BLOCK 446.05 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 11-1659

CONSTRUCTION PERMIT APPLICATION

C-11001643

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

I. IDENTIFICATION

1. Proposed Work Site at: 580 BRICK BOULEVARD
2. Name of Owner in Fee: LAKE RIVIERA CO, L.P / DEAN SMITH
   Tel. (732) 477-2000 e-mail deansmith@rivierarealty.com
   Address 550 BRICK BLVD (street) BRICK (municipality) 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: MIKE SABBATINI (self) Tel. (609) 203-4100
   Address 9 DUTCHESS DR e-mail mascorp1@mindspring.com
   Allentown NJ 08501
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): COMMERCIAL
   Federal Emp. ID No. 800033850 FAX: (609) 482-4443
5. Architect or Engineer N/A Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun MIKE SABBATINI
   Tel. (609) 203-4100 FAX: (609) 482-4443

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 108		
2. Electrical	65		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee			
10. Subtotal	$ 17		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 180		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	1
2. Height of Structure ft.	12
3. Area — Largest Floor sq. ft.	3800
4. New Building Area sq. ft.	—
5. Volume of New Structure cu. ft.	—
6. Max. Live Load	50 PSF
7. Max. Occupancy Load	40
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 ____	—

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		MB	5/11/11	5/31/11			6/7/11		
☐ Electrical					6-2-11	JJ			
☐ Plumbing									
☐ Fire Protection									
☐ Eleavator		Gov Exempt			5/24/11	ECC			
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: PHONE CONTRACTS
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present ZB 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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 X _____ Date 5/5/11

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 MICHAEL SABBATINI

Address 9 DUTCHESS DR.

Allentown NJ 08501

Telephone (609) 203-4100

Signature _____

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

OFFICE DATE RECEIVED: 7-20-11 VC/ZA

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	VC	7/20/11							ZA-11-00461
☐ 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.				

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/28/2011
Control Number C-11-001643
Permit Number 11-1659
Permit Issue Date 06/09/2011
Certificate Number 11-1659

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 550-580 BRICK BLVD. was golf store - now to be Verizon Store Brick Township, NJ Block: 446.05 Lot: 3 Qual:

Owner in Fee: THEODORE SMITH & SONS

Owner Address: 550 BRICK BLVD BRICK NJ 08723

Telephone:

Contractor Mike Sabbatini

Address 9 Dutchess Drive Allentown NJ 08501

Telephone: 6092034100 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Verizon Store

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:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 06/28/2011 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued _____
Control # C-11-001643
Permit # _____

IDENTIFICATION Block: 446.05 Lot: 3 Qualifier _____
Work Site Location: 550-580 BRICK BLVD. was golf store - now to be Verizon Store Brick Township, NJ
Owner in Fee THEODORE SMITH & SONS
550 BRICK BLVD BRICK NJ 08723
Telephone: _____

Contractor Mike Sabbatini
Address 9 Dutchess Drive Allentown NJ 08501
Telephone: 6092034100
Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP Verizon Store

Note: If constuction 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 $4,300

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$108
Electrical	$65
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$7
CO Fee	
Other	$0
Total	$180
Check No.	
Cash	$0
Credit	$0
Collected By	

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:

- [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".

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

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

RIVIERA PLAZA

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/9/11

Date Issued / Permit # 11-1659

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: LAKE RIVIERA REALTY CO, LP. / DEAN SMITH

Tel. (732) 477-2000 e-mail deansmith@rivierarealty.com

Address 550 BRICK BLVD (street) BRICK (municipality) 08723 (zip code)

Contractor: MIKE SABBATINI (SUB/tenant) Tel. (609) 203-4100

Address 9 DUTCHESS DR. e-mail msabbatini@mindspring.com

Allentown NJ 08501

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

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

Federal Emp. ID No. 800033850 FAX: ( )

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- Tenant fit out of partition walls using metal studs and sheetrock

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	6/7/11	~~MA~~

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] CCO [ ] CA

Date: 6/28/11

Approved by: ~~MA~~

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			6/15/11	C.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			6/27/11	C.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____

Constr. Class Present ____ Proposed ____

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.

Max. Live Load

Max. Occupancy Load

If Industrialized Building:

State Approved ____ HUD ____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 3600

TYPE OF WORK:

- [ ] New Building
- [X] 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 ____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 12/07)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/9/11
Control #

Date Issued
Permit # 11-1659

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
BRICK NJ 08723

Owner In Fee LAKE RIVIERA CO, L.P

Address 550 BRICK BLVD
BRICK NJ 08723

Tel (732) 477-2000

Contractor PK ELECTRIC LLC

Address 285 EUCLID AVE
MANASQUAN NJ 08736

COMMERCIAL

Tel (732) 223-0327 FAX ( )

Contractor License No. 8758

Federal Emp. No. 75 3120115

B. ELECTRICAL CHARACTERISTICS

Use Group Present COMMERCIAL Proposed

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

Building Occupied as RETAIL STORE Utility Co.

Est. Cost of Elec. Work $ 700.00

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.

Robert E Parker

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	
26		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
10		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	
		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	6-9-11	D

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

Date: 6-2-11

Approved by: D

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 6/28/11

Approved by: JS

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			6-27-11	RG
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	6-15-11 AM		6-27-11	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

RECEIVING CLERK [illegible]
DATE REC'D 5/11/11

ZONING PERMIT APPLICATION

PERMIT # ZP-11-00440
DATE ISSUED 6/9/11

BLOCK: 446.05 LOT: 3 QUALIFIER: — SITE ADDRESS: 580 BRICK BOULEVARD
RIVIERA PLAZA - UNIT NO. 8

IDENTIFICATION:

1. NAME OF OWNER IN FEE: LAKE RIVIERA CO., L.P / DEAN SMITH
COMPLETE ADDRESS: 550 BRICK BLVD
BRICK NJ 08723
PHONE # 732-477-2000 EMAIL: deansmith@rivierarealty.com

2. NAME OF APPLICANT: MIKE SABBATINI
APPLICANT ADDRESS: 9 DUTCHESS DR.
Allentown NJ 08501
PHONE # 609 203-4100 EMAIL: msabbatini@mindspring.com

3. RESPONSIBLE PERSON FOR WORK: MIKE SABBATINI
PHONE# 609 203-4100 FAX# 609 482-4443

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: X
EXISTING USE: Golf Store
PROPOSED USE Verizon Store

BOARD APPROVAL: — PB — ZB
RESOLUTION#:
APPROVAL DATE:

COMMERCIAL

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: — *ADDITION — *ALTERATION X *PORCH — *DECK —

POOL: ABOVE GROUND — IN GROUND — FENCE: HEIGHT — TYPE —

HEIGHT: — (*APPLICABLE)

OTHER Tenant Fit up

DESCRIPTION: Construct Partition walls for retail store

ZONING REVIEW:
DATE REVIEWED: 5-20-11 DATE DENIED: — DATE APPROVED: 5-20-11 INTLS: SGT

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of 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.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

245 Attachment 5

Township of Brick

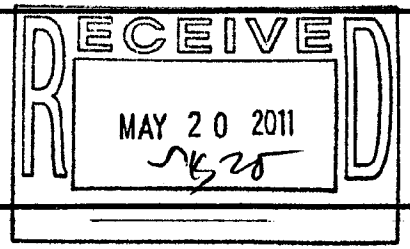
SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building			Stories	Eaves (feet)	Feet	Ridge (feet)		
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)							
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:
1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY



ZONING REVIEW:

DATE REVIEWED: 5-20-11 DATE DENIED: — DATE APPROVED: 5-20-11 INTLS: SC

DATE:	COMMENTS:	INITIALS:

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

Receipt

Payment Date 6/9/2011
Transaction # PMT-11-03675
Receipt #

Issued To Building

Description: Tenant fit up

Date Printed 6/9/2011
Check Number 3653

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 6/9/11
Application Number: ZA-11-00461
Application Date: 05/20/2011
Project Number:
Permit Number: ZP-11-00440
Fee: $50

Zoning Permit

Worksite Location: **580 BRICK BLVD**
Riviera Plaza - Uni No. 8
BRICK, NJ 08723

Block: **446.05**
Lot: **3**
Qualifier:
Zone: **B-1**

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

Applicant: **Mike Sabbatini**
Address: **9 Dutchess Drive**
Allentown, NJ 08501

Application Approved Date: 05/20/2011

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

Use is: Retail Store --Verizon phone store (former "Golf Day" store).
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a new business to change from a golf supply store to a Verizon telephone supply store.

