BLOCK 446.05 LOT 3 QUALIFICATION CODE C21-44 ADDRESS (SITE) ~~550~~ Brick Blvd PERMIT NO. 01-2058

CONSTRUCTION PERMIT APPLICATION COMMERCIAL

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

I. IDENTIFICATION

1. Propsed Work Site at: ~~550~~ Brick Blvd Brick NJ 08723
2. Name of Owner in Fee: Bill Harrison Tel. ( )
   Address NJ Golf Headquarters 1802 Rt35 So. Oakhurst NJ 07755 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private ____
4. Principal Contractor: Home Improvement Spec. Tel. (609) 259-2148
   Address 31 CLARKSBURG Rd Clarksburg N.J.
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: (609) 259 7825
5. Architect or Engineer William DORAN Architect Tel. (732) 297-8467
   Address 26 Dundee Rd Kendall Park N.J. 08824
6. Responsible Person in Charge of Work John Greco
   Tel. (732) 244-4880 FAX (609) 259-7825

interior alterations

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 135		
2.	Electrical	35	35	
3.	Plumbing			
4.	Fire Protection	35		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	DCA Training Fee	4		
10.	Subtotal			
11.	Cert. of Occupancy			
12.	Other			
13.	TOTAL	$ 209	35	

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

		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		DD	5/17		6-6-01	TG			
3.	☐ Addition									
4.	☑ Alteration	5000								
5.	☐ Fire Protection					6-5-01	TG			
6.	☐ Plumbing									
7.	☑ Electrical	500				6/6/01	DD	6/20/01	DD	
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	5500								

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two Family (R-3) BOCA
4. ☐ Two Family (R-4) CABO
5. ☐ One Family (R-3) BOCA
6. ☐ One Family (R-4) CABO

No. of dwelling units:
Before Construction ____
After Construction ____
Net Gain or Loss ____

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

DORAN COMMERCIAL

LDS BR 10503716

U.C.C. F100-1 (rev. 3/96)

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 _____

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 _____

_____

Telephone (_____) _____

Signature _____

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

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									
☐ 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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 07/03/2001
Control #
Permit # 01-2058

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 446.05 Lot 3 Qual
Work Site Location 580 BRICK BLVD - GOLF SHOP
INTERIOR ALTERATIONS
Owner in Fee/Occupant HARRISON, BILL GOLF SHOP
Address 1802 ROUTE 35 SO
OAKHURST, NJ 07755-
Telephone ( ) -
Contractor HOME INPROVEMENT SPECIALTIES
Address 31 CLARKSBURG RD
CLARKSBURG, NJ 08510-
Telephone (732)244-4880 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 47-2686975

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group M
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

FRAME PARTITIONS WALL; ONE DOOR INSTALL SLAT WALL
WAS MATTRESS STORE NOW GOLF SHOP

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. Cash
Collected by: DC

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 06/21/2001
Control #
Permit # 01-20584A
Permit Issued 06/12/2001

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 446.05 Lot 3 Qual

Work Site Location 580 BRICK BLVD - GOLF SHOP
COMMUNICATION POINTS
Owner in Fee HARRISON, BILL GOLF SHOP
Address 1892 ROUTE 35 SO
OAKHURST, NJ 07755-
Telephone ( ) -

Contractor POCCO ELECTRIC INC
Address 4 CAROL CT
EAST BRUNSWICK, NJ 08816-
Telephone (732)254-1286
Lic. No. or Bldrs. Reg. No. 10225
Federal Emp. No. 22-2590589

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
COMMUNICATION POINTS

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	25186
Cash	
Collected By	MJR

