ECC

BLOCK 446.05 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 580 Brick Blvd. PERMIT NO. 18-0740

CONSTRUCTION PERMIT APPLICATION

C18-000480

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

I. IDENTIFICATION

1. Proposed Work Site at: 580 Brick Blvd.
2. Name of Owner in Fee: Theodore Smith + Sons
   Tel. (732) 477-2000 e-mail DeanSmith@RiverReal.com
   Address 550 Brick Blvd. (street) Brick (municipality) NJ (zip code) 08723
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: Dean Smith Tel. (732) 477-2000
   Address 550 Brick Blvd e-mail _____
   Brick, NJ 08723
   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	$ 210 -		
2. Electrical			
3. Plumbing			
4. Fire Protection	100 -		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	8 -		
10. Subtotal	$		
11. Cert. of Occupancy	75 -		
12. Other			
13. TOTAL	$ 393		

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

COMMERCIAL

IIa. PROPOSED WORK

- ☐ Minor Work — Shell permit
- ☐ 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		MP.			03/16/18	REK			
☐ Electrical									
☐ Plumbing		2/9/18							
☐ Fire Protection				2/14/18		NO	2/28/18		NO
☐ Elevator		Elev Exempt			2/13/18	Elev			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present _____
Proposed _____

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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/17/2018
Control Number C-18-000480
Permit Number 18-0740
Permit Issue Date 3/23/2018
Certificate Number 18-0740

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 550-580 BRICK BLVD. Brick Township, NJ Block: 446.05 Lot: 3 Qual:

Owner in Fee: THEODORE SMITH & SONS

Owner Address: 550 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-2000

Contractor THEODORE SMITH & SONS

Address 550 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-2000 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification: Type II

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - COMMERCIAL, VANILLA BOX - ...REMOVE DEMISING WALL TO COMBINE UNITS 6 & 7 + ADD'L ALTS

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: 5/17/2018

U.C.C. F260 (rev. 08/05)

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP.18.00272
DATE ISSUED 2/23/18

BLOCK: 446.05 LOT: 3 QUALIFIER: — SITE ADDRESS: 580 Brick Blvd.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Theodora Smith. Sons
   COMPLETE ADDRESS: 550 Brick Blvd.

   PHONE # 732-477-2000 EMAIL: DonSmith@RivieraRealty.com

2. NAME OF APPLICANT: SAME
   APPLICANT ADDRESS: _____

   PHONE # _____ EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Don Smith
   PHONE# 732-773-3232 FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: M use ✓
EXISTING USE: COMMERCIAL
PROPOSED USE: same use

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER Demo / interior

DESCRIPTION: Interior demolition of walls Combine Unit 6 + 7

ZONING REVIEW:
DATE REVIEWED: 2-12-18 DATE DENIED: _____ DATE APPROVED: 2-12-18 INTLS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 2/12/18 DATE DENIED: — DATE APPROVED: 2/12/18 INTLS: SGB

DATE:	COMMENTS:	INITIALS:
2/12/18	SENT TO Owner	SGB

BUILDING SUBCODE
TECHNICAL SECTION

Date Received: 3/23/18
Control #:
Date Issued:
Permit #: 18-0740

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

Block 446.05 Lot 3 Qualification Code

Work Site Location 580 Brick Blvd.

Owner in Fee: Theodora Smith & Sons

Tel. (732) 477-2000 e-mail DeanSmith@Riviera

Address 550 Brick Blvd (street) Brick (municipality) 08723 (zip code) RealTy.com

Contractor: Dean Smith Tel. (732) 777-3202

Address 550 Brick Blvd. 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. 22-2763327 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	03/16/18	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 03/16/18
Approved by: KEH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 05/15/18
Approved by: KEH

INSPECTIONS Type:	Dates (Month/Day) Failure	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	demo only.		5/15/18	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present R-3 Proposed
No. of Stories 1
Height of Structure 16 ft.
Area — Largest Floor 30,000 sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Constr. Class Present Proposed
If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Rehabilitation $ 42000
3. Total (1+ 2) $ 42000

U.C.C. F110
(rev. 11/09)

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.

