DATE REC'D 7/16/10

ZONING PERMIT APPLICATION

PERMIT # ZP-10-00140
DATE ISSUED 7/26/10

BLOCK: 1149 LOT: 5 QUALIFIER: — SITE ADDRESS: 1930 Rt. 88 UNIT 8

IDENTIFICATION:

1. NAME OF OWNER IN FEE: SUPER INTERMEDIATED LLC PROPTAY
   COMPLETE ADDRESS: PO BOX 44900 Dept 124
   Scottsdale AZ 85261
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: NICK CATONE
   APPLICANT ADDRESS: 980 SIDS CT.
   BRICK NJ 08724
   PHONE # 732-330-8115 EMAIL: NCATONE@YAHOO.COM

3. RESPONSIBLE PERSON FOR WORK: NICK CATONE
   PHONE# 732-330-8115 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: MATTRESS
PROPOSED USE: MARTIAL ARTS ACADEMY

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: MIXED MARTIAL ARTS TRAINING FACILITY

ZONING REVIEW:
DATE REVIEWED: 7-21-10 DATE DENIED: — DATE APPROVED: 7-21-10 INTLS: SK, ZO

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

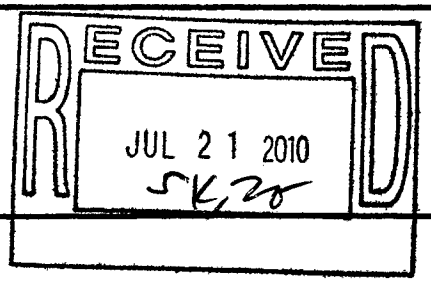
Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

OFFICE USE ONLY



ZONING REVIEW:

DATE REVIEWED: 7-21-10 DATE DENIED: — DATE APPROVED: 7-21-10 INTLS: SK/20

DATE:	COMMENTS:	INITIALS:

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 7/26/10
Application Number: ZA-10-00740
Application Date: 07/21/2010
Project Number:
Permit Number: ZP-10-00740
Fee: $50

Zoning Permit

Worksite Location: **1930 ROUTE 88**
Laurel Square - Building A, Space No. 8
Brick Township, NJ 08724

Block: **1149**
Lot: **5**
Qualifier:
Zone: **B-3**

Owner: **SUPER INTERMEDIATECO LLC%E PROP TAX**
Address: **PO BOX 4900 - DEPT 124**
SCOTTSDALE, AZ 85261

Applicant: **Nick Catone**
Address: **980 Sid's Court**
Brick, NJ 08724

Application Approved Date: 07/21/2010

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Commercial Recreation --Nick Catone's Mixed Martial Arts Academy (former mattress store).
Nonconforming Use is: _____

