

BLOCK 547.01 LOT 15 QUALIFICATION CODE \_\_\_\_\_ ADDRESS (SITE) 347 Brick Blvd. PERMIT NO. 18-2453



# CONSTRUCTION PERMIT APPLICATION

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

C 18-002337

## I. IDENTIFICATION

1. Proposed Work Site at: 347 Brick Boulevard  
2. Name of Owner in Fee: DeGeorge Development  
Tel. ( 732 ) 477 0303 e-mail degeorgedev@aol.com  
Address 249 Brick Blvd. Brick, NJ 08723  
3. Ownership in Fee: Public Private  
4. Principal Contractor: Paulson Bros. Const. Co. Tel. ( 732 ) 740-0431  
Address P.O. Box 163 e-mail Dpaulson306msn.com  
Colts Neck NJ 07722  
License No. OR, if new home, Builder Reg. No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. 22-3373040 FAX: ( \_\_\_\_\_ ) \_\_\_\_\_  
5. Architect or Engineer Feldman & Feldman Contact \_\_\_\_\_  
Address 36 Leeland Rd. COLTS NECK NJ 07722 e-mail \_\_\_\_\_  
Tel. ( 732 ) 761-8182 FAX: ( \_\_\_\_\_ ) \_\_\_\_\_  
6. Responsible Person in Charge once Work has Begun David Paulson  
Tel. ( 732 ) 740-0431 FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

## V. FEE SUMMARY (for office use only)

|                                   | Update    | Update |
|-----------------------------------|-----------|--------|
| 1. Building                       | <u>0-</u> |        |
| 2. Electrical                     | <u>0-</u> |        |
| 3. Plumbing                       | <u>0-</u> |        |
| 4. Fire Protection                | <u>0-</u> |        |
| 5. Elevator Devices               |           |        |
| 6. Subtotal                       |           |        |
| 7. Less 20% for State Plan Review |           |        |
| 8. Subtotal                       |           |        |
| 9. State Permit Surcharge Fee     | <u>72</u> |        |
| 10. Subtotal                      | <u>72</u> |        |
| 11. Cert. of Occupancy            |           |        |
| 12. Other                         |           |        |
| 13. TOTAL                         | <u>72</u> |        |

## VI. BUILDING/SITE CHARACTERISTICS

(office use only)  
1. Number of Stories 1  
2. Height of Structure 10 ft.  
3. Area — Largest Floor 1415 sq. ft.  
4. New Building Area 1415 sq. ft.  
5. Volume of New Structure 14150  
6. Max. Live Load 202  
7. Max. Occupancy Load 35  
8. If Industrialized Building: State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
9. Total Land Area Disturbed \_\_\_\_\_ sq. ft.  
10. Flood Hazard Zone \_\_\_\_\_  
11. Base Flood Elevation \_\_\_\_\_ ft.  
12. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

## IIa. PROPOSED WORK

- ☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition  
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction  
☐ Asbestos Abat. Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

## IIb. SUBCODES

(Check all that apply)

- ☐ Building  
☒ Electrical  
☐ Plumbing  
☐ Fire Protection  
☐ Elevator

## FOR OFFICE USE ONLY (Optional)

| Est. Cost | Plans Rec'd by | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer  | Resubmission Dates Approval | Rejection | Re-viewer |
|-----------|----------------|----------------|----------------|----------------|------------|-----------------------------|-----------|-----------|
|           | <u>MP</u>      | <u>8/11/18</u> |                | <u>8/31/18</u> | <u>KEK</u> |                             |           |           |
|           | <u>MP</u>      | <u>8/11/18</u> |                | <u>8/11/18</u> | <u>PE</u>  |                             |           |           |
|           |                |                | <u>8/21/18</u> | <u>7/4/18</u>  | <u>AKS</u> |                             |           |           |
|           |                |                | <u>8/31/18</u> | <u>8/11/18</u> | <u>AKS</u> |                             |           |           |
|           | <u>En</u>      | <u>8/11/18</u> |                | <u>8/11/18</u> | <u>AKS</u> |                             |           |           |

TOTAL COST

## VII. DESCRIPTION OF BUILDING USE

### A. RESIDENTIAL (primary use)

1. State Specific Use: \_\_\_\_\_  
2. Use Group, Proposed: \_\_\_\_\_  
3. Change in Use Group, Indicate Present: \_\_\_\_\_  
4. No. of dwelling units: Total Units Income-restricted  
Gained, Sale \_\_\_\_\_  
Gained, Rental \_\_\_\_\_  
Lost, Sale \_\_\_\_\_  
Lost, Rental \_\_\_\_\_

### B. NON-RESIDENTIAL (primary use)

1. State Specific Use: Gym/Studio  
2. Use Group, Proposed: B3  
3. Change in Use Group, Indicate Present: \_\_\_\_\_

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

D. Construct. Classification: Present \_\_\_\_\_  
Proposed \_\_\_\_\_

## III. PLAN REVIEW (optional)

### DO YOU WANT:

1. ☐ Partial Releases  
2. ☐ Prototype Processing

## IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/  
Dumbwaiters/Moving Walks  
2. ☐ High Pressure Boilers  
3. ☐ Pressure Vessels  
4. ☐ Refrigeration Systems  
5. ☐ Cross-Connections/Backflow Preventers  
6. ☐ Hazardous Uses/Places of Assembly  
7. ☐ Sprinklers/Standpipes  
8. ☐ Smoke Control Systems in Open Wells  
9. ☐ Underground Storage Tanks,  
10. ☐ Swimming Pools, Spas and Hot Tubs  
11. ☐ LPGas Tanks  
12. ☐ Fire Alarm

**CERTIFICATION IN LIEU OF OATH**

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

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

Mark the following applicable boxes:

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

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

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

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

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

- D. ☐ 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. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

☒ Check if contractor.

Agent Name David Paulson Paulson Bros. Const Corp

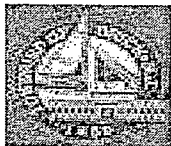
Address PO Box 163 Coltr N&K NJ 07722

Telephone (732) 740-0431

Signature [Signature] for Paulson Bros. Const Corp

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

Tenant/Cont.



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 11/19/2018  
Control Number C-18-002337  
Permit Number 18-2453  
Permit Issue Date 09/05/2018  
Certificate Number 18-2453

## Certificate

Construction Code Division  
(Certificate of Occupancy)

### Identification

Work Site Location: 347 BRICK BLVD. Brick Township, NJ Block: 547.01 Lot: 15 Qual: \_\_\_\_\_  
Owner in Fee: DRUM POINT PLAZA LLC  
Owner Address: 249 BRICK BLVD BRICK NJ 08723  
Telephone: (732) 477-6363  
Contractor: PAULSON BROTHERS CONST.  
Address: 4 PROVINCIAL PL. COLTS NECK NJ 07722  
Telephone: (732) 740-0431 Fax: \_\_\_\_\_  
License Number or Builders Registration Number: \_\_\_\_\_ Federal Emp. Number: 22-3373040

Home Warranty Number: \_\_\_\_\_

Type of Warranty Plan: ☐ State ☐ Private

Use Group: A-3 Construction Classification: \_\_\_\_\_

Maximum Live Load: 0 Maximum Occupancy Load: 35

Description of Work/Use: TENANT FIT UP - 9 ROUND KICKBOXING

Certificate Comments:

☒ **Certificate of Occupancy**

This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**

This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**

This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**

The following conditions must be met no later than or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

☐ **Certificate of Clearance - Lead Abatement 5:17**

This serves notice that based on written certification, lead abatement was performed as per NJACS:17 to the following extent.