Sign here:

Print name here: Dean Smith

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

removal of interior wall to combine units 6+7

COMMERCIAL

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

FEE (Office Use Only)
$

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

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 3/23/18
Control #

Date Issued
Permit # 18-0740

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

Block 446.05 Lot 3 *Qualification Code* _____

Work Site Location 580 Brick Blvd.

Owner in Fee: Theodore Smith & Sons

Tel: 732 477-2002 e-mail DeanSmith@RiverRealty.com

Address 550 Brick Blvd. Brick
street municipality zip code

Contractor: Same Tel. _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New *OR* [ ] Modification to Existing *OR* [ ] Conversion *OR* [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other _____

Location: _____

Total Cost of Fire Protection Work $ ✓

Fuel Storage Tank:

Fuel Type: [ ] Flammable *OR* [ ] Combustible

Capacity _____

Fire Alarm System: [ ] New *OR* [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New *OR* [ ] Existing

Location of Main Control Valve: _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

[X] Fire Protection Plans Approved

Date: 3/23/18 Approved by: LG

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 3/28/18

Approved by: RD

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 5-16-18

Approved by: ED

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other Demo Only			5-14-18	RM

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/Contractor sign here: _____

Print name here: Dean Smith

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK: Combining unit for future tenant

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

Demo/Shell only

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] Systems		
[ ] Monitor/Interconnect		
[ ] CO Detectors/Units		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/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		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

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(f)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 2/8/18

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 Dan Smith

Address 550 Brick Blvd.

Telephone (732) 773-3232

Signature _____

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 446.05 LOT: 3 ADDRESS: 550 Brick Blvd.

IDENTIFICATION:

1. WORK SITE ADDRESS: 550 Brick Blvd.
2. NAME OF OWNER IN FEE: Theodore Smith & Sons

   ADDRESS: 550 Brick Blvd. PHONE #: 732 477-2000

   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Same

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: Ronald Sebring

   ADDRESS: 405 Richmond Ave Pt. Pleasant PHONE: # (732) 701-9444
5. RESPONSIBLE PERSON FOR WORK: Dean Smith

   ADDRESS: 550 Brick Blvd.

PHONE #: (732) 773-7232 FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Interior Demolition of walls

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Ronald A. Sebring Associates, LLC
Architecture
Planning
Design

Ronald A. Sebring, RA, NCARB
Architect NJ, PA, FL, CT
Professional Planner NJ

David A. Clark, RA
Architect NJ

Janice K. Easterbrook
Secretary/Treasurer

April 4, 2018

RECEIVED
APR 0 4 2018
BUILDING

Mr. Daniel Newman
Construction Official

Township of Brick
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: Demolition for New Tenant Fit-up for Forbes Liquors
Riviera Plaza
Block 446.05 Lot 3
580 Brick Boulevard
Brick Township

Permit #18-0740

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode WEK 04/04/18
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

Dear Mr. Newman:

During the design, review of existing conditions drawings provided the heights of the existing acoustical hung ceilings on either side of the demising partition, scheduled to be removed. Based on these heights showing a differential of approximately 4", we designed a dropped header running for the full depth of the new tenant space, along the path of the former demising partition.

When the wall and ceiling construction was removed in the path of the demising wall, we visited the site and reviewed the actual conditions that are now visible and found that the existing ceilings on either side of the former demising partition are flush with each other, with variations of only up to ¾".

Based on this information, the dropped header may be omitted, and the ceilings merged together to form a continuous acoustical hung ceiling throughout the tenant space.

