BLOCK VRD 1149 LOT 1 ADDRESS (SITE) 141 VAN ZILE RD. PERMIT NO. 2063-96

1111 2 4 1996

DIV. OF INSPECTION

CONSTRUCTION PERMIT APPLICATION

ZNA

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

I. IDENTIFICATION

1. Proposed Work site at: 141 VAN ZILE RD.
2. Name of Owner in Fee: Lights, Camera, Dance [redacted]
   Address 141 VAN ZILE RD (street) BRICK (municipality) NJ. 08724 (zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: LEE HOLZMAN Tel. (908) 206-1932
   Address 92 HARRISON AVE, BRICK
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. [redacted]
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person in Charge of Work LEE HOLZMAN Tel. (908) 206-1932

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 35-		
2. Electrical			
3. Plumbing			
4. Fire Protection	35-		
5. Elevator Devices			
6. Subtotal	$ 70-		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 70-		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure 16 ft.	
3. Area—Largest Floor 2500 sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Construction Classification	
7. Total Land Area Disturbed sq. ft.	
8. Flood Hazard Zone	
9. Base Flood Elevation ft.	
10. Wetlands yes sq. ft. / no	
11. Max. Live Load	
12. Max. Occupancy Load	

II. PROPOSED WORK

Interior Renovation

	Est. Cost
1. [X] Minor work (single trade)	500-
2. [ ] Small Job ($5,000 and no prior approvals)	
3. [ ] New Building	
4. [ ] Addition	
5. [ ] Alteration	
6. [ ] Fire Protection	
7. [ ] Plumbing	
8. [ ] Electrical	
9. [ ] Elevator Devices	
10. [ ] Asbestos Abatement	
11. [ ] Demolition	
TOTAL COSTS	

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Approval	Resubmission Rejection	Re-viewer
CM			9/9/96 RR		9/4/96		SK
			8/8/96 JC		9/3/96		SK
GWO	8/8/96		GW				

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. [X] 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: DANCE STUDIO
2. Use Group:
3. Change in Use Group, Indicate Former: I-C DANCE STUDIO

LDS BR 10413201

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.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. (X) 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 7/22/96

II. AGENT SECTION

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

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

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

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

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

( ) Check if contractor.

Agent Name LEE HOLLAND

Address 92 HARRISON AVE, BRICK NJ.

Telephone (908) 206 1832

Signature _____ Date 7/22/96

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									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT
A.F.B.I. EXEMPT

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.				

CERTIFICATE

Date Issued 9-6-96
Control #
Permit # 2063-96

IDENTIFICATION

Block 1149 Lot 1
Work Site Location 141 Van Zile Rd.

Owner in Fee Lights, Camera, Dance
Address same

Tele. ( )
Contractor Lee Holzman
Address 92 Harrison Ave.
Brick, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B **2 hours**
Maximum Live Load
Description of Work/Use:

Interior renovations for dance studio

"Lights, Camera, Dance"

Type of Warranty Plan: [ ] **State** [ ] **Private**
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** ☒ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **CERTIFICATE OF CONTINUED OCCUPANCY**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **TEMPORARY CERTIFICATE OF OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Fee $
Paid [ ] Check No.
Collected by:

CONSTRUCTION OFFICIAL

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Issued 8/9/96
Control #
Permit # 2063-96

IDENTIFICATION Block 1169 Lot 1

Work Site Location 141 Van Gilder Rd

Contractor Lee Adelman

Owner in Fee Leah & Charles Marino

Address Same

Tele. ( )

Lic. No. or Bldrs. Reg. No. Exp. Date 20055 # BLOCK 0.00

Federal Emp. No. 1169 #

or Social Security No. LOT 0.00

Is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION

DESCRIPTION OF WORK:

interior renovation

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 $ 500.00

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only) 1 #		
Building 35	BUILDING	35.00
Plumbing	FIRE	35.00
Electrical	TOTAL	70.00
Fire Protection 35	CHECK	70.00
Other	CHANGE	0.00
Other		
DCA Training Fee	NO. 5 0021A005	1:43
Cert. of Occ.		
Other		
Total 70		
Check No. # 113		
Cash		
Collected By:		

U.C.C. Form F-170A

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

11 Lites, Camera, Dance

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/9/96
Date Issued
Control #
Permit # 2063-96

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

Block 1149 Lot 1
Work Site Location 141 VAN ZILE RD. BRICK, NJ.
Owner in Fee Lights, Camera, Dance.
Address 141 VAN ZILE RD
Tele. [redacted]
Contractor LEO HOLZMAN
Address 92 HARRISON AVE. BRICK
Tele. (908) 206-1932
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	8/9/96	RL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] or CA
Date: 8/9/96
Approved By: J. Truscelli

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			8/13/96	JC
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 16 Ft.
Area—Largest Floor 2000 Sq. Ft.
New Bldg. Area/All Floors ____ Sq. Ft.
Volume of New Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 500.-
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.

