✓ BLOCK 1149 LOT 1 ADDRESS (SITE) 179 VANZILE BRICK PERMIT NO. 1913-93

RECEIVED
JUL 19 1993

PLP
FIRE

CONSTRUCTION PERMIT APPLICATION

FITNESS 2000

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

DAY OF INSPECTION

I. IDENTIFICATION

1. Proposed Work-site at: ALTERATIONS 179 Van Zile Rd.
2. Name of Owner in Fee: SANFORD NALITT Tel. [redacted]
   Address 1688 VICTORY BOULEVARD (street) SI (municipality) NY 10314-0023 (zip code)
3. Ownership in Fee: Public ✓ Private
4. Principal Contractor: DANIEL DIASIO Tel. (908) 206-1487
   Address 403 SIMON PL BRICK NJ 08724
   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 DANIEL DIASIO Tel. (908) 206-1487

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 23 +		
2. Electrical			
3. Plumbing	115 -		
4. Fire Protection	92 -		
5. Other			
6. Subtotal	$ 230 -		
7. Less 20% for State Plan Review	5 -		
8. Subtotal	$		
9. DCA Training Fee	12 -		
10. Subtotal	$		
11. Cert. of Occupancy	20 -		
12. Other			
13. TOTAL	$ 267 -		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	18 ft.	
3. Area—Largest Floor	10,000 sq. ft.	
4. Building Area—All Floors	sq. ft.	
5. Volume of Structure	180,000 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	0 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no		
11. Fire Grading		
12. Max. Live Load		
13. Max. Occupancy Load	178	

II. PROPOSED WORK

Tenant Fit up
Change of uses

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☑ Alteration	2500
6. ☑ Fire Protection	2500
7. ☑ Plumbing	9000
8. ☑ Electrical	3000
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	15,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
VB	7/19/93		8/17/93	AJ	10/8/93		JC
			8/2/93 JC		10/6/93		JC
			8-11-93	JH	10-7-93		JH
					10-7-93		BK
X	7/29-93	ENA					

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: GYM
2. Use Group: A-2
3. Change in Use Group, Indicate Former:

60 occupants 20K

A. H. Exempt - Ann 8-13-93

LDS BR 10413205

UCC Form F-100A

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 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 DANIEL DIASIO

Address 703 SIMON PL

BRICK NJ 08724

Telephone (908) 206-1487

Signature Daniel Diasio Date 7-18-93

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board	ABRIDGED SITE PLAN APPROVED 7/7/93								
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☑ Other ZONING	7/29/93	10,000 # Fitness Center							
☐ A.H.B.T.	EXEMPT	8-16-93							
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

			DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☑ Certificate of Approval	No. 1913	10-8-93	
☐ None			

New Jersey
UNIFORM CONSTRUCTION CODE

CERTIFICATE

Date Issued 10-8-93
Control #
Permit # 1913-93

IDENTIFICATION

Block 1149 Lot 1
Work Site Location 179 Van Zile Rd.

Owner in Fee Sanford Nalitt
Address 1688 Victory Blvd.
Staten Island, NY
Tele. ( )
Contractor Daniel Diasio
Address 403 Simon Pl.
Brick, NJ
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group A-2 3 hrs.
Maximum Live Load 60
Description of Work/Use:

Tenant fit-up
Gym "FITNESS 2000"

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

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XXⓍX **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

Date Issued 8-17-93
Control #
Permit # 1913-93

IDENTIFICATION Block 1149 Lot 1

Work Site Location 179 Hanzile Rd.

Owner in Fee Sanford Navitt
Address 1688 Victory Blvd.
Staten Is., N.Y. N.Y. 10314
Tele. ( )

Contractor Daniel Diasio
Address 403 Simon Pl. **0008**
Brick N.J. 08724 1913*#
Tele. (201) 206-1487
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

BLOCK 1149 # 0.00
LOT 1 # 0.00
MULTI FAMILY 23.00
PLAN REVIEW 15.00
STATE 2.00
D C A 2.00
C O 0.00
TOTAL 27.00
SURCHG 27.00
DCA Training Fee 12 0.00
Certof Occ 20 2.12

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

Tenant fit-up

Alterations

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 $ 15,000 —

A.J. Ciano
CONSTRUCTION OFFICIAL

PAYMENTS **(Office Use Only)**

Building	23-
Plumbing	115-
Electrical	
Fire Protection	92-
Other	SPR-5-
Other	
DCA Training Fee	12
Certof Occ	20-
Other	
Total	267-
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170A

