BLOCK 1149 LOT 5 QUALIFICATION CODE 1930 ADDRESS (SITE) 1930 Route 88 PERMIT NO. 02-0503

C14-11

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1930 Rt88/970 Brick Town
2. Name of Owner in Fee: Quynh Pham Tel. (732) 840-4299
   Address 1930 (street) (municipality) 08723 (zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: TNT Custom Creation Tel. (732) 580 7065
   Address 181 Tennis Court Wanaque 07719
   License No. OR, if new home. Builder Reg. No. ____ Exp. Date ____
   Federal Employee No [redacted] FAX: ( ) ____
5. Architect or Engineer ____ Tel. ( ) ____
   Address ____
6. Responsible Person in Charge of Work Ferry
   Tel. (732) 580-7065 FAX ( ) ____

tenant fit-up

NO CO til Viol. Resolved

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	332		
2. Electrical		35		
3. Plumbing		30		
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		VIOLATION →		
8. Subtotal	$			
9. DCA Training Fee		10		
10. Subtotal				
11. Cert. of Occupancy				
12. Other				
13. TOTAL	$	427		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		
2. Height of Structure	ft.	
3. Area — Largest Floor	sq. ft.	
4. New Building Area	sq. ft.	
5. Volume of New Structure	cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes / no		
11. Max. Live Load		
12. Max. Occupancy Load		

COMMERCIAL

COMMERCIAL

IMPORTANT MANDATORY FEE AHBTI

II. PROPOSED WORK

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Resubmission Rejection	Re-viewer
		OPTIONAL (for office use only)							
1. ☐ Minor Work		NB	2-13-02		2-20-01	FW			
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing					2-28-02				
7. ☒ Electrical					2 2002		1/13/03		OK
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8	▨								
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

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

LDS BR 10200389

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

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

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name _____

Address 181 Tunnel Court Wall NJ.

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 03/05/2002
Control #
Permit # 02-0503

UCC NEW JERSEY

CONSTRUCTION PERMIT

IDENTIFICATION Block 1149 Lot 5 Qual

Work Site Location 1930 ROUTE 88 - NAIL SALON
TENANT FIT UP
Owner of Rec. PAUL DUTCH
Address SAME
BRICK, NJ 08723-
Telephone (732)840-4895

Contractor TNT CUSTOM CREATION
Address 101 TENNIS CT
OCEAN, NJ
Telephone (732)530-7065
Lic. No. or Oldrs. Reg. No.
Federal Exp. No. [redacted]

I is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT-UP
RE-ROCK INTERIOR WALLS, TILE FLOORS, BUILD FLOATING PLATFORM FOR PEDI
CURE STATIONS

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 $ 13,625

K. Pinardi 03/05/2002
Construction Official Date

U.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	332
Electrical	35
Plumbing	50
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	10
Cert. of Occupancy	0
Other	
Total	427
Check No.	93
Cash	
Collected By	MJR

03/05/02 10:59AM 0000009882
X302 SERV.002

00503	
BUILDING	$332.00
ELECTRIC	$35.00
PLUMBING	$50.00
DCA	$10.00
CHECK	$427.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/13/2002
Date Issued 3/5/02
Control # C14-11
Permit # 02-0503

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 Qual
Work Site Location 1930 ROUTE 88 - NAIL SALON
TENANT FIT UP
Owner in Fee PHAN, QUYNH
Address SAME
BRICK, NJ 08723-
Tele.(732)840-4299
Contractor THT CUSTOM CREATION
Address 131 TENNIS CT
WALL, NJ
Tele.(732)580-7065 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

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
RE-ROCK INTERIOR WALLS, TILE FLOORS, BUILD FLOATING PLATFORM FOR PEDI CURE STATIONS

All work Must Meet Code (FM)

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	2-20-02	FM
[ ] 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 $ 12,875
3. Total (1+2)$ 12,875

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	332
[ ] 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	$ 332
DCA Training Fee	$ 10

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 02/13/2002
Date Issued 03/05/2002
Control #
Permit # 02-0503

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 Qual

Work Site Location 1930 ROUTE 88 - NAIL SALON
TENANT FIT UP

Owner in Fee PHAM, QUYNH

Address SAME
BRICK, NJ 08723-

Tele.(908)458-2986 Fax ( )

Change of Contractor 03-21-03

Contractor MARK HIBBARD

Address 1446 LAKEWOOD AVE
BRICK,NJ, NJ 08723-

Tele.(908)458-2986

Lic. No. or Bldrs. Reg. No. 5968

Federal Emp. No [redacted]

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 $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 3-21-02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 1-14-03

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			3-22-02	
Water				
Sewer				
Fixtures			1-14-03	
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 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.)

