BLOCK 446.05 LOT 3 QUALIFICATION CODE C05:135918 ADDRESS (SITE) _____ PERMIT NO. 05-2777

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 580 Brick BLVD Brick NJ 08723 No Work being Done
2. Name of Owner in Fee: Salvatore Gulino Tel. 732 477-9867
   Address 580 Brick BLVD (street) Brick (municipality) 08723 (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: N/A Tel. (___) _____
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: (___) _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (___) _____ FAX: (___) _____

tenant fit up - NO WORK - NAME CHANGE only

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. State Permit Fee Surcharge			
10. Subtotal	$ 50		
11. Cert. of Occup...			
12. Other	50		
13. TOTAL	$		

called 7/14 AM

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	

APPROVED

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	DNC	6-14-06			7/13/06				
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices		GW	7/13		7/13	15			
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
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

LDS BR 10625758

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 6-14-05

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 _____

Address 580 Brick Blvd
Brick NJ 08723

Telephone (732) 477-9861

Signature _____

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

OFFICE DATE RECEIVED: _____

VII. 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									
☐ 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. _____	_____	_____	_____	_____

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:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	07/14/2005
Tracking Number	C-05-135918
Permit Number	05-2777
Permit Issue Date	07/14/2005

Certificate

Construction Code Division

(Certificate of Continued Occupancy)

Identification

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

Owner In Fee: SALVATORE GULINO/STUDIO EDGE

Owner Address: 580 BRICK BLVD BRICK NJ 08723

Telephone:

Contractor SALVATORE GULINO/STUDIO EDGE

Address 580 BRICK BLVD BRICK NJ 08723

Telephone: Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:

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 vivible 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: $50.00

Date Printed: 07/14/2005

CONSTRUCTION PERMIT

Date Issued 07/14/2005
Control # C-05-135918
Permit # 05-2777

IDENTIFICATION Block: 446.05 Lot: 3 Qualifier

Work Site Location: 550-580 BRICK BLVD. Brick Township, NJ

Owner in Fee SALVATORE GULINO/STUDIO EDGE
Address 580 BRICK BLVD BRICK NJ 08723

Telephone:

Contractor SALVATORE GULINO
Address 580 BRICK BLVD BRICK NJ 08723

Telephone:

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:

NO WORK BEING DONE-NAME CHANGE ONLY

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $1

Construction Official

07/14/2005
Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$50
Total	$50
Check No.	2503
Cash	$0
Credit	$0
Collected By	Ann Marie Hanlon

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:

- [ ] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 06/14/2005
Control # C-05-135918
Date Issued 7/14/05
Permit # 05-2777

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: 550-580 BRICK BLVD. Brick Township, NJ

Owner in Fee: SALVATORE GULINO

Address 580 BRICK BLVD BRICK NJ

Tel.

Contractor: SALVATORE GULINO

Address 580 BRICK BLVD BRICK NJ

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☒ No Plan Required	7/13/05	Kmy
☐ 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 B
Constr. Class Present Proposed
Number 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. $0
2. Rehabilitation $1
3. Total (1+2) $1

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO WORK BEING DONE-NAME CHANGE ONLY

CO

TYPE OF WORK

		FEE (Office Use Only)
☐ New Building		$0
☐ Addition		$0
☐ Rehabilitation		$0
☐ Roofing		$0
☐ Siding		$0
☐ Fence	Height (exceeds 6')	$0
☐ Sign	Sq. Ft.	$0
☐ Pool		$0
☐ Asbestos Abatement Subchapter 8		$0
☐ Lead Haz Abatement NJAC 5:17		$0
☑ Other cco		$50
☐ Demolition		$0
Administrative Surcharge		$0
Minimum Fee		$0
State Permit Surcharge Fee		$0
TOTAL FEE		$0

Applicant: When submitting this form to your Local Construction Code

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 06/14/2005
Control # C-05-135918
Date Issued 7/14/05
Permit # 05 2779

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: 550-580 BRICK BLVD. Brick Township, NJ

Owner in Fee: SALVATORE GULINO

Address 580 BRICK BLVD BRICK NJ

Tel.

Contractor: SALVATORE GULINO

Address 580 BRICK BLVD BRICK NJ

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☒ No Plan Required	7-13-05	
☐ 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				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
Number 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. $0
2. Rehabilitation $1
3. Total (1+2) $1

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO WORK BEING DONE-NAME CHANGE ONLY

CO

TYPE OF WORK

	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☐ Rehabilitation	$0
☐ Roofing	$0
☐ Siding	$0
☐ Fence Height (exceeds 6')	$0
☐ Sign Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☑ Other cco	$50
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$0

Applicant: When submitting this form to your Local Construction Code

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 06/14/2005
Control # C-05-135918
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: 550-580 BRICK BLVD. Brick Township, NJ

Owner in Fee: SALVATORE GULINO

Address 580 BRICK BLVD BRICK NJ

Tel.

