

DRUM POINT PLAZA

BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ADDRESS (SITE) 379 BRICK BLVDPERMIT NO. 19-1488

CONSTRUCTION PERMIT APPLICATION

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

019-001664

I. IDENTIFICATION

1. Proposed Work Site at: DRUM POINT PLAZA 379 BRICK BLVD
2. Name of Owner in Fee: KUMON NORTH AMERICA Tel. (201) 928-0444
Address 3150 BRUNSWICK PIKE LAWRENCEVILLE NJ 08648
street municipality zip code
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: OWNER Tel. (____) _____
Address _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (____) _____
5. Architect or Engineer ALLAN H. BORST, AIA Tel. (732) 255-2713
Address 2494 MOORE RD TOMS RIVER, NJ 08753
6. Responsible Person in Charge of Work JOHN DEGEORGE
Tel. (732) 477-6363 FAX (732) 920-5315

CELL-732-267-3336

NO WORK BEING DONE

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>150</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. DCA Training Fee	\$ <u>10</u>		
10. Subtotal	\$ _____		
11. Cert. of Occupancy	\$ <u>150</u>		
12. Other	\$ <u>15</u>		
13. TOTAL	\$ <u>281</u>		

VI. BUILDING/SITE CHARACTERISTICS

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 _____ 3
7. Total Land Area Disturbed _____ sq. ft.
8. Flood Hazard Zone _____
9. Base Flood Elevation _____ ft.
10. Wetlands yes _____
no X
11. Max. Live Load _____
12. Max. Occupancy Load _____ 38

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>03/02/19</u>							
<u>05/17/19</u>			<u>06/07/19</u>	<u>KCH</u>			
			<u>5/20/19</u>	<u>EC</u>			
			<u>5-30-19</u>	<u>YMC</u>			
<u>ENG</u>	<u>EXAMINER</u>		<u>5/16/19</u>	<u>EC</u>			

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:

LEARNING CENTER

2. Use Group:

E3. Change in Use Group, Indicate Former: B

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

JOHN DEGEORGE

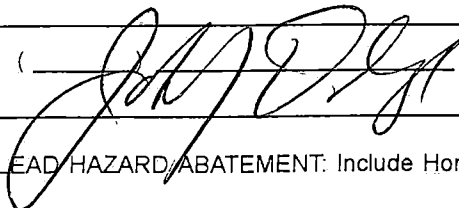
Address

249 BRICK BLVD BRICK

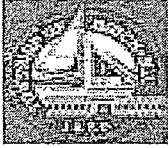
Telephone

732-477-6767

Signature



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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 06/26/2019
Control Number C-19-001664
Permit Number 19-1488
Permit Issue Date 06/11/2019
Certificate Number 19-1488

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 335-399 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: (201) 928-0444
Contractor DRUM POINT PLAZA LLC
Address 249 BRICK BLVD BRICK NJ 08723
Telephone: (201) 928-0444 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: E Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 38

Description of Work/Use: TENANT FIT UP - - KUMON LEARNING

Certificate Comments:

☒ **Certificate of Occupancy**

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

☐ **Certificate of Approval**

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

☐ **Certificate of Continued Occupancy**

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

☐ **Temporary Certificate of Compliance**

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

This certificate has an expiration date of:

Conditions to be met:

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

This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**

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

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

☐ **Certificate of Compliance**

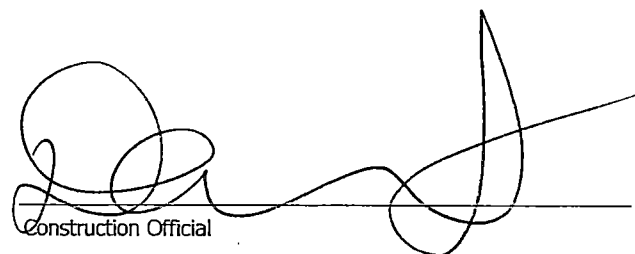
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**

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

This certificate has an expiration date of:

Conditions to be met:


Construction Official

Fee: \$150.00

Check Number: 2971

Collected By: Christopher Winters



APPLICATION FOR CERTIFICATE

Date Received 05/07/2019
Date Permit Issued 06/11/2019
Control # C-19-001664
Permit # 19-1488
Date Issued 06/26/2019

