BLOCK 869.01 LOT 4 QUALIFICATION CODE _____ ADDRESS (SITE) 1905 ROUTE 88 EAST PERMIT NO. 07-3031

CONSTRUCTION PERMIT APPLICATION C07-004215

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

called 9/19/07 MB

I. IDENTIFICATION

1. Proposed Work Site at: 1905 RT. 88 Brick Camp Plaza Unit 5
2. Name of Owner in Fee: ~~Mario Ulrich~~ Cousins MALL
   Tel. (~~732-714-6792~~) e-mail _____
   Address ~~613 Delaware Ave Pt. Pleasant 08742~~ 400 Ashton Blvd. Linden, NJ 07036
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: William Ulrich Tel. (732) 714-6792
   Address 613 Delaware Ave Pt. Pleasant e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40	40	
2. Electrical	10		
3. Plumbing 115			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$ 8		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other ZA	30	40	
13. TOTAL	$ 88		

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 EXISTING III B
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____
10. Wetlands yes _____ no _____
11. Max. Live Load _____
12. Max. Occupancy Load _____

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		8/20/07			9-13-07		10-19-07		
☐ Electrical					9-19-07		11-21-07		
☐ Plumbing					9-18-07		11-21-07		
☐ Fire Protection									
☐ Elevator		Cert	9/10/07		9/10/07				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

4. No. of dwelling units:	*All Units*	*Income-restricted*
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: HAIR SALON
2. Use Group: B
3. Change in Use Group, Indicate Former: M

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

COPY

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/ Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10428715

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.ix:

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

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

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

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

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

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

Signature _____ Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name WILLIAM ULLRICH

Address 613 DELAWARE AVE

POINT PLEASANT NJ. 08742

Telephone (732) 714-0792

Signature William Ullrich

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. _____	_____	_____	_____	_____

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: ________ Date: ________

□ Zoning Application approved Initialed: ________ Date: ________

□ Zoning permit updates:

____

____

____

IMPORTANT

A.H.B.T. - MANDATORY FEE - COMMERCIAL

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	11/21/2007
Control Number	C-07-004215
Permit Number	07-3031
Permit Issue Date	09/21/2007
Certificate Number	07-3031

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1905 ROUTE 88 Brick Township, NJ Block: 869.01 Lot: 4 Qual:

Owner In Fee: COUSINS MALL, INC.

Owner Address: 400 ASHTON ST. LINDEN NJ 07036

Telephone:

Contractor COUSINS MALL, INC.

Address 400 ASHTON ST. LINDEN NJ 07036

Telephone: Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Used: ALTERATION CONSTRUCT 36"X8: DEP KNEEWALL/CHASEWALL AND MOVE EXISTING DOORWAY OVER 12".

Certificate Comments:

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

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

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

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

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

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/21/2007

CONSTRUCTION PERMIT

Date Issued 9/21/2007
Control # C-07-004215
Permit # 07-3031

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier

Work Site Location: 1905 ROUTE 88 Brick Township, NJ

Owner in Fee: COUSINS MALL, INC.
400 ASHTON ST. LINDEN NJ 07036

Telephone:

Contractor: COUSINS MALL, INC.
Address: 400 ASHTON ST. LINDEN NJ 07036

Telephone:

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

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 (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

ALTERATION CONSTRUCT 36"X8: DEP KNEEWALL/CHASEWALL AND MOVE EXISTING DOORWAY OVER 12".

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $5,700

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$70
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$30
Total	$188
Check No.	104
Cash	$0
Credit	$0
Collected By	Inspection Account

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

PERMIT UPDATE

Date Update Issued 11/19/2007
Control # C-07-005535
Permit # 07-3031+A

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier

Work Site Location: 1905 ROUTE 88 Brick Township, NJ

Owner in Fee: COUSINS MALL, INC.
400 ASHTON ST. LINDEN NJ 07036

Telephone:

Contractor: COUSINS MALL, INC.
Address: 400 ASHTON ST. LINDEN NJ 07036

Telephone:

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

HOT WATER HEATER CONSTRUCT 36"X8: DEP KNEEWALL/CHASEWALL AND MOVE EXISTING DOORWAY OVER 12". UPDATE+A ELECTRIC HWH

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $50

Construction Official

Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	115
Cash	$0
Credit	$0
Collected By	Inspection Account

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 07-3031
Control #
Date Issued 9-21-07
Permit #

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

Block 869.01 Lot 4 Qualification Code ______
Work Site Location CAMP PLAZA RETAIL CENTER
UNIT 5 1905 ROUTE 88 EAST BRICK, NJ
Owner In Fee MARISA ULLRICH
Address 613 DELAWARE AVE
POINT PLEASANT N.J. 08742
Tel. (732) 714-0792
Contractor William Ullrich
Address 613 Delaware Ave.
Pt. Pleasant
Tel. (732) 714-0792 FAX (____)
Contractor License No. or Builder Registration No. ______
Federal Emp. No ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9/30/07	KM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 10-19-07
Approved by: KM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	* 10/4/07 WW		*10/16/07	WW
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			10-19-07	KM
Barrier-Free				

No Access

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed B
Constr. Class Present III B Proposed III B
No. of Stories ______
Height of Structure ______ Ft.
Area — Largest Floor ______ Sq. Ft.
New Bldg. Area/All Floors ______ Sq. Ft.
Volume of New Structure ______ Cu. Ft.
Total Land Area Disturbed ______ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ______
2. Rehabilitation $ 1000.00
3. Total (1+2) $ ______

1100 SF TENANT FIT-UP

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

Construct 36" High 8" deep kneewall/Chasewall and move existing doorway over 12"

*By Final

Air Ballance Test REQ

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

FEE (Office Use Only)
$ ______

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

U.C.C. F110
(rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-3031

Date Issued / Permit # 9-21-07

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

Block 869.01 Lot 4 Qualification Code _____

Work Site Location CAMP PLAZA RETAIL CENTER
UNIT 5 1905 ROUTE 88 EAST BRICK, NJ

Owner in Fee MARISA ULLRICH

Address 1013 DELAWARE AVE
POINT PLEASANT NJ. 08742

Tel. (732) 714-0792

Contractor GILLMAN ULLRICH

Address 1013 DELAWARE AVE.
PT. PLEASANT

Tel. (732) 714-0792 FAX (___) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	9-13-07	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed B

Constr. Class Present III-B Proposed III B

No. of Stories _____

Height of Structure _____ Ft.

Area — Largest Floor _____ Sq. Ft.

New Bldg. Area/All Floors _____ Sq. Ft.

Volume of New Structure _____ Cu. Ft.

Total Land Area Disturbed _____ Sq. Ft.

1,100 SF TENANT FIT-UP

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 1000.00
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

Construct 36" & 8" deep knockout/ chase wall and more existing doorway over 12"

Air Balance Test REQ

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

FEE (Office Use Only)
$ _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 07-3031

Date Issued / Permit # 9-21-07

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

Block 869, 01 Lot 4 Qualification Code

Work Site Location Camp plaza Retail center unit 5 1905 RT. 88 EAST Brick NJ

Owner in Fee: Mansa Ullrich

Tel. (732) 714-0792 e-mail

Address 613 Delaware Ave. Pt. Pleasant NJ 08742
street municipality zip code

Contractor: Vector Electric Tel. (732) 803-3194

Address 17 Wolfe Drive Hillsborough, NJ 08844 e-mail MICHAEL.EROSICK@AOL.com

Contractor License No. 9047 Exp. Date

Federal Employee No. 153-34-6600 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1200.00

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

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

D. TECHNICAL SITE DATA

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

FEE (Office Use Only)

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 9/19/07

Approved by: MW

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 11/2/07

Approved by: MW

4025

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough 10/10/07	MW		10/16/07	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final OVER	11/9/07		11/20/07	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

No access

U.C.C. F120 (rev. 05/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

10/16/07 FILE FOR ALL WORK.

11/9/07 OR AFTER HWH UPDATE.

11/20/07 UPDATE ATTACHED + FINAL APPROVED.