COMMERCIAL

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
5	Sink	50
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
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 $ 50
DCA Training Fee $ 0

Paid [X] Check # 93
Collected by: MJR

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 02/13/2002
Date Issued 315102
Control # C14-11
Permit # 02-0503

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 Qual
Work Site Location 1930 ROUTE 88 - NAIL SALON
TENANT FIT UP
Owner in Fee PHAM, QUYNH
Address SAME
BRICK, NJ 08723-
Tele.(732)477-5964 Fax ( )
Contractor JOHN PALMER PLUMBING
Address 147 BRETONIAN DR
BRICK, NJ 08723-
Tele.(732)477-5964
Lic. No. or Bldrs. Reg. No. 9184
Federal Emp. No. 26-1573562

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 $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 2-28-02
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	3-15-02			
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 am authorized to make this application and perform the work listed on this application.

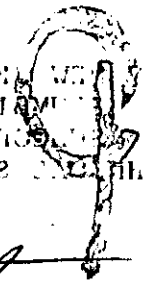
Signature/Contractor Seal
[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
5	Sink	50
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
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 $ 50
DCA Training Fee $ 0

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



3-15-02

True arm. need to be reverted

2 Violations for no permit & no lis. contr. $500 each 2.16 (F) misrepresentation of fact Revoke permit

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 02/13/2002
Date Issued 3/5/02
Control # C14-11
Permit # 02-0503

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 Qual
Work Site Location 1930 ROUTE 88 - NAIL SALON
TENANT FIT UP
Owner in Fee PHAM, QUYNH
Address SAME
BRICK, NJ 08723-
Tele.(732)920-1890 Fax ( )
Contractor SOLTIS ELECTRIC
Address 251 HUPPERT DR
BRICK, NJ 08723-
Tele.(732)920-1890
Lic. No. or Bldrs. Reg. No. 6759
Federal Emp. No. [redacted]

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 2 20 02
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1 13 03
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	3/8/02		3-15-02	
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			1/30/03	
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

1) Support w/in
2) B/w Exist outlets
3) Board chair

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
3		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	
3		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

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

Paid [ ] Check #
Collected by:

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

NAILS ART

LAURAL SQUARE SHOPPING CENTER
(Near Big Kmart)
1930 Highway 88 and 70
Brick, NJ 08723
(732) 840-4299

HAND PAINT DESIGN

- Acrylic Nails
- Fill
- Silk / Gel Nails
- Manicure / Pedicure
- Waxing
- Airbrush / Nail Art

BUSINESS HOURS:

Mon-Thurs: 10:00am - 8:00pm
Friday: 9:00am - 8:00pm
Saturday: 9:00am - 7:00pm
Sunday: 11:00am - 5:00pm

WALKINS WELCOME

Date: _____

Time: _____

c/o
c/o
c/o
c/o
c/o

NAILS ART
1930 HIGHWAY 88 AND 70
BRICK, NJ 08723
(732) 840-4299

1322 92

55-2/212

DATE 3-4-2002

PAY TO THE ORDER OF TOWNSHIP BRICK $ 10.00

TEN DOLLARS EVEN DOLLARS

FIRST UNION First Union National Bank
firstunion.com
Org. 075 R/T 021200025

FOR [redacted]

MP

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

Business/Development: Nail Art

Owner/Applicant: Nail Art

Property Address: 1930 Rt. 88

Block: 1149 Lot: 5

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

DATE: 3/5/02

Check Number 92

Preliminary Fee Paid 10.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

3-5-02

Date

OFFICE OF AFFORDABLE HOUSING

AHRT PRELIMINARY APPROVAL

AHBT PRELIMINARY APPROVAL

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 1149 LOT 5 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial NAME OF BUSINESS [illegible]
APPLICANT [illegible] PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01%

◊ The estimated equalized assessed value of the proposed construction is

$_____

[illegible] _____

Frederick R. Millman, CTA, Tax Assessor Date

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

$_____

_____ _____

Frederick R. Millman, CTA, Tax Assessor Date

Prelininary Fee Required _____ Date 9/15/[illegible]
Preliminary Paid 10.00 Check # [illegible]
Receipt # [illegible]