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

PERMIT UPDATE

Date Update Issued 930917
Control #
Permit # 910064
Date Permit Issued 930804

ick
NTIFICATION Block 1149 Lot 1
k Site Location 179 VAN ZILE RD
BRICK, NJ. 08724
ner in Fee DANIEL DIAZIO
ress 403 SIMON PL.
BRICK N.J. 08724
(908) [redacted]

Contractor DAVID G. GRAY
Address 335 HARPER AVE
BRICK, N.J. 08724
Tele. (908) 840 1202
Lic. No. or Bldrs. Reg. No. 8656
Federal Emp. No.
or Social Security No [redacted]

ereby granted permission to perform the following work:
BUILDING [ ] PLUMBING [ ] OTHER
ELECTRICAL [ ] FIRE PROTECTION
ELEVATOR DEVICES

CRIPTION OF WORK: 10 RECEPTACLES
4 SWITCHES
1 EMERGENCY LIGHT

mated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total N/F
Check No.
Cash
Collected By:

C. Form F-190B

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

PERMIT UPDATE

Date Update Issued 931008
Control #
Permit # 910064
Date Permit Issued 930804

uck
ENTIFICATION Block 1149 Lot 1
ork Site Location 179 VAN ZILERD.
BRICK, N.J. -FITNESS 2000
wner in Fee DANIEL DIASIO
ddress
BRICK, N.J.
ele. (908) 840-5393

Contractor DAVID G. GRAY
Address ~~ELECTRICAL~~ 335 HARPER AVE
BRICK, N.J. 08724
Tele. (908) 840-1202
Lic. No. or Bldrs. Reg. No. 8656
Federal Emp. No.
or Social Security No. 150-38-7118

s hereby granted permission to perform the following work:
] BUILDING [ ] PLUMBING [ ] OTHER
X ELECTRICAL [ ] FIRE PROTECTION
] ELEVATOR DEVICES

DESCRIPTION OF WORK: ADDITIONAL 3 RECEPTICLES

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)
Building
Electrical
Plumbing
Fire Protection
Elevator Devices
Other
DCA Training Fee
Cert. of Occ.
Other
Total
Check No.
Cash
Collected By: GM

1 GOLD—APPLICANT COPY

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-17-93
Date Issued
Control #
Permit # 1913-93

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 ~~BRICK~~ PLAZA, Channel

Owner in Fee SANFORD NALITT
Address 1688 VICTORY BOULEVARD
Tele. [redacted]
Contractor DANIEL DIASIO
Address 403 SIMON PL
BRICK NJ 08724
Tele (908) 206 1487
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security [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
"Fitness 2000" GYM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[✓] All	8/17/93	RL
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 10-8-93
Approved By: J. Chumla

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			10-6-93	JC
Insulation				
Finishes:				
Energy				
Mechanical				
TCO				
Other				
Final				

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group		
Constr. Class		
No. of Stories	1	
Height of Structure	18 Ft.	
Area—Largest Floor	10000 Sq. Ft.	
Total Bldg. Area/All Floors	10,000 Sq. Ft.	
Volume of Structure	180,000 Cu. Ft.	
Total Land Area Disturbed	-0- Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Alteration $ 15,000
3. Total (1+2) $

TYPE OF WORK:
[ ] New Building
[ ] Addition
[✓] Alteration
  [ ] Roofing
  [ ] Siding
  [X] Other PARTITIONS + PLUMBING
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other

(Office Use Only)
FEE $

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

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

BUILDING SUBCODE TECHNICAL SECTION

Date Received 8-17-93
Date Issued
Control #
Permit # 1913-93

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 BRICK PLAZA

Owner in Fee SANFORD WALITT
Address 1688 VICTORY BOULEVARD
Tele. [redacted]
Contractor DANIEL DIASIO
Address 403 SIMON PL
BRICK NJ 08724
Tele (908) 206 1487
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. — 8/17/93 — [illegible]
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required
[ ] Elec. [ ] Plumb. [ ] Fire
SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
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 18 Ft.
Area—Largest Floor 10000 Sq. Ft.
Total Bldg. Area/All Floors 10,000 Sq. Ft.
Volume of Structure 160,000 Cu. Ft.
Total Land Area Disturbed .02 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Alteration $ 15,000
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

tenant fit up
"Fitness 2000" GYM

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
[ ] Roofing
[ ] Siding
[X] Other PARTITIONS + PLUMBING
[ ] Demolition
[ ] Miscellaneous
[ ] Fence _____ Height
[ ] Sign _____ Sq. Ft.
[ ] Pool
[ ] Elevator
[ ] Asbestos Abatement
[ ] Other _____

5-11-93

(Office Use Only)

FEE
$ _____

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

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

Brick) W/C

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued AUG 4 '93
Control #
Permit # 0100664

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 179 VAN ZILE RD.