- ☐ Total removal of lead-based paint hazards in scope of work  
☐ Partial or limited time period (    years); see file

☐ **Certificate of Clearance - Asbestos Abatement**

This serves notice that based on written certification, asbestos abatement was performed to the following extent.

- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period (    years); see file

☐ **Certificate of Compliance**

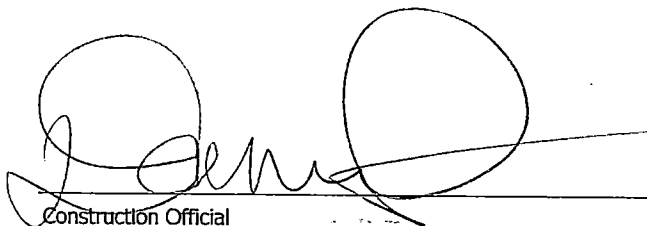
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

The following conditions must be met no later than: or the owner will be subject to fine or order to vacate:

This certificate has an expiration date of:

**Conditions to be met:**

  
Construction Official

Fee: \$0.00

Check Number: \_\_\_\_\_

Collected By: \_\_\_\_\_



# BUILDING SUBCODE TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

9/5/18  
18-2453

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

Block 547.01 Lot 15 Qualification Code \_\_\_\_\_  
Work Site Location 347 Brick Blvd, Brick, NJ 08723

Owner in Fee: DeGeorge Development Corp.  
Tel. ( 732 ) 477-6363 e-mail degeorgedev@aol.com  
Address 249 Brick Blvd, Brick, NJ 08723  
Contractor: Palson Bros. Const Corp Tel. ( 732 ) 740-0471  
Address P.O. Box 163 Colts Neck, NJ 07722 e-mail dpalson10@msn.com

Contractor License No. or Builder Registration No. \_\_\_\_\_ Exp. Date \_\_\_\_\_  
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): \_\_\_\_\_  
Federal Emp. ID No. 22-3373040 FAX: ( \_\_\_\_\_ ) \_\_\_\_\_

## JOB SUMMARY (Office Use Only)

| PLAN REVIEW                         |                      | Date                     | Initial  | INSPECTIONS          |         | Dates (Month/Day) |          |
|-------------------------------------|----------------------|--------------------------|----------|----------------------|---------|-------------------|----------|
|                                     |                      |                          |          | Type:                | Failure | Failure           | Approval |
| <input type="checkbox"/>            | No Plans Required    |                          |          | Footings/Foundations |         |                   |          |
| <input checked="" type="checkbox"/> | All                  | 08/31/18                 | KEK      | Footings/Foundations |         |                   |          |
| <input type="checkbox"/>            | Footings/Foundations |                          |          | Foundation           |         |                   |          |
| <input type="checkbox"/>            | Structural/Framework |                          |          | Slab                 |         |                   |          |
| <input type="checkbox"/>            | Exterior             |                          |          | Frame                |         |                   |          |
| <input type="checkbox"/>            | Interior             |                          |          | Truss Sys./Bracing   |         |                   |          |
| Joint Plan Review Required:         |                      |                          |          | Barrier-Free         |         |                   |          |
| <input type="checkbox"/>            | Elec.                | <input type="checkbox"/> | Plumb.   | Insulation           |         |                   |          |
| <input type="checkbox"/>            | Fire                 | <input type="checkbox"/> | Elevator | Finishes -Base Layer |         |                   |          |
| SUBCODE APPROVAL for PERMIT         |                      |                          |          | Finishes -Final      |         |                   |          |
| Date: 08/31/18                      |                      |                          |          | Energy               |         |                   |          |
| Approved by: KEK                    |                      |                          |          | Mechanical           |         |                   |          |
| SUBCODE APPROVAL for CERTIFICATE    |                      |                          |          | TCO                  |         |                   |          |
| <input checked="" type="checkbox"/> | CO                   | <input type="checkbox"/> | CCO      | Other                |         |                   |          |
| Date: 11/14/18                      |                      |                          |          | Final                |         |                   |          |
| Approved by: KEK                    |                      |                          |          | Barrier-Free         |         |                   |          |

## B. BUILDING CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_ Constr. Class Present \_\_\_\_\_ Proposed \_\_\_\_\_  
No. of Stories \_\_\_\_\_ If Industrialized Building: \_\_\_\_\_  
Height of Structure \_\_\_\_\_ ft. State Approved \_\_\_\_\_ HUD \_\_\_\_\_  
Area — Largest Floor \_\_\_\_\_ sq. ft. Est. Cost of Bldg. Work:  
New Bldg. Area/All Floors \_\_\_\_\_ sq. ft. 1. New Bldg. \$ \_\_\_\_\_  
Volume of New Structure \_\_\_\_\_ cu. ft. 2. Rehabilitation \$ 28,000.00  
Max. Live Load \_\_\_\_\_ 3. Total (1+ 2) \$ \_\_\_\_\_  
Max. Occupancy Load \_\_\_\_\_

U.C.C. F110  
(rev. 11/09)

## C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here:

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK

Tennant Bt out for Gym  
Build new walls Drywall  
Flooring, Paint, Gym Equipment

COMMERCIAL

### TYPE OF WORK:

- ☐ New Building  
☐ Addition  
☐ Rehabilitation  
☐ Roofing  
☐ Siding  
☐ Fence \_\_\_\_\_ Height (exceeds 6')  
☐ Sign \_\_\_\_\_ Sq. Ft.  
☐ Pool  
☐ Retaining Wall \_\_\_\_\_ Sq. Ft.  
☐ Asbestos Abatement Subchapter 8  
☐ Lead Haz. Abatement NJAC 5:17  
☐ Radon Remediation  
☐ Other \_\_\_\_\_  
☐ Demolition

### FEE (Office Use Only)

\$ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_  
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\_\_\_\_\_  
\_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

1 White = Inspector Copy  
3 Pink = Office Copy

2 Canary = Office Copy  
4 Gold = Applicant Copy



# **ELECTRICAL SUBCODE TECHNICAL SECTION**



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

Block 47.01 Lot 15 Qualification Code \_\_\_\_\_  
Work Site Location 347 Brick Blvd. Brick

Owner in Fee: DeGeorge Development Comp.