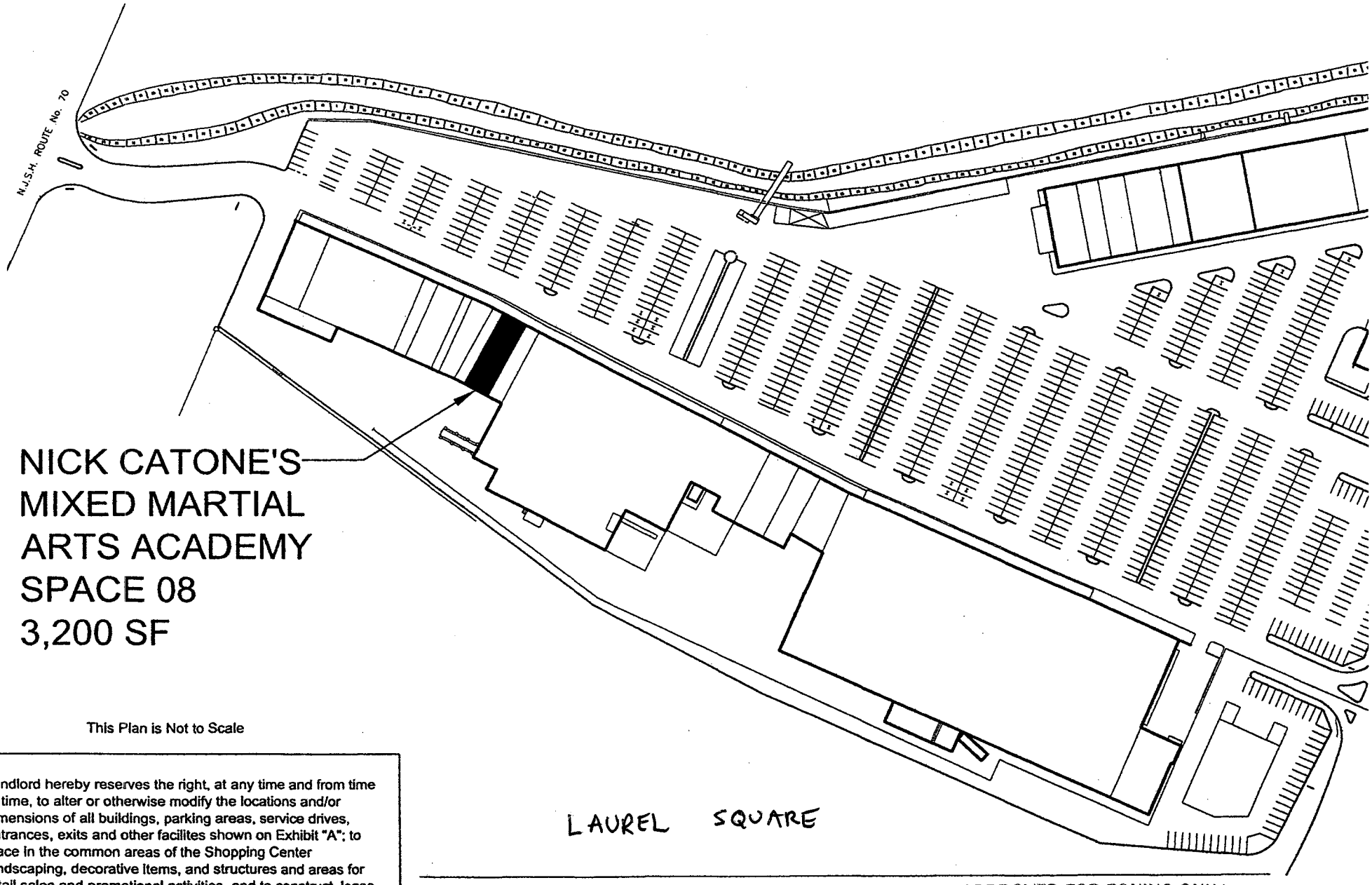
Work Description:
Rehabilitation - Alterations for a tenant fit-up for a new business in Building A, Space No. 8, changing from a mattress store to a martial arts academy.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy, Zoning Officer — 07/21/2010 Date