If you have any questions, please contact me

David A. Clark, R.A.
N.J. License #17149
Vice President

JOB COPY

Ronald A. Sebring Associates, LLC
Architecture
Planning
Design

Ronald A. Sebring, RA, NCARB
Architect NJ, PA, FL, CT
Professional Planner NJ

David A. Clark, RA
Architect NJ

Janice K. Easterbrook
Secretary/Treasurer

FILE COPY

April 4, 2018

RECEIVED
APR 0 4 2018
BUILDING

Mr. Daniel Newman
Construction Official

Township of Brick
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: Demolition for New Tenant Fit-up for Forbes Liquors
Riviera Plaza
Block 446.05 Lot 3
580 Brick Boulevard
Brick Township

Permit #18-0740

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE
Building Subcode 04/04/18
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

Dear Mr. Newman:

During the design, review of existing conditions drawings provided the heights of the existing acoustical hung ceilings on either side of the demising partition, scheduled to be removed. Based on these heights showing a differential of approximately 4", we designed a dropped header running for the full depth of the new tenant space, along the path of the former demising partition.

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Based on this information, the dropped header may be omitted, and the ceilings merged together to form a continuous acoustical hung ceiling throughout the tenant space.

If you have any questions, please contact me

David A. Clark, R.A.
NJ License #17149
Vice President

FILE COPY

CONSTRUCTION PERMIT

3/23/18

Date Issued
Control # C-18-000480
Permit # 18-0140

IDENTIFICATION Block: 446.05 Lot: 3 Qualifier
Work Site Location: 550-580 BRICK BLVD. Brick Township, NJ
Owner in Fee THEODORE SMITH & SONS
550 BRICK BLVD. BRICK NJ 08723
Telephone: (732) 477-2000

Contractor THEODORE SMITH & SONS
Address 550 BRICK BLVD. BRICK NJ 08723
Telephone: (732) 477-2000
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - COMMERCIAL, VANILLA BOX ...REMOVE DEMISING WALL TO COMBINE UNITS 6 & 7 + ADD'L ALTS

PAYMENTS (Office Use Only)

Building	$210
Electrical	$0
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$318
Check No.	1134
Cash	$0
Credit	
Collected By	CD

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 $4,201

D. Rowan Jr. /HP — Construction Official
3/16/18 — Date

U.C.C. F170
equiv (rev 1/04)

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: 3/23/18
Application Number: ZA-18-00135
Application Date: 2/12/2018
Project Number:
Permit Number: ZP-18-00272
Fee: $75.00

Zoning Permit

Worksite Location: **550-580 BRICK BLVD.**
Units 6 & 7
Brick Township, NJ 08723

Block: **446.05**
Lot: **3**
Qualifier:
Zone: **B-2**

Owner: **THEODORE SMITH & SONS**
Address: **550 BRICK BLVD**
BRICK, NJ 08723

Applicant: **THEODORE SMITH & SONS**
Address: **550 BRICK BLVD**
BRICK, NJ 08723

Application Approved Date: 2/12/2018

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Commercial
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations and demolition of demising wall to combine units 6 and 7.

Future tenants must submit a tenent fit up application and receive all required approvals before the unit can be occupied.