06/21/01 2:09PM 000000N4811
XX02 SERV.002
#2058
ELECTRIC $35.00
CHECK $35.00

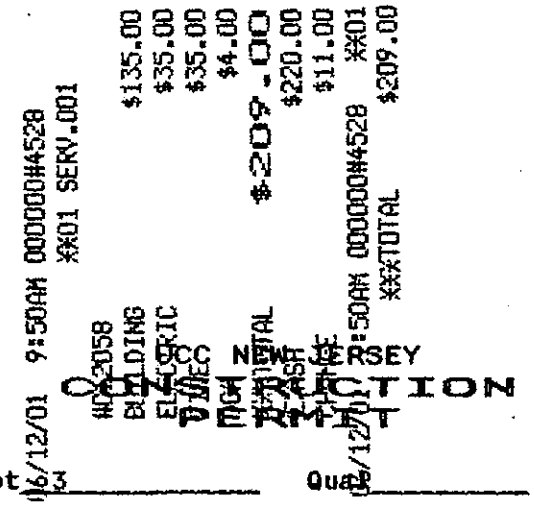
Estimated Cost of Work $ 350

Construction Official 06/21/2001
Date

U.C.C. F190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/12/2001
Control #
Permit # 01-2058



IDENTIFICATION Block 446.05 Lot 63 Qual

Work Site Location 580 BRICK BLVD - GOLF SHOP
INTERIOR ALTERATIONS
Owner in Fee HARRISON, BILL GOLF SHOP
Address 1802 ROUTE 35 SO
OAKHURST, NJ 07755-
Telephone ( ) -

Contractor HOME INPROVEMENT SPECIALTIES
Address 31 CLARKSBURG RD
CLARKSBURG, NJ 08510-
Telephone (732)244-4880
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 47-2686975

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FRAME PARTITIONS WALL; ONE DOOR INSTALL SLAT WALL FOR DISPLAYS
WAS MATTRESS STORE NOW GOLF SHOP

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

Estimated Cost of Work $ 5,600

Construction Official

06/12/2001
Date

PAYMENTS (Office Use Only)

Building	135
Electrical	35
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	4
Cert. of Occupancy	0
Other	
Total	209
Check No.	
Cash	X
Collected By	DC

B.C.C. F170 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 05/17/2001
Date Issued 6/12/1
Control # C21-44
Permit # 01-2058

P=

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 Qual
Work Site Location 580 BRICK BLVD - GOLF SHOP
INTERIOR ALTERATIONS
Owner in Fee HARRISON, BILL GOLF SHOP
Address 1802 ROUTE 35 SO
OAKHURST, NJ 07755-
Tele.( ) -
Contractor HOME IMPROVEMENT SPECIALTIES
Address 31 CLARKSBURG RD
CLARKSBURG, NJ 08510-
Tele.(732)244-4880 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	6-6-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date: 7-2-01
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			7-2-01	
BarrierFree				

B. BUILDING CHARACTERISTICS

Use Group Present M Proposed M
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 5,000
3. Total (1+2) $ 5,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

FRAME PARTITION WALL; ONE DOOR INSTALL SLAT WALL FOR DISPLAYS
WAS MATTRESS STORE NOW GOLF SHOP

COMMERCIAL

See Note in Red
FM

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	135
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 135
DCA Training Fee	$ 4

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/17/2001
Date Issued 6/12/1
Control # C21-44
Permit # 01-2058

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 Qual

Work Site Location 580 BRICK BLVD - GOLF SHOP
INTERIOR ALTERATIONS

Owner in Fee HARRISON, BILL GOLF SHOP

Address 1802 ROUTE 35 SO
OAKHURST, NJ 07755-

Tele.(732)254-1286 Fax ( )

Contractor ROCCO ELECTRIC INC

Address 4 CAROL CT
EAST BRUNSWICK, NJ 08816-

Tele.(732)254-1286

Lic. No. or Bldrs. Reg. No. 10225

Federal Emp. No. 22-2590589

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[✓] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/6/01
Approved By: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			6/18/01	[illegible]
Temp Serv				
Const Serv				
TCO				
Other			7/3/01	[illegible]
Service				
Final			7/2/01	[illegible]
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				

0			
12			
0			
0			
0			
0			
1			
0			
0			
13			
0			
0			
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		
0	0		

D. TECHNICAL SITE DATA

ITEM	FEE (Office Use Only)
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors-Fract HP	
Emergency & Exit Lights	
Communications Points	
Alarm Devices/F.A.C. Panel	
TOTAL NUMBERS	35
Pool Permit/with UW Lights	0
Storable Pool/Spa/Hot Tub	0
KW Elect Range/Receptacle	0
KW Oven/Surface Unit	0
KW Elect Water Heater	0
KW Elect Dryer/Receptacle	0
KW Dishwasher	0
HP Garbage Disposal	0
KW Central A/C Unit	0
HP/KW Space Heater/Air Handler	0
Baseboard Heat	0
HP Motors 1/+ HP	0
KW Transformer/Generator	0
AMP Service	0
AMP Subpanels	0
AMP Motor Control Center	0
KW Elect Sign/Outline Light	0
Other	0
Other	0