Contractor: SALVATORE GULINO

Address 580 BRICK BLVD BRICK NJ

Tel. Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☑ No Plan Required	6/14/05	KW
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS	Dates (Month/Day)			
Type:	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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
Number 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. $0
2. Rehabilitation $1
3. Total (1+2) $1

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

NO WORK BEING DONE-NAME CHANGE ONLY

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 cco
- ☐ Demolition

FEE (Office Use Only)

	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$0
	$50
	$0
Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$0
TOTAL FEE	$0

Applicant: When submitting this form to your Local Construction Code

FIRE PROTECTION 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 Studio Edge 3
580 Brick BLVD Brick NJ 08723

Owner in Fee Salvatore Bulino

Address same

Tel (732) 477-9861 No work Being Done

Contractor

Address

Tel ( ) FAX ( )

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

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

Fire Alarm Contractor No.

Federal Emp. No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Existing [ ] HVAC

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

Location:

Fuel Storage Tank:

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

Total Cost of Fire Protection Work $

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

COMMERCIAL

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		
Other Tenant Fit up		65

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Electric [ ] Elevator

[ ] Fire Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Township of Brick
Zoning Permit

Approved: Wednesday, July 06, 2005 **Number:** 962

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

Property Address: 580 Brick Boulevard; Riviera Plaza

Applicant: Salvatore Gulino; Studio Edge

Property Owner Monte Smith; Riviera Realty

Existing Use: Hair Salon.

Proposed Use: Hair Salon.

Proposed Construction: None.

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

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

RECEIVED
JUN 14 2005
ZONING

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.

RECEIVED
JUN 24 2005
ZONING

BLOCK 446.05 LOT 3 QUALIFIER Unit #12

PROPERTY ADDRESS 580 Brick BLVD, Brick NJ 08723 Riviera Plaza

PERSONAL NAME OF APPLICANT Salvatore Gulino

BUSINESS NAME OF APPLICANT STudio Edge

MAILING ADDRESS OF APPLICANT 580 Brick BLVD Brick, NJ 08723

PROPERTY OWNER'S FULL NAME Monte Smith (~~trustee~~ Riviera Realty)

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) 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) No Work being Done

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 6-14-05

Reviewed by Zoning Office SC Date 6/22/05 ☒ Approved ☒ ~~Denied~~
SC 7/6/5

TOWNSHIP OF BRICK

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

Joseph C. Scarpelli, Mayor

Township Council:
Ruthanne Scaturro - President
Michael A. Thulen, Sr. - Vice-President
Stephen C. Acropolis
Gregory S. Kavanagh
Anthony Matthews
Kathy M. Russell
Frederick J. Underwood, Sr.

Department of Administration & Finance
Division of Land Use and Planning
Sean Kinnevy
Zoning Officer
(732) 262-1041
skinn@twp.brick.nj.us

Kate MacDonald
Asst. Zoning Officer
(732) 262-1043
Fax: (732) 262-8954
kmacdon@twp.brick.nj.us
http://www.twp.brick.nj.us

June 22, 2005

Salvatore Gulino
Studio Edge
580 Brick Blvd.
Brick, NJ 08723

Re: Block: 446.05 Lot: 3
580 Brick Blvd.

Dear Mr. Gulino,

Your application for a zoning permit for a tenant fit-up on the referenced property cannot be approved because the application must be completely and accurately filled out. The unit number must be provided.

Please amend your application and submit the required information to LisaRose Tavalaiccio, Zoning Permit Clerk. Ms Tavalaiccio can be reached at 732-262-1046 for further information. We will then be able to review your application.