Update 07-3031

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/7/07
Control #
Date Issued 11/19/07
Permit # 07-3031 +A

C07-005535

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

Block 369.01 Lot 4 Qualification Code

Work Site Location 905 RT 38 E CAMP MALL

Owner in Fee: MARISA ULRICH

Tel. (732) 714-0792 e-mail

Address 1613 Delaware Ave (street) Ft. Pleasant (municipality) NJ 08742 (zip code)

Contractor: Vector Electric Tel. (732) 803-3194

Address 17 Wolfe Drive Hillsborough, NJ 08844 e-mail

Contractor License No. 9047 Exp. Date

Federal Employee No. 153-34-6600 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50-

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

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

D. TECHNICAL SITE DATA

QTY	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors--Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Range/Receptacle
		KW Oven/Surface Unit
1	4500W	KW Elec. Water Heater + Disconnect
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

COMMERCIAL

$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 11/19/07

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 11/21/07

Approved by:

4041

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initials
Rough	ATTACHED		12/16/07	BB
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			11/20/07	BB
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 05/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 01-3031
Control #

Date Issued 9-21-01
Permit #

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

Block 869.01 Lot 4 Qualification Code

Work Site Location Camp plaza Retail center
unit 5 1905 Rt. 88 East Brick NJ

Owner in Fee: Marisa Ullrich

Tel. (732) 714-0792 e-mail

Address 1613 Delaware Ave. Pt. Pleasant NJ 08742
street municipality zip code

Contractor: Vector Electric Tel. (732) 803-3194

Address 17 Wolfe Drive Hillsborough, NJ 08844 e-mail RICHARD.CROSS@AOL.com

Contractor License No. 9047 Exp. Date

Federal Employee No. 153-34-6600 FAX: ( )

B. ELECTRICAL CHARACTERISTICS.

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1200.00

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.

Richard Crossi
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
10		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors–Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
14		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	In main Gutter
		AMP Motor Control Center	
13		KW Elec. Sign/Outline Light	117

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 9/19/01

Approved by: MN

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

4025

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 05/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 11/7/17
Control #
Date Issued 11/7/17
Permit # 17-2(?)-A

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

Block 869.01 Lot 4 Qualification Code

Work Site Location [illegible]

Owner in Fee: [illegible]

Tel. ( ) [illegible] e-mail

Address [illegible]
street municipality zip code

Contractor: Vector Electric Tel. (732) 803-3194

Address 17 Wolfe Drive Hillsborough, NJ 08844 e-mail

Contractor License No. 9047 Exp. Date

Federal Employee No. 153-34-6600 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 50

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]
Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors–Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
1	4500w	KW Elec. Water Heater Disconnect	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: 11/10/17
Approved by: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

4041

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

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

U.C.C. F120 (rev. 05/05) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-3031

Date Issued
Permit # 9-21-07

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

Block 864.01 Lot 4 Qualification Code
Work Site Location Camp Plaza Retail Center
Unit 5 1905 RT. 88 EAST Brick NJ 08724
Owner in Fee Marisa Ulrich
Address 613 Delaware Ave.
Pt. Pleasant NJ 08742
Tel (732) 714-0792
Contractor Rymar Mechanical Svcs LLC
Address PO Box 606
Allenwood NJ 08720
Tel (732) 684 3673 FAX (732) 751 9326
Contractor License No. 11000
Federal Emp. No. 201816813

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed Hair Salon - Renovation
Building Sewer Size 2 Cast Iron 4" Public Sewer ✓ Private Septic
Water Service Size 2 Copper 3/4" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 9-18-07
Approved by:

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 11-21-07
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			10/11/07	
Water				
Sewer				
Fixtures	10/4/07		11/14/07	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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.