Owner in Fee DANIEL DIASIO
Address 403 SIMON PL.
BRICK, N.J. 08724
Tele. [redacted]
Contractor DAVID G. GRAY
Address 335 HARPER AVE.
BRICK, N.J. 08724
Tele. (908) 840-1202
Lic. No. 8656
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed gymnasium
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as comm. Utility Co. _____
Est. Cost of Elec. Work $ 1000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 8-04-93
Approved by:

SUBCODE APPROVAL
[✓] CO [ ] CCO [✓] CA
Date: 10.7.93
Approved By: B. Koehler

INSPECTIONS

Type	Failure	Failure	Approval	Initial
Rough			9.14.93	
Temporary				
Constr. Serv.				
TCO			9.20.93	
Other			10-7-93	
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued 10.7.93
Final Cut-in-Card Date Issued _____

C. CERTIFICATION IN LIEU OF OATH

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

David G. Gray
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
11		Fixtures (1)	
3		Receptacles (2)	
		Switches (3)	
		Total 1 + 2 + 3	
		Kw Range	
		Kw Oven(s)	
		Kw Surface Unit	
		hp Dishwasher	
		hp Garbage Disposal	
		Kw Dryer	
		Kw A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
		hp Whirlpool/spa	
		Pool Bonding	
		hp Pool Filter Motor	
		Pool Lights	
		Kw Water Heater(s)	
		Kw Central heat:	
		oil, gas or elec.	
		Kw Baseboard Heat Units	
		Thermostats	
		hp Heat Pump	
		hp Pump(s) Does not include outside sign	
		Amp Motor Control Center/Sub Panels	
2	EXIT	Signs	
		Light Standards	
		hp Motors—Fractional H.P.	
		hp Motors—All Others	
		Kw Transformers	
		Kw Generators	
		Amp Service Entrance	
		Other	

Paid [✓] Check # 212
[M]
Collected by: _____

Administrative Surcharge	$ _____
Minimum Fee	$ 40.—
DCA Training Fee	$ 1.—
TOTAL FEE	$ 41.—

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

9-4-93

(1) Bx in outlet Box office wall aluminum Strip (ground)?

(2) Need application Recps.

(3) Cannot ~~[illegible]~~ Recess panel.

9-20-93 [illegible] [illegible] Room

10-8-93 (1) Doesn't include Sign.

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 8-17-93
Date Issued
Control #
Permit # 1913-93.

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 179 VANZILE RD
Owner in Fee SANFORD NALITT
Address
Tele [redacted]
Contractor
Address
Tele. (____)
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS GYM

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
[X] Fire Plans Approved
Date: 8/2/93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] DA
Date: 10/6/93
Approved by:

INSPECTIONS: Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other Fire Sprinklers			10/6/93	
Other Emergency Lites			10/6/93	
Other Fire Extinguishers			10/6/93	

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 Change of use.

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

Exit Signs Battery Backups.

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	811	46-
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors (Emergency Lites Battery back ups)	?	46-
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical (Fire Extinguishers)		
Gas or Oil Fired Appliance		
OTHER		
		92-

Administrative Surcharge $
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 8-17-93
Date Issued
Control #
Permit # 1913-93

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 179 VANZILE RD
Owner in Fee SANFORD NALITT
Address
Tele. [redacted]
Contr...
Address
Tele. (___)
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS GYM

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
[X] Fire Plans Approved
Date: 8/2/93
Approved by:

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

INSPECTIONS:

Type:	Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
Other				
Other				

Dates (Month/Day)

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 Change of use.