An additional zoning permit is required for any sign or any other additional work.

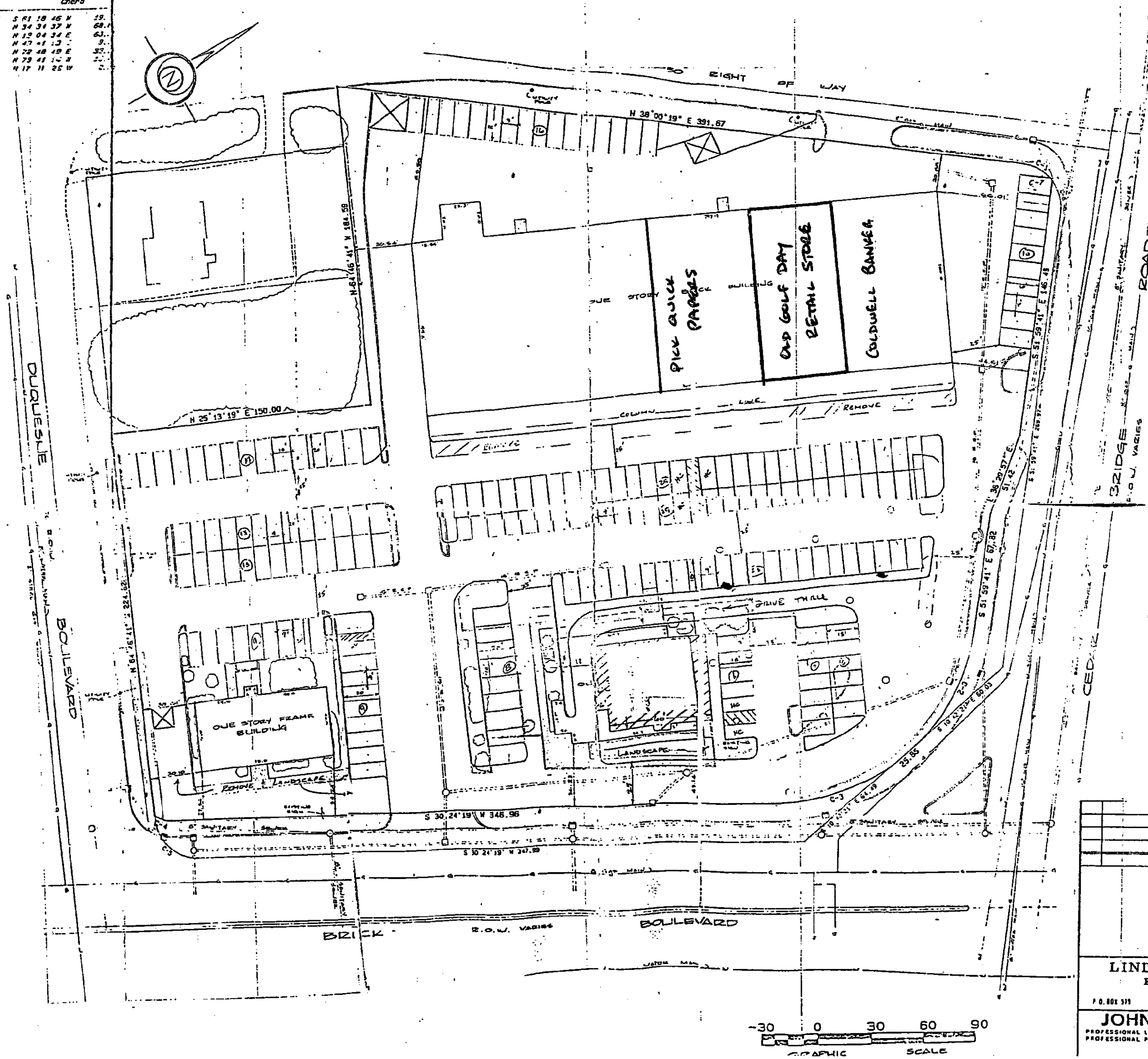
Upon review it was determined that:

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

Sean Kinnevy, Zoning Officer — 05/23/2011 Date

Michael P. Fowler, Township Planner — 5/24/11 **Date**

Curve No.	Radius	Delta	Length	Tangent	Chord	
1	25.00	045 36 53	20.34	10.77	S 61 18 46 W	19.
2	115.00	034 53 08	69.52	36.03	N 34 31 37 W	68.
3	115.00	034 39 29	69.56	35.88	N 13 04 34 E	63.
4	15.00	038 53 49	10.10	5.2	N 47 41 13 [illegible]	9.
5	25.00	084 49 00	37.01	22.82	N 72 48 49 E	33.
6	25.00	043 23 07	18.93	5.51	N 79 41 [illegible]	[illegible]
7	15.00	008 36 25	2.25	1.13	N 17 11 25 W	[illegible]