Tel. 732 477 6363 e-mail degeorgedev@aol.com

Address 249 Brick Blvd. Brick, NJ 08723

Contractor Current Elec of Cotts Neck LLC Tel. 732-539-1987

Address 32 Stonely Creek Lane Cotts Neck, NJ 07022 e-mail \_\_\_\_\_

Contractor License No. 11364 Exp. Date 03/21

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 331116664 FAX: 732 431 5795

## **B. ELECTRICAL CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 3,000.00

| JOB SUMMARY (Office Use Only)              |              | INSPECTIONS                   |         | Dates (Month/Day) |                   |
|--------------------------------------------|--------------|-------------------------------|---------|-------------------|-------------------|
| PLAN REVIEW                                |              | Type:                         | Failure | Failure           | Approval Initial  |
| [ ] No Plans Required                      |              | Rough                         |         |                   | <u>10-1-18 mm</u> |
| [ ] Partial - Underslab Utilities Approved |              | Barrier-Free                  |         |                   |                   |
| Date:                                      | Approved by: | Trench                        |         |                   |                   |
| <u>8/8/18</u>                              | <u>PJC</u>   | Temp. Serv.                   |         |                   |                   |
| [X] Electric Plans Approved                |              | Constr. Serv.                 |         |                   |                   |
| Date:                                      | Approved by: | TCO                           |         |                   |                   |
| <u>8/8/18</u>                              | <u>PJC</u>   | Other                         |         |                   |                   |
| Joint Plan Review Required                 |              | Service                       |         |                   |                   |
| [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.   |              | Final                         |         |                   | <u>7/1-18 mm</u>  |
| SUBCODE APPROVAL for PERMIT                |              | Barrier-Free                  |         |                   |                   |
| Date:                                      | Approved by: | Temp. Cut-in-Card Date Issued |         |                   |                   |
| <u>8/8/18</u>                              | <u>PJC</u>   | Final Cut-in-Card Date Issued |         |                   |                   |
| SUBCODE APPROVAL for CERTIFICATE           |              | Annual Pool Inspection        |         |                   |                   |
| [X] CO [ ] CCO [ ] CA                      |              | Date of Grounding and Bonding |         |                   |                   |
| Date:                                      | Approved by: | Certification                 |         |                   |                   |
| <u>8/8/18</u>                              | <u>PJC</u>   |                               |         |                   |                   |

## **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 sign/Contractor sign and seal here: Ralph Gemma

Print name here: Ralph Gemma

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

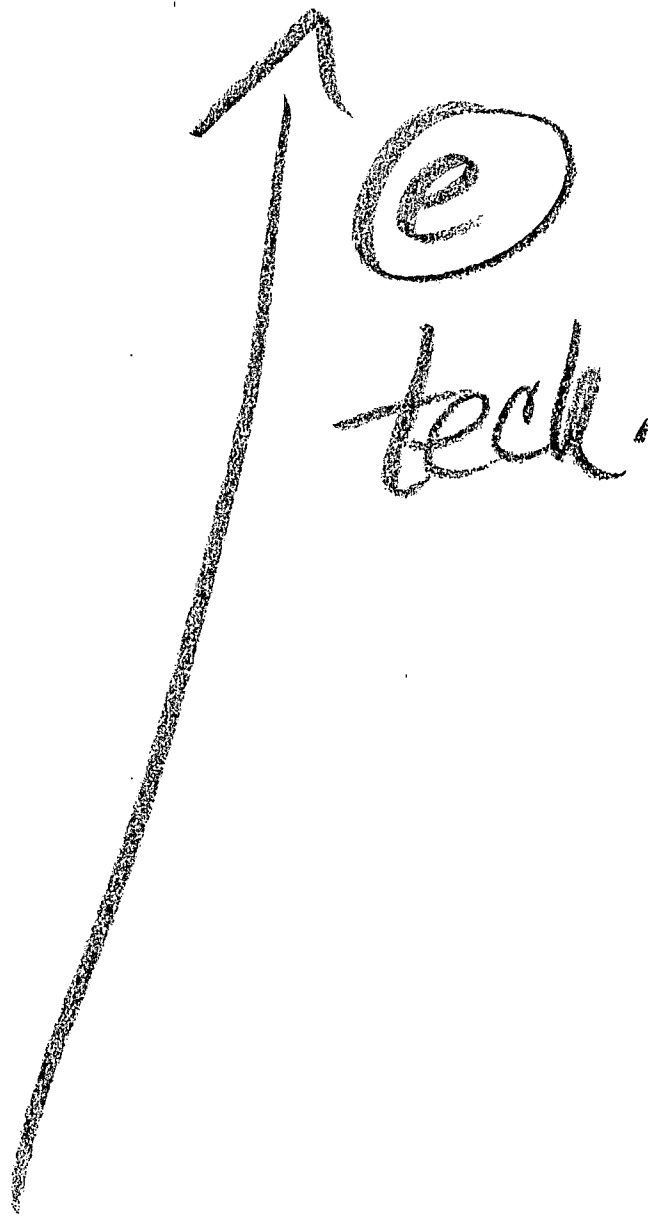
## **D. TECHNICAL SITE DATA**

### **DESCRIPTION OF WORK:**

| QTY.          | SIZE | ITEMS                                | FEE (Office Use Only) |
|---------------|------|--------------------------------------|-----------------------|
| 15            |      | Lighting Fixtures                    |                       |
| 12            |      | Receptacles                          |                       |
| 12            |      | Switches                             |                       |
|               |      | Detectors                            |                       |
|               |      | Light Poles                          |                       |
| 2             | 1/2  | Motors—Fract. HP <u>ceiling fans</u> |                       |
| 2             |      | Emergency & Exit Lights              |                       |
| 1             |      | Communications Points                |                       |
|               |      | Alarm Devices/F.A.C. Panel           |                       |
| TOTAL NUMBERS |      |                                      |                       |
|               |      | Pool Permit/with UWH Lights          |                       |
|               |      | Storable Pool/Spa/Hot Tub            |                       |
|               |      | KW Elec. Range/Receptacle            |                       |
|               |      | KW Oven/Surface Unit                 |                       |
|               |      | KW Elec. Water Heater                |                       |
|               |      | KW Elec. Dryer/Receptacle            |                       |
|               |      | KW Dishwasher                        |                       |
|               |      | HP Garbage Disposal                  |                       |
|               |      | KW Central A/C Unit                  |                       |
|               |      | HP/KW Space Heater/Air Handler       |                       |
|               |      | KW Baseboard Heat                    |                       |
|               |      | HP Motors 1/+ HP                     |                       |
|               |      | KW Transformer/Generator             |                       |
|               |      | AMP Service                          |                       |
|               |      | AMP Subpanels                        |                       |
|               |      | AMP Motor Control Center             |                       |
|               |      | KW Elec. Sign/Outline Light          |                       |

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_

10-1-18 No Open Coiling Needed MR





# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #

Date Issued  
Permit #

9/5/18

18-2453

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

Block 547.61 Lot 15 Qualification Code \_\_\_\_\_  
Work Site Location 347 Brick Blvd. Brick