IDENTIFICATION

Block 547.01 Lot 15 Qualifier _____
Work Site Location 335-399 BRICK BLVD. Brick Township, NJ Contractor DRUM POINT PLAZA LLC
Address 249 BRICK BLVD BRICK NJ 08723
Owner in Fee DRUM POINT PLAZA LLC Telephone (201) 928-0444
249 BRICK BLVD BRICK NJ 08723 Lic. No. or Bids. Reg. No. _____
Telephone (201) 928-0444 Federal Employee No. _____

ACTION

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

USE GROUP B Previous E Current

FINAL COST OF CONSTRUCTION: \$ 3003

(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 - KUMON LEARNING

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

Tenant fit-ups / Commercial Renovations

Certificate requirements

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

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

Approved Final Building Inspection	comment	☒	☐
Approved Final Electrical Inspection	comment	☒	☐
Approved Final Plumbing Inspection	comment	☒	☐
Approved Final Fire Inspection	comment	☒	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☒

Prior Approvals

Approval from the BTMUA (732) 458-7000	comment	☒	☐
Emailed MUA on 6/20/19 MFF (Jacket on Matt's Desk) OK Per MUA on 6/25/19 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☒
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☒
Affordable Housing Approval (If Applicable)	comment	☐	☒
Signed Certificate of Occupancy Application	comment	☐	☐
All Updates Have Been Approved	comment	☒	☐

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



KUMON LEADING

BUILDING 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 547.01 Lot 15 Qualification Code _____

Work Site Location 379 BRICK BLVD DRUM POINT PLAZA

BRICK, N.J.

Owner in Fee: DRUM POINT PLAZA

Tel. 732-477-6367 e-mail _____

Address 249 BRICK BLVD BRICK NJ 08729

street municipality zip code

Contractor: SAME Tel. _____

Address _____ e-mail _____

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

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

Federal Emp. ID No. _____ FAX: _____

JOB SUMMARY (Office Use Only)			
PLAN REVIEW	Date	Initial	INSPECTIONS
☐ No Plans Required			Type: _____ Failure _____
☒ All	<u>06/07/19</u>	<u>Red</u>	Footings _____
☐ Footings/Foundations			Footings Bonding _____
☐ Structural/Framework			Foundation _____
☐ Exterior			Slab _____
☐ Interior			Frame _____
Joint Plan Review Required:			Truss Sys./Bracing _____
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free _____
SUBCODE APPROVAL for PERMIT			Insulation _____
Date: <u>06/02/19</u>			Finishes -Base Layer _____
Approved by: <u>Red</u>			Finishes -Final _____
SUBCODE APPROVAL for CERTIFICATE			Energy _____
☒ CO ☐ CCO ☐ CA			Mechanical _____
Date: <u>06/17/19</u>			TCO _____
Approved by: <u>Red</u>			Other _____
			Final _____
			Barrier-Free _____

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed E Constr. Class Present 3 Proposed 3

No. of Stories _____

Height of Structure _____ ft. State Approved _____ HUD _____

Area — Largest Floor _____ sq. ft.

New Bldg. Area/All Floors _____ sq. ft.

Volume of New Structure _____ cu. ft.

Max. Live Load _____

Max. Occupancy Load 38

Est. Cost of Bldg. Work:

1. New Bldg. \$ 3,000
2. Rehabilitation \$ _____
3. Total (1+ 2) \$ _____

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

Date Received
Control #

6/11/19

Date Issued
Permit #

19-1488

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: John DeGeorge

Print name here: JOHN DEGEORGE

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP
NO WORK
BEING DONE
INSTALL CARPET

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

COMMERCIAL

FEA (Office Use Only)

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

1. White = Inspector 2. Canary = Office Copy 3. Pink = Office Copy 4. Gold = Applicant Copy



KUMON LEARNING

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 547-01 Lot 15 Qualification Code _____

