



CONSTRUCTION PERMIT APPLICATION

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

Nail Salon

I. IDENTIFICATION

1. Proposed Work Site at: 1905 Rt 88 #8, BRICK, NJ 08724
 2. Name of Owner in Fee: COUSIN'S Mall Inc. Tel. ()
 Address 400 ASHTON AVE, LINDEN, NJ 07036
street municipality zip code
 3. Ownership in fee: Public _____ Private _____
 4. Principal Contractor: GIAO HO Tel. (732) 674-7201
 Address 1509 NINTH AVE, MANCHESTER, NJ 08757
 License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
 Federal Employee No. _____ FAX: ()
 5. Architect or Engineer _____ Tel. ()
 Address _____ Contact _____
 6. Responsible Person in Charge once Work has Begun _____
 Tel. () FAX: ()

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	<u>1158</u>	<u>40</u>	
2. Electrical			
3. Plumbing		<u>65</u>	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy		<u>105</u>	
12. Other			
13. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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

Tenant Fit up (No work)

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
1. ☐ Minor Work		<u>8/2</u>	<u>5/3/07</u>		<u>5/14/07</u>	<u>17</u>	<u>5/24/07</u>	
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair ☐ b. Alteration ☐ c. Renovation ☐ d. Reconstruction								
5. ☒ Fire Protection			<u>5/2/07</u>	<u>1</u>	<u>8/30</u>		<u>8-16-07</u>	
6. ☐ Plumbing								
7. ☐ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

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

B. NON-RESIDENTIAL

- State Specific Use:
- Use Group:
- Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

- ☐ Partial Releases
- ☐ Prototype Processing

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

- ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
- ☐ High Pressure Boilers
- ☐ Pressure Vessels
- ☐ Refrigeration Systems
- ☐ Cross-Connections/Backflow Preventers
- ☐ Hazardous Uses/Places of Assembly
- ☐ Sprinklers
- ☐ Smoke Control Systems in Open Wells
- ☐ Underground Storage Tanks
- ☐ Swimming Pools, Spas and Hot Tubs

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 wilfully false, I am subject to punishment.

Signature _____

Date _____

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

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition	Name of Code & Edition	Other
Building _____	Energy _____	
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. _____	_____	_____	_____



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/20/2007
Tracking Number C-07-002011
Permit Number 07-1322
Permit Issue Date 05/17/2007
Certificate Number 07-1322

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 Use:

TENANT FIT UP NO WORK BEING DONE SAME USE NAIL SALON TO NAIL SALON

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.

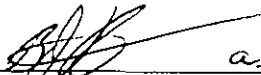
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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:

 a.c.o.
Construction Official

Fee: \$0.00
Check Number: _____
Collected By: _____

Date Printed: 08/20/2007

Page 1



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 08/20/2007
Tracking Number C-07-0011
Permit Number 07-1322
Permit Issue Date 05/17/2007
Certificate Number 07-1322

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 Use:

TENANT FIT UP NO WORK BEING DONE SAME USE NAIL SALON TO NAIL SALON

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: 7

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** 1

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

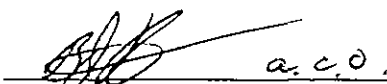
☐ **Certificate of Compliance**

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: 08/20/2007

Page 1



CONSTRUCTION PERMIT

Date Issued 05/17/2007
Control # C-07-002011
Permit # 07-1322

IDENTIFICATION Block: 869.01 Lot: 4 Qualifier
Work Site Location: 1905 ROUTE 88 Brick Township, NJ Contractor COUSINS MALL, INC.
Address 400 ASHTON ST. LINDEN NJ 07036
Owner in Fee COUSINS MALL, INC.
Address 400 ASHTON ST. LINDEN NJ 07036
Telephone: 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:

TENANT FIT UP NO WORK BEING DONE SAME USE NAIL SALON TO NAIL SALON

Note: If construction 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 \$200

Construction Official

Date

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

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$105
Check No.	1158
Cash	\$0
Credit	\$0
Collected By	Stephanie Capozzi

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



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

Block 8009181 Lot 1905 Rt 88 # 8, Brick, NJ 08724
Qualification Code 7

Owner in Fee: COUSIN'S MAIL INC.