Owner in Fee: DeGeorge development company  
Tel. 732 477 0363 e-mail degeorge.dev@aol.com

Address 249 Brick Blvd, Brick NJ 08723

Contractor: Bruce Devrous FineLineplb Tel. 732 770-6796

Address 1076 Highway 33 Freehold NJ 07728 e-mail \_\_\_\_\_

Contractor License No. 9824 Exp. Date 6-30-19

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## **B. PLUMBING CHARACTERISTICS**

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

Building Sewer Size \_\_\_\_\_ Public Sewer \_\_\_\_\_ Private Septic \_\_\_\_\_

Water Service Size 15,000 Public Water \_\_\_\_\_ Private Well \_\_\_\_\_

## **JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                 |  | INSPECTIONS     |         |         |          | Dates (Month/Day) |  |
|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------|---------|---------|----------|-------------------|--|
|                                                                                                                             |  | Type:           | Failure | Failure | Approval | Initial           |  |
| <input type="checkbox"/> No Plans Required                                                                                  |  | Slab            |         |         |          |                   |  |
| <input type="checkbox"/> Partial Underslab Utilities Approved                                                               |  | Rough           |         |         |          |                   |  |
| Date: _____ Approved by: _____                                                                                              |  | Water           |         |         |          |                   |  |
| <input checked="" type="checkbox"/> Plumbing Plans Approved                                                                 |  | Sewer           |         |         |          |                   |  |
| Date: _____ Approved by: _____                                                                                              |  | Fixtures        |         |         |          |                   |  |
| Joint Plan Review Required:                                                                                                 |  | Gas Equipment   |         |         |          |                   |  |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. |  | Gas Piping      |         |         |          |                   |  |
| SUBCODE APPROVAL for PERMIT                                                                                                 |  | LPGas Tank      |         |         |          |                   |  |
| Date: <u>9-5-18</u>                                                                                                         |  | Fuel Oil Piping |         |         |          |                   |  |
| Approved by: _____                                                                                                          |  | Solar           |         |         |          |                   |  |
| SUBCODE APPROVAL for CERTIFICATE                                                                                            |  | TCO             |         |         |          |                   |  |
| <input type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                                        |  | Final           |         |         |          |                   |  |
| Date: <u>9-5-18</u>                                                                                                         |  |                 |         |         |          |                   |  |
| Approved by: _____                                                                                                          |  |                 |         |         |          |                   |  |

## **C. CERTIFICATION IN LIEU OF OATH**

I hereby certify that I am the (agent of) owner of record and/or authorized to execute this application and perform the work listed on this application.

Applicant sign/Contractor sign and seal here:

*Bruce Devrous*

Print name here:

Bruce Devrous

☐ Licensed Plumbing Contractor ☐ Exempt Applicant

## **D. TECHNICAL SITE DATA**

### DESCRIPTION OF WORK

NEW ADA BATH

QTY.

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### FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LPGas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other

### FEE (Office Use Only)

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Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



# FIRE PROTECTION SUBCODE TECHNICAL SECTION



A-3  
6/18/18 DEP  
350000

Date Received  
Control #

Date Issued  
Permit #

9/5/18  
18-2453

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

Block 547-01 Lot 15 Qualification Code \_\_\_\_\_

Work Site Location 347 Brick Blvd. Brick, NJ

Owner in Fee: DeGeorge Development Co.

Tel. 732 477 0303 e-mail degeorgedev@aol.com

Address 249 Brick Blvd. Brick, NJ 08723

Contractor: Lisa Randolph street municipality Tel. 315 730 4714 zip code 08723

Address 61 Joseph Byrne Dr. Brick, NJ 08724 e-mail lisa.randolph@around.com

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

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

Fire Alarm Contractor No. \_\_\_\_\_ Exp. Date \_\_\_\_\_

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

## B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_

Heating System: [ ] New OR [ ] Modification to Existing  
OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar  
[ ] Other \_\_\_\_\_

Location: \_\_\_\_\_

Total Cost of Fire Protection Work \$ 160

## Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible  
Capacity \_\_\_\_\_

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/Contractor sign here: Ralph Somma

Print name here: Ralph Somma

## D. TECHNICAL SITE DATA

[ ] Certified Contractor [ ] Exempt Applicant

## DESCRIPTION OF WORK:

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

|                                                       | NUMBER | FEE (Office Use Only) |
|-------------------------------------------------------|--------|-----------------------|
| Flammable/Combustible Tanks                           | _____  | \$ _____              |
| Alarm Systems                                         |        |                       |
| [ ] System                                            | _____  | _____                 |
| [ ] 110v Interconnected                               | _____  | _____                 |
| [ ] 20 Detectors/110v                                 | _____  | _____                 |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow)  | _____  | _____                 |
| Supervisory Devices (i.e., tampers, low/high air)     | _____  | _____                 |
| Signaling Devices (i.e., horns, 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 <sub>2</sub> Suppression                           | _____  | _____                 |
| Foam Suppression                                      | _____  | _____                 |
| FM200 Suppression                                     | _____  | _____                 |
| Other _____                                           | _____  | _____                 |
| Other Systems                                         |        |                       |
| Kitchen Hood Exhaust System                           | _____  | _____                 |
| Smoke Control System                                  | _____  | _____                 |
| Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid _____ | _____  | _____                 |
| Fireplace Venting/Metal Chimney                       | _____  | _____                 |
| Other _____                                           | _____  | _____                 |

COMMERCIAL

| JOB SUMMARY (Office Use Only)               | INSPECTIONS        | Dates (Month/Day)                |
|---------------------------------------------|--------------------|----------------------------------|
| PLAN REVIEW                                 | Type:              | Failure Failure Approval Initial |
| [ ] No Plans Required                       | Alarm System       | _____                            |
| [ ] Partial -Underslab Utilities Approved   | Suppression Sys.   | _____                            |
| Date: _____ Approved by: _____              | Standpipe          | _____                            |
| [X] Fire Protection Plans Approved          | Fire Pump          | _____                            |
| Date: <u>9/4/18</u> Approved by: <u>KJC</u> | Pre-Eng. System    | _____                            |
| Joint Plan Review Required:                 | Mechanical         | _____                            |
| [ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.    | Smoke Control      | _____                            |
| SUBCODE APPROVAL for PERMIT                 | TCO                | _____                            |
| Date: _____ Approved by: <u>KJC</u>         | Flam/Combust Tanks | _____                            |
| SUBCODE APPROVAL for CERTIFICATE            | Fireplace Venting  | _____                            |
| [ ] CO [ ] CCO [ ] CA                       | Final              | _____                            |
| Date: <u>11/4/18</u>                        | Other              | _____                            |
| Approved by: <u>KJC</u>                     |                    |                                  |

Administrative Surcharge \$ \_\_\_\_\_  
Minimum Fee \$ \_\_\_\_\_  
State Permit Surcharge Fee \$ \_\_\_\_\_  
TOTAL FEE \$ \_\_\_\_\_



**RECEIVED**  
AUG 21 2018  
**FELDMAN ARCHITECTS  
FELDMAN  
BUILDING**

TO: Brick Building Department  
FROM: David H. Feldman, RA, AIA  
DATE: August 16, 2018  
RE: LA Randolph DBA 9Round LLC  
347 Brick Boulevard  
Brick, New Jersey  
PROJECT: 18077

---

Please be advised with regard to the above project that an exterior egress light will be installed at the front and rear door. Each light will be interconnected to the fire safety system.