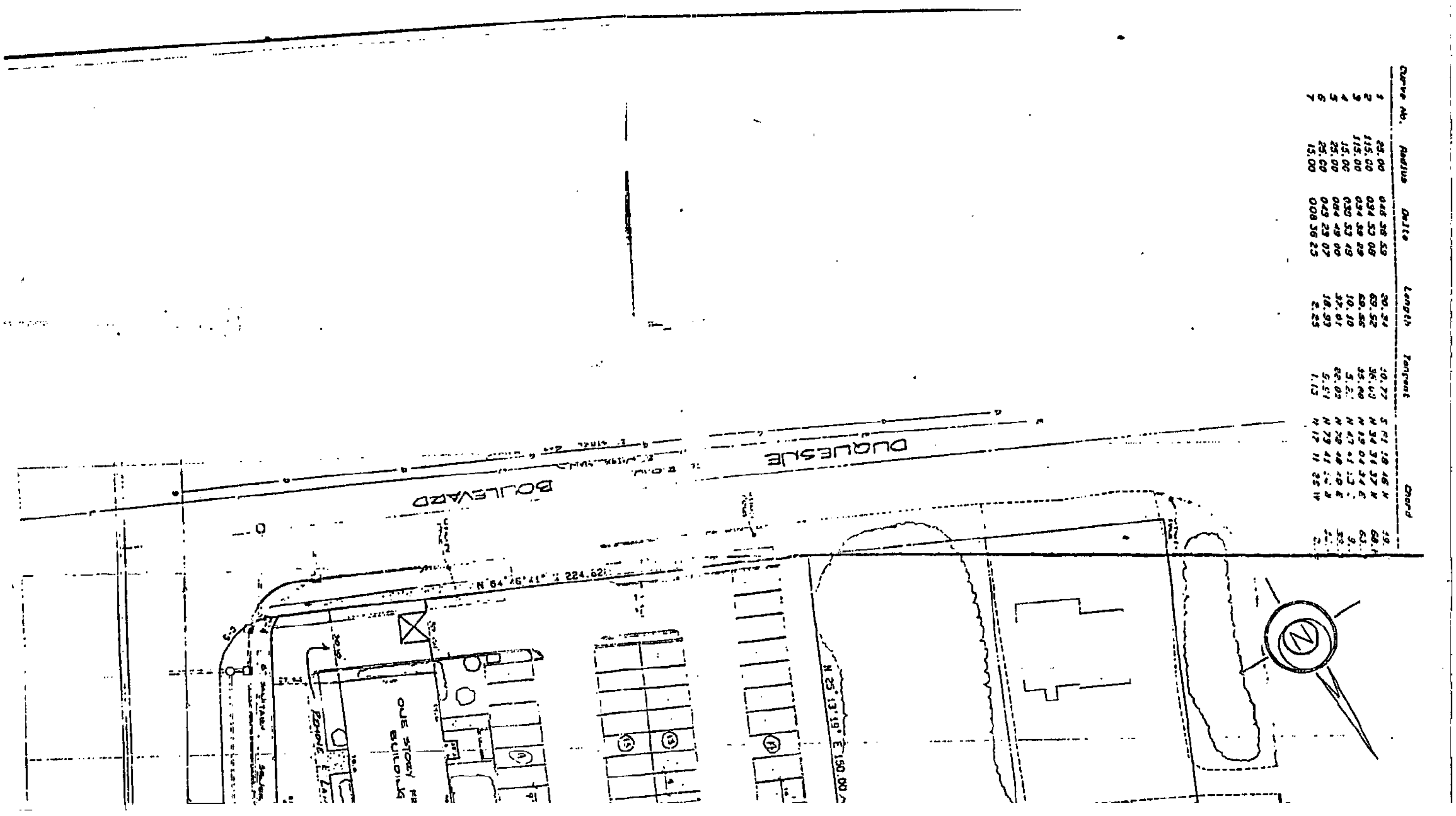
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
MAY 20 2011
Verizon Store
- TFu -

SKETCH PLAN
LOT 3, BLOCK 446.05
TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY

LINDSTROM & DIESSNER ASSOCIATES, P.C.
ENGINEERS, SURVEYORS & PLANNERS
321 MANTOLOKING ROAD
BRICK NEW JERSEY 08723
P.O. BOX 319
TEL: 908-477-8900

JOHN F. DIESSNER
PROFESSIONAL LAND SURVEYOR, N.J. LIC. NO. 31266
PROFESSIONAL PLANNER, N.J. LIC. NO. 4342

CHARLES E. LINDSTROM
PROFESSIONAL ENGINEER N.J. LIC. NO. 24739
PROFESSIONAL PLANNER N.J. LIC. NO. 2331


DUQUESNE
BOULEVARD

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/9/11
Control #
Date Issued
Permit #

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
BRICK NJ 08723

Owner in Fee LAKE RIVIERA CO. L.P

Address 550 BRICK BLVD
BRICK NJ 08723

Tel (732) 477-2000

Contractor PK ELECTRIC LLC

Address 285 EUCLID AVE
MANASQUAN NJ 08736

Tel (732) 223-0327 FAX ( )

Contractor License No. 8758

Federal Emp. No. 76 3120115

B. ELECTRICAL CHARACTERISTICS

Use Group Present COMMERCIAL Proposed

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

Building Occupied as RETAIL STORE Utility Co.

Est. Cost of Elec. Work $ 700

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	FEE (Office Use Only)
		Lighting Fixtures	
26		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
10		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	
		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[X] No Plans Required	6-2-11	D

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

Date: 6-2-11

Approved by: D

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 6/1/11
Control #
Date Issued 11-16-39
Permit #

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

Block [illegible] Lot [illegible] Qualification Code

Work Site Location [illegible]

Owner In Fee [illegible]

Address [illegible]

Tel ( ) FAX ( )

Contractor PK ELECTRIC LLC

Address [illegible]

Tel ( ) FAX ( )

Contractor License No. [illegible]

Federal Emp. No. [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present [illegible] Proposed

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

Building Occupied as [illegible] Utility Co.

Est. Cost of Elec. Work $ [illegible]

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	FEE (Office Use Only)
		Lighting Fixtures	
26		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
10		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	
		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	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[✓] No Plans Required 6-1-11 JD

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 6-1-11

Approved by: JD

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 6/9/11

Date Issued Permit # 11-1659

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

Block 4116.05 **Lot** 3 **Qualification Code** _____

Work Site Location 580 BRICK BLVD.

Owner in Fee: ALL [illegible] REALTY CO. LP. / DAN SMITH

Tel. (732) 477-2000 **e-mail** dansmith@rivieracentre.com

Address 550 BRICK BLVD BRICK 08723
street municipality zip code

Contractor: MIKE SABBATINI (Self / Tenant) **Tel.** (609) 203-4100

Address 9 LUTCHESS DR. **e-mail** msabbatini@monteserv.com
Allentown NJ 08501

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

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

Federal Emp. ID No. 800035850 FAX: ( ) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	7/11	EA

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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 _____ Proposed _____
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.
Max. Live Load _____
Max. Occupancy Load _____

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

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 2600

U.C.C. F110
(rev. 12/07)

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 [signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- Tenant fit out of partition walls using metal studs and Sheetrock

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 _____
[ ] 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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 6/9/11
Control #

Date Issued
Permit # 11-1639

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

Block [illegible] **Lot** 3 **Qualification Code** _____

Work Site Location [illegible]

Owner in Fee: _____

Tel. (___) [illegible] e-mail [illegible]

Address [illegible] (street / municipality / zip code)

Contractor: [illegible] **Tel.** (___) [illegible]

Address [illegible] e-mail [illegible]

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

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

Federal Emp. ID No. [illegible] **FAX:** (___) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[ ] 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 _____ Proposed _____
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.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ [illegible]

U.C.C. F110
(rev. 12/07)

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 [illegible]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

[illegible]

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 _____
[ ] 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

6/1/11 gave copy to tenant

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 550 BRICK BLVD BRICK, NJ 08723 CC:

RE: Building Subcode
Block: 446.05 Lot: 3 Qual:
550-580 BRICK BLVD.
Permit Number: Control Number: C-11-001643
Last Submit Date: Thursday, May 26, 2011

Date: Tuesday, May 31, 2011

Dear THEODORE SMITH & SONS,

The following comments were made during the Plan Review process:

Submit 2 sets of plans drawn by NJ licensed architect.

Cost estimate shall include all work being done to tenant space including fixtures and finishes. Submit signed contracts in support of this information.

Sincerely,

K Anderson 5/31/11

Kenneth Anderson, Subcode Official

6/6/11 - Resident - Ltd

Estimated Costs for build out not included on other invoices, contracts, estimates, or receipts

Paint.....$800

Drywall and supplies.....$1000

Electrical supplies and labor (this cost was listed on the electrical permit and will be paid to the electrician – this is just an estimate).....$750

EAST WINDSOR CARPET ONE® FLOOR & HOME

THE ONE STORE FOR YOUR PERFECT FLOOR®

825 Route 33 • Block Plaza • Mercerville • NJ 08619
Telephone: (609) 890-6111 • Fax: (609) 890-6649
Website: www.CarpetOne.com

NAME Wireless Zone DATE 5/26/11

ADDRESS 580 [illegible] Blvd [illegible]

HOME PHONE Cell 609-203-4100 BUSINESS PHONE ________

SALES PERSON Rich EMAIL [illegible]

CARPET	STEPS		
☒ INSTALL WALL TO WALL	☐ WATERFALL ☐ CAP & BAND	Installation Date	Vend. Ref # 378515
☐ TACKLESS ☐ GLUE DOWN	☐ STRINGERS ☐ BIRD CAGE	Subject to Measure	Vend. Ref #
☐ DELIVERY ☐ BINDING ☐ PICKUP	☐ SPINDLE ☐ RUNNER FORM	Customer Measure	Vend. Ref #
☐ RIP UP TACKED CARPET ☐ TAKEN	☐ SIDE WRAPS ☐ PIE STEPS		
☐ RIP UP GLUED CARPET			

No. R 67651

ROOM	QUANTITY	DESCRIPTION	UNITS	PRICE	AMOUNT
✓	6,000 [illegible]	High Flying Carpet Tiles Waterfront Row installed 3578	IN		
	576 [illegible]	[illegible] Vinyl Cove Base All Rooms All Walls			
		Vinyl Transitions / Floor Patching (Almond)			
		No old carpet existing.			
		No Rip-up - [illegible] Has Residual			
		Carpet Adhesive on Floor			

ALL JOBS ARE C.O.D. TO BE PAID IN FULL UPON COMPLETION OF THE JOB

SUBTOTAL	14018.69
TAX	981.31
TOTAL	15,000.00
DEPOSIT	
BALANCE ON COMPLETION	

I AGREE TO ALL TERMS & CONDITIONS OF THIS INVOICE

[signature]
CUSTOMER SIGNATURE

IF YOUR NOT 100% SATISFIED WITH YOUR PURCHASE "I WANT TO KNOW" CALL THE GENERAL MANAGER RICH LINNELL (609) 577-9109

IMPORTANT TERMS REGARDING YOUR PURCHASE

1. SPECIAL ORDER MERCHANDISE THAT IS NEEDED ON A DAY OTHER THAN A NORMAL DELIVERY DAY WILL BE SUBJECT TO A $75.00 ENERGY SURCHARGE.
2. WE ARE NOT RESPONSIBLE FOR SQUEAKY SUBFLOORS - IF ASKED, FOR A FEE, WE WILL TIGHTEN SUBFLOOR BUT WILL NOT GUARANTEE THE OUTCOME.
3. WE TAKE PRIDE IN OUR INSTALLATIONS AND WE SERVICE OUR INSTALLATIONS OF VINYL, WOOD, LAMINATE AND CERAMIC FOR ONE FULL YEAR FROM DATE OF INSTALLATION.
4. CARPET INSTALLATIONS ARE GUARANTEED FOR THE DURATION OF THE LIFE OF THE CARPET YOUR WARRANTY IS FOR ______ YEARS.
5. FURNITURE/APPLIANCES TO BE MOVED BY THE CUSTOMER. IF WE MOVE THERE WILL BE A CHARGE & WE ARE NOT RESPONSIBLE FOR DAMAGES IF INCURRED.
6. ANY TOILET OR APPLIANCE HOOKUPS OR DISCONNECT ARE THE CUSTOMERS RESPONSIBILITY. WE WILL NOT BE RESPONSIBLE FOR ANY LEAKS, GAS OR WATER.
7. ALL TELEVISION/AUDIO EQUIPMENT TO BE DISCONNECTED BY THE CUSTOMER, WE WILL NOT BE RESPONSIBLE FOR ANY MALFUNCTIONS.
8. WE DO NOT CUT DOORS- THIS IS THE HOMEOWNER'S RESPONSIBILITY.
9. IF FOR ANY REASON - A JOB CANNOT BE TOTALLY COMPLETED - DUE TO THE FACT THAT A ROOM OR ROOMS ARE NOT READILY AVAILABLE FOR CARPETING, THE PURCHASER SHALL PAY FOR THE COMPLETED PORTION OF THE JOB IN FULL.
10. THE COMPANY AGREES TO PERFORM THIS WORK IN A NEAT AND WORKMANSHIP LIKE MANNER. FINAL DISPOSITION OF ANY CLAIM, INCLUDING WEAR, TO BE DECIDED BY AN IMPARTIAL INSPECTION SERVICE SELECTED BY THE MILL AND TO BE HONORED BY ALL PARTIES INVOLVED. NO WORKS TO BE DONE OTHER THEN THAT SPECIFIED IN THIS AGREEMENT WITHOUT ADDITIONAL CHARGES. THIS CONTRACT SHALL BE ABSOLUTELY VOID IF COMPANY REFUSES TO ACCEPT FOR CREDIT REASONS AND IN THE CASE OF DEFAULT OF ANY OF THE TERMS OF THIS AGREEMENT.
11. **SPECIAL ORDERED GOODS CANNOT BE CANCELED WITHOUT PENALTY. A 30% RESTOCKING FEE WILL BE IMPOSED**

The merchandise you have ordered is promised for delivery to you on or before ________.

If the merchandise ordered by you is not delivered by the promised date, CARPET ONE FLOOR & HOME must offer you the choice of (1) cancelling your order with a prompt, full refund of any payments you have made or (2) accepting delivery at a specific later date.

COLEMAN'S HAMILTON BUILDING SUPPLY COMPANY
65 KLOCKNER ROAD, P.O. BOX 3005
HAMILTON, NJ 08619-0005
FAX (609) 587-8290
PHONE: (609) 587-4020

Hands-on Bldg. Show/Pig Roast June 1st

SOLD TO: Mike Sabbatini
9 Duchess Drive
Allentown NJ 08501
609-259-8853

SHIP TO: MIKE SABBATINI
MAS CORPORATION
580 BRICK BLVD
BRICK NJ 08723

CUST NO: 98853
TERMS: CASH TERMS
RESALE NO:
APPLY TO: MAS BRICK OFFICE
REFERENCE: MAS BRICK OFFICE
JOB NO: 000

EXPIRATION DATE: 6/6/11

DATE: 6/1/11 TIME: 3:38
CLERK: JC TERMINAL: 597
SALESPERSON: 55 JEREMY CRUZ (JC)
TAX: NJX NEW JERSEY SALES TAX

QUOTATION: 438513

ESTIMATE: 438513

LINE	QTY	UM	SKU	DESCRIPTION	UNITS	LOCATION	PRICE/ PER	EXTENSION
1	7	EA	SPQ	3/0 6/8 SC BIRCH FLUSH DOOR	7		158.00 /EA	1,106.00
4								
5	7	EA	SPQ	3/0 6/8 16GA 5-5/8 HM KD FRAME	7		130.00 /EA	910.00
6								
7	21	EA	FBB17926D	STA FBB179 HINGE 4.5X4.5 26D	21	W-A14	6.00 /EA	126.00
8	6	EA	AL53	AL53PD SAT 626 ENTRANCE LEVER	6	W-A43	125.00 /EA	750.00
9						W-A43		
10						W-A43		
11				DOORS QUOTED AS UNFINISHED STAIN		W-A43		
12				GRADE		W-A43		
13						W-A43		
14				LOCKSETS ARE KEYED ALIKE		W-A43		
15						W-A43		
16						W-A43		
17				PLEASE ALLOW APPROXIMATELY 1		W-A43		
18				WEEK FOR THE AVAILABILITY OF THE		W-A43		
19				MATERIAL UPON ORDER.		W-A43		
				MIKE SABBATINI				

X

ORDERED 6/3/11

TAXABLE	2892.00
NON-TAXABLE	0.00
SUBTOTAL	2892.00
TAX AMOUNT	202.44
TOTAL	**3094.44**

TOT WT: 0.00

X _____
Received By

SPECIAL SERVICES CUSTOMER INVOICE

 No. 0912-31418

Store 0912 BRICK
1722 ROUTE 88
BRICK, NJ 08724

Phone: (732) 836-3220
Salesperson: JJS0498
Reviewer:

This is only a QUOTE for the merchandise and services printed below. This becomes an Agreement upon payment and an endorsement by a Home Depot register validation.

SOLD TO

Name: **SABBATINI MIKE**
Home Phone: **(609) 259-8853**
Address: 9 DUTCHESS DR
Work Phone: (609) 203-4100
Company Name:
City: ALLENTOWN
Job Description: VERIZON STORE
State: NJ Zip: 08501 County: MONMOUTH

VALIDATION AREA 11
SALE 72 JJS0498 05:15 PM

CUSTOMER AGREEMENT # 31418
RECALL AMOUNT 3402.14
ADDL MDSE SUBTOTAL 0.00
SUBTOTAL 3,402.14
SALES TAX 238.15
TOTAL $3,640.29
XXXXXXXXXXXX4094 HOME DEPOT 3,640.29 TA
AUTH CODE 003488/1214763
CREDIT PROMOTION 6797 8983

QUOTE is valid for this date: 06/03/2011

CUSTOMER PICKUP #1

MERCHANDISE AND SERVICE SUMMARY

We reserve the right to limit the quantities of merchandise sold to customers

REF # W29 SKU # 515-664 Customer Pickup / Will Call

STOCK MERCHANDISE TO BE PICKED UP:

REF #	SKU	QTY	UM	DESCRIPTION	TAX	PRICE EACH	EXTENSION
R16	100-561	3.00	EA	#004 SS CLAMP 1/4"X5/8" DIA /		$0.53	$1.59*
R17	195-200	1.00	EA	1-9/16" LAM. RUSTO.1-1/2"SHACKLE 4PK /	Y	$21.87	$21.87
R18	744-425	3.00	EA	HANDY BOX COVER BLANK /	Y	$0.50	$1.50
R19	126-277	1.00	EA	FAN 50 CFM, 2.5 SONES W/LIGHT /	Y	$30.32	$30.32*
R20	505-838	2.00	EA	[redacted] FOR A DIFFERENT JOB	Y	$20.53	$41.06*
R21	137-011	2.00	EA	FUTURA TP HOLDER-CH /	Y	$7.36	$14.72*
R22	161-176	2.00	EA	WHITE MARBLE 5X36 DB HO /	Y	$27.49	$54.98
R23	405-647	2.00	EA	[redacted] / FOR DIFFERENT JOB	Y	$1.88	$3.76*
R24	405-140	3.00	EA	[redacted] " " "	Y	$2.35	$7.05*
R25	405-183	1.00	EA	[redacted] " " "	Y	$2.69	$2.69*
R26	791-857	1.00	EA	GFCI RED/BLACK BUTTONS, WHITE /	Y	$12.58	$12.58

*** CONTINUED ON NEXT PAGE ***

NOT VALID FOR MERCHANDISE CARRY-OUT

WILL-CALL MERCHANDISE PICK-UP
Will-Call items will be held in the store for 7 days only.

Check your current order status online at www.homedepot.com/orderstatus

FOR WILL CALL
MERCHANDISE PICK-UP
PROCEED TO WILL CALL OR
SERVICE DESK AREA
(Pro Customers, Proceed To The Pro Desk)

* Indicates item markdown
Customer Copy

(9801) 0100041395

CUSTOMER PICKUP #1
(Continued)

REF #W29

R27	854-339	2.00	EA	5" HEAVY DUTY BARREL BOLT ZINC /	Y	$8.99	$17.98
R28	619-901	8.00	EA	AM 1-3/8" 3-RING KNOB ORB /	Y	$2.97	$23.76
SCHEDULED PICKUP DATE: 06/04/2011						**MERCHANDISE TOTAL:**	$233.86
						END OF CUSTOMER PICKUP - REF #W29	

HOME DEPOT DELIVERY #1

REF # V15

STOCK MERCHANDISE TO BE DELIVERED:

REF #	SKU	QTY	UM	DESCRIPTION	TAX	PRICE EACH	EXTENSION
R01	651-329	200.00	EA	3-5/8 X 10 STEEL STUD 25 GA /	Y	$3.65	$730.00*
R02	651-307	50.00	EA	3-5/8 X 10 STEEL TRACK 25 GA /	Y	$3.62	$181.00*
R03	366-932	3.00	BX	1-5/8 FINE DRYWAL SCREW 25LB BUCKET /	Y	$38.96	$116.88
R04	320-551	2.00	EA	7/16" SELF DRILL PAN HEAD SCREW 1 LB /	Y	$8.24	$16.48
R05	331-725	2.00	EA	[redacted] / DIFFERENT JOB	Y	$89.49	$178.98*
R06	530-162	2.00	EA	[redacted] / "	Y	$21.51	$43.02*
R07	600-133	4.00	EA	SATIN WHITE 30X30 WALL UNIT /	Y	$110.89	$443.56*
R08	600-494	1.00	EA	SATIN WHITE 24" BASE /	Y	$116.72	$116.72*
R09	600-511	2.00	EA	SATIN WHITE 36" BASE /	Y	$154.83	$309.66*
R10	281-852	8.00	EA	8 X 34 KICKPLATE SATIN ALUMINUM /	Y	$14.97	$119.76
R11	204-610	3.00	EA	[redacted] "	Y	$87.97	$263.91
R12	295-220	2.00	EA	[redacted] "	Y	$39.97	$79.94
R13	718-208	1.00	EA	[redacted] "	Y	$49.96	$49.96
R14	348-650	1.00	EA	[redacted] "	Y	$453.41	$453.41*
						MERCHANDISE TOTAL:	**$3,103.28**

DELIVERY INFORMATION:				SCHEDULED DELIVERY DATE: 06/06/2011			
V15	515-663	1.00	EA	Curbside Delivery	Y	$65.00	$65.00
						DELIVERY SERVICE SUBTOTAL:	**$65.00**

* Indicates item markdown
Customer Copy

HOME DEPOT DELIVERY #1
(Continued)

REF #V15				
THE PCC WILL DELIVER MDSE TO:	SABBATINI, MIKE			
ADDRESS: 580 BRICK BLVD		**CITY:** BRICK		
STATE: NJ	**ZIP:** 08723	**COUNTY:** OCEAN	**SALES TAX RATE:**	7.000
PHONE: (609) 259-8853		**ALTERNATE PHONE:** (609) 203-4100		
			MDSE & DELIVERY TOTALS:	**$3,168.28**
DRIVER SPECIAL INSTRUCTIONS:	STORE FRONT SAYS GOLF DAY 732-749-2442 SECONDARY NUMBER GARY			
			END OF HOME DEPOT DELIVERY - REF #V15	

TOTAL CHARGES OF ALL MERCHANDISE & SERVICES

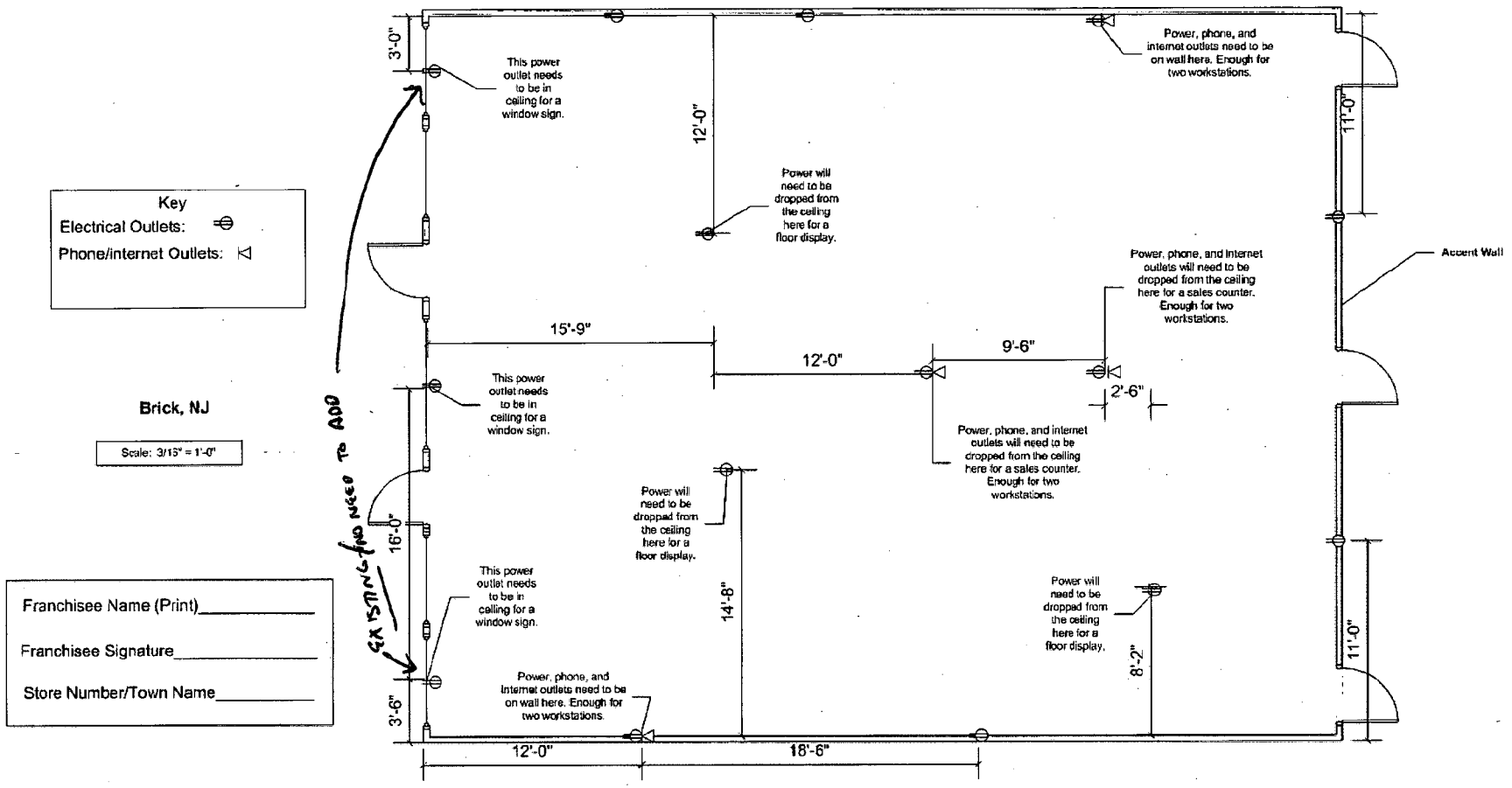
ORDER TOTAL	$3,402.14
SALES TAX	$238.15
TOTAL	$3,640.29
BALANCE DUE	$3,640.29

END OF ORDER No. 0912-31418

Minus Diff. Job Items 1123.78

2516.51

I just purchased items for 2 jobs on same ticket due to a special promo.


Key
Electrical Outlets:
Phone/internet Outlets:
Brick, NJ
Scale: 3/15" = 1'-0"
Franchisee Name (Print)_____
Franchisee Signature_____
Store Number/Town Name_____
EXISTING TWO NEED TO ADD
3'-0"
This power outlet needs to be in ceiling for a window sign.
12'-0"
Power will need to be dropped from the ceiling here for a floor display.
Power, phone, and internet outlets need to be on wall here. Enough for two workstations.
11'-0"
Accent Wall
Power, phone, and internet outlets will need to be dropped from the ceiling here for a sales counter. Enough for two workstations.
15'-9"
12'-0"
9'-6"
2'-6"
This power outlet needs to be in ceiling for a window sign.
Power, phone, and internet outlets will need to be dropped from the ceiling here for a sales counter. Enough for two workstations.
Power will need to be dropped from the ceiling here for a floor display.
16'-0"
This power outlet needs to be in ceiling for a window sign.
14'-8"
Power will need to be dropped from the ceiling here for a floor display.
8'-2"
11'-0"
3'-6"
Power, phone, and internet outlets need to be on wall here. Enough for two workstations.
12'-0"
18'-6"

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

UNIFORM CONSTRUCTION CODE

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

Owner/Agent: LARIVIERA CO. L.P DEAN SMITH

Property Address: 580 BRICK BOULEVARD

Town: BRICK Zip: 08723

Block: 446.05 Lot: 3

✓ Waiver architecturals for commercial interior work

_____ other _____

OWNER/AGENT PROCEED AT OWN RISK

Signature: X _____

Owner/Agent: BY MICHAEL SABBATINI

Building Subcode Official: _____
Kenneth Anderson

Construction Official: _____
Daniel F. Newman, Jr.