Tel. (908) 486 4488 e-mail _____

Address 400 ASHTON AVE, LINDEN, NJ 07036

Contractor: 3140 HO Tel. (732) 674-7201

Address 1509 NINTH AVE, MARLBOROUGH, NJ 08757 e-mail _____

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

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Failure	Approval	Initial
☒ No Plans Required			Type:				
☒ All			Footing				
☒ Footing			Footing Bonding				
☐ Foundation			Foundation				
☐ Frame			Slab				
☐ Other			Frame				
			Truss Sys./Bracing				
			Barrier-Free				
			Insulation				
			Finishes -Base Layer				
			Finishes -Final				
			Energy				
			Mechanical				
			TCO				
			Other				
			Final				
			Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Rehabilitation \$
Height of Structure			3. Total (1+2) \$
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

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 W. W. W.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up
no work
(same use)

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☐ Other
- ☐ Demolition

COMMERCIAL

FEE (Office Use Only)

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

Date Received
Control #
Date Issued
Permit #

5/17/07
07-1322



BUILDING SUBCODE TECHNICAL SECTION



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

Block XC 1.1 Lot 1905 RT 88 # 8 , APRICK NJ 05724 Qualification Code _____

Work Site Location _____

Owner In Fee: COUSIN, MALL INC

Tel. () _____ e-mail _____

Address 400 ASHTON AVE, LINDEN, NJ 07036 Municipality _____ Zip Code _____

Contractor: MAC HIC Tel. () 792 174-7201 e-mail _____

Address 1509 NINTH AVE, MAHAWEEK, NJ 07037 e-mail _____

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

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type	Failure	Dates (Month/Day)	Initial
☒ No Plans Required							
☒ All							
☒ Footing							
☒ Foundation							
☒ Frame							
☒ Other							
Joint Plan Review Required:							
☐ Elec.	☐ Plumb.	☐ Fire	☐ Elevator				
SUBCODE APPROVAL							
☐ CO	☐ CCO	☐ CA					
Date: _____							
Approved by: _____							
TCO _____							
Other _____							
Final _____							
Barrier-Free _____							

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$ _____
No. of Stories			2. Rehabilitation \$ _____
Height of Structure			3. Total (1+2) \$ _____
Area — Largest Floor			
New Bldg. Area/All Floors			
Volume of New Structure			
Total Land Area Disturbed			

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
<u>Temporary</u>
<u>in back</u>
<u>(Sewer use)</u>

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

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



FIRE PROTECTION SUBCODE TECHNICAL SECTION

Deer's

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

Block 809101 Lot 4 Qualification Code 08724
Work Site Location 1905 Rt 88 #8, BRICK, NJ

Owner in Fee COUSIN'S MALL INC.

Address _____

Tel (908) 486 4480

Contractor GAIAO HO - owner

Address 1509 NINTH AVE, MANCHESTER, NJ 08757

Tel (732) 674-7201 FAX () _____

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____

Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____

Fire Alarm Contractor No. _____

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Const. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: [] Other _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Composite Capacity _____

Total Cost of Fire Protection Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required

Joint Plan Review Required:

[] Building [] Plumbing

[] Electric [] Elevator

[] Fire Plans Approved

Date: 5/16/07

Approved by: ASD

SUBCODE APPROVAL

[] CO [] PCCO [] CA

Date: 6/15/07

Approved by: [Signature]

INSPECTIONS

Type: _____

Alarm System

Suppression Sys.

Standpipe

Fire Pump

Pre-Eng. System

Mechanical

Smoke Control

TCO

Flam/Combust Tanks

Fireplace Venting

Final

Other _____

Dates (Month/Day)

Failure Failure Approval Initial



C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[] Certified Contractor

[] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Tenant Fit up (No work)

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks

Alarm Systems

[] System

[] 110v Interconnected

[] CO Detectors/110v

Alarm Devices (i.e., smoke, heat, pulls, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other _____

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other _____

Date Received

Control #

Date Issued

Permit #

5/17/07
07-1322

COMMERCIAL

NUMBER

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

U.C.C. #140
(rev. 1/04)

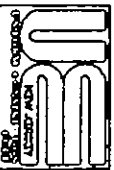
1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Open bolt back door to be removed
Exit sign in front not lit.

7/6/07 still same as above

8/15/07 ok,



FIRE PROTECTION SUBCODE TECHNICAL SECTION

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

Block 1694 Lot 4 Qualification Code 08722
Work Site Location 1905 Rt 88 #8, Brick, NJ 08722

Owner in Fee COUSIN'S MALE TAC
Address _____

Tel (732) 674-7201 FAX (732) 674-7201
Contractor CIAO HD
Address 1509 NINTH AVE MANCHESTER, NJ 08757

Fire Protection Equipment, NJ Div of Fire Safety Permit No. _____
Fire Protection Equipment, NJ Div of Fire Safety Installer No. _____
Fire Alarm Contractor No. _____
Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing
Constr. Class: Present _____ Proposed _____ Location of Panel: _____
Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:
Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing
Location: [] Other _____ Location of Main Control Valve: _____