Additional Zoning Permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

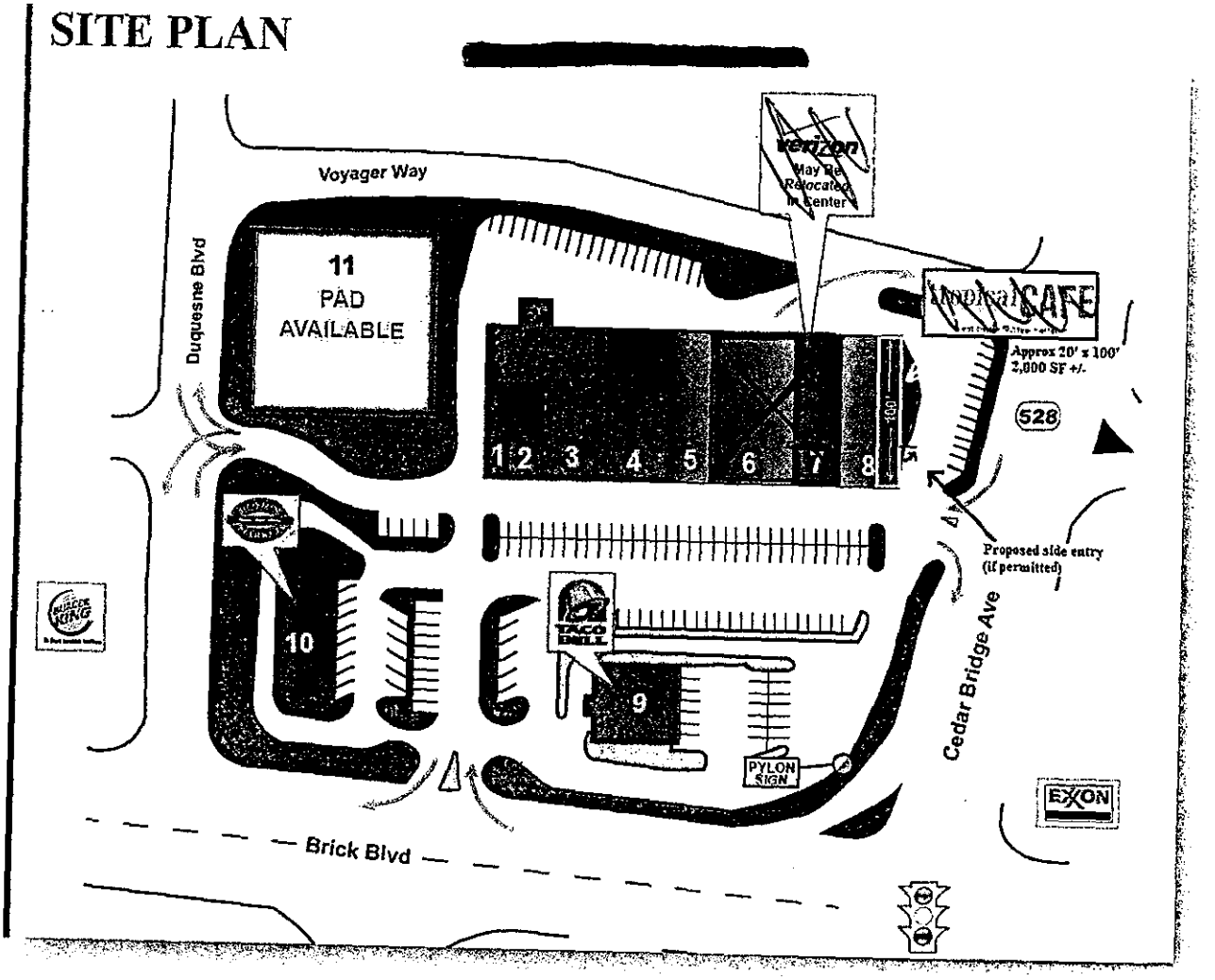
Christopher J. Romano, Assistant Zoning Officer — 2/12/2018 Date