Very Truly Yours,

Kate MacDonald
Assistant Zoning Officer

C: Scott R. MacFadden, Business Administrator
Michael P. Fowler, Principal Planner
Sean Kinnevy, Zoning Officer
LisaRose Tavalaiccio, Zoning Permit Clerk
Daniel Newman, Construction Official

6/24/05 - Resubmit - Let

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: Studio Edge

Site Address: 580 Brick BLVD Brick, NJ 08723

Block: 446.05 Lot: 3

Owner's Name: Monte Smith

Owner's Address: 550 Brick BLVD Brick NJ 08723

City: Brick State: NJ ZipCode: 08723

Tenant's Name: Salvatore Bulino

Tenant's Address: 580 Brick BLVD

City: Brick State: NJ Zip Code: 08723

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

(Signature) 6-14-05 (Date)

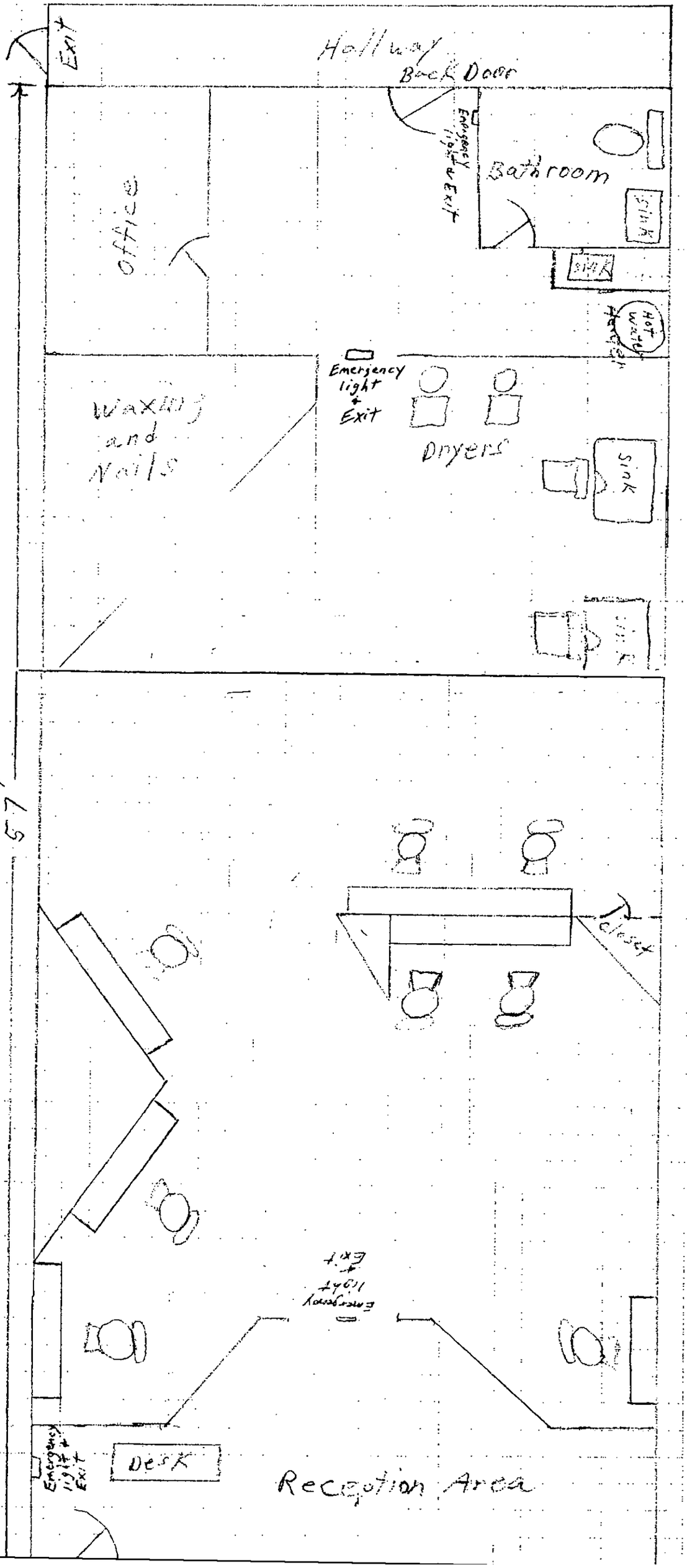
Sworn and subscribed before me on this 14TH day of June 2005.

(Notary's Signature)

KATHLEEN MARIE GRAHAM
NOTARY PUBLIC OF NEW JERSEY
My Commission Expires Apr. 28, 2008

Please attach a floor plan showing the dimensions of the room(s), location and widths of doorways, exit lights, aisle widths, counters, wall racks, and all existing equipment such as smoke detectors and sprinkler heads.

(est. 10/06/00; revised 03/12/01)


Exit
Hallway
Back Door
Emergency light + Exit
Bathroom
Office
Hot water heater
Emergency light + Exit
Waxing and Nails
Dryers
Sink
57'
Desk
Emergency light + Exit
Reception Area