Fuel Storage Tank:
Fuel Type: [] Flammable or [] Combustible Capacity _____
Total Cost of Fire Protection Work \$ 1000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	INSPECTIONS	Dates (Month/Day)
[] No Plans Required	Type: Alarm System	Failure Failure Approval Initial
Joint Plan Review Required:	Suppression Sys.	
[] Building [] Plumbing	Standpipe	
[] Electric [] Elevator	Fire Pump	
[] Fire Plans Approved	Pre-Eng. System	
Date: <u>5/16/07</u>	Mechanical	
Approved by: <u>SSD</u>	Smoke Control	
SUBCODE APPROVAL	TCO	
[] CO [] CCO [] CA	Flam/Combust Tanks	
Date: _____	Fireplace Venting	
Approved by: _____	Final	
	Other	



Date Received _____
Control # _____
Date Issued 5/17/07
Permit # 17-1322

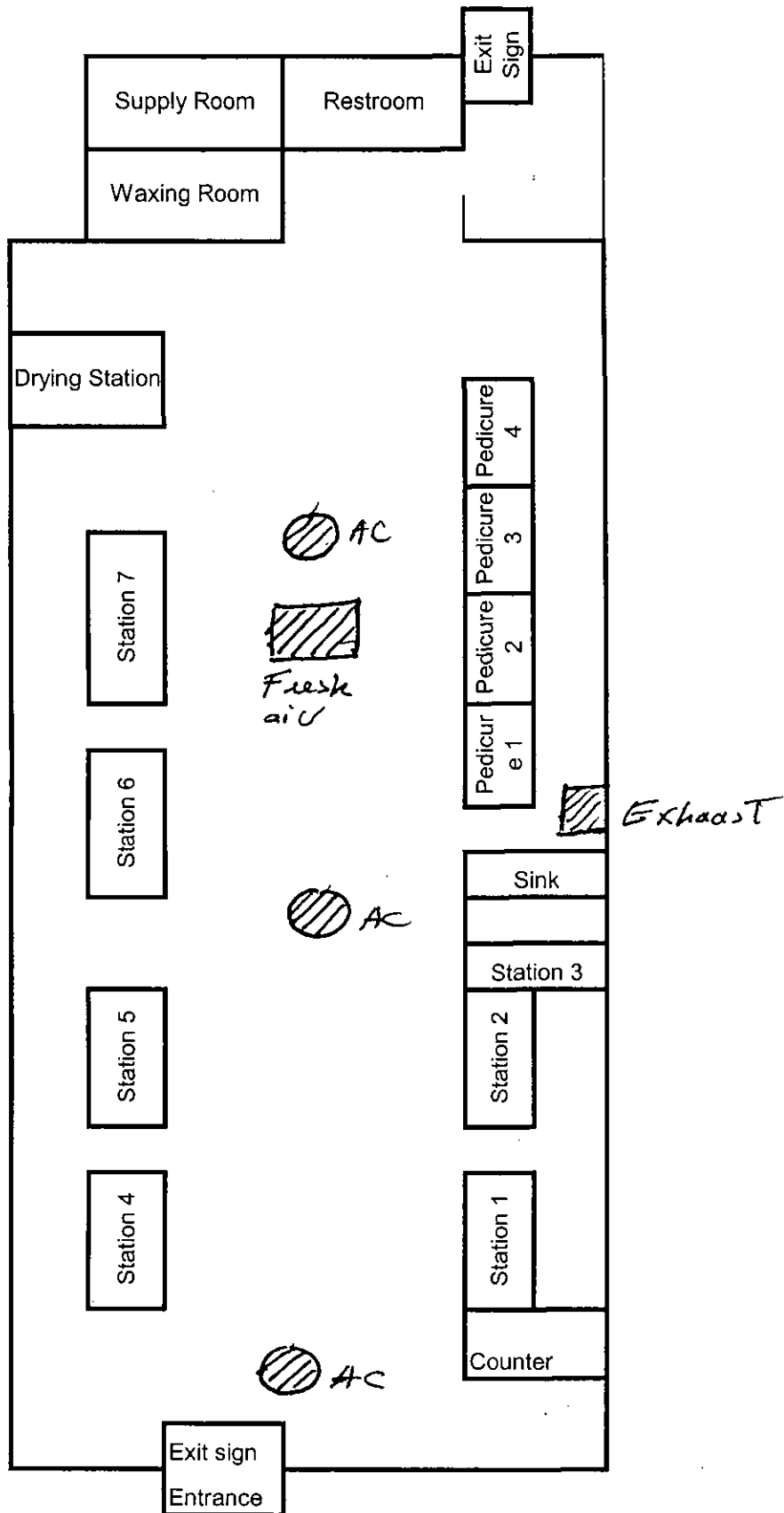
C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application. _____
Applicant's Signature/Contractor's Signature
[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Tenant Fit up (Newell)
Water Supply Source _____
Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks	NUMBER	FEE (Office Use Only)
Alarm Systems		
[] System		
[] 110v Interconnected		
[] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tamper, low/high air)		
Signaling Devices (i.e., horns/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump _____ GPM Type _____		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO ₂ Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [] Gas or [] Oil		
Fireplace Venting/Metal Chimney		
Other _____		