Michael P. Fowler, Township Planner — 7/24/10 **Date**



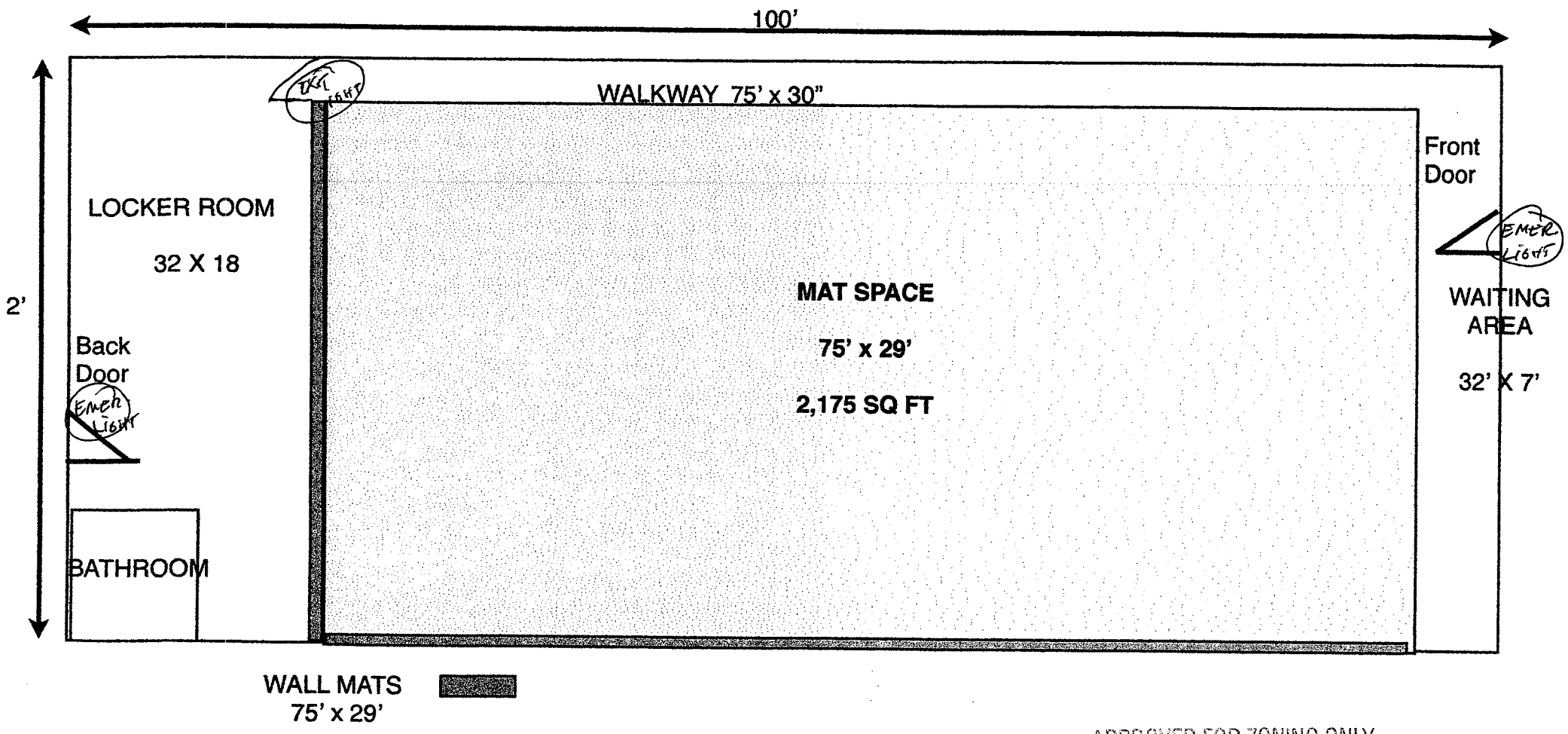
This Plan is Not to Scale

Landlord hereby reserves the right, at any time and from time to time, to alter or otherwise modify the locations and/or dimensions of all buildings, parking areas, service drives, entrances, exits and other facilites shown on Exhibit "A"; to place in the common areas of the Shopping Center landscaping, decorative items, and structures and areas for retail sales and promotional activities, and to construct, lease, operate and maintain in the area shown on this Exhibit "A" and on contiguous land, as part of the Shopping Center, buildings, structures and other facilities not shown on this Exhibit "A".