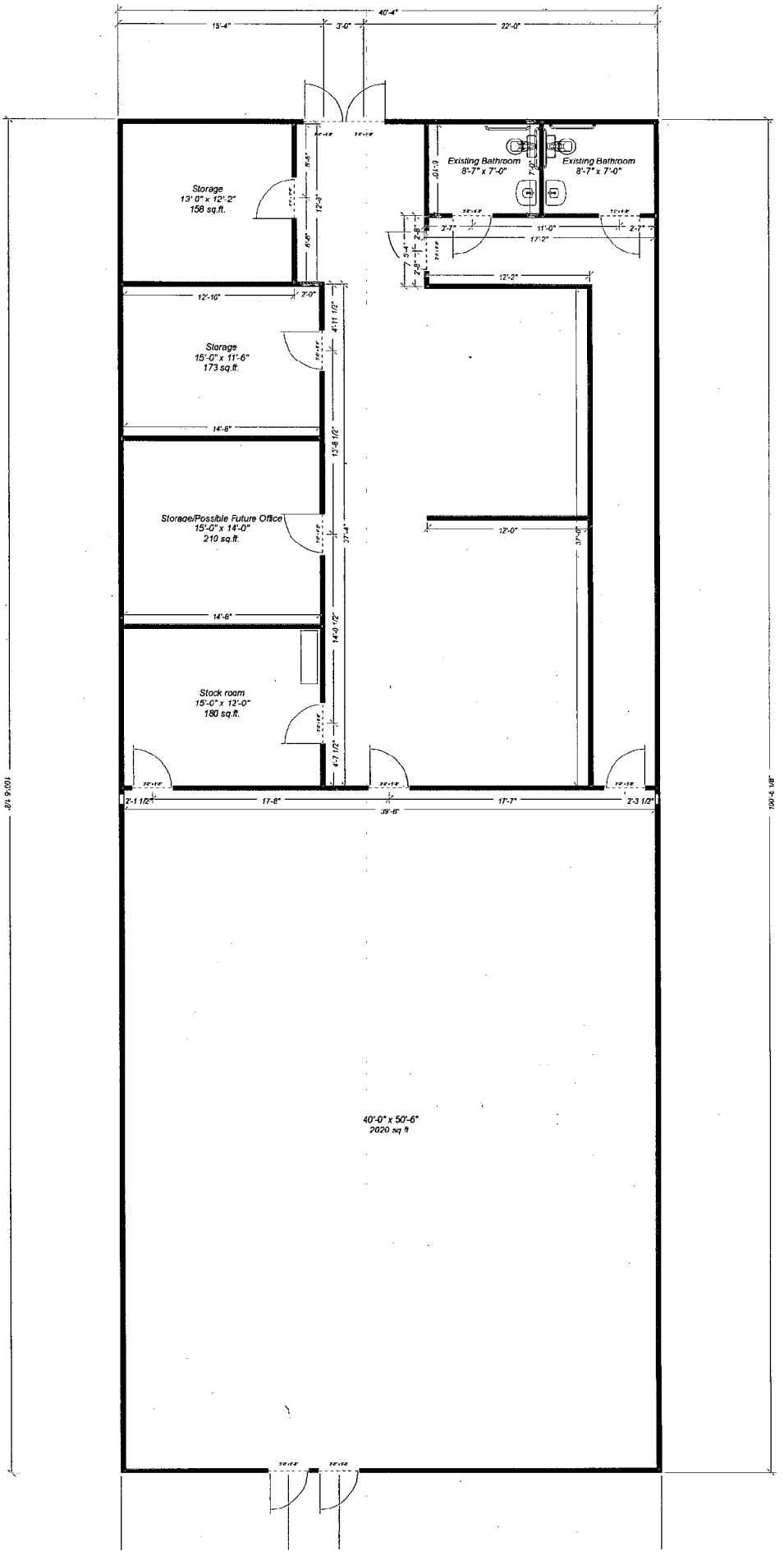
311 ACCESS BRICK TOWNSHIP

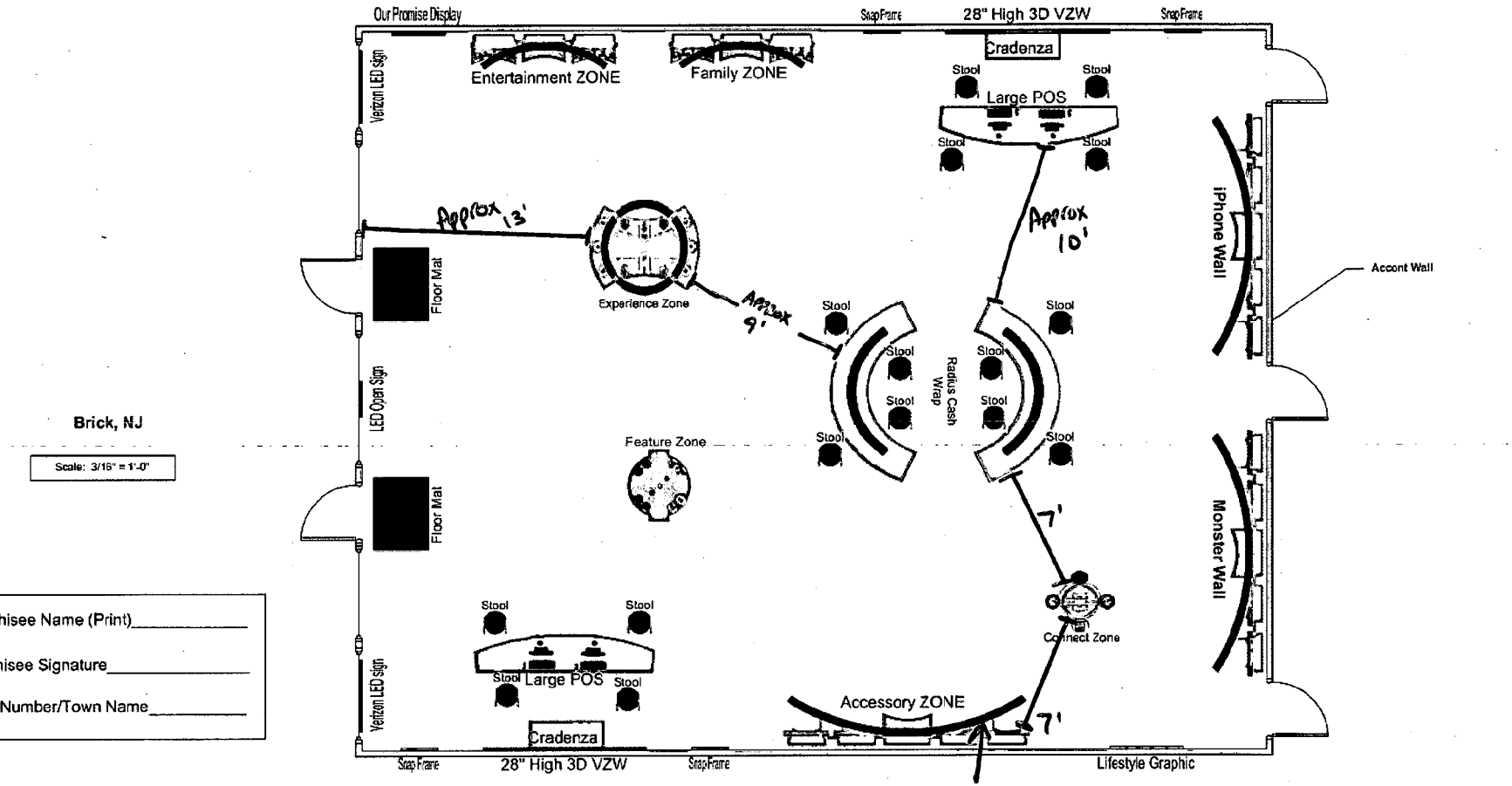
All walls are to be partition walls only and are to be constructed of metal studs (3 5/8") and 1/2" drywall from floor to the suspended ceiling (10'). Studs to be installed using tech screws and will be 16" oc. Drywall to be installed with metal drywall screws, tape, and spackle.

Metal track will be installed on the top and bottom of all walls. Bottom tracks will be shot down into concrete using 1" Duo-Fast Construction nails for concrete and .22 caliber shots (Power Level 4) with Remington gun. Nails will be shot between every stud bay. Top track will be fastened to suspended ceiling grid using tech screws.

All doors are solid wood core, metal jamb, commercial-grade doors with lever-style hardware. Doors will be 36" wide by 80" high.

Electrical outlets to be installed per plan (or as electrical code dictates, if not sufficient).


40'-4"
15'-4"
3'-0"
22'-0"
Storage
13'-0" x 12'-2"
158 sq.ft.
Existing Bathroom
8'-7" x 7'-0"
Existing Bathroom
8'-7" x 7'-0"
12'-10"
Storage
15'-0" x 11'-6"
173 sq.ft.
14'-8"
Storage/Possible Future Office
15'-0" x 14'-0"
210 sq.ft.
14'-8"
Stock room
15'-0" x 12'-0"
180 sq.ft.
12'-2"
12'-0"
37'-0"
2'-1 1/2"
17'-8"
17'-7"
2'-3 1/2"
39'-8"
40'-0" x 50'-6"
2020 sq ft
101'-6 1/8"
100'-5 1/8"