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

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT
	Water Closet
	Urinal/Bidet
	Bath Tub
	Lavatory
	Shower
	Floor Drain
3	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
1	Water Heater
	Fuel Oil Piping
	Gas Piping
	LPGas Tank
	Steam Boiler
	Hot Water Boiler
	Sewer Pump
	Interceptor/Separator
	Backflow Preventer
	Greasetrap
	Sewer Connection
	Water Service Connection
1	Stacks
	Other
	Other

FEE (Office Use Only)
$

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

COMMERCIAL

U.C.C. F130 (rev 01/04)

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

11/9/07

NOT ANODY

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 07-3031

Date Issued 9-21-07
Permit #

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

Block 8109.01 Lot 4 Qualification Code ____

Work Site Location Corner Plaza Retail Center
Unit 5 1905 Rt. 88 East Brick NJ 08724

Owner in Fee Marina Millrich

Address 1013 Delaware Ave.
Pt. Pleasant NJ 08742

Tel (732) 714-0792

Contractor Kyman Mechanical P+H LLC

Address PO Box 606
Allenwood NJ 08720

Tel (732) 684 3673 FAX (732) 751 9326

Contractor License No. 11000

Federal Emp. No. 201816813

B. PLUMBING CHARACTERISTICS

Use Group Present ____ Proposed Hair Salon - Renovation

Building Sewer Size 2x6" sch 40 Public Sewer — Private Septic ____

Water Service Size 2x6" sch 40 3/4" Public Water — Private Well ____

Est. Cost of Plumbing Work $ 3500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[✓] Plumbing Plans Approved

Date: 9/18/07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil 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]

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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

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

Township of Brick
Zoning Permit

Approved: Monday, August 27, 2007 **Number:** 1068

Block 869.01 **Lot** 4 **Zone:** B-2

Property Address:	1905 Route 88 East
Applicant:	Marissa Ullrich, Tease Hair Salon
Property Owner:	Jeff Datillo, Camp Realty
Existing Use:	Vacant Retail - Brick Hospital Thrift Shop, Unit #5
Proposed Use:	Hair Salon
Proposed Construction:	Interior alterations for use and occupancy.
Conditions:	An additional zoning permit is required for a sign or any other work.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
AUG 23 2007
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 869.01 LOT 4 QUALIFIER _____

PROPERTY ADDRESS 1905 ROUTE 88 EAST BRICK N.J. UNIT 5

PERSONAL NAME OF APPLICANT MARISA ULLRICH

BUSINESS NAME OF APPLICANT TEASE HAIR SALON

MAILING ADDRESS OF APPLICANT 613 DELAWARE AVE Pt PLEASANT 08742

PROPERTY OWNER'S FULL NAME CAMP REALITY - JEFF DATILLO

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) VACANT - PREVIOUSLY BRICK THRIFT SHOP

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) HAIR SALON

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) REHABILITATION - TENANT FIT UP

CHECKLIST

☒ All information completed above
☒ Two (2) copies of a plot plan containing:
☒ All existing and proposed structures
☒ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

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 Marisa Ullrich Date 8-17-07

Reviewed by Zoning Office _____ Date 8/27/07 ☒ Approved ( ) Denied

March 2003----------

OK MF 9/10/07

Barlo &
Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax:732-477-6788
E-mail: barloassoc@aol.com

October 18, 2007

Mr. Frank Mizer
Building Sub-Code Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Proposed Tenant Fit-up for
Tease Hair Salon
Camp Plaza Retail Center
Unit 5, 105 Route 88 East
Block 869.01, Lot 4
Control No. 004215

Dear Mr. Mizer,

As discussed, this letter and the attached revised drawing A-1 is for your records and in response to your request on the above referenced project.

The information provided is for the existing HVAC unit which is to remain. The interior spatial layout is existing and will remain unchanged – no new walls or removal of existing walls is proposed.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates, LLC

Paul L. Barlo, AIA, P.P.
NJ Lic. No. C-7498

cc: M. Ullrich
Arch File 2733

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 1905 RT. 88 E Brick NJ Camp Mail

Block: 869.01 Lot: 4

Contractor: William Ullrich

Contractor's Address: 613 Delaware Ave Pt. pleasant

Type of Construction (minor / new home): 36" finish kneewall/chaseway - moving a doorway 12" over

Type of Debris (shingles, siding, wood, etc.): small piece 2x4, sheet Rock pieces