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

Exit Signs Battery Backups

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	811	46-
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors (Emergency Lites Battery backups)	5?	46-
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical (Fire Extinguishers)		
Gas or Oil Fired Appliance		
OTHER		92-

Paid [ ] Check #
Collected by:

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

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 8-17-93
Date Issued
Control #
Permit # 1913-93

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

Block 1149 Lot 7
Work Site Location 179 Van Zile Road (Channel Plaza)
Owner in Fee Sanford Malush
Address
Tele. [redacted]
Contractor ROBERT K. NEILL
Address 510 1ST AVE.
BRICK, N.J. 08724
Tele. (908) 458-4224
Lic. No. 6396
Federal Emp. No. _____ or Social Security [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: JAH

SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Approved by: JAH
Date: 10-7-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			8-24-93	JAH
Rough			9-20-93	JAH
Water				
Sewer				
Fixtures				
Gas Equipment			9-20-93	JAH
Gas Final				
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.

Robert K. Neill
Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15-
1	Urinal/Bidet	5-
	Bath Tub	
4	Lavatory	20
4	Shower	20
2	Floor Drain	10
	Sink	
	Dishwasher	
1	Drinking Fountain	5-
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15.-
	Fuel Oil Piping	
2	Water Heater	10-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other MOP SINK	5-
		10-
	Administrative Surcharge	$
	Minimum Fee	$
	TOTAL	$ 115-

Requires 1 1/4" water Ser

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received 8-17-93
Date Issued
Control #
Permit # 1913-93

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 179 Main Ave Rear (Channel Plaza)
Owner in Fee Jon and Mallett
Address
Tele. [redacted]
Contractor ROBERT K. NEILL
Address 510 1ST AVE.
BRICK N.J. 08724
Tele. (908) 458-4224
Lic. No. 6396
Federal Emp. No. or Social Security No. [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4"
Water Service Size 1"
Estimated Cost of Plumbing Work $ 5,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 8-11-93
Approved by: Jack

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

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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.

ROBERT K. NEILL LICENSED PLUMBING CONTRACTOR 6396

Signature-Contractor Seal

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

8806

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
3	Water Closet	15-
1	Urinal/Bidet	5-
	Bath Tub	
4	Lavatory	20
4	Shower	20
2	Floor Drain	10
	Sink	
	Dishwasher	
1	Drinking Fountain	5-
	Washing Machine	
	Hose Bibb	
1	Gas Piping	15-
	Fuel Oil Piping	
2	Water Heater	10-
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
1	Other MOP SINK	5-
		10-

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $ 115-

Requires 1 1/4" water Ser

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TOWNSHIP OF BRICK

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

Carolyn L. Patetta, Mayor

Township Council:
Warren H. Wolf, President
Albert Chrobocinski
Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner

Planning Board
(908) 262-1045
Fax: (908) 920-4850

July 8, 1993

Mr. Dale S. Powell
1146 Sawmill Road
Brick, N.J. 08724

Re: ABR-134-6/93
Dale S. Powell
Block 1149, Lot 1
Channel Plaza

Dear Mr. Powell:

As a result of an on-site inspection on July 7, 1993, it has been determined that the outstanding property maintenance items listed on page 3 of Richard Garnett's June 16, 1993 report to the Board, copy attached, have been corrected. Additionally, items 1 thru 9 of Scott MacFadden's June 4, 1993 letter to John Grossi, Property Director for Sanford Nallit, copy attached, have been addressed.

At the July 7, 1993 Planning Board meeting, the Board voted to approve the Abridged Site Plan request. The revised site plans are being signed. It should be noted, however, that revised CAFRA approval is to be obtained within 9 months.

Yours truly,

E. Joan Kull

E. Joan Kull, Secretary

att.

cc: Mayor Carolyn Patetta
Scott MacFadden, Business Administrator
Sanford Nalitt & Associates
Kenneth B. Fitzsimmons, Esq.
Arthur J. Cierzo, Construction Official
Sean Kinnevy, Zoning Officer
Bureau of Fire Safety
Henry Deibel, Township Engineer

SANFORD NALITT
and associated companies

July 2, 1993

VIA FAX AND REGULAR MAIL
(908) 920-4850

Ms. Joan Kull
Planning Board Secretary
Township of Brick
401 Chambers Bridge Road
Brick, Ocean County, NJ 08723

RECEIVED
JUL 6 1993
BRICK TWP. PLANNING BOARD

RE: CHANNEL PLAZA SHOPPING CENTER/
ABRIDGED SITE PLAN APPLICATION
ABR 134-6/93-PERSONAL FITNESS 2000

Dear Ms. Kull:

The letter I dropped off the other day requesting a conversation with Ms. Barlo and Mr. Fitzsimmons prior to next Wednesday's meeting has not yet had a response. We have taken every action necessary to complete the items in the June 4, 1993 letter of Scott McFadden, plus the following:

1. All dumpsters have been placed in approved enclosures; any dumpsters not within approved enclosures have been removed.