If you have any questions pursuant to this matter, please do not hesitate to contact our office. Thank you.

Sincerely,  
FELDMAN & FELDMAN ARCHITECTS, PC

David H. Feldman, RA, AIA  
1670 Route 34 North, Suite 1B  
Wall, New Jersey 07727  
(732) 761-8182  
www.feldmanarchitects.com



# APPLICATION FOR CERTIFICATE

Date Received 06/19/2018  
Date Permit Issued 09/05/2018  
Control # C-18-002337  
Permit # 18-2453  
Date Issued

## IDENTIFICATION

Block 547.01 Lot 15 Qualifier \_\_\_\_\_  
Work Site Location 347 BRICK BLVD. Brick Township, NJ Contractor PAULSON BROTHERS CONST.  
Address 4 PROVINCIAL PL. COLTS NECK NJ 07722  
Owner in Fee DRUM POINT PLAZA LLC Telephone (732) 740-0431  
249 BRICK BLVD. BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Telephone (732) 477-6363 Federal Employee No. 22-3373040

## ACTION

- ☒ CERTIFICATE OF OCCUPANCY  
☐ CERTIFICATE OF CONTINUED OCCUPANCY  
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE  
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous A-3 Current

FINAL COST OF CONSTRUCTION: \$ 38100

(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

## DESCRIPTION OF WORK/USE:

Alteration TENANT FIT UP - 9 ROUND KICKBOXING

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: \_\_\_\_\_

Owner/Agent

☐ OWNER

☒ AGENT

347 Brick Blvd. → 4 Rounds

TOWNSHIP OF BRICK  
DEPARTMENT OF INSPECTIONS

Kick boxing

# OCCUPANCY

|               |                             |          |
|---------------|-----------------------------|----------|
| OCCUPANT LOAD | <u>35</u>                   |          |
| LIVE LOAD     | <u>                    </u> | P. S. F. |
| FIRE GRADING  | <u>                    </u> | HOURS    |
| USE GROUP     | <u>A-3</u>                  |          |

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**Tenant fit-ups / Commercial Renovations**

Certificate requirements

[print](#)  
[reset defaults](#)  
[check all](#)  
[complete](#)

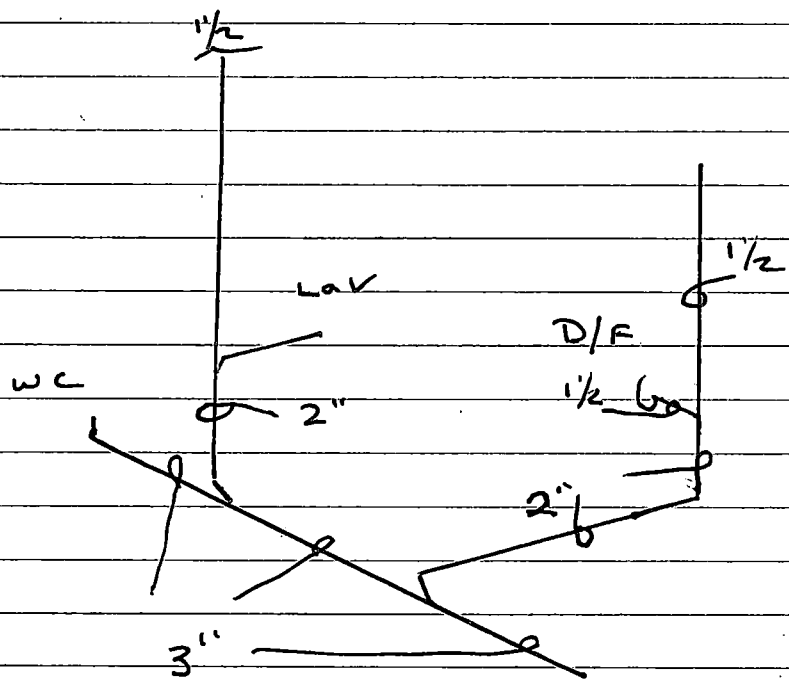
**Tenant fit-ups / Commercial Renovations****UCC Requirements**

|                                                    |                         |                                     |                                     |
|----------------------------------------------------|-------------------------|-------------------------------------|-------------------------------------|
| Approved Final Building Inspection                 | <a href="#">comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Electrical Inspection               | <a href="#">comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Plumbing Inspection                 | <a href="#">comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Fire Inspection                     | <a href="#">comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Elevator Inspection (If Applicable) | <a href="#">comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Prior Approvals**

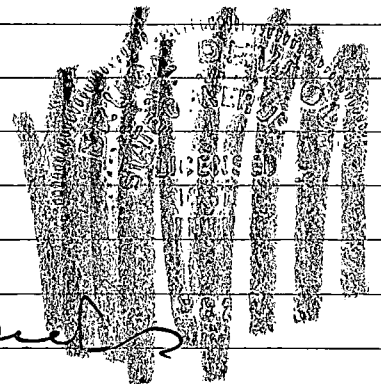
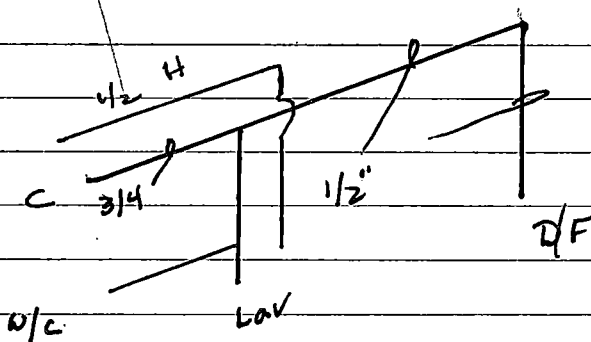
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| Approval from the BTMUA (732) 458-7000                                                         | <a href="#">comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>emailed MUA on 11/15/18 MFF OK Per MUA on 11/19/18 MFF</b>                                  |                         |                                     |                                     |
| Approval from the Division of Engineering (If Applicable)                                      | <a href="#">comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable) | <a href="#">comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Affordable Housing Approval (If Applicable)                                                    | <a href="#">comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Signed Certificate of Occupancy Application                                                    | <a href="#">comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| All Updates Have Been Approved                                                                 | <a href="#">comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

This checklist has been given to: [\(edit\)](#)