Signature Lee N. Holzman

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[ ] Fence ____ Height (6' or over)
[ ] Sign ____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement
[ ] Other 2 partition walls
[ ] Other ____
[ ] Demolition

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ DCA TRAINING FEE $ ____
TOTAL FEE $ ____

U.C.C. Form F-110B

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8/9/96
Date Issued
Control #
Permit # 2063-96

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

Block 1149 Lot 1
Work Site Location 141 VAN ZILE RD.
BRICK NJ 08723
Owner in Fee: LIGHTS, CAMBRA, DANCE
Address 141 VAN ZILE RD
Tele [redacted]
Contractor LEE HOLEMAN
Address 98 HARRISON AVE. BRICK
Tele. (908) 206-1932
Lic. No. or Bldrs. Reg. No. [redacted]
Federal Emp. No. _____ or Social Security No. _____

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 Lee N. Holeman

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other 2 PARTITION WALLS
  - [ ] Other _____
- [ ] Demolition

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[ ] All	8/9/96	R
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

(Office Use Only)
FEE
$ _____

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories 1
Height of Structure 16 Ft.
Area—Largest Floor 2000 Sq. Ft.
New Bldg. Area/All Floors _____ Sq. Ft.
Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 500 —
3. Total (1+2) $ 500 —

Administrative Surcharge $ _____
Paid [ ] Check # _____ Minimum Fee $ _____
Collected by: _____ DCA TRAINING FEE $ _____
TOTAL FEE $ _____

U.C.C. Form F-110B. 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Jitter Camera

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/9/96
Date Issued
Control #
Permit # 2063-96

Tenant Improvement
Dance Studio

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

Block 1149 Lot 1
Work Site Location 141 VAN ZILE RD

Owner in Fee Lights, Camera, Dance ...
Address 141 VAN ZILE RD.

Tele. [redacted]
Contractor LOB HOLZMANN
Address 92 HARRISON AVE
13 ROCH
Tele. (908) 206-1932
Lic. No. [redacted]
Federal Emp. No. _____ or Social Security N

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present _____ Proposed _____
Constr. Class. Present _____ Proposed _____
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other _____
Location: _____
Total Est. Cost of Fire Prot. Work $ _____ [ ] Other _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8/8/96
Approved by: JC
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 9-3-96
Approved by: JC

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Tenant Ltr			9/3/96	JC
Other				
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.

Lee A. Holzmann
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision _____
Proprietary Supervision _____

Flammable Liquid Storage Tanks ( ) Capacity _____ Fuel _____
Combustible Liquid Storage Tanks ( ) Capacity _____ Fuel _____
L.P.G. Storage Tanks ( ) Capacity _____ Fuel _____
L.N.G. Storage Tanks ( ) Capacity _____ Fuel _____
Bldg. is Sprinklered.

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Fire Extinguisher 10 of 2016 Rated - 3		35
Stand Pipes		
Kitchen Hood Exhaust Systems		
Exit Signs w/ Battery Backup Emergency Lts		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER _____		

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

U.C.C. Form F-140B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8/9/96
Date Issued
Control #
Permit # 2063-96

Tenant fit up
Dance Studio

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

Block 1149 Lot 1
Work Site Location 141 VAN ZILE RD

Owner in Fee Lights, Camera, Dance
Address 141 VAN ZILE RD.
Tele [redacted]
Contractor LEB Holzman
Address 93 HARRISON AVE
93 RECR
Tele. (908) 206-1932
Lic. No.
Federal Emp. No. or Social Security No. [redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est. Cost of Fire Prot. Work $ [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 8/8/96
Approved by:

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

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH

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

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision 35
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

Bldg. is Sprinklered.

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors		
Heat Detectors		
TOTAL		
Fire Extinguisher 10 or 20 lb Rated - 3		35
Stand Pipes		
Kitchen Hood Exhaust Systems		
Exit Signs/Lts Batteries Backup Emrgcy		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

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

U.C.C. Form F-140B
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BOCA®
PLAN REVIEW RECORD

Valuation: _____

Fee: _____

Plan Review #: _____

Date _____

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

JURISDICTION Ray Township
(City, County, Township, etc.)