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 21 2010

Plans After Moved In

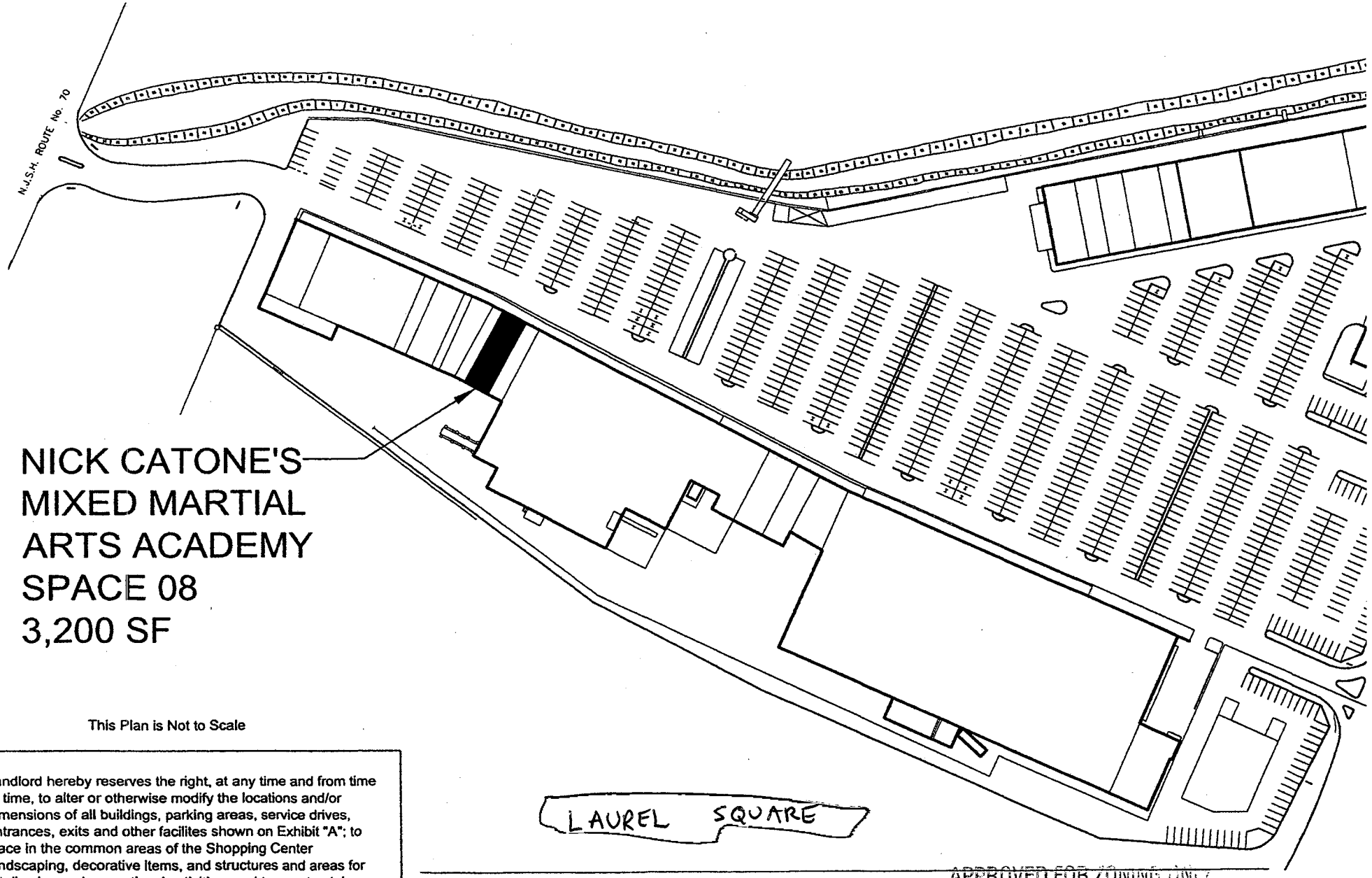


APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 21 2010

NICK CATONE'S MIXED MARTIAL ARTS ACADEMY

WRESTLING, MMA, JIU JITSU, BOXING, MUAY THAI, CARDIO KICKBOXING



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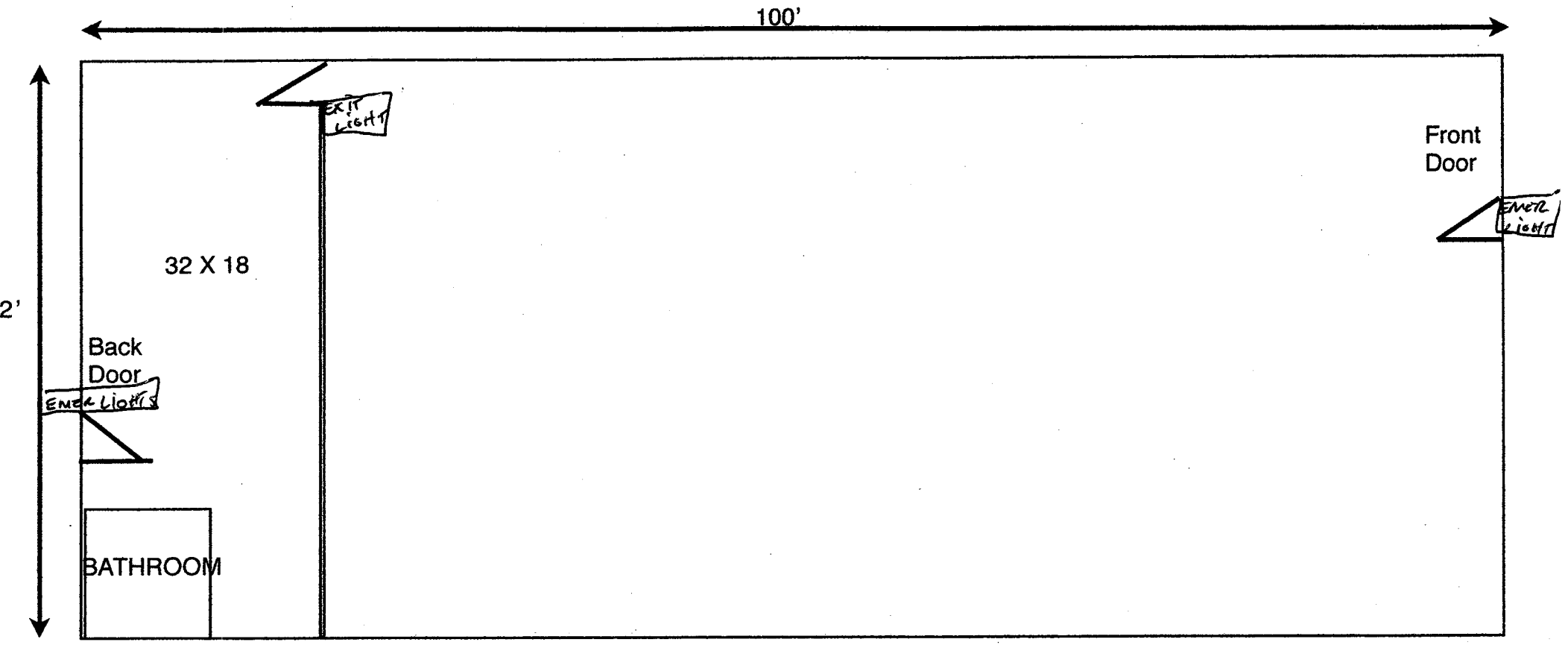
JUL 21 2010

ORIGINAL PLAN



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUL 21 2010

LAUREL SQUARE 1930 RT. 88
BRICK, NJ SPACE #8

BUILDING SUBCODE
TECHNICAL SECTION

Date Received) - 7/26/10
Control #

Date Issued
Permit # 10-1958

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.

Block 1149 Lot 5 Qualification Code

Work Site Location LAUREL SQUARE BRICK NJ
RT 88 UNIT 8

Owner in Fee: ~~[illegible]~~ SUPER INTERMEDIATE LLC/E PROP TRY

Tel. (732) 330-8115 e-mail [illegible]

Address PO BOX 4100 DEPT 134 SCOTTSDALE AZ 85261
street municipality zip code

Contractor: NICK CATONE Tel. (732) 330-8115

Address 980 SIMS CT. e-mail
BRICK NJ 08724

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7/23/10	
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 7-23-10
Approved by: KA/JZ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ X
2. Rehabilitation $ X
3. Total (1+ 2) $ 500

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.

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
No Work
*Check Exit Signs/Lighting and ADA Compliance at Inspection

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence _____ Height (exceeds 6')
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Retaining Wall _____ Sq. Ft.
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

U.C.C. F110
(rev. 12/07)

1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/26/10

Date Issued / Permit # 10-1958

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RT 88 UNIT 8

Owner in Fee: SUPER INTERNATIONAL ELECTRONICS

Tel. (732) 330-8115 e-mail

Address PO BOX 4180 DEPT 124 SCOTTSDALE AZ 85261
street municipality zip code

Contractor: NICK CATONE Tel. (732) 330-8115

Address 980 SINS CT. e-mail
BRICK NJ 08724

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable):

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
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Date: 7-23-10
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[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
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[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Radon Remediation
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FEE (Office Use Only)
$

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TOTAL FEE $

U.C.C. F110
(rev. 12/07)

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