BLOCK 446.05 LOT 3 QUALIFICATION CODE _____ ADDRESS (SITE) 580 Brick Blvd. PERMIT NO. 15-4471

CONSTRUCTION PERMIT APPLICATION

C-15-006334

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: Lake Riviera Co LLP
   Tel. (732) 477-2000 e-mail DeanSmith@RivieraRealty.com
   Address 580 Brick Blvd. (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: owner Tel. ( ) _____
   Address _____ e-mail _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): owner
   Federal Emp. ID No. 22-2763327 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Dean Smith
   Tel. (732) 773-3232 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 135 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 141		

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 ____

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	3,000	GMR	12-14-15		12/22/15	KEK			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			12/14/15	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: M
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 _____

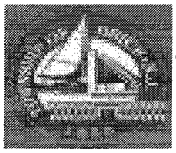
COMMERCIAL

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 7/12/2016
Control Number C-15-006334
Permit Number 15-4471
Permit Issue Date 12/29/2015
Certificate Number 15-4471

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:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - IMPERIAL TILE MARBLE & GRANITE

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:

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. (X) 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 12/11/15

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 12-29-15
Permit # 15-4471

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 LP

Tel. (732) 477-2005 e-mail DeanSmith@rivieraltd.com

Address 580 Brick Blvd. (street) Brick (municipality) NJ 08723 (zip code)

Contractor: owner Tel. ( ) _____

Address _____ e-mail _____

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

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

Federal Emp. ID No. 22-2763327 FAX: ( ) _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[✓] No Plans Required	12/22/15	VCK
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/22/15
Approved by: VCK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 01/08/16
Approved by: VCK

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	1-5-16 BM		1-6-16	BM
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 $ 3000
3. Total (1+ 2) $ 3000

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
Tenant fit-up
Interior painting
tile floors & walls
(Imperial Tile & Marble)

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)
$ _____

COMMERCIAL

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

CONSTRUCTION PERMIT

Date Issued 12-29-15
Control # C-15-006334
Permit # 15-4471

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
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP - IMPERIAL TILE & MARBLE

PAYMENTS (Office Use Only)

Building	$135
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$141
Check No.	5717
Cash	$0
Credit	$0
Collected By	GVR

+50
191

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 $3,000

David J. Newman Jr. 12/23/15
Construction Official 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:

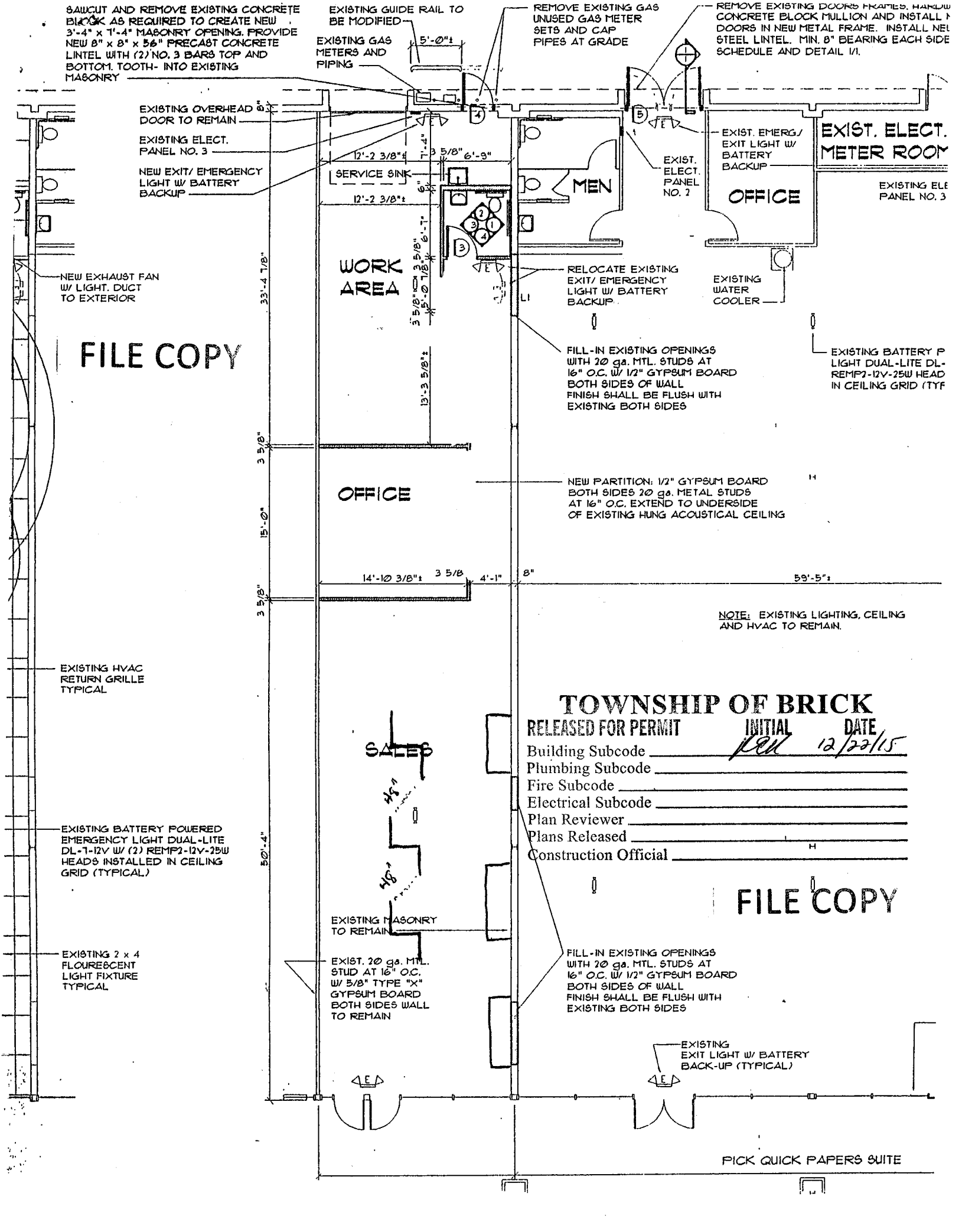
- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; 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.

* 1-5-16 pm Grab bar in bath. Pulled from wall.

(B) tech

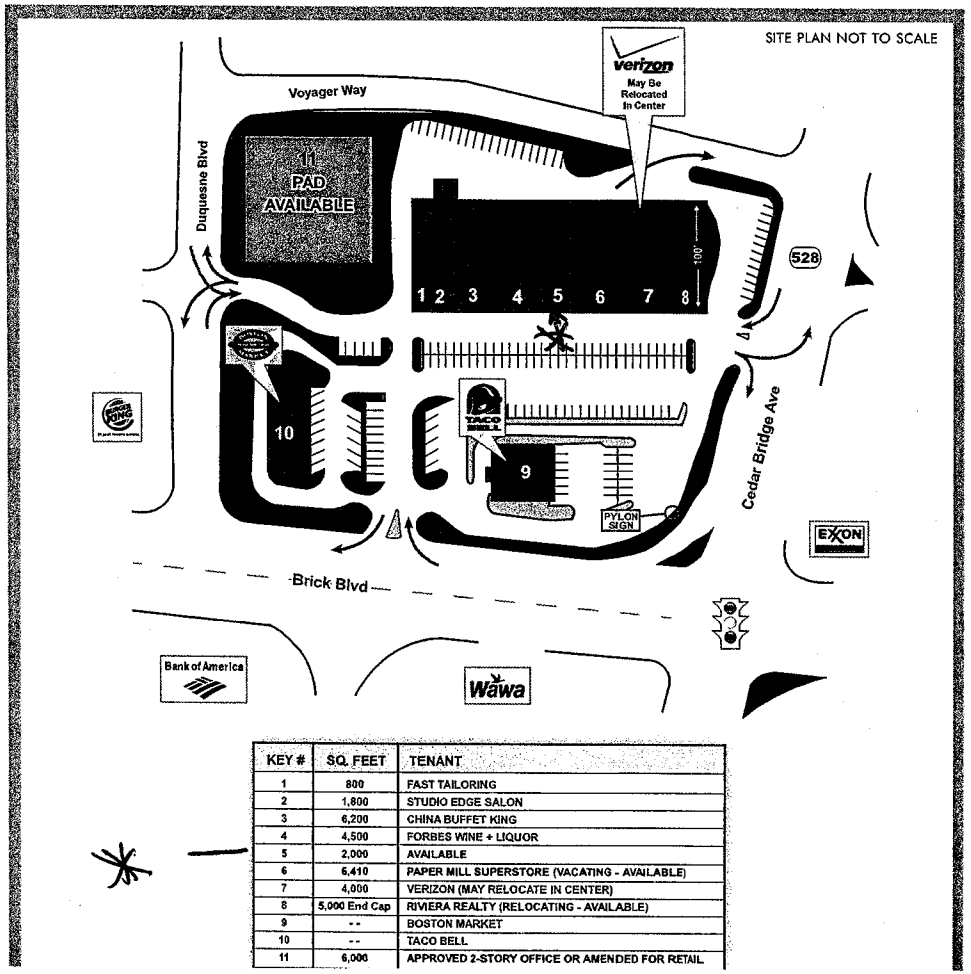

SAWCUT AND REMOVE EXISTING CONCRETE BLOCK AS REQUIRED TO CREATE NEW 3'-4" x 7'-4" MASONRY OPENING. PROVIDE NEW 8" x 8" x 56" PRECAST CONCRETE LINTEL WITH (2) NO. 3 BARS TOP AND BOTTOM. TOOTH- INTO EXISTING MASONRY
EXISTING GUIDE RAIL TO BE MODIFIED
EXISTING GAS METERS AND PIPING
5'-0"±
REMOVE EXISTING GAS UNUSED GAS METER SETS AND CAP PIPES AT GRADE
REMOVE EXISTING DOORS FRAMES, HARDW
CONCRETE BLOCK MULLION AND INSTALL N
DOORS IN NEW METAL FRAME. INSTALL NEW
STEEL LINTEL. MIN. 8" BEARING EACH SIDE
SCHEDULE AND DETAIL 1/1.
EXISTING OVERHEAD DOOR TO REMAIN
EXISTING ELECT. PANEL NO. 3
NEW EXIT/ EMERGENCY LIGHT W/ BATTERY BACKUP
EXIST. EMERG/ EXIT LIGHT W/ BATTERY BACKUP
EXIST. ELECT. PANEL NO. 2
EXIST. ELECT. METER ROOM
EXISTING ELE PANEL NO. 3
12'-2 3/8"±
7'-4"
3 5/8"
6'-9"
SERVICE SINK
6"
MEN
OFFICE
12'-2 3/8"±
WORK AREA
3 5/8"
6'-7"
1 7/8"
5'-0"±
NEW EXHAUST FAN W/ LIGHT. DUCT TO EXTERIOR
RELOCATE EXISTING EXIT/ EMERGENCY LIGHT W/ BATTERY BACKUP
EXISTING WATER COOLER
FILE COPY
FILL-IN EXISTING OPENINGS WITH 20 ga. MTL. STUDS AT 16" O.C. W/ 1/2" GYPSUM BOARD BOTH SIDES OF WALL FINISH SHALL BE FLUSH WITH EXISTING BOTH SIDES
EXISTING BATTERY P LIGHT DUAL-LITE DL- REMP2-12V-25W HEAD IN CEILING GRID (TYP
33'-4 7/8"
13'-3 5/8"±
3 5/8"
OFFICE
NEW PARTITION: 1/2" GYPSUM BOARD BOTH SIDES 20 ga. METAL STUDS AT 16" O.C. EXTEND TO UNDERSIDE OF EXISTING HUNG ACOUSTICAL CEILING
15'-0"
14'-10 3/8"±
3 5/8
4'-1"
8"
59'-5"±
3 5/8"
NOTE: EXISTING LIGHTING, CEILING AND HVAC TO REMAIN.
EXISTING HVAC RETURN GRILLE TYPICAL
TOWNSHIP OF BRICK
RELEASED FOR PERMIT
INITIAL
DATE
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official
12/22/15
SALES
48"
48"
EXISTING BATTERY POWERED EMERGENCY LIGHT DUAL-LITE DL-7-12V W/ (2) REMP2-12V-25W HEADS INSTALLED IN CEILING GRID (TYPICAL)
50'-4"
EXISTING MASONRY TO REMAIN
EXISTING 2 x 4 FLOURESCENT LIGHT FIXTURE TYPICAL
EXIST. 20 ga. MTL. STUD AT 16" O.C. W/ 5/8" TYPE "X" GYPSUM BOARD BOTH SIDES WALL TO REMAIN
FILL-IN EXISTING OPENINGS WITH 20 ga. MTL. STUDS AT 16" O.C. W/ 1/2" GYPSUM BOARD BOTH SIDES OF WALL FINISH SHALL BE FLUSH WITH EXISTING BOTH SIDES
FILE COPY
EXISTING EXIT LIGHT W/ BATTERY BACK-UP (TYPICAL)
PICK QUICK PAPERS SUITE

RIVIERA PLAZA

PAD AVAILABLE

580 BRICK BOULEVARD | BRICK, NJ

SITE PLAN



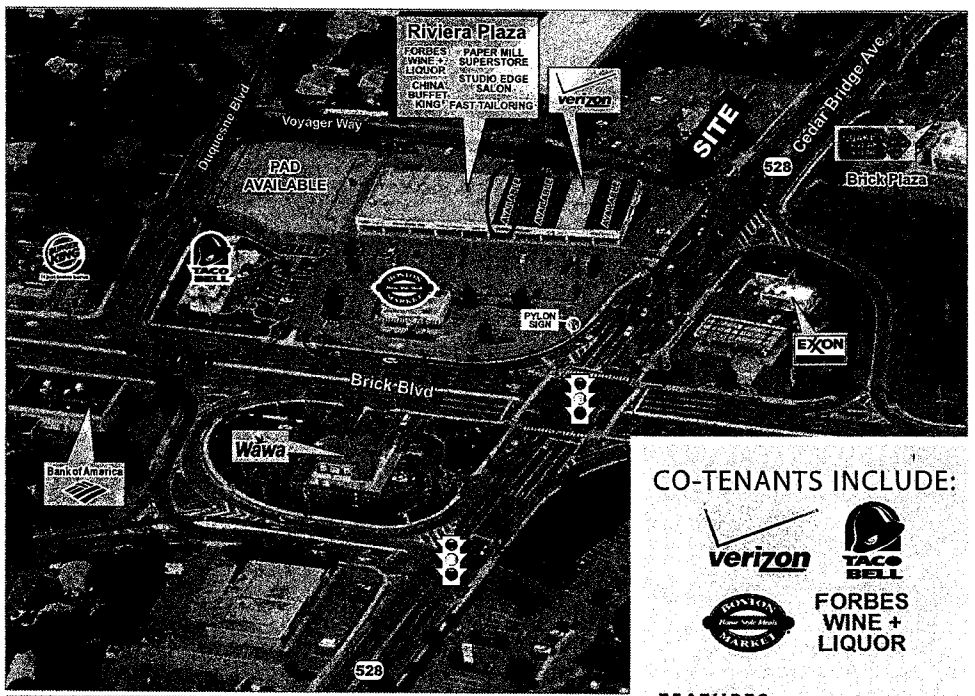
KEY #	SQ. FEET	TENANT
1	800	FAST TAILORING
2	1,800	STUDIO EDGE SALON
3	6,200	CHINA BUFFET KING
4	4,500	FORBES WINE + LIQUOR
5	2,000	AVAILABLE
6	6,410	PAPER MILL SUPERSTORE (VACATING - AVAILABLE)
7	4,000	VERIZON (MAY RELOCATE IN CENTER)
8	5,000 End Cap	RIVIERA REALTY (RELOCATING - AVAILABLE)
9	--	BOSTON MARKET
10	--	TACO BELL
11	6,000	APPROVED 2-STORY OFFICE OR AMENDED FOR RETAIL

FULLY SIGNALIZED INTERSECTION

RIVIERA PLAZA

PAD AVAILABLE

580 BRICK BOULEVARD | BRICK, NJ



2013 ESTIMATED DEMOGRAPHICS

	1 mile	2 miles	3 miles	5 miles
POPULATION:	7,160	30,918	70,017	150,428
MED. HOUSEHOLD INCOME:	$67,290	$58,671	$59,073	$66,970
DAYTIME POPULATION:	4,760	18,624	50,166	94,865
HOUSEHOLDS:	3,508	12,658	29,307	67,998

CO-TENANTS INCLUDE:

verizon

TACO BELL

BOSTON MARKET

FORBES WINE + LIQUOR

FEATURES

- GLA: ± 30,472 SF plus two pads
- End cap available: ± 2,000 SF up to ± 12,000 SF
- Located at the signalized intersection of Brick Blvd & Cedar Bridge Ave
- Pylon signage available

RECEIVING CLERK GYP
DATE REC'D 12-14-15

ZONING PERMIT APPLICATION

PERMIT # ZP-15-01653
DATE ISSUED 12-29-15

BLOCK: 446.05 LOT: 3 QUALIFIER: _____ SITE ADDRESS: 550 Brick Blvd.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Lake Riviera Co. LP.
   COMPLETE ADDRESS: 550 Brick Blvd.
   Brick NJ 08723
   PHONE # 732-477-2000 EMAIL: DeanSmith@RivieraRealty.com
2. NAME OF APPLICANT: SAME
   APPLICANT ADDRESS: _____
   PHONE # _____ EMAIL: _____
3. RESPONSIBLE PERSON FOR WORK: Dean Smith
   PHONE# 732-773-3232 FAX# _____
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $ _____
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL: N/A
COMMERCIAL: ✓ C
EXISTING USE: Vacant B-2 Cell Master
PROPOSED USE: Retail Tile Sales

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 painting / tile floor / tile walls All work interior

DESCRIPTION: _____

ZONING REVIEW:

DATE REVIEWED: 12-14-15 DATE DENIED: _____ DATE APPROVED: 12-14-15 INTLS: CW

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
DEC 14 2015
ZONING

ZONING REVIEW:

DATE REVIEWED: 12/14/15 DATE DENIED: — DATE APPROVED: 12/14/15 INTLS:

DATE:	COMMENTS:	INITIALS:
12/14/15	SENT TO ECC FOR QR	

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 12-29-15
Application Number: ZA-15-01752
Application Date: 12/14/2015
Project Number:
Permit Number: ZP-15-01653
Fee: $50

Zoning Permit

Worksite Location: **550-580 BRICK BLVD.**
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: 12/14/2015

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

Use is: Retail Store (Imperial Tile & Marble)
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations to change from "Cell Master" phone store to "Imperial Tile & Marble"

Additional Zoning permit is required for additional work.

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, Office of Zoning — 12/14/2015 Date

Sean Kinnevy, Zoning Officer — 12/14/15 **Date**

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: Lake Riviera Co. LP.

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

   Brick NJ 08723 FAX #: (___) _____
3. PRINCIPAL CONTRACTOR: _____

   ADDRESS: SAME PHONE #: (___) _____

   _____ FAX #: (___) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (___) _____
5. RESPONSIBLE PERSON FOR WORK: Dean Smith

   ADDRESS: 550 Brick Blvd Brick NJ 08723

PHONE #: 732 477-3231 FAX #: (___) _____ E-MAIL: DeanSmith@Riviera.com

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 Painting / Tile floors / Tile walls All work Interior

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: _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	SC	12/14/10							ZA-10-01052
☐ 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.				