Final Total Fee Required _____
Preliminary Paid _____ Date _____
Final Paid _____ Check# _____
Balance Due _____ Receipt # _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

[illegible] _____

Office of Affordable Housing

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

UNIFORM CONSTRUCTION CODE

Construction Permits Application
5:23-2.15(e) (viii) (1x)

Owner/Agent: Quynn Pham

Property Address: 1930 Highway 88 and 70

Town: Brick NJ Zip: 08723

Block: 1149 Lot: 5

☑ Waive architecturals for commercial interior work

☐ Other _____

OWNER/AGENT PROCEED AT OWN RISK ☐

Signature: _____

Owner/Agent: _____

Building Sub-code Official: _____
Frank Mizer

Construction Official: _____
Joseph Curiazza

(e) Plans, plan review, plan approval:

1. Plans and specifications: The application for the permit shall be accompanied by no fewer than two copies of specifications and of plans drawn to scale, with sufficient clarity and detail dimensions to show the nature and character of the work to be performed. Plans submitted shall only be required to show such detail and include such information as shall be reasonably necessary to assure compliance with the requirements of the code and these regulations. When quality of materials is essential for conformity to the regulations, specific information shall be given to establish such quality; and this code shall not be cited, or the term "legal" or its equivalent be used, as a substitute for specific information.

i. Site diagram: There shall also be filed a site plan showing to scale the size and location of all the new construction and all existing structures on the site, distances from lot lines and the established street grades; accessible route(s) for buildings required by N.J.A.C. 5:23–7.1 to be accessible; and it shall be drawn in accordance with an accurate boundary line survey. In the case of demolition, the site plan shall show all construction to be demolished and the location and size of all existing structures and construction that are to remain on the site or plot.

ii. Building plans and specifications shall contain: Foundation, floor, roof and structural plans; door, window and finish schedules; sections, details, connections and material designations.

iii. Electrical plans and specifications shall contain: Floor and ceiling plans; lighting, receptacles, motors and equipment; service entry location, line diagram and wire, conduit and breaker sizes.

iv. Plumbing plans and specifications shall contain: Floor plan; fixtures, pipe sizes and other equipment and materials; isometric with pipe sizes, fixture schedule and sewage disposal.

v. Mechanical plans and specifications shall contain: Floor or ceiling plans; equipment, distribution location, size and flow; location of dampers and safeguards; and all materials.

vi. Engineering details and specifications: The construction official and appropriate subcode official may require adequate details of structural, mechanical, plumbing and electrical work, including computations, stress diagrams and other essential technical data to be filed. All engineering plans and computations shall bear the seal and signature of the licensed engineer or registered architect responsible for the design. Plans for buildings shall indicate how required structural and fire-resistance rating will be maintained for penetrations made for electrical, mechanical, plumbing and communication conduits, pipes and systems.

(1) Plumbing plans for class III structures may be prepared by persons licensed pursuant to "The Master Plumber Licensing Act", N.J.S.A. 45:14C–1 et seq. Electrical plans for class III structures may be prepared by persons licensed pursuant to "The Electrical Contractors Licensing Act", N.J.S.A. 45:5A–1 et seq.;

(2) Whenever the licensing board pursuant to either of the above Acts shall provide for a seal evidencing that the holder is licensed, such shall be acceptable to the enforcing agency in lieu of affidavit;

(3) Mechanical plans for class III structures may be prepared by mechanical contractors.

vii. Work area: For reconstruction work in an existing structure, the work area shall be clearly delineated on the plans.

viii. Architect's or engineer's seal: The seal and signature of the registered architect or licensed engineer who prepared the plans shall be affixed to each sheet of each copy of the plans submitted and on the first or title sheet of the specifications and any additional supportive information submitted. The construction official shall waive the requirement for sealed plans in the case of a single family home owner who had prepared his own plans for the construction, alteration or repair of a structure used or intended to be used exclusively as his private residence, and to be constructed by himself, providing that the owner shall submit an affidavit attesting to the fact that he has prepared the plans and provided further that said plans are in the opinion of the construction official, and appropriate subcode official, legible and complete for purposes of ensuring compliance with the regulations.