FILE FOR ALL WORK 8 HOURS, COMPLETE
SIGN, ECO 7/2/01 - SEE ATTACHED
01-2058+A

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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

7/2/01 CHECK 542 9100

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

SIGNS REMOVE CANVAS. ① NEED LISTING ② " PERMIT

U.C.C. F120 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 06/20/2001
Date Issued ~~01/01/1954~~ 6/21/01
Control #
~~Permit~~ # 01-2058+A

called

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 Qual
Work Site Location 580 BRICK BLVD - GOLF SHOP
COMMUNICATION POINTS
Owner in Fee HARRISON, BILL GOLF SHOP
Address 1802 ROUTE 35 SO
OAKHURST, NJ 07755-
Tele.(732)254-1286 Fax ( )
Contractor ROCCO ELECTRIC INC
Address 4 CAROL CT
EAST BRUNSWICK, NJ 08816-
Tele.(732)254-1286
Lic. No. or Bldrs. Reg. No. 10225
Federal Emp. No. 22-2590589

B. ELECTRICAL CHARACTERISTICS

Use Group - Present M Proposed M
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Estimated Cost of Electrical Work $ 350

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[~~ ~~] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 6/20/01
Approved By: [illegible]

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			7/26/01	BB
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			7/31/01	BB

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

COMMERCIAL
SEE TECH
SEE ATTACHED 01-2050

D. TECHNICAL SUB-DATA

NO.	SIZE	ITEM	FEE. (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
10		Communications Points	
0		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other _____	0
		Other _____	0

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
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

Paid [ ] Check # _____
Collected by: _____

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 0

U.C.C. FI20 ~~(rev. 3/96)~~

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 05/17/2001
Date Issued 6/18/01
Control # C2144
Permit # 012058

COMMERCIAL

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 Qual
Work Site Location 580 BRICK BLVD - GOLF SHOP
INTERIOR ALTERATIONS
Owner in Fee HARRISON, BILL GOLF SHOP
Address 1802 ROUTE 35 SO
OAKHURST, NJ 07755-
Tele.(732)254-1286 Fax ( )
Contractor ROCCO ELECTRIC INC
Address 4 CAROL CT
EAST BRUNSWICK, NJ 08816-
Tele.(732)254-1286
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2590589

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present M Proposed M
Constr Class Present Proposed
Heating Systems [ ] New [ ] Existing [ ] HVAC
Type: [ ] Gas [ ] Oil [ ] Elect [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot Work $ 100

Fire Alarm System
New [ ] Existing [ ]
Location of Panel:
Fire Suppression/Standpipe Sys
New [ ] Existing [ ]
Location of Main Control Valve

Remove Decor Rolls

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[X] Fire Plans Approved
Date: 6-5-01
Approved By: ER
SUBCODE APPROVAL
[ ] CO [ ] CCO MA
Date: 7-18-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm Sys				
Suppr Test				
Standpipe				
Fire Pump				
PreEng Sys				
Mechanical				
Smoke Ctl				
TCO			140 Temp	
Final			7-20	
Other			7-1	

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:
Water Supply Source
Method Alarm/Suppr Sys Superv

Storage Systems
Type: [ ] Flammable Liquid [ ] Combust Liquid
[ ] LPG [ ] LNG Capacity 0 Fuel

Alarm System	[ ] 110v Interconnected [ ] System	NUMBER	FEE (Office Use Only)
Alarm Devices (smoke,heat,pulls,water/flow)		0	
Supervisory Devices (tampers,low/high air)		0	
Signalling Devices (horn/strobes, bells)		0	
Other Devices		0	
TOTAL		0	0
Suppression Systems			
Fire Pump 0 GPM Type		0	
Dry Pipe/Alarm Valves		0	
Pre-action Valves		0	
Sprinkler Heads (Dry and Wet)		0	0
Standpipes		0	0
Pre-Engineered Systems			
Wet Chemical		0	0
Dry Chemical		0	0
CO2 Suppression		0	0
Foam Suppression		0	0
Halon Suppression		0	0
Other			0
Kitchen Hood Exhaust System		0	0
Smoke Control System		0	0
Gas [ ] or Oil [ ] Fired Appliances		0	0
Other EMER/EXIT LITES			35
Other			0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. F140 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: May 29, 2001 **No.** 1.0825