Party responsible for removal: Waste Management

Dumpster size: 3 yd. use of one on premises

Destination of debris: Ocean County landfill - Manchester

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

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

Marisa Ullrich
Signature

8-20-07
Date

Marisa Ullrich
Print Name

Barrier Free Requirements - 2006 Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   i. Windows, hardware, operating controls, electrical outlets and signage;
   ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ALTERATION ESTIMATE	$ 5,700.
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage.	$- 250,
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials.	$- 1,200,
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment.	$- N/A
Remaining total cost of the project deducting 1., 2., & 3. above.	$ 4,250,
Calculate **20%** of the remaining total cost.	$ 850.

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

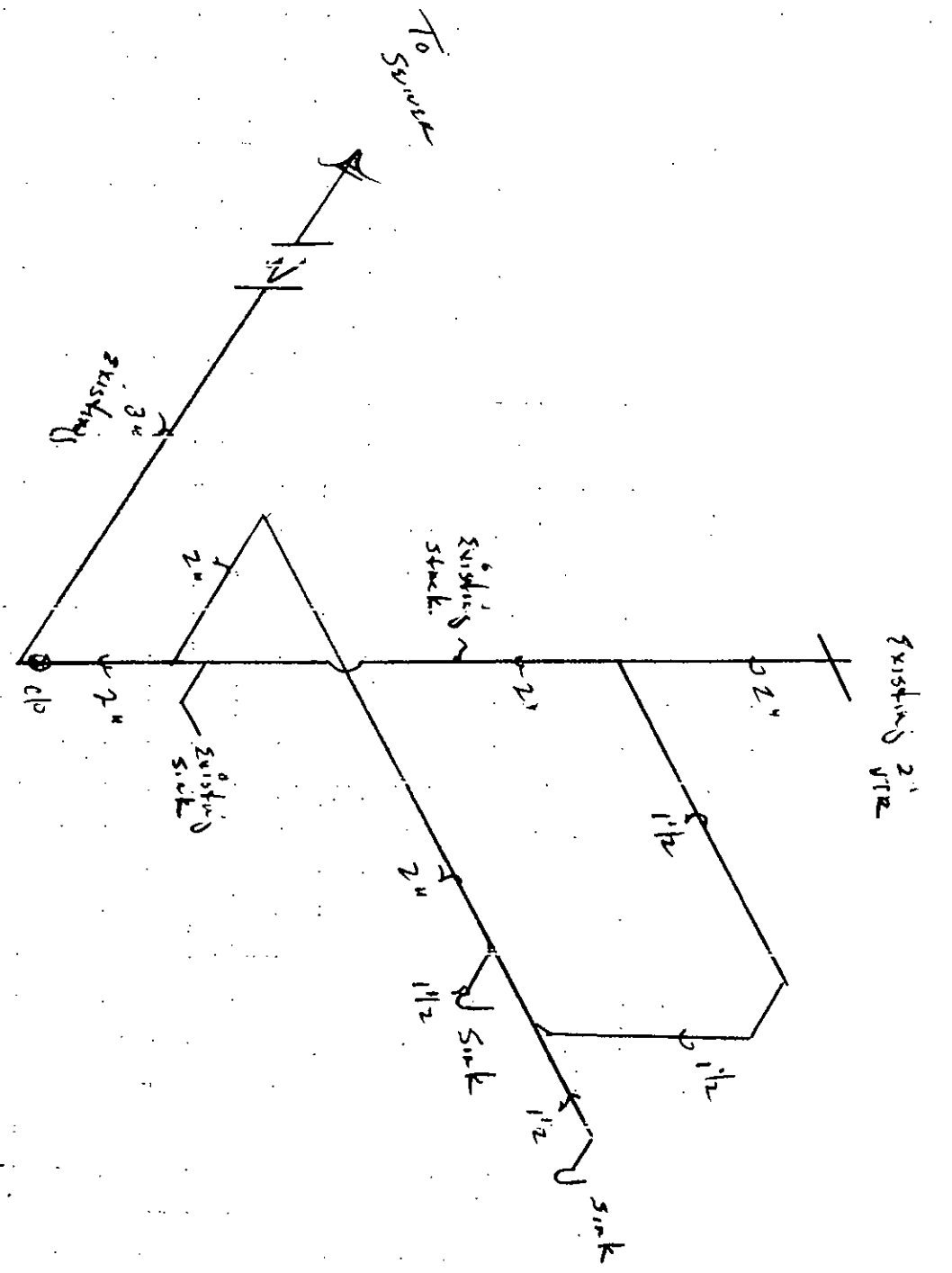
BARRIER FREE ITEM
- LEVER HARDWARE ON EXIST'G DOOR 150.
- GRAB RAILS IN TOILET 250.
- NEW 3° DOOR & HARDWARE 500.