Work Site Location 379 BRICK BLVD DRUM POINT PLAZA

Owner in Fee: BRICK NJ
DRUM POINT PLAZA, LLC

Tel. 772 477-6363 e-mail _____

Address 379 BRICK BLVD BRICK NJ 08723
street municipality zip code

Contractor: _____ Tel. _____

Address SAME e-mail _____

Contractor License No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed E

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

Building Occupied as O Utility Co. _____

Est. Cost of Elec. Work \$ _____

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW		Type	Failure	Failure	Approval
☒ No Plans Required	<u>5-13-19</u>	Rough			
☒ Partial Under-slab Utilities Approved	<u>OK</u>	Barrier-Free			
Date: _____	Approved by: _____	Trench			
☐ Electric Plans Approved		Temp. Serv.			
Date: _____	Approved by: _____	Constr. Serv.			
Joint Plan Review Required:		TCO			
☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.		Other			
SUBCODE APPROVAL for PERMIT		Service			
Date: _____	Approved by: _____	Final			<u>6-17-19</u>
☒ Subcode Approved		Barrier-Free			
Date: _____	Approved by: _____	Temp. Cut-in Card Date Issued			
SUBCODE APPROVAL for CERTIFICATE		Final Cut-in Card Date Issued			
☐ TCO ☐ TCCO ☐ N/A		Annual Pool Inspection			
Date: _____	Approved by: _____	Date of Grounding and Bonding			
		Certification			

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: John DeGeorge

Print name here: JOHN DEGEORGE

[] Licensed Elec. Contractor [] Certif'd Landscape Irrigation Contr' [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: NO WORK BEING DONE

QTY.	SIZE	ITEMS	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	_____
_____	_____	Pool Permit/with UW 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 \$ _____

Handwritten text, possibly a signature or name, oriented vertically.

Handwritten text, possibly a signature or name, oriented vertically.



KUMON LEARNING

PLUMBING SUBCODE

TECHNICAL SECTION



John
732 267-3336

Date Received
Control #

6/11/19

Date Issued
Permit #

19-1488

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 379 BRICK BLVD DRUM POINT PLAZA

Owner in Fee: BRICK DRUM POINT PLAZA

Tel. 732 477-6367 e-mail _____

Address 249 BRICK BLVD BRICK 08727
street municipality zip code

Contractor: SA ME Tel. _____

Address _____ e-mail _____

Contractor License No. _____ Exp. Date _____

Home Improvement Contractor Registration No. or Exemption Reason _____

Federal Emp. ID No. _____ FAX: _____

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed E

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS				
		Type:	Dates (Month/Day)			
			Failure	Failure	Approval	Initial
☐ No Plans Required		Slab				
☐ Partial-Underslab Utilities Approved		Rough				
Date: _____ Approved by: _____		Water				
☐ Plumbing Plans Approved		Sewer				
Date: _____ Approved by: _____		Fixtures				
Joint Plan Review Required:		Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire ☐ Elev.		Gas Piping				
SUBCODE APPROVAL for PERMIT		LPGas Tank				
Date: <u>5-20-19</u>		Fuel Oil Piping				
Approved by: _____		Solar				
SUBCODE APPROVAL for CERTIFICATE		Final				
☐ CO ☐ CCO ☐ CA						
Date: <u>6-18-19</u>						
Approved by: _____						

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: JOHN DEGEORGE

Print name here: JOHN DEGEORGE
[] Licensed Plumbing Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK TENANT FIT UP
NO WORK BEING DONE

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
_____	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	_____

COMMERCIAL

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

CONVEYANT

Temper Low - Lot water

6/17-19

6-17-19

KNOWLEDGE RECEIVED



KUMON LEARNING

FIRE PROTECTION SUBCODE

TECHNICAL SECTION



NW

Date Received
Control #

6/11/19

Date Issued
Permit #

19-1488

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 379 BRICK BLVD DRUM POINT PLAZA
Owner in Fee: DRUM POINT PLAZA
Tel. 732 477-6367 e-mail _____
Address 249 BRICK BLVD BRICK N.J 08727
Contractor: SAME Tel. _____ zip code _____
Address _____ e-mail _____