Sean Kinnevy, Zoning Officer — 2/12/18 **Date**

RIVIERA PLAZA
580 BRICK BLVD.
BRICK, NJ 08723

SITE PLAN

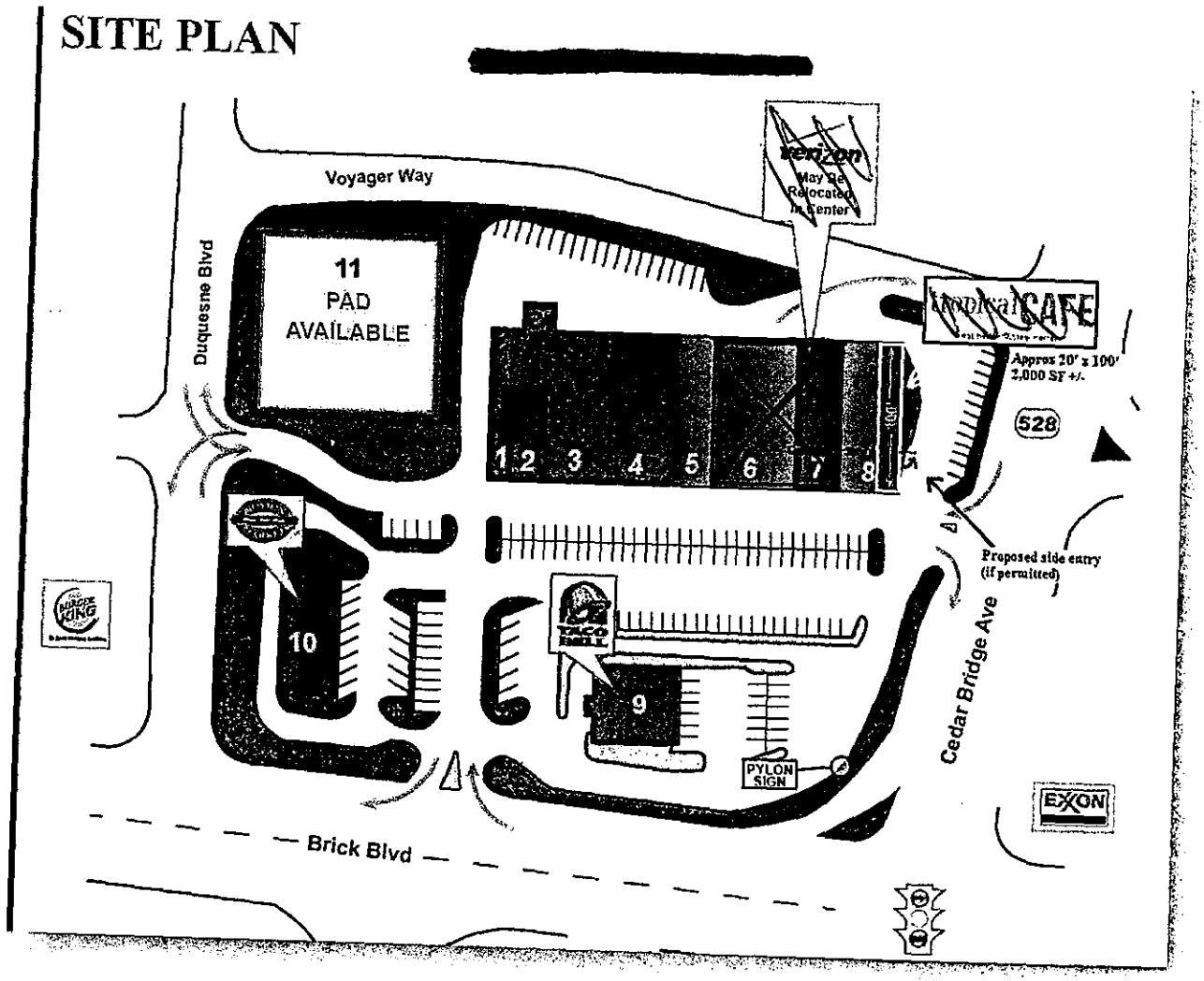
SITE PLAN



Zoning Review
Approval
By: [signature]
Date: 2-22-18

RIVIERA PLAZA
580 BRICK BLVD.
BRICK, NJ 08723

SITE PLAN



TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 580 Brick Blvd.

BLOCK: 446.05 **LOT:** 3

CONTRACTOR:

CONTRACTOR'S ADDRESS:

Type of Construction(minor, new home): Demolition/ Interior work

Type of Debris (shingles, siding, wood, etc.): sheetrock/ metal studs

Party responsible for removal: Mariano

Dumpster Size: 30 yd.

Destination of Debris:

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

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 I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

2/8/18
Date

Dean Smith
Print Name

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, February 14, 2018

To: THEODORE SMITH & SONS
550 BRICK BLVD
BRICK, NJ 08723

RE: Fire Subcode
Block: 446.05 Lot: 3 Qual:
550-580 BRICK BLVD.
Permit Number: Control Number: C-18-000480
Last Submit Date: Tuesday, February 13, 2018

Dear THEODORE SMITH & SONS,

Your request is hereby denied based upon the following infractions.

1. Need to meet UCC Rehab Subcode subchapter 6 for Carbon Monoxide Alarms.

2. Means of egress ilumination for interior and exterior required.

Sincerely,

_____

Richard Orlando, Subcode Official

CC: