Brick

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

called 8/31

CONSTRUCTION PERMIT APPLICATION

C05-136909

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: Studio Edge LLC Tel. (732) 477 9861
   Address 580 Brick Blvd (street) (municipality) (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: Vinyl Lettering Co. Tel. (732) 349 9070
   Address 1570 Church Rd.
   License No. OR, if new home, Builder Reg. No. 2004/1220115636 Exp. Date 008
   Federal Employee No. 07752 8948 000 FAX: (732) 349 9161
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun Teena Cummings
   Tel. (732) 349 9070 FAX: (732) 349 9161

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	40		
2. Electrical				
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review		5		
8. Subtotal	$			
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZA		30		
13. TOTAL	$	75		

COMMERCIAL

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building			9/18/05		9-30-05				
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		CW	8/23/05		8/23/05	M			
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:
   Before Construction _____
   After Construction _____
   Net Gain or Loss _____

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

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

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

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

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

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

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

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

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

Signature _____ Date 6-15-05

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

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

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

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

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

(✓) Check if contractor.

Agent Name T.L. Cummings - Vinyl Lettering Co. Plus

Address 1570 Church Rd.
Toms River NJ 08755

Telephone (732) 349-9070

Signature _____

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

IMPORTANT
A.H.B.T. - EXEMPT

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date:_____

Block: 44603 Lot: 3

Property Address: 580 Brick blvd - Stud Co

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

COMMERCIAL

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 8/23/05 Signed: _____

Rejected on:_____ Signed:_____

Comments:

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
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
Owner in Fee Studio Code LLC
Address 580 Brick Blvd Brick
Tel. (732) 477 9861
Contractor Vinyl Lettering Co Plus
Address 1570 Church Rd, Toms River NJ 08755
Tel. (732) 349 9070 FAX (732) 349 9161
Contractor License No. or Builder Registration No. _____
Federal Emp. No 027528948 000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[X] No Plans Required 9-30-05 AM
[ ] All
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other

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

SUBCODE APPROVAL
[ ] 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 _____
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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 3800-00
3. Total (1+ 2) $ 3800 -

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

Replacement Sign

COMMERCIAL

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

FEE (Office Use Only)
$ _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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Block 446.05 Lot 3 Qualification Code _____

Work Site Location 580 Brick Blvd
Brick NJ

Owner in Fee Studio Core LLC

Address 580 Brick Blvd Brick

Tel. (732) 477 9861

Contractor Vinyl Lettering Co Plus

Address 1570 Church Rd, Toms River NJ 08755

Tel. (732) 349 9070 FAX (732) 349 9161

Contractor License No. or Builder Registration No. _____

Federal Emp. No 027528948000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required	9.30.05	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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				

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Use Group Present _____ Proposed _____
Constr. Class Present _____ Proposed _____
No. of Stories _____
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[ ] Siding
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[✓] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ 1

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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Block 446.05 Lot 3 Qualification Code _____

Work Site Location 540 Brick Blvd
Brick NJ

Owner in Fee Stucco LLC

Address 540 Brick Blvd Brick

Tel. (732) 477 9861

Contractor Vinyl Corner Inc Co Plus

Address 1500 Church Rd, Toms River NJ 08755

Tel. (732) 349 9090 FAX (732) 349 9161

Contractor License No. or Builder Registration No. _____

Federal Emp. No 227528948000

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	9/30/04	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
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[ ] Siding
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[✓] Sign _____ Sq. Ft.
[ ] Pool
[ ] Asbestos Abatement Subchapter 8
[ ] Lead Haz. Abatement NJAC 5:17
[ ] Other _____
[ ] Demolition

FEE (Office Use Only)
$ _____

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
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 _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee _____

Address _____

Tel. ( ) _____

Contractor _____

Address _____

Tel. ( ) _____ FAX ( ) _____

Contractor License No. or Builder Registration No. _____

Federal Emp. No _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
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Finishes -Base Layer				
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TCO				
Other				
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Use Group Present _____ Proposed _____
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Height of Structure _____ Ft.
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Volume of New Structure _____ Cu. Ft.
Total Land Area Disturbed _____ Sq. Ft.

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

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DESCRIPTION OF WORK

Replacement Sign

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

FEE (Office Use Only)
$ _____

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

Township of Brick
Zoning Permit

Approved: Thursday, August 18, 2005 **Number:** 1225

Block 446.05 **Lot** 3 **Zone:** B-2, Gen. Business

Property Address: 580 Brick Boulevard; Riviera Plaza

Applicant: Sal Guilino; Studio Edge, LLC

Property Owner Riviera Realty

Existing Use: Hair salon.

Proposed Use: Studio Edge hair salon.

Proposed Construction: Replace wall sign, 24" x 176", "Studio Edge".

Conditions: The total sign area may not exceed 15% of the total façade area.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

Township of Brick
Zoning Permit

Approved:	Thursday, August 18, 2005	**Number:**	1225
Block	446.05	**Lot**	3
Zone:	B-2, Gen. Business		

Property Address:	580 Brick Boulevard; Riviera Plaza
Applicant:	Sal Guilino; Studio Edge, LLC
Property Owner	Riviera Realty
Existing Use:	Hair salon.
Proposed Use:	Studio Edge hair salon.
Proposed Construction:	Replace wall sign, 24" x 176", "Studio Edge".
Conditions:	The total sign area may not exceed 15% of the total façade area.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

AUG 11 2005

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 446.05 LOT 3 QUALIFIER ____

PROPERTY ADDRESS 580 Brick Blvd

PERSONAL NAME OF APPLICANT Sal Guilino

BUSINESS NAME OF APPLICANT Stupid Cuts LLC

MAILING ADDRESS OF APPLICANT 580 Brick Blvd, Brick. NJ

PROPERTY OWNER'S FULL NAME Riviera Realty

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Shopping Center Store Hair Salon

PROPOSED USE OF PROPERTY (check all that apply)

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

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) ____ Height ____
☐ Addition - Height ____
☐ Alteration
☐ Porch or deck - Height ____
☐ Shed - Height ____
☐ Fence - Type ____ Height ____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☑ Other (please describe) change name - existing Signage

COMMERCIAL

CHECKLIST

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

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

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT [signature] Date 6-15-05

Reviewed by Zoning Office [signature] Date 8/11/05 (X) Approved ( ) Denied

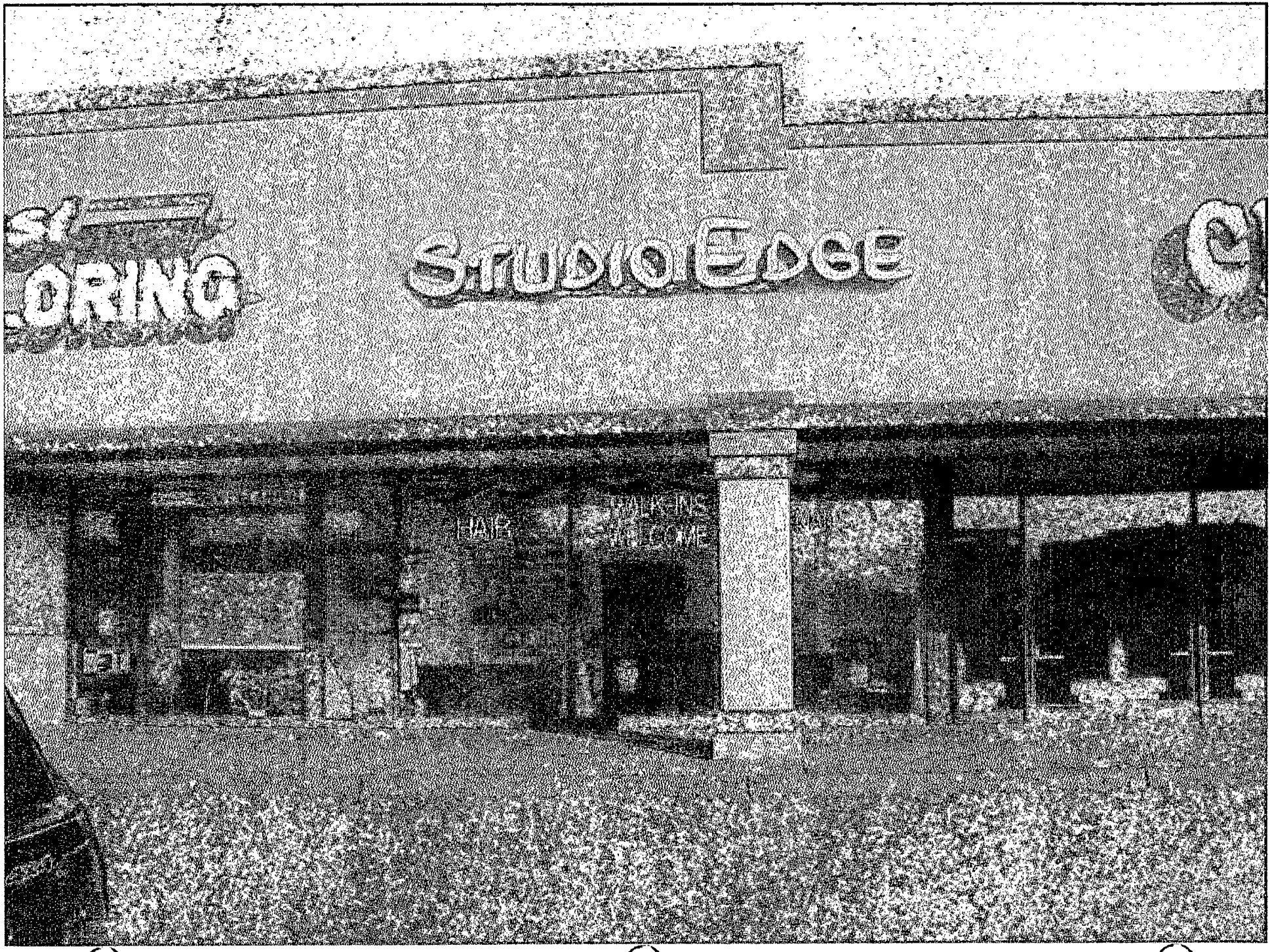
KB 8/15/05

March 2003


ORING
STUDIO EDGE
BAR

Brick Township

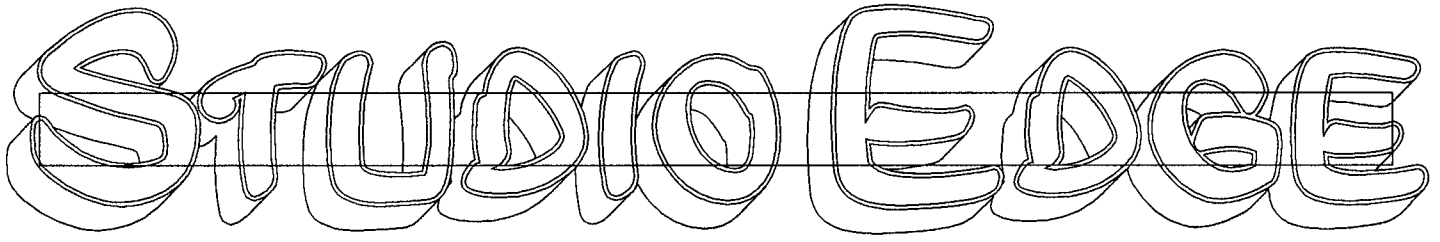
Plan Review	Class	Date	By
Zoning	Wall Sign	6/18/25	JC
Plumbing			
Building			
Fire			
Electrical			


STUDIO EDGE
HAIR

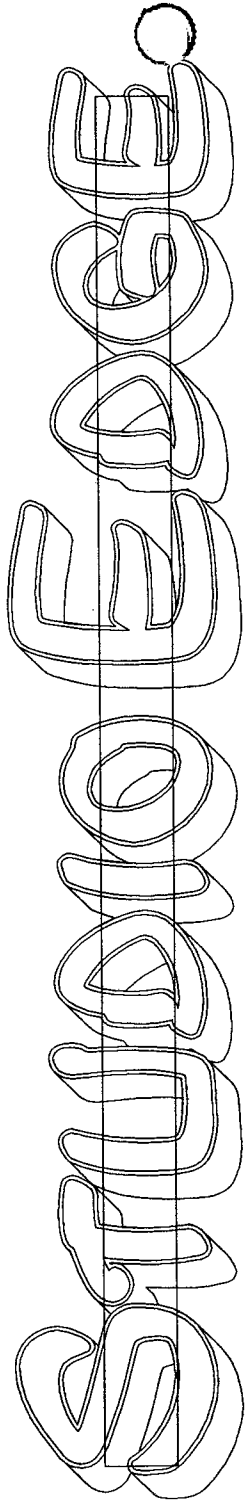
Brick Township

Plan Review	Class	Date	By
Zoning	wall sign	8/10/10	RC
Plumbing			
Building			
Fire			
Electrical			

Beige Raceway
Letter & Name Change Only
Same Owners
White Faces
Black Cans & Trim Cap
Height Caps 26" Lower Case 17"
Raceway 166"
On Flat Stucco Surface
13' From Ground



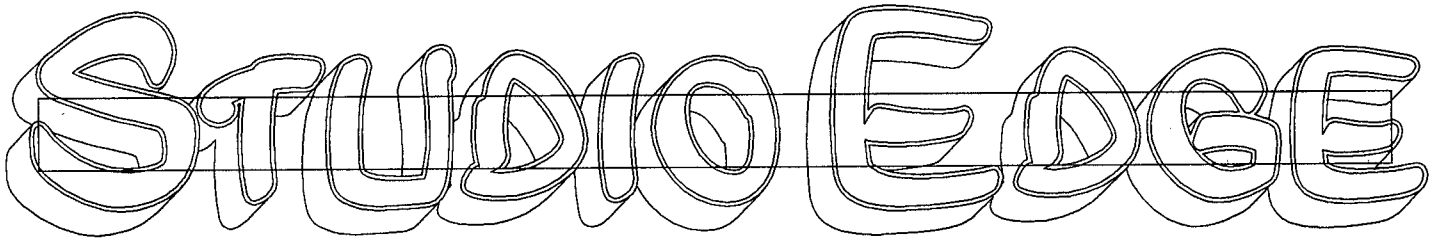
Vinyl Lettering Co. Plus.
1570 Church Rd.
Toms River NJ.
08755 732 349 9078



Brick Township

Plan Review	Class	Date	By
Zoning	wall sign	8/18/10	
Plumbing			
Building			
Fire			
Electrical			

Beige Raceway
Letter & Name Change Only
Same Owners
White Faces
Black Cans & Trim Cap
Height Caps 26" Lower Case 17"
Raceway 166"
On Flat Stucco Surface
13' From Ground



Vinyl Lettering Co. Plus.
1570 Church Rd.
Toms River NJ 08755
732 349 9070