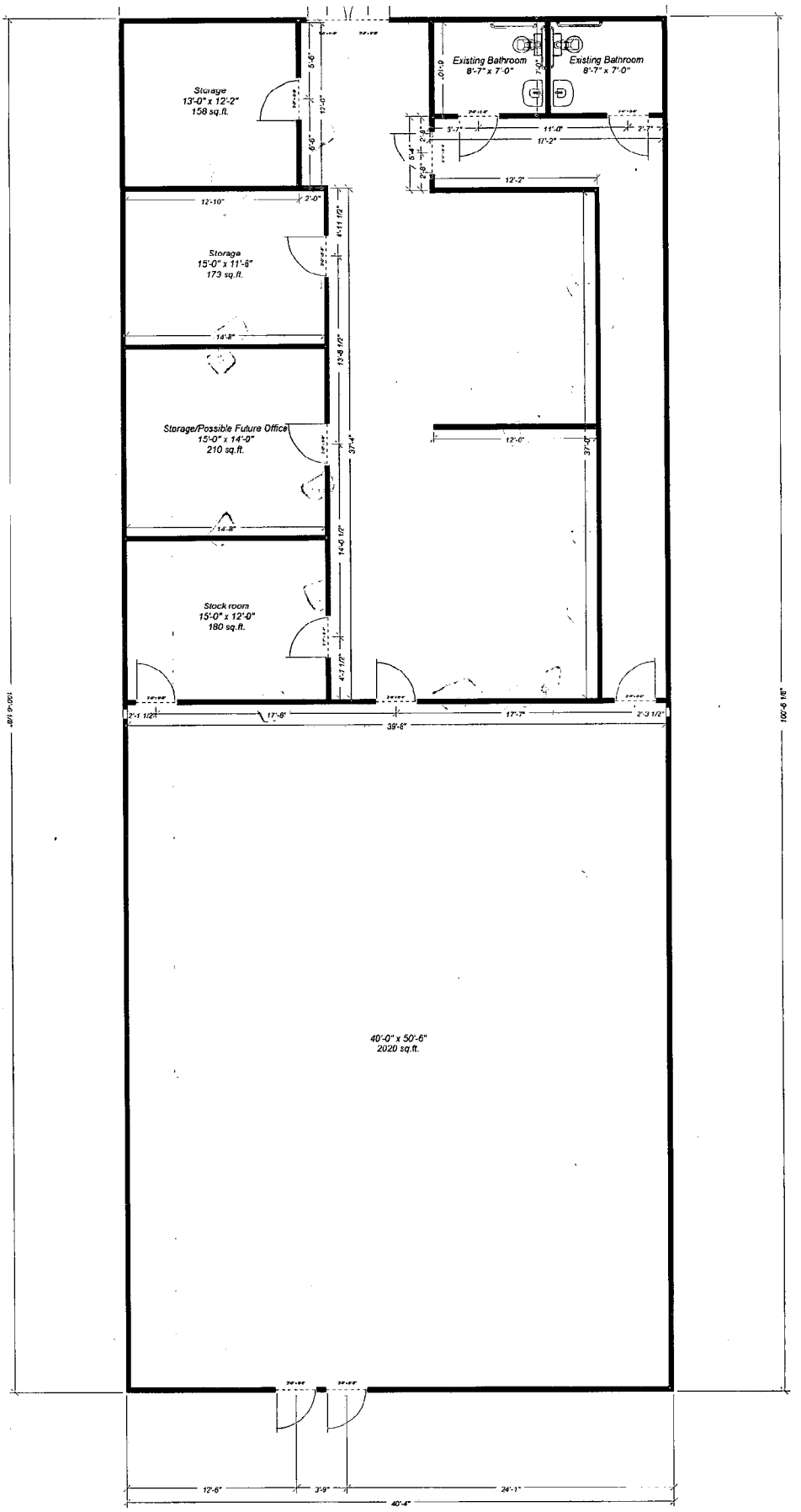


Franchisee Name (Print)_____

Franchisee Signature_____

Store Number/Town Name_____

THIS IS OVERHEAD, SO THERE IS MORE Clearance than on paper


Storage
13'-0" x 12'-2"
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Existing Bathroom
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Stock room
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180 sq.ft.
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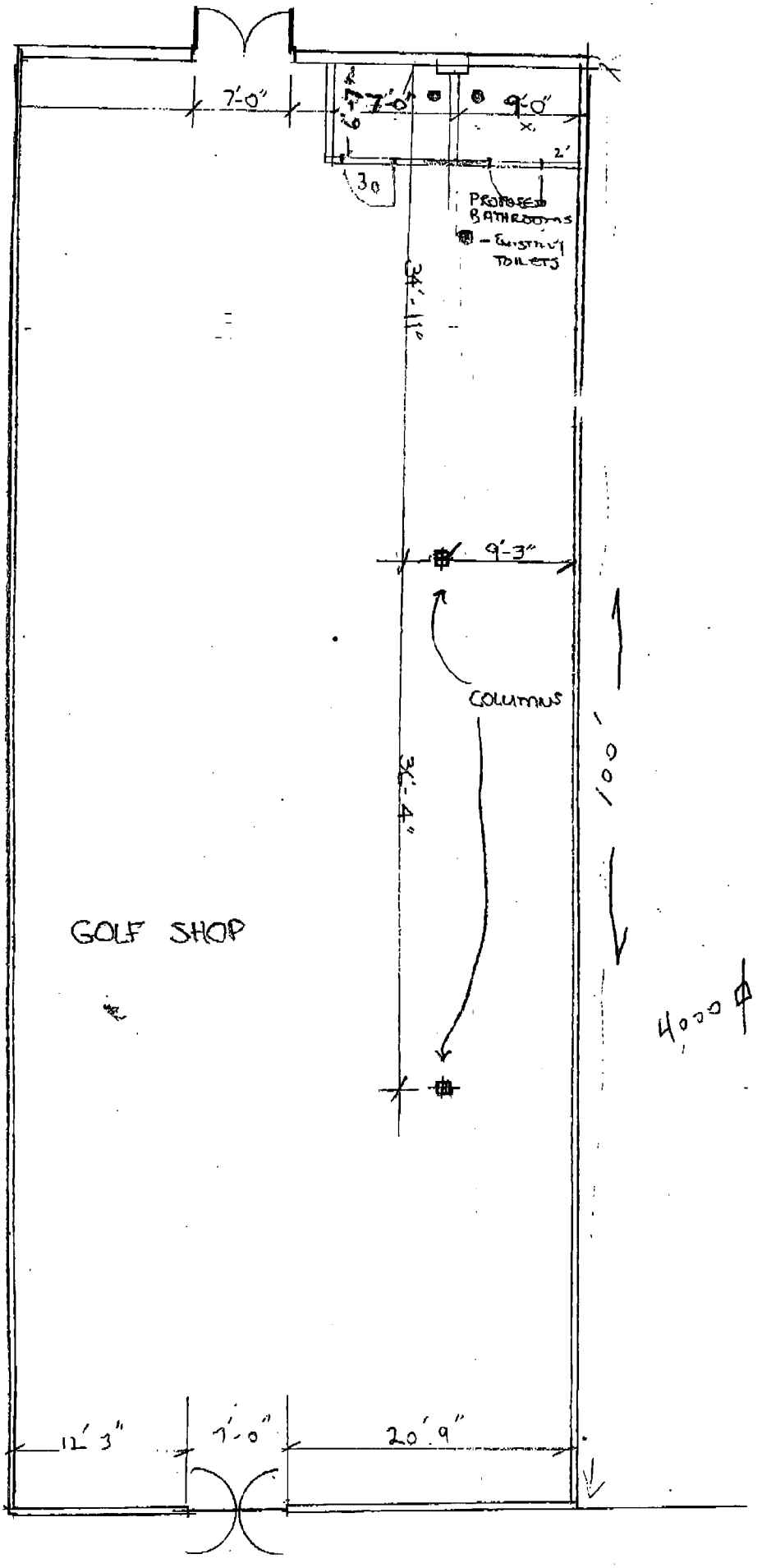
2020 sq.ft.
39'-8"
40'-4"
100'-6 1/8"


7'-0"
7'-0"
9'-0"
2'
30
PROPOSED BATHROOMS
- EXISTING TOILETS
24'-11"
9'-3"
COLUMNS
36'-4"
100'
GOLF SHOP
4000 ☐
12'-3"
7'-0"
20'-9"