900. OR 22%

RYMAR MECHANICAL
PLUMBING & HEATING
P.O. Box 606
ALLENWOOD, NJ 08720
(732) 892-7626 Fax 751-9326
NJ State Plumbing Lic. #10582
#11000

JOB Marisa Ullrich
SHEET NO. 1905 Rt 88 OF
CALCULATED BY Camp Hill DATE
CHECKED BY Brick NJ. DATE 8/9/07
SCALE NEW Hair Salon

#11000



NEW Hair salon

(2) new hair washing sinks to be install, to the into existing stack

Barlo &
Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751
Fax:732-477-6788
E-mail: barloassoc@aol.com

September 13, 2007

Mr. Frank Mizer
Building Sub-Code Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

Re: Proposed Tenant Fit-up for
Tease Hair Salon
Camp Plaza Retail Center
Unit 5, 105 Route 88 East
Block 869.01, Lot 4
Control N°. 004215

Dear Mr. Mizer,

This letter is in response to your plan review comments regarding the above referenced project. We have addressed them in order of your review sheet.

1. We believe the drawings comply with the Rehabilitation Sub-Code Work Category – Alteration – Change of Use from Group M to Group B is of equal or lesser relative group hazard for all Basic Requirements.

2. Outdoor air rate requirements are 25 CFM/person. Our occupant load is calculated at 11, requiring 275 CFM of fresh air intake. The existing HVAC system provides 300 CFM of fresh air intake.

3. We have enclosed a copy of the barrier free worksheet. Please see attached.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates, LLC

Paul L. Barlo, AIA, P.P.
NJ Lic. N° C-7498

cc: M. Ullrich
Arch File 2733

Barrier Free Requirements - 2010 Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   i. Windows, hardware, operating controls, electrical outlets and signage;
   ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ALTERATION ESTIMATE	$ 5,700.
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage.	$ 250.
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials.	$ 1,200.
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment.	$ N/A
Remaining total cost of the project deducting 1., 2., & 3. above.	$ 4,250.
Calculate **20%** of the remaining total cost.	$ 850.

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

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900. OR 22%

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 004215

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1905 Rt 88

DATE REVIEWED: 9-10-07

REVIEWED BY: FM

CONTACT CALLED/FAXED: 714-0792 @ 11:25 Rang & Rang then "Beep" tones only

Change of use Requires Compliance with Rehab. Subcode (chapter 6)

(1) Supply Details on Fresh Air Requirements Per O.L.

(2) Complete Enclosed 20% Requirement of Cost of Work Toward ADA Compliance

Frank/plan review template

Barlo & Assoc.

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92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax:732-477-6788
E-mail: barloassoc@aol.com

FAX TRANSMITTAL

DATE: 9/13/07

TO: MR. FRANK MIZER

COMPANY: T.O. BRICK - BLDG. DEPT.

FAX NO. 732.262.8954

FROM: JIM TIERNEY

RE: TEASE HAIR SALON
CAMP RETAIL CTR.
CONTROL NO. 004215

MESSAGE:

ATTACHED PLEASE FIND LETTER REGARDING PLAN REVIEW COMMENTS ON THE ABOVE REFERENCED PROJECT. ORIGINAL TO FOLLOW BY MAIL.

NUMBER OF PAGES INCLUDING COVER SHEET: (3)

Barrier Free Requirements - 20% Cost

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