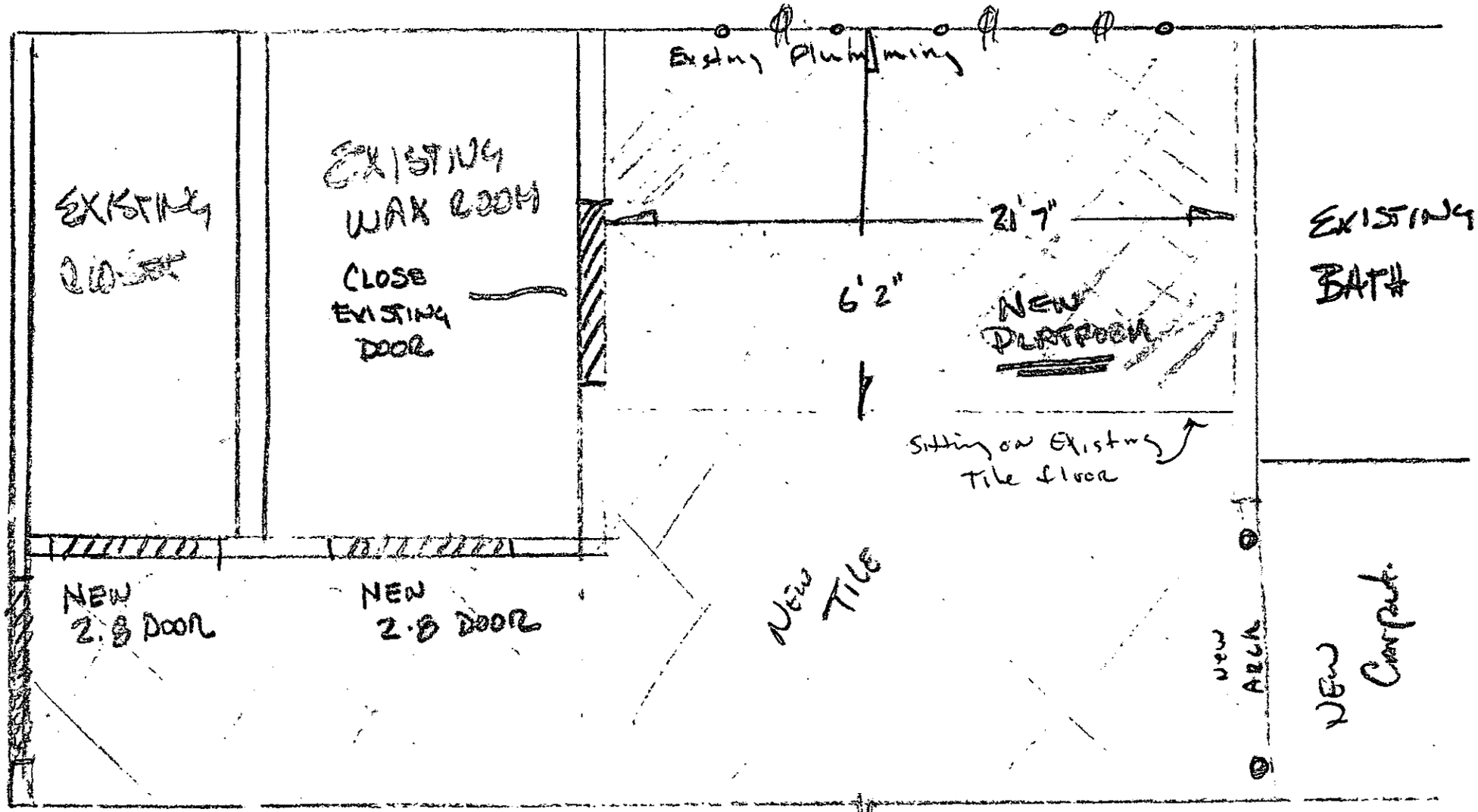
ix. The construction official upon the advice of the appropriate subcode official may waive the requirement for plans when the work is of a minor nature.

x. Building, electrical, plumbing and mechanical work required to be shown may be shown on a single set of plans or a single drawing so long as the drawings are clear and legible.

2. Examination of plans: All plans submitted and any amendments thereto accompanied by the required documentation and application, and upon payment of the fee established by the enforcing agency, shall be numbered, docketed and examined promptly after their submission for compliance with the provisions of the regulations.