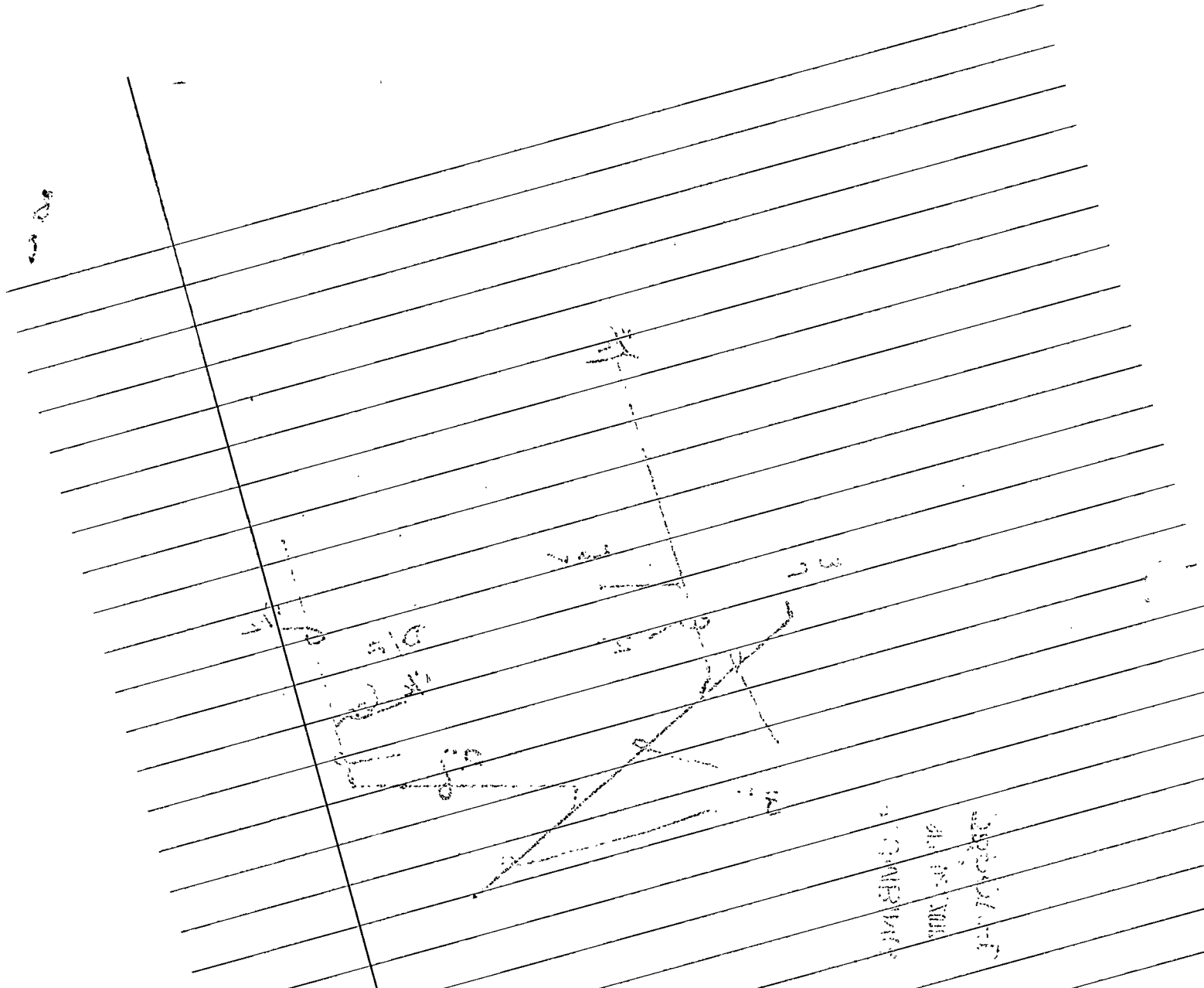


PLUMBING  
 SEP 01 2018  
 APPROVED

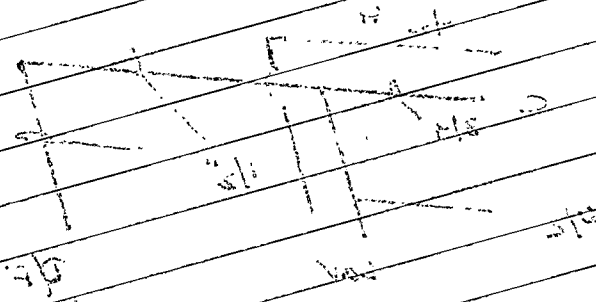
249 Brick Blv



Brick



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# CONSTRUCTION PERMIT

Date Issued 8/5/18  
Control # C-18-002337  
Permit # 18-2453

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier \_\_\_\_\_  
Work Site Location: 347 BRICK BLVD. Brick Township, NJ Contractor PAULSON BROTHERS CONST.  
Owner in Fee DRUM POINT PLAZA LLC Address 4 PROVINCIAL PL. COLTS NECK NJ 07722  
249 BRICK BLVD. BRICK NJ 08723 Telephone: (732) 740-0431  
Telephone: (732) 477-6363 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. 22-3373040

## Is hereby granted permission to perform the following work:

- ☒ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT  
☒ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION  
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

## DESCRIPTION OF WORK:

TENANT FIT UP - 9 ROUND KICKBOXING

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 \$38,100

D. I. Lewman  
Construction Official

9/5/18  
Date

U.C.C. F170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |            |
|------------------|------------|
| Building         | \$0        |
| Electrical       | \$0        |
| Plumbing         | \$0        |
| Fire Protection  | \$0        |
| Elevator Devices | \$0        |
| Other            | \$0.00     |
| DCA Training Fee | \$72       |
| CO Fee           | \$0.00     |
| Other            | \$0        |
| Total            | \$72       |
| Check No.        | <u>129</u> |
| Cash             | \$0        |
| Credit           | \$0        |
| Collected By     |            |

## 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.

RECEIVING CLERK  
DATE REC'D

# ZONING PERMIT APPLICATION

PERMIT #  
DATE ISSUED

2P-18-00983  
9/5/18

BLOCK: 542.01 LOT: 15 QUALIFIER: SITE ADDRESS: 347 Bridge Blvd., Brick

## IDENTIFICATION:

1. NAME OF OWNER IN FEE: DeGoede Development Co.  
COMPLETE ADDRESS: 249 Brick Blvd., Brick, NJ 08723  
PHONE # 732 477 0303 EMAIL: degoodev@aol.com

2. NAME OF APPLICANT: Lisa Randolph  
APPLICANT ADDRESS: 61 Joseph Byrne Dr.  
Brick, NJ 08724  
PHONE # 732 626 4466 EMAIL: lisa.randolph@ground.com