2. Trash enclosure doors have been repaired.

3. Junk furniture and appliances that Sears had dumped behind their store has been removed.

4. The illegal banners mentioned on the multi-tenant building have been removed.

5. The bare wires at the north east corner have been removed.

Personal Fitness 2000 is under extreme hardship and this matter must be settled this week so we are anxiously awaiting your return telephone call. Thank you.

Very truly yours,

John A. Grossi

JAG:bj
cc: Robert Shea, Esq.
a:190.17

1688 Victory Boulevard • Staten Island, NY 10314-3534
(718) 816-3000 • Fax (718) 816-0304

July 2, 1993

To whom it may concern,

The applicant of FITNESS 2000, would like to submit an amendment for the abridged site plan that had been submitted on June 4, 1993. We would like to propose the conversion of a 10,000 square foot retail carpet store to a 10,000 square foot fitness center. In addition, the attached floor plan will remain the same, except for the added 2,500 square foot space.

Sincerely,

Dale S. Powell

RECEIVED
JUL 2 1993
BRICK TWP. PLANNING BOARD

SANFORD NALITT
and associated companies

July 2, 1993

VIA FAX AND REGULAR MAIL
(908) 920-4850

Ms. Joan Kull
Planning Board Secretary
Township of Brick
401 Chambers Bridge Road
Brick, Ocean County, NJ 08723

RECEIVED
JUL 2 1993
BRICK TWP. PLANNING BOARD

RE: CHANNEL PLAZA SHOPPING CENTER/
ABRIDGED SITE PLAN APPLICATION
ABR 134-6/93-PERSONAL FITNESS 2000

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Very truly yours,

John A. Grossi

JAG:bj
cc: Robert Shea, Esq.
a:190.17

1688 Victory Boulevard • Staten Island, NY 10314-3534
(718) 816-3000 • Fax (718) 816-0304

Township of Brick

401 Chambers Bridge Road, Brick, N.J. 08723 (201) 477-3999

Office of
Division of Inspections

CHECK LIST

Re: Block 1149 Lot 1

Please be advised that your application for a construction permit for the subject property has been rejected due to deficiencies in the following areas:

Administrative _____
Zoning _____
Engineering _____
Building Wait for Fire Tech Card
Plumbing _____
Electric _____
Fire ~~Need Emergency Lights~~

See attached review check list (s) for details as to the reason your submission has been rejected. Please revise your application accordingly and resubmit to this office.

There is a 20 working day time limit for review of all documents submitted with a building permit application. This time limit ceases in the event of a rejection of any type, and starts over again when the rejection/(s) have been corrected and the application resubmitted.

Arthur J. Cierzo, Construction Official

SIZING FOR WATER AND SEWER SERVICES

Property Owner _____ Date 8-11-93

Property Address 179 Van Zile Rd (Channel Plaza) gym Block 1149 Lot 1

Zoning _____ Use Group _____

Contractor _____ License No. Registration _____

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	3	(5) 15	( )
2. Lavatory	4	(2) 8	( )
3. Bath Tub		( )	( )
4. Shower Stall	4	(4) 16	( )
5. Kitchen Sink		( )	( )
6. Service Sink	1	(3) 3	( )
7. Laundry Tray		( )	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain	1	( ) .25	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 42¼

Gallons per minute 25

Size of Service 1¼"

Date: 8-11-93

Approved: _____
Brick Township Plumbing Inspector

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
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Victor Cantillo
Helen Fayad
Lee Hartman
Thomas G. Maiorine
Mary Lou Powner

Department of Administration & Finance

Office of the Tax Assessor
Frederick R. Millman, CTA
Tax Assessor
(908) 262-1062
Fax: (908) 920-4850

Date: August 13, 1993

To: Carol A. Wolfe, Affordable Housing Administrator

From: Frederick R. Millman, CTA, Tax Assessor

Re: Preliminary Valuation Estimate

In accordance with Municipal Ordinance 354-2C-93, I have established the following preliminary values estimate, for work to be completed under the referenced construction permit.

Block: 1149 Lot: 1 Permit No.: Not assigned

Owner: Brick Plaza Associates c/o Sanford Nalitt
1688 Victory Road
Staten Island, NY 10214

Work Site: 179 Van Zile Road

Description: tenant fit up, "Fitness 2000" Gym

Estimate of Equalized Value: < $ 15,000
Renovations only