3. Plan review:

i. Department or other State agency review: When a review and release of plans by the Department or other State agency designated by the Department pursuant to N.J.A.C. 5:23–3 is required, the owner or agent of the owner shall file an application for construction plan release for each project, along with three sets of plans, specifications and such other supporting information as the Department or other designated reviewing agency may require on forms obtained from the Department or such reviewing agency. The plans, specifications and other supporting information shall conform to the requirements of (e) above.



RE-ROCK INTERIOR WALLS

BUILD FLOATING PLATFORM FOR
PEDI-CURE STATIONS

TILE FLOORS

PLATFORM 2x6 - 16 OC
3/4 PLYWOOD T&G
13" TILE

Setting on Existing
Tile

...ION OF INSPECTIONS
...CHAMBERS BRIDGE ROAD
...RICK, NJ 08723

Date Issued 03/18/02
Control #
Permit # 02-0503

UCC NEW JERSEY

NOTICE AND ORDER OF PENALTY

IDENTIFICATION

Work Site Location 1930 ROUTE 88 - NAIL SALON Block 1149 Lot 5

Owner in Fee PHAM, QUYNH
Address 1930 ROUTE 88
BRICK, NJ 08724

Agent/Contractor TNT CUSTOM CREATIONS
Address 181 TENNIS COURT
WALL, NJ 07719

ACTION

Date of Notice 03/18/02 Compliance Due Date 03/25/02 Date of Inspection 03/18/02

TAKE NOTICE that you have been found to be in violation of the State Uniform Construction Code Act and Regulations promulgated thereunder in that:

NJAC 5:23-2.16 (F): MISREPRESENTATION OF FACTS
PLUMBER LISTED ON THE PERMIT DID NOT PERFORM THE WORK-PERMIT REVOKED UNTIL PERSON WHO DID THE WORK TAKES OUT THE PERMIT

You are hereby ordered to terminate the said violations on or before 03/25/02. No Certificate of Occupancy or Approval will be issued unless the said violations are corrected.

[ ] Failure to comply with this Order will subject you to a penalty of $ 0 per week.

[X] You are hereby ordered to pay a penalty in the amount of $ 500 for each violation for a total penalty of $ 500. Each week that any of the said violations remain outstanding after 03/25/02 shall result in an additional penalty of $ 500 per week.

If you wish to contest the validity of the above action, you may request a hearing before the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY within 15 days of receipt of these Orders. The Application to the Construction Board of Appeals may be used for this purpose.

Your application for appeal must be in writing, setting forth your address and name, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of your reliance on the Regulations and, if necessary, a brief statement setting forth your position and the nature of the relief sought by you. You may also append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 HOYTS PLACE, TOMS RIVER, NJ 08753.

If you have any questions concerning this matter, please call: DANIEL F. NEWMAN, JR., CONSTRUCTION OFFICIAL 732-262-1030.

NOTICE OF VIOLATION AND ORDER TO TERMINATE: _____ ACO DATE: _____
NOTICE AND ORDER OF PENALTY: Daniel F. Newman Jr. CO DATE: 3-18-02

U.C.C. PZ10 (rev. 3/96)

DIVISION OF INSPECTIONS
401 CHAMBERS BRIDGE ROAD
BRICK, NJ 08723

Date Issued 03/18/02
Control #
Permit # 02-0503

UCC NEW JERSEY

STOP CONSTRUCTION ORDER

IDENTIFICATION

Work Site Location 1930 ROUTE 88 - NAIL SALON Block 1149 Lot 5

Owner in Fee PHAM, QUYNH
Address 1930 ROUTE 88
BRICK, NJ 08724

Agent TNT CUSTOM CREATIONS
Address 181 TENNIS COURT
WALL, NJ 07719

ACTION

Date of Notice 03/18/02 Compliance Due Date 03/25/02 Date of Inspection 03/18/02

You are hereby ordered to STOP CONSTRUCTION at the above location as of 03/18/02 until further notice from this enforcing agency.

This Order is entered pursuant to N.J.A.C. 5:23-2.31(d) for violation of NJAC 5:23-2.16 (F) which provides:
MISREPRESENTATION OF FACTS ON PLUMBING PERMIT PLUMBER LISTED DIDN'T DO WORK...PERMIT REVOLKED

Permission to resume construction may be obtained from this enforcing agency after the following conditions are met:
NEED TO PAY FINES AND PROVIDE A NEW PERMIT WITH THE NAME OF THE PERSON WHO DID THE WORK

Failure to comply with this Order will result in a penalty of $ 500 per day for each day in which work continues after issuance of this Order.