3. RESPONSIBLE PERSON FOR WORK: Lisa Randolph  
PHONE # 315 730 4714 FAX#

4. SIGNATURE OF APPLICANT: L. Randolph

## FOR OFFICE USE ONLY

### FEE SUMMARY:

APPLICATION FEE: \$  
OTHER: \$  
TOTAL: \$

## REQUIRED BY APPLICANT

RESIDENTIAL: ☐  
COMMERCIAL: ☒  
EXISTING USE: Storefront Soccer Post  
PROPOSED USE: Kickboxing Studio

BOARD APPROVAL: PB ZB  
RESOLUTION#:   
APPROVAL DATE:

## PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

\*NEW BUILDING: \*ADDITION \*ALTERATION \*PORCH \*DECK

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (\*IF APPLICABLE)

OTHER Tenant Fit Up

(9 Round)

## DESCRIPTION:

### ZONING REVIEW:

DATE REVIEWED: 7-9-18 DATE DENIED: DATE APPROVED: 7-9-18 INTLS: a

(SEE BACK PAGE)



# OFFICE USE ONLY

**ZONING REVIEW:**

DATE REVIEWED: 7/11/18 DATE DENIED:        DATE APPROVED: 7/11/18 INTLS: 520

[illegible]

# LAND USE

245 Attachment 5

Township of Brick

## SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS

Township of Brick  
Ocean County, New Jersey

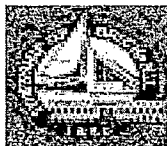
[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No.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

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

### NOTES:

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

FOR REFERENCE ONLY



Brick Township  
401 Chambers Bridge Rd.  
Brick, NJ 08723  
(732) 262-1336

Date Issued: \_\_\_\_\_  
Application Number: ZA-18-00777  
Application Date: 6/25/2018  
Project Number: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Fee: \$0.00

## Zoning Permit

Worksite **335-399 BRICK BLVD.**  
Location: **347 Brick Blvd**  
**Brick Township, NJ 08723**

Owner: **DRUM POINT PLAZA LLC**  
Address: **249 BRICK BLVD**  
**BRICK, NJ 08723**

Applicant: **Lisa Randolph**  
Address: **61 Joseph Byrne Dr.**  
**Brick, NJ 08724**

Block: 547.01 Lot: 15 Qualifier: \_\_\_\_\_ Zone: B-2

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

Present Use: Retail Store

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Fitness Center Kickboxing Studio- "Round 9"

Work Description:

**Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from a retail store, "Soccer Post", to kickboxing studio, "9 Round".**

**Additional Zoning Permit is required for additional work or signage.**

Application Approved Date: 7/9/2018

Upon review it was determined that the Zoning Permit:

☒ Permitted by Ordinance

☐ Permitted by Variance approved on: \_\_\_\_\_

☐ Approved with Conditions

☐ Valid Nonconforming Use/Structure is established by

☐ Zoning Board of Adjustment

☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer

7/10/2018

Date

Sean Kinnevy, Zoning Officer

7/11/18

Date



Drum Point Plaza, LLC  
249 Brick Blvd.  
Brick, NJ 08723

June 1, 2018

Brick Township  
Building Department  
401 Chambers Bridge Road  
Brick, New Jersey 08723

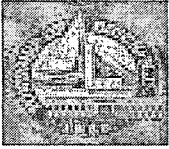
To Whom it May Concern:

L.A. Randolph doing business as 9Round Brick, NJ, has obtained a lease with Drum Point Plaza LLC. The newly occupied space, store number 347, has been vacant since January 2017. The space is 1480 square feet.

Sincerely,

A handwritten signature in black ink, appearing to read "John DeGeorge", with a long horizontal flourish extending to the right.

John DeGeorge  
Landlord, Drum Point Plaza



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723  
(732) 262-1030

## Subcode Official Review

Date: Tuesday, August 21, 2018

To: DRUM POINT PLAZA LLC  
249 BRICK BLVD  
BRICK, NJ 08723

RE: Plumbing Subcode  
Block: 547.01 Lot: 15 Qual:  
347 BRICK BLVD.  
Permit Number: Control Number: C-18-002337  
Last Submit Date: Wednesday, August 8, 2018

Dear DRUM POINT PLAZA LLC,

Your request is hereby denied based upon the following infractions. The architect needs to identify the previous, if it is a change of use and state this as an alteration.

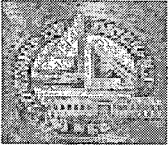
The occupancy load needs to be identified as an egress occupancy, and state an occupancy total for bathroom fixture count as per Rehab subcode 6.17 B use basic requirements and note the totals for customers for the design to be ok with 1 unisex bathroom.

Sincerely,

Bernie Reilly, Subcode Official

CC:

*Resubmit  
after 9 days*



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723  
(732) 262-1030

## Subcode Official Review

Date: Tuesday, September 4, 2018

To: DRUM POINT PLAZA LLC  
249 BRICK BLVD  
BRICK, NJ 08723

RE: Plumbing Subcode  
Block: 547.01 Lot: 15 Qual:  
347 BRICK BLVD.  
Permit Number: Control Number: C-18-002337  
Last Submit Date: Tuesday, September 4, 2018

Dear DRUM POINT PLAZA LLC,

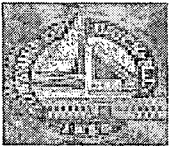
Your request is hereby denied based upon the following infractions. This A-3 use has less than 50 people occupancy and less than 1500 square feet floor space so therefore is considered a B use and 1 unisex toilet room is acceptable.

Sincerely,

A handwritten signature in black ink, appearing to read "Bernie Reilly", is written over a horizontal line.

Bernie Reilly, Subcode Official

CC:



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723  
(732) 262-1030

## Subcode Official Review

Date: Wednesday, August 08, 2018

To: DRUM POINT PLAZA LLC  
249 BRICK BLVD  
BRICK, NJ 08723

RE: Fire Subcode  
Block: 547.01 Lot: 15 Qual:  
347 BRICK BLVD.  
Permit Number: Control Number: C-18-002337  
Last Submit Date: Wednesday, August 08, 2018

Dear DRUM POINT PLAZA LLC,

Your request is hereby denied based upon the following infractions.