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



5-14-07

TOWNSHIP OF BRICK

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

Daniel J. Kelly, Mayor

Township Council:

Stephen C. Acropolis - President
Ruthanne Scaturro - Vice President
Anthony Matthews
Kathy M. Russell
Joseph Sangiovanni
Michael A. Thulen, Sr.
Dan Toth



Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

UNIFORM CONSTRUCTION CODE

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

Owner/Agent: Dream Nails (Giao Ho)

Property Address: 1905 Rt 88 E

Town: BRICK Zip: 08724

Block: _____ Lot: _____

☒ Waiver architectural for commercial interior work

_____ other _____

OWNER/AGENT PROCEED AT OWN RISK

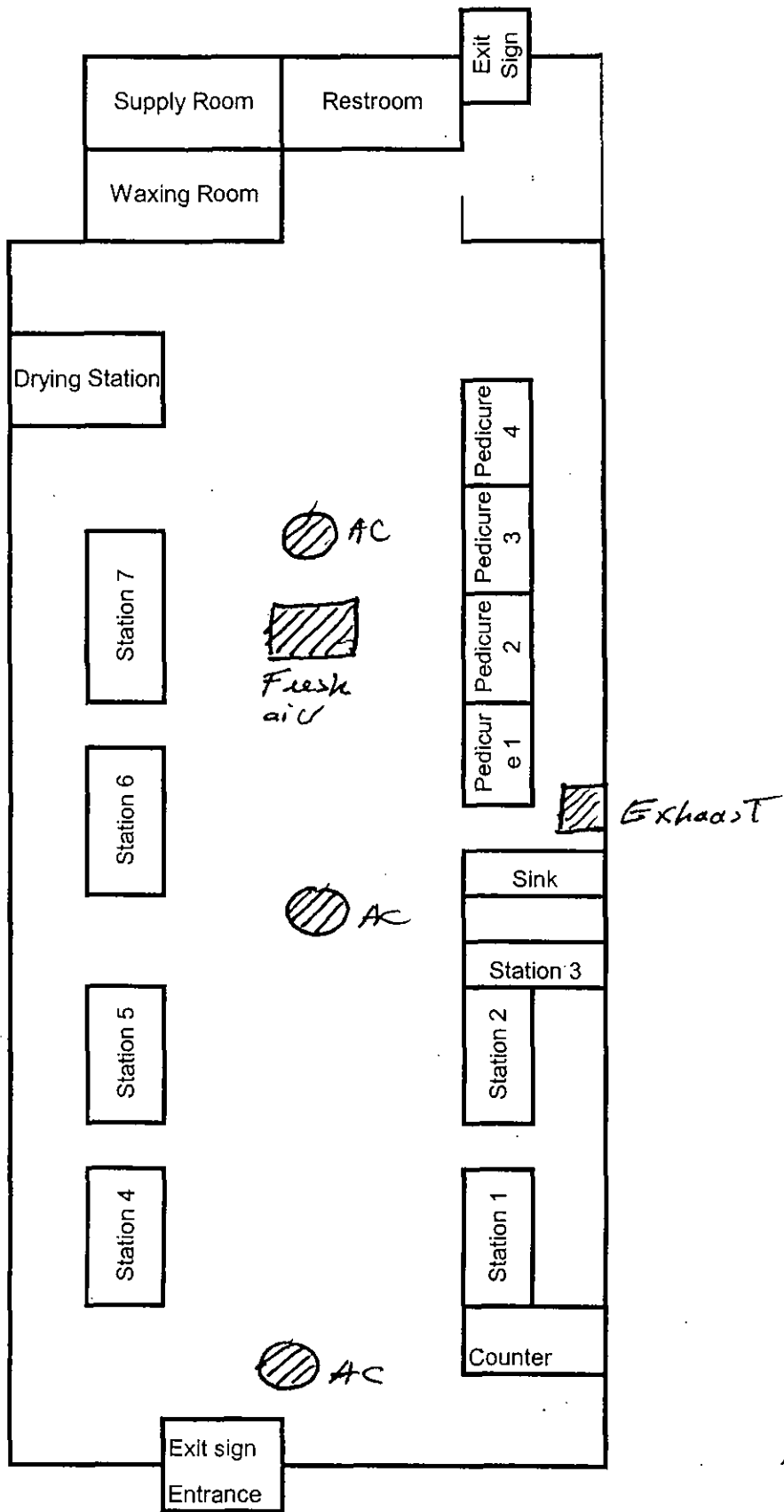
Signature: Giao Ho

Owner/Agent: GIAO HO

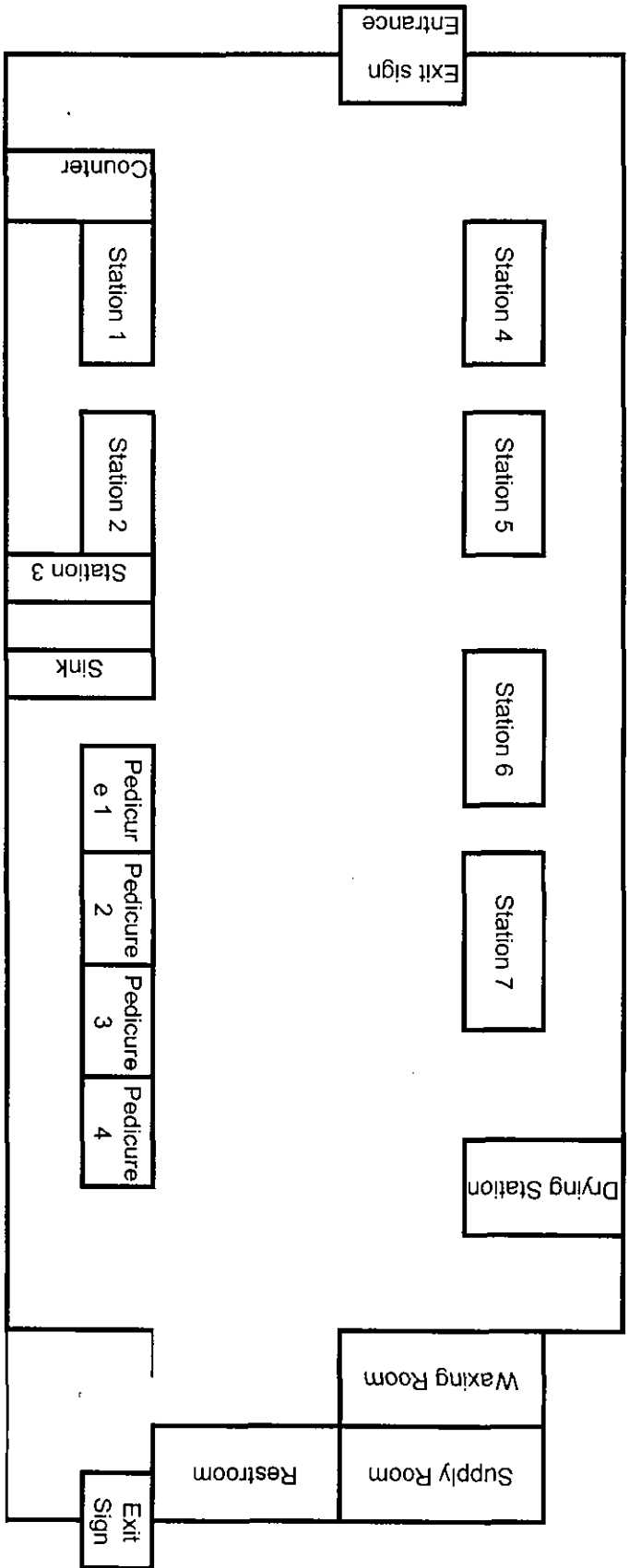
Building Subcode Official: Frank Mizer
Frank Mizer

Construction Official: _____
Daniel F. Newman, Jr.





5-14-07



Bldg

Elect

Fire

Plumbing

(Please mark subcode)

CONTROL NUMBER 002011

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1905 Rt 88

DATE REVIEWED: 5-7-07

REVIEWED BY: FM

CONTACT CALLED/FAKED: Spoke to owner

- ① Need to supply Affidavit Regarding No Architect Required
- ② Show Hvac System/Fresh Air Requirements

5-14-07

Owner Stopped in @ 10:25