If necessary, the enforcing agency will concurrently seek the Order of a court of competent jurisdiction restraining further work at the above location.

Pursuant to N.J.A.C. 5:23A-2.1, if you wish to contest the validity of the above action, you may file an appeal with the Construction Board of Appeals of the BOARD OF APPEAL/OCEAN COUNTY, within 15 days of receipt of this form. The Application to the Construction Board of Appeals may be used for this purpose. You application for appeal must be in writing, setting forth your name and address, the address of the building or site in question, the permit number, the specific sections of the Regulations in question, and the extent and nature of the relief sought by you. You may append any documents that you consider useful.

The fee for an appeal is $100 to be forwarded with your application to the Construction Board of Appeals office at 2 MOTTS PLACE, TOMS RIVER, NJ 08753.

Should you have any questions concerning this Order, please call: DANIEL F. NEWMAN, JR., CONSTRUCTION OFFICIAL 732-262-1030.

BY ORDER OF: Daniel F. Newman Jr. Subcode Official

U.C.C. FZ50 (rev. 3/96)

MARK HIBBARD PLUMBING & HEATING
25 Years of Service
1446 Lakewood Avenue
BRICK, NJ 08724
(732) 458-2986

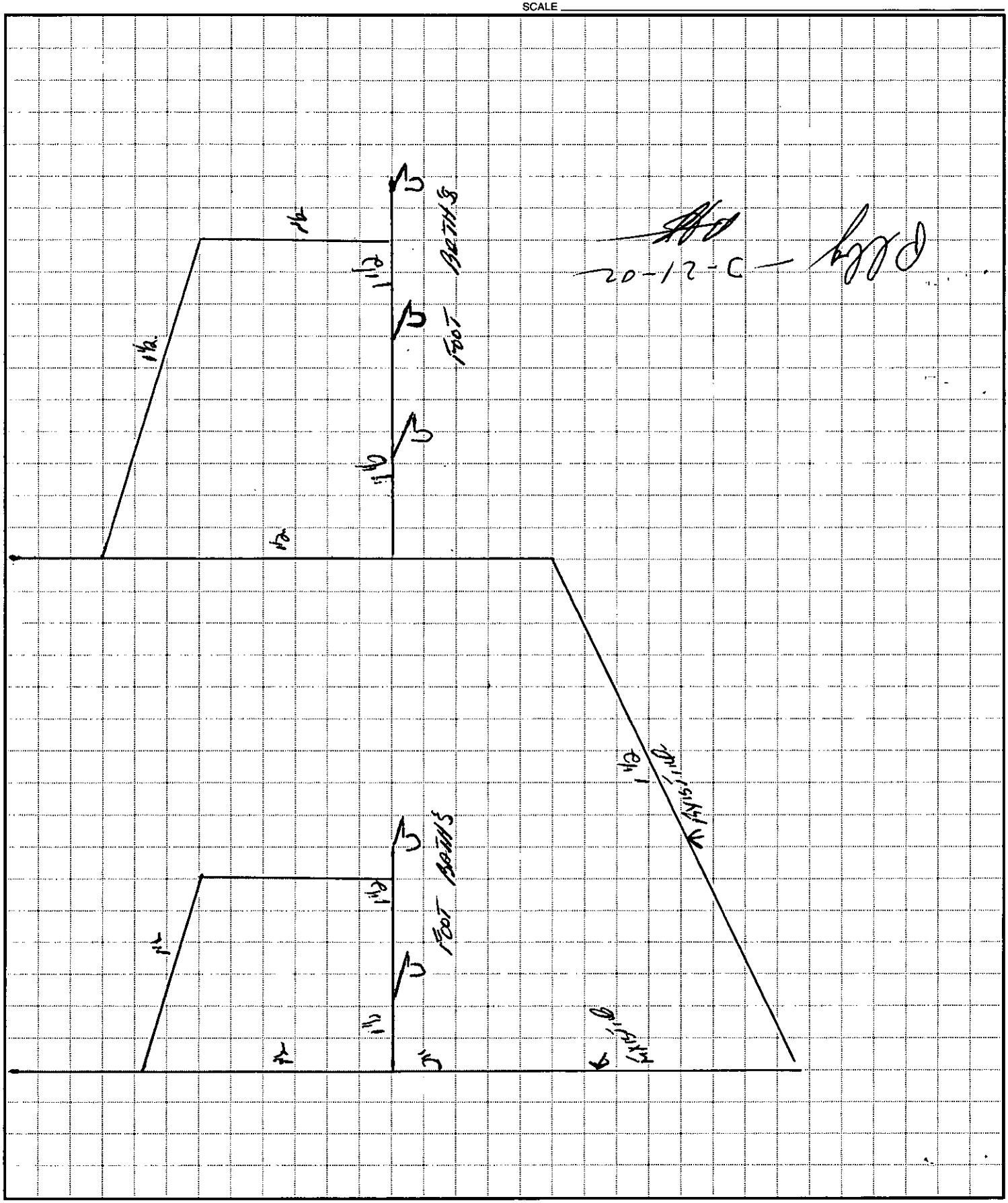
JOB _____

SHEET NO. _____ OF _____

CALCULATED BY _____ DATE _____

CHECKED BY _____ DATE _____

SCALE _____



Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1930 HIGHWAY 88 - 70

Block: _____ Lot: _____

Owner's Name: PHAN QUYNH - NAILS ART.

Owner's Mailing Address: 1930 HIGHWAY 88 t 70
BRICK 08723

Phone: (732) 840 - 4299

BUILDING

Contractor: _____

Address: _____

_____

Phone#: _____

Lis # _____

Federal Emp # or SSN _____

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___Alteration	___Pool
___Roofing	___Demblition
___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: _____

Cost of New Building: _____

Total Cost of Building Work: _____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____

Address: _____

_____

Phone#: _____

Lis #: _____

Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: _____

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

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

02-0503
CHANGE-CONTRACTOR

PLUMBING

Contractor: MARK HABBARD
Address: 11146 LAKEWOOD RD2
BATH
Phone #: 732-456-0586