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

Property Address: 550 Brick Boulevard, Riviera Plaza

Applicant: John Greco; Home Improvement Specialties

Property Owner: Same.

Existing Use: Retail mattress store.

Proposed Use: Retail golf store.

Proposed Construction: Interior alterations for tenant fit-up for golf shop, "New Jersey Golf Headquarters".

Conditions: Interior work only.

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
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
MAY 21 2001
ZONING

RECEIVED
MAY 29 2001
ZONING

COMMERCIAL

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block X 446.05 Lot X 3 Qualifer _____

PROPERTY ADDRESS Riviera Plaza 580 Brick Blvd Brick NJ

PERSONAL NAME OF APPLICANT John Greco

BUSINESS NAME OF APPLICANT Home Improvement Specialties

PROPERTY OWNER X Theo Smith & Sons

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Mattress

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please decribe) golf-shop

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☒ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

INT. WORK

☑ 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.

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 X John Greco Date X

Reviewed by Zoning Office _____ Date _____ ( ) Approved ( ) Denied

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 580 Brick Blvd Brick NJ 08723
Block: _____ Lot: _____
Owner's Name: Bill Harrison NJ Golf Headquarters Oakhurst NJ 07755
Owner's Mailing Address: Same

Phone: (732) 531-6770

COMMERCIAL

BUILDING

Contractor: Home Improvement Specialties
Address: 31 Clarks Burg Rd
Clarksburg NJ 08510
Phone#: 732-244-4880
Lis # _____
Federal Emp # or SSN [redacted]

Technical Data

Description of Work: frame partition wall one door install slat wall for displays

Type of Work

___New Building	___Siding
___Addition	___Fence
✓ Alteration	___Pool
___Roofing	___Demolition
___Asbestos Abatement	___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: 3534 sq ft
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: 5000.00

Signature: John Greco
Please Print Name John GRECO

ELECTRICAL

Contractor: Rocco Electric Inc.
Address: 4 Carol Ct East Brunswick NJ 08816
Phone#: 732 254-1286
Lis #: 10225
Federal Emp # or SSN 22-2590589

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	2
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	1
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 500.00

Signature: Rocco Natalucchio Jr
Please Print Name Rocco Natalucchio Jr

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work: Exit ~~Sign~~ Sign

Heating Type: ____Gas ____Oil ✓Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD · BRICK, NJ 08723

RESUBMIT
DATE 5/25/01

DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF LAND USE MANAGEMENT
Sean Kinnevy
Zoning Officer
(732) 262-1041

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

John Greco
Home Improvement Spec.
31 Clarksburg Rd
Clarksburg, NJ

Date: 5-21-1

Re: Block: 446.01

Lot: 5

550 Brick Blvd.

OK
5/29/1
SK

☒ Your application for a zoning permit is incomplete. In order to process your application, we need the following:

☐ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

☒ A zoning permit application completely filled out and signed by the applicant. No facsimile copies can be accepted.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

☐ Your application for a zoning permit is denied for the following reasons:

You must also complete the construction permit application.

C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

National Fire Code
Plan Review Record
Township of Brick

Date: 5-31-01

Site Address: 550 RIVER BLVD

Reviewed By: KER

CORRECTION LIST

No.	Description
1-	USE Group is wrong should be "M" (may effect floor lay out & storage)

Party Called and Phone #: Bill Durac -

Resubmitted on: _____ By: _____

3D
ARCHITECTURE

26 DUNDEE ROAD
KENDALL PARK
NEW JERSEY 08824

732-297-8467
fax 732-297-8477

WILLIAM J. DORAN

TRANSMITTAL

DATE: 6.4.01
PROJECT: GOLF HEADQUATERS
LOG # C21-44

TO: MR. KEVIN BATZEL
FIRE SUBCODE OFFICIAL
BRICK TOWNSHIP

We herewith transmit for your:

- ☐ APPROVAL
- ☐ REVIEW AND COMMENT
- ☐ USE
- ☐ DISTRIBUTION
- ☐ INFORMATION
- ☐ RECORDS

The Following:

- ☐ DRAWINGS
- ☐ SPECIFICATIONS
- ☐ CHANGE ORDERS
- ☐ SHOP DRAWINGS
- ☐ SAMPLES
- ☐ AS BUILT

Via:

- ☐ HAND DELIVERY
- ☒ FAX TRANSMISSION
- ☐ FIRST CLASS MAIL
- ☒ HARD COPY TO FOLLOW
- ☐ EXPRESS MAIL
- ☐ OTHER

Copies	Description
	KEVIN PLEASE BE ADVISED, THAT THE ABOVE REFERENCED PROJECT IS A "M" - MERCANTILE USE AND NOT "B" - BUSINESS AS INDICATED ON THE PLAN.

Copies to:

From: William J Doran

JDC GOLF, L.L.C.
N.J. GOLF HEADQUARTERS
580 BRICK BOULEVARD
BRICK, NEW JERSEY 08723

SOVEREIGN BANK
60-7269/2313

1003

DATE 6/12/01

AMOUNT 20.00

PAY TO THE ORDER OF Township of Brick

[redacted]

To: Scott M. [illegible], Office of Affordable Housing
From: Lisa Rose Tavalaiccio
Re: Affordable Housing Fees

Business/Development: NJ Golf Headquarters
Owner/Applicant: 550 Brick Blvd
Property Address:
Block: 446.05 Lot: 3

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 6/12/01

Check Number 1003
Estimated Fee 20.00
Preliminary Fee Deposit 20.00
Final Fee
Less Preliminary Fee
Final Fee Deposit

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

6/12/01
Date

OFFICE OF AFFORDABLE HOUSING

AMT PRELIMINARY APPR

Updalt 01-2058

Township of Brick

Counter Form
(PLEASE PRINT)

Site Location: 580 BRICK BLVD
Block: 446.05 Lot: 3
Owner's Name: BILL HARRISON
Owner's Mailing Address: 1802 RT 35
OAKHURST NJ 07755
Phone: (732) 531-0770

BUILDING

Contractor:
Address:
Phone#:
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Type of Work

___New Building ___Siding
___Addition ___Fence
___Alteration ___Pool
___Roofing ___Demolition
___Asbestos Abatement ___Sign _____sq ft

Building Characteristics

Use Group Present:_____ Proposed:_____
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: ROCCO ELECTRIC
Address: 4 CAROL CT
EAST BRUNSWICK
Phone#: 254-1286
Lis #: 10225
Federal Emp # or SSN 22-2590889

Technical Data

Item Quantity

Lighting Fixtures
Receptacles
Switches
Detectors
Light Poles
Motors w/ Fract. HP
Emergency & Exit Lights
Communication Points 10 PHONE 2 COMPUTER
Alarm Devices/FAC Panel
Total

Pool
Spa/Hot Tub/Storable Pool
Electric Range KW
Oven/Surface Unit KW
Electric Water Heater KW
Electric Dryer KW
Dishwasher KW
Garbage Disposal HP
A/C Unit –Central Air KW
Space Heater/Air Handler KW
Baseboard Heating KW
Motors 1+ HP
Transformer/Generator KW
Light Stander AMP
Service AMP
Subpanel AMP
Motor Control Center AMP
Sign/Outline Light KW
Furnace
Steam Boiler
Other:

Estimated Cost of Electrical Work: $ 350.00

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Fixtures — Quantity

Water Closets_____
Urinals/Bidets_____
Bath Tub_____
Lavatory_____
Shower_____
Floor Drain_____
Sink_____
Dishwasher_____
Drinking Fountain_____
Washing Machine_____
Hose Bib_____
Gas Piping_____
Fuel Oil Piping_____
Water Heater_____
Steam Boiler_____
Hot Water Boiler_____
Sewer Pump_____
Interceptor/Separator_____
Backflow Preventer_____
Greasetrap_____
Water Cooled A/C or Refrig. Unit_____
Septic Tank Closure_____
Sewer Service Connection_____
Water Service Connection_____
Active Solar System_____
Auxiliary Meter_____
Sprinkler Heads_____
Sump Pump_____
Other:

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

Contractor:_____
Address:_____
_____
Phone #:_____
Lis #:_____
Federal Emp # or SSN_____

Technical Data

Description of Work:

Heating Type: ____Gas ____Oil ___Electric ____Solar
Heating System is ___New ___Existing
Location of Furnace/Boiler:_____

Water Supply Source_____
Method of Valve Supervision_____
Local Alarm Supervision_____
Central Supervision:_____
Proprietary Supervision:_____

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item — Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

Pre-Engineered Systems:
CO2 Suppression_____
Halon Suppression_____
Foam Suppression_____
Dry Chemical_____
Wet Chemical_____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances_____

Furnace_____
Gas/Wood Fireplace_____
Gas Logs_____
Wood Burning Stove_____
Other:

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

JDC GOLF, L.L.C.
N.J. GOLF HEADQUARTERS
580 BRICK BOULEVARD
BRICK, NEW JERSEY 08723

SOVEREIGN BANK
60-7269/2313

1005

Twenty and 00/100

DATE 7/2/01

AMOUNT $20.00

PAY TO THE ORDER OF Township of Brick

[redacted]

AUTHORIZED SIGNATURE

From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: NJ. Golf Headquarters
Owner/Applicant: JDC Golf. LLC
Property Address: 550 Brick Blvd
Block: 446.05 Lot: 3

DEPOSIT RECEIVED
Mandatory Development Fee
~~Commercial~~
Residential
Inclusionary Development Fee

DATE: 7/3/01

Check Number 1005
Estimated Fee
Preliminary Fee Deposit
Final Fee 40.00
Less Preliminary Fee 20.00
Final Fee Deposit 20.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Kathy Tiberegn
Signature

7-3-01
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

BP-2058

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 446.05 LOT 3 SITE ADDRESS 550 Brick Blvd.
TYPE OF SITE Residential / (Commercial) NAME OF BUSINESS NJ Devils Headquarters
APPLICANT Home Improvements PHONE NUMBER 609-259-2148
APPLICANT ADDRESS 31 Clarksburg Rd. CITY & STATE Clarksburg, NJ. 08510

INCLUSIONARY DEVELOPMENT

Affordable — Fee Required _____ Date _____
Down Payment _____ Date _____
Balance _____ Date _____
Paid In Full _____ Date _____

Market Rate — No Fee Required

4706

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 4000 —

Frederick R. Millman, CTA, Tax Assessor — 6/12/01 Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 4000

Frederick R. Millman, CTA, Tax Assessor — 7/2/01 Date

Prelininary Fee Required 20.00 — Date 6/12/01
Preliminary Paid 20.00 — Check # 1003
Receipt # 4690

Final Total Fee Required 40.00
Preliminary Paid 20.00 — Date 7/2/01
Final Paid 20.00 — Check# 1005
Balance Due 0 — Receipt # 4706

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

6/8/01 - Ta prelim.
6/12/01 - called + letter

Office of Affordable Housing

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 550 BRICK Blvd Block 446.05 Lot 3

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS FINALS FINALS

BUILDING.....APPROVED.....

PLUMBING.....APPROVED.....

FIRE.....APPROVED.....

ELECTRIC.....APPROVED.....

ENGINEERING.....APPROVED.....

O.C.SOIL.....APPROVED.....

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING.....7/3/01 OK.....
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

"Golf Shop"

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 580 Brick Blvd. Block 446.05 Lot 3 01-2058

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS FINALS FINALS

7/2 BUILDING.....APPROVED.....7/2/01 OK.....

PLUMBING.....APPROVED.....N/A.....7/18/01 OK

7/2 FIRE.....APPROVED.....~~TCO 14 days~~.....

Need sign permit 7/2 ELECTRIC.....APPROVED.....

ENGINEERING.....APPROVED.....N/A.....

O.C.SOIL.....APPROVED.....N/A.....

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A.....N/A.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING.....OK 7/2/01.....
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.