1. Exterior egress lighting required.

Sincerely,

---

Richard Orlando, Subcode Official

CC:

RESUBMIT MFF  
SUBCODES P12  
DATES 8/21/19



# ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS  
PERMIT #: \_\_\_\_\_

BLOCK: 547.01 LOT: 15 ADDRESS: 347 Brick Blvd, Brick

## IDENTIFICATION:

1. WORK SITE ADDRESS: 347 Brick Blvd
2. NAME OF OWNER IN FEE: DeGeorge Development Co.  
ADDRESS: 249 Brick Blvd. PHONE #: (732) 477 6363  
Brick, NJ 08723 FAX #: ( )
3. PRINCIPAL CONTRACTOR: Paulson Bros  
ADDRESS: PO BOX 103 Cotts Neck PHONE #: (732) 274-0431  
NJ 07722 FAX #: ( )
4. ARCHITECT OR ENGINEER: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ PHONE: # ( )
5. RESPONSIBLE PERSON FOR WORK: Lisa Randolph  
ADDRESS: 61 Joseph Byrne Dr. Brick, NJ  
PHONE #: (315) 730-4714 FAX #: ( ) E-MAIL: lisa.randolph@ground.com

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING  
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL  
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL \_\_\_\_\_  
☒ OTHER Tenant fit up  
LENGTH: \_\_\_\_\_ WIDTH: \_\_\_\_\_ HEIGHT: \_\_\_\_\_

## FEE SUMMARY:

APPLICATION FEE: \$ \_\_\_\_\_  
REVIEW FEE: \$ N/A  
INSPECTION FEE: \$ \_\_\_\_\_  
OTHER: \$ \_\_\_\_\_  
BOND(S): \$ \_\_\_\_\_  
TOTAL: \$ \_\_\_\_\_

## SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: \_\_\_\_\_  
DRAINAGE EASEMENTS: \_\_\_\_\_  
UTILITY EASEMENTS: \_\_\_\_\_  
CONSERVATION EASEMENTS: \_\_\_\_\_  
FEMA REQUIREMENTS: \_\_\_\_\_  
D.E.P. PERMITS: \_\_\_\_\_  
BOARD APPROVAL: ☐ PB ☐ ZB  
APPLICATION NUMBER: \_\_\_\_\_  
APPROVED DATE: \_\_\_\_\_

## ENGINEERING REVIEW:

\* Taking over Commercial Parking Lot Permit  
DATE RECEIVED: 8/7/18 DATE REJECTED: \_\_\_\_\_ DATE APPROVED: 8/7/18 INITIALS: KSS

**RECEIVED**

AUG 21 2018

**BUILDING**

FELDMAN  
ARCHITECTS  
FELDMAN

TO: Brick Building Department

FROM: David H. Feldman, RA, AIA

DATE: August 16, 2018

RE: LA Randolph DBA 9Round LLC  
347 Brick Boulevard  
Brick, New Jersey

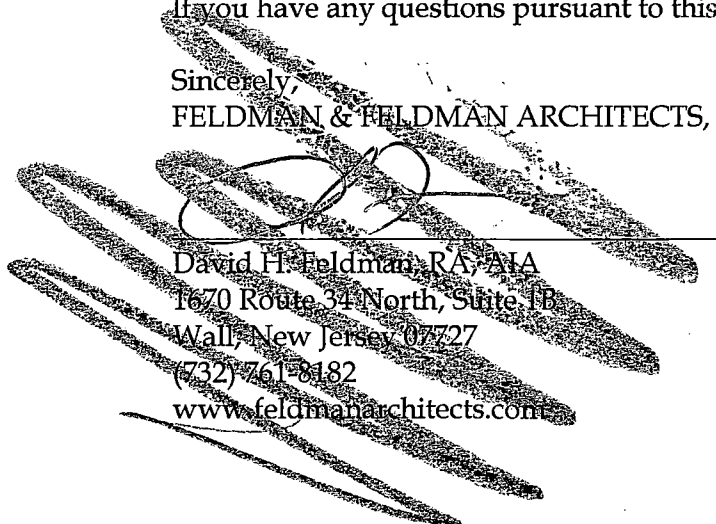
PROJECT: 18077

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Please be advised with regard to the above project that an exterior egress light will be installed at the front and rear door. Each light will be interconnected to the fire safety system.

If you have any questions pursuant to this matter, please do not hesitate to contact our office. Thank you.

Sincerely,  
FELDMAN & FELDMAN ARCHITECTS, PC



David H. Feldman, RA, AIA  
1670 Route 34 North, Suite 1B  
Wall, New Jersey 07727  
(732) 761-8182  
[www.feldmanarchitects.com](http://www.feldmanarchitects.com)

Drum Point Plaza, LLC  
249 Brick Blvd.  
Brick, NJ 08723

June 1, 2018

Brick Township  
Building Department  
401 Chambers Bridge Road  
Brick, New Jersey 08723

To Whom it May Concern:

L.A. Randolph doing business as 9Round Brick, NJ, has obtained a lease with Drum Point Plaza LLC. The newly occupied space, store number 347, has been vacant since January 2017. The space is 1480 square feet.

Sincerely,

A handwritten signature in black ink, appearing to read "John DeGeorge", with a long horizontal flourish extending to the right.

John DeGeorge  
Landlord, Drum Point Plaza

6/21/18 - Verified w/ Jessica @ Fire Bureau.

# TOWNSHIP OF BRICK

## DEBRIS FORM

WORK SITE ADDRESS: 347 Brick Boulevard

BLOCK: \_\_\_\_\_ LOT: \_\_\_\_\_

CONTRACTOR: Paulson Bros. Const Corp

CONTRACTOR'S ADDRESS: P.O. Box 163 Colts Neck NJ 07722

Type of Construction (minor, new home): tenant retrofit

Type of Debris (shingles, siding, wood, etc.): Drywall, wood flooring

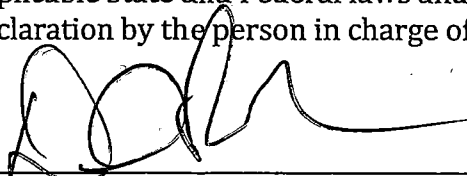
Party responsible for removal: Paulson Bros. Const Corp

Dumpster Size: 2 yds

Destination of Debris: Municipal

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

  
Signature

6/15/18  
Date

David Paulson  
Print Name

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
THIS IS TO CERTIFY THAT THE  
Board of Exam. of Electrical Contractors  
HAS LICENSED  
CURRENT ELECTRIC OF COLTS NECK LLC  
Electrical Business Permit

02/12/2018 TO 03/31/2021  
VALID

*Ralph Somma*  
SIGNATURE

34EB01136400

License/Registration/Certificate #

*Shan M. Lynn*  
ACTING DIRECTOR

New Jersey Office of the Attorney General  
Division of Consumer Affairs  
THIS IS TO CERTIFY THAT THE  
Board of Exam. of Electrical Contractors  
HAS LICENSED  
RALPH SOMMA  
Electrical Contractor

02/12/2018 TO 03/31/2021  
VALID

*Ralph Somma*  
SIGNATURE

34EI01136400

License/Registration/Certificate #

*Shan M. Lynn*  
ACTING DIRECTOR

Drum Point Plaza, LLC  
249 Brick Blvd.  
Brick, NJ 08723

June 1, 2018

Brick Township  
Building Department  
401 Chambers Bridge Road  
Brick, New Jersey 08723

To Whom it May Concern:

L.A. Randolph doing business as 9Round Brick, NJ, has obtained a lease with Drum Point Plaza LLC. The newly occupied space, store number 347, has been vacant for greater than 12 months. The space is 1560 square feet.

Sincerely,

A handwritten signature in black ink, appearing to read "John DeGeorge". The signature is fluid and cursive, with the first name "John" and last name "DeGeorge" clearly distinguishable.

John DeGeorge  
Landlord, Drum Point Plaza