Lis #: 5968
Federal Emp # or SS [redacted]

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other:	

(FIVE) FOOT BATHS
(14) WATER

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: MARK HABBARD

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 _____

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

Signature: _____

Print Name: _____

Township of Brick

Counter Form

(PLEASE PRINT)

Site Location: 1930 Route 88 & 70 Brick NJ 08723
Block: 1149 Lot: 5
Owner's Name: QUYNH PHAM
Owner's Mailing Address: 1930 HWY 88 & 70 BRICK NJ 08723

Phone: (732) 840 4299

BUILDING

Contractor: TNT Custom Creations
Address: 181 Tennis Court

Phone#: 7325807065
Lis #
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

Type of Work

___New Building	___Siding
___Addition	___Fence
___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:

Cost of New Building:

Total Cost of Building Work: 12875 00

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

Signature: Quynh Pham
Please Print Name QUYNH PHAM

ELECTRICAL

Contractor: SOLTIS ELECTRIC
Address: 251 HUPPERT DR
BRICK N.J.
Phone#: 732-920-5572
Lis #: 6759
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	3
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	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 300.00

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: John Palmer Plumbing
Address: 142 Brotonia Dr.
Brick, N.J. 08723
Phone #: (732) 477-5964
Lis #: 91611
Federal Emp # or SSN [redacted]

Technical Data

Fixtures	Quantity
Water Closets	
Urinals/Bidets	
Bath Tub	
Lavatory	
Shower	
Floor Drain	
Sink	
Dishwasher	
Drinking Fountain	
Washing Machine	
Hose Bib	
Gas Piping	
Fuel Oil Piping	
Water Heater	
Steam Boiler	
Hot Water Boiler	
Sewer Pump	
Interceptor/Separator	
Backflow Preventer	
Greasetrap	
Water Cooled A/C or Refrig. Unit	
Septic Tank Closure	
Sewer Service Connection	
Water Service Connection	
Active Solar System	
Auxiliary Meter	
Sprinkler Heads	
Sump Pump	
Other: Pedicure chairs	5

Estimated Cost of Plumbing Work _____

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

Signature: _____
Please Print Name: John Palmer

CONTRACTOR'S SEAL

JOHN E. PALMER
LICENSED
MASTER
PLUMBER
9104

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 _____

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

Signature: _____
Print Name: _____