BUILDING LOCATION 171 VAN ZILE RD.
(Street address)

BUILDING DESCRIPTION _____

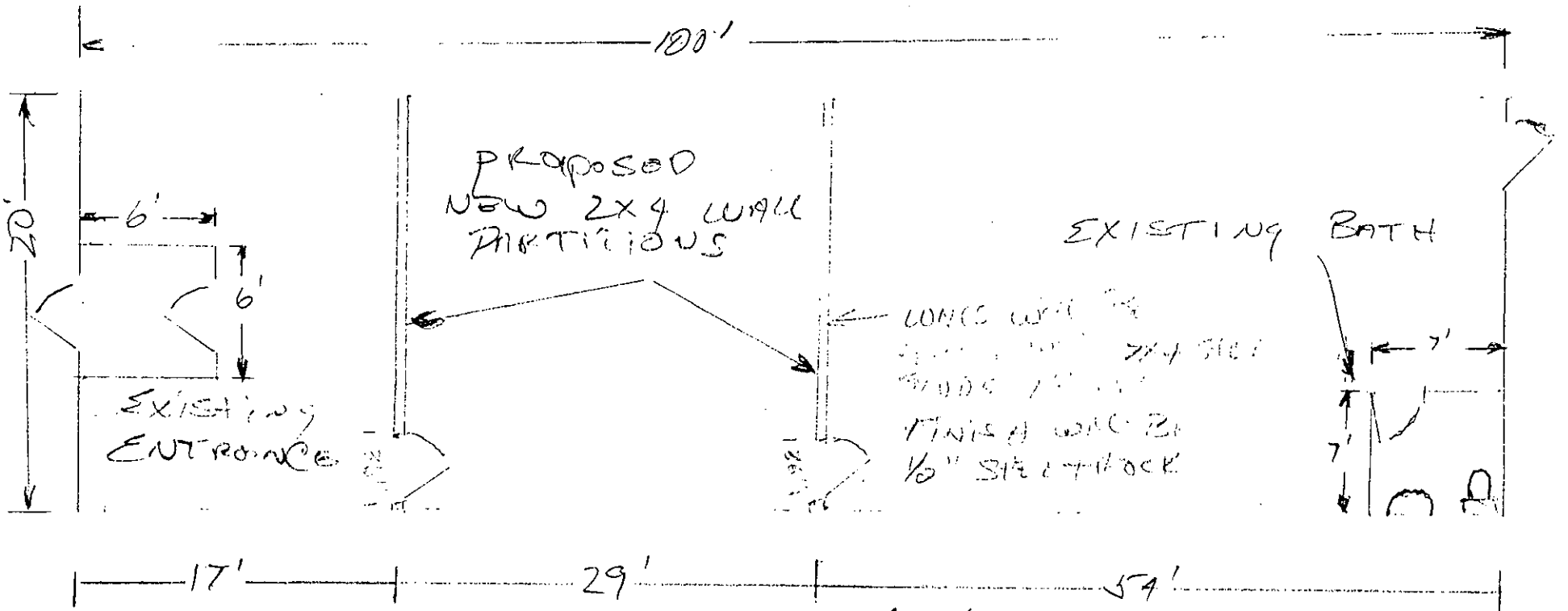
REVIEWED BY _____

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	DOOR SIZES.	
	CONSTRUCTION OF WALLS.	
	FINISHES OF SAME.	
	Affidavit Fire Resistant Card for SD	
	BATH DOORS WILL BE 26"	
	WALLS WILL BE 2X4 STEEL STUDS	
	16" O.C.	
	WALL FINISH WILL BE ½" SHEETROCK	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795



8/8/96

LIGHTS, CAMERA, DANCE... 141 VAN ZILE RD.

BLOCK, 1149, LOT 2

..BUILD 0 PARTITION WALLS

458-3151

Please type or
PRINT NEATLY

TOWNSHIP OF BRICK
ZONING PERMIT APPLICATION
NONRESIDENTIAL PROPERTIES
MULTIFAMILY PROPERTIES

Applicant's Name and Address Lights · Camera, Dance...
141 Van Zile Rd Phone 458-3151

Owner's Name and Address Victoria Holzman
92 Harrison Ave Phone 206-1932

Property Address 141 Van Zile Rd Block 1149 Lot 1

Existing or most recent use Vacant 2 yrs (Used to be Dance Studio)

Proposed use Dance Studio

Proposed construction Build 2 partition walls

Check and give dates of prior approvals:

Abridged site plan___. Resolution No._____. Date_____.

Minor site plan___. Resolution No._____. Date_____.

Full site plan____. Resolution No._____. Date_____.

Subdivision exemption___. Resolution No._____. Date_____.

Minor subdivision___. Resolution No._____. Date_____.

Major subdivision___. Resolution No._____. Date_____.

Zoning Board of Adjustment___. Planning Board___. Other_____.

Additional information_____

_____

NOTE: All maps must be signed before a zoning permit can be issued.

If no Board approval is required a plot plan must be submitted which shows all existing and proposed structures and setbacks. Proposals for signs must show all sign dimensions, area, clearance from ground, location and wording. Wall signs must show location on building.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other municipal approvals and ordinances, and all county, state and federal regulations.

Signature of applicant Lee A. Holzman. Date 7/29/96.

Received by zoning office: Date_____. Complete___. Incomplete_____.