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 E **Fuel Storage Tank:**
Constr. Class: Present _____ Proposed 7 Fuel Type: [] Flammable OR [] Combustible
Capacity _____
Heating System: [] New OR [] Modification to Existing Existing **Fire Alarm System:** [] New OR [] Existing
OR [] Conversion OR [] Replacement Location of Panel: _____
Fuel Type: [] Gas [] Oil [] Electric [] Solar **Fire Suppression/Standpipe System:**
[] Other _____ [] New OR [] Existing
Location of Main Control Valve: _____
Location: C
Total Cost of Fire Protection Work \$ 0

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	_____	_____	_____
[] Fire Protection Plans Approved		Fire Pump	_____	_____	_____
Date: _____ Approved by: _____		Pre-Eng. System	_____	_____	_____
Joint Plan Review Required: _____		Mechanical	_____	_____	_____
[] Bldg. [] Elec. [] Plumb. [] Elev.		Smoke Control	_____	_____	_____
SUBCODE APPROVAL for PERMIT		TCO	_____	_____	_____
Date: _____ Approved by: _____		Flam/Combust Tanks	_____	_____	_____
SUBCODE APPROVAL for CERTIFICATE		Fireplace Venting	_____	_____	_____
[] CO [] CCO [] CA		Final	_____	_____	_____
Date: _____ Approved by: _____		Other	_____	_____	_____

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:

Print name Here:

JOHN DEGEORGE

D. TECHNICAL SITE DATA

[] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

NO WORK BEING DONE

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks	_____	\$ _____
Alarm Systems		
[] System	_____	_____
[] 110v Interconnected	_____	_____
[] CO Detectors/110v	_____	_____
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	_____	_____
Supervisory Devices (i.e., tampers, low/high air)	_____	_____
Signaling Devices (i.e., horn/strobes, bells)	_____	_____
Other Devices	_____	_____
TOTAL	_____	_____
Suppression Systems		
Fire Pump _____ GPM Type _____	_____	_____
Dry Pipe/Alarm Valves	_____	_____
Pre-action Valves	_____	_____
Sprinkler Heads (Dry and Wet)	_____	_____
Standpipes	_____	_____
Pre-engineered Systems		
Wet Chemical	_____	_____
Dry Chemical	_____	_____
CO ₂ Suppression	_____	_____
Foam Suppression	_____	_____
FM200 Suppression	_____	_____
Other	_____	_____
Other Systems		
Kitchen Hood Exhaust System	_____	_____
Smoke Control System	_____	_____
Fuel-Fired Appliances [] Gas [] Oil [] Solid	_____	_____
Fireplace Venting/Metal Chimney	_____	_____
Other	_____	_____

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

ARMY 10404
SERIAL 2412

OFFIC -

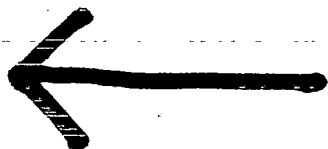
ARMY 10404
SERIAL 2412

DRUM POINT PLAZA

CARVEL
VACANT
RE/max Realtors
Eyes First Vision
SAUN MILAN
Laundromat
9 ROUND
K+J NAILS
VACANT
7-11

SITE MAP

Chinese Rest.
Pasquales Pizza
FASHIONS Q
BACK + NECK Center
Natures
Nutrition
KUMON LEARNING



Parking

LOT

APPROVED FOR ZONING

5-14-19 Tenant F.T.U.P.
CHRIS ROMANO, ZONING OFFICER

DRUM POINT
PLAZA

BLOCK: 547.01

LOT: 15

Parking

LOT

— BRICK BLVD —

— DRUM PT. ROAD —

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Tuesday, June 25, 2019 1:48 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 379 BRICK BLVD. KUMON

We were out there & they are ok to co.

~~Susan M. Stanisz~~
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

335-344 Brick Blvd. → Kumon Learning

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD	<u>38</u>	
LIVE LOAD	<u></u>	P. S. F.
FIRE GRADING	<u></u>	HOURS
USE GROUP	<u>B</u>	



CONSTRUCTION PERMIT

Date Issued 6/11/19
Control # C-19-001664
Permit # 19-1488

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Contractor DRUM POINT PLAZA LLC
Address 249 BRICK BLVD BRICK NJ 08723
Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723 Telephone: (201) 928-0444
Telephone: (201) 928-0444 Lic. No. or Bldrs. Reg. No. _____
Federal Employee. No. _____

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 - KUMON LEARNING

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 \$3,003

Construction Official [Signature]

Date 6/10/19

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	\$150
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$6
CO Fee	\$150.00
Other	\$0
Total	\$306
Check No. <u>2071</u>	
Cash	\$306.00
Credit	\$0
Collected By <u>[Signature]</u>	

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.



KUMON LEARNING

FIRE PROTECTION 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 547-01 Lot 15 Qualification Code _____

Work Site Location 379 BRICK BLVD DRUM POINT

BRICK PLAZA

Owner in Fee: DRUM POINT PLAZA

Tel. 732 477-6367 e-mail _____

Address 249 BRICK BLVD BRICK NJ 08727

Contractor: _____ Tel. _____ zip code _____

Address SAME e-mail _____

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 E

Constr. Class: Present _____ Proposed 2

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

OR [] Conversion OR [] Replacement

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

[] Other _____

Location: C

Total Cost of Fire Protection Work \$ _____

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

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: _____

Print name Here: JOHN DEGEORGE

D. TECHNICAL SITE DATA [] Certified Contractor [] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source NO WORK BEING DONE

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110v Interconnected _____

[] CO Detectors/110v _____

Alarm Devices (i.e., smoke, heat, pulls, water/flow) _____

Supervisory Devices (i.e., tampers, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems

Wet Chemical _____

Dry Chemical _____

CO₂ 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 _____

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

RECEIVING CLERK MP

DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 27-19-00636DATE ISSUED 6/16/19BLOCK: 547.01 LOT: 15 QUALIFIER: _____ SITE ADDRESS: 379 BRICK BLVD DRUM POINT PLAZA

IDENTIFICATION:

1. NAME OF OWNER IN FEE: DRUM POINT PLAZA, LLC
COMPLETE ADDRESS: 249 BRICK BLVD BRICK, N.J
PHONE # 732-477-6363 EMAIL: _____2. NAME OF APPLICANT: DRUM POINT PLAZA, LLC
APPLICANT ADDRESS: 249 BRICK BLVD BRICK
PHONE # 732-477-6363 EMAIL: _____3. RESPONSIBLE PERSON FOR WORK: JOHN DEGEORGE
PHONE # 732-477-6363 FAX # 732-920-53154. SIGNATURE OF APPLICANT: [Signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: \$ 75-
OTHER: \$ _____
TOTAL: \$ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: SOLAR SOURCE
PROPOSED USE: KUMON LEARNINGBOARD 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: _____~~DESCRIPTION: TENANT FITUP NO WORK BEING DONE

ZONING REVIEW:

DATE REVIEWED: 5-14-15 DATE DENIED: _____ DATE APPROVED: 5-14-19 INTLS: ce

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Four(4) copies of 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.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: _____ **DATE DENIED:** _____ **DATE APPROVED:** _____ **INTLS:** _____

[illegible]

LAND USE

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS Township of Brick Ocean County, New Jersey

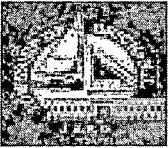
[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-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						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				Accessory Building			Maximum Building Height					
	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)	Side Yard (feet)	Rear Yard ³ (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	—	26			—	
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%	—	26	35	38.5	—	
R-15	15,000	100	115	17,250	100	115	35	12	—	35	10	10	25%	—	26	35	38.5	—	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	—	26	35	38.5	—	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	—	26	35	38.5	—	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	—	26	35	38.5	—	
O-P	15,000	100	150	15,000	100	150	50	10	—	50	20	50	35% ²	2	—	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	—	20	10	20	30% ²	2	—	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	—	50	10	50	30% ²	2	26	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	—	50	20	50	25% ²	—	—	35	38.5	2,000	65%
B-4	5 acres	300	300	—	—	—	100	50(150) ¹	—	100(150) ¹	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% ²	—	—	35	38.5	5,000	65%
R-M	25 acres	350	200	—	—	—	50	50	—	30	30	30	20%	—	26	35	38.5	—	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	—	50	20	50	25% ²	2	—	35	38.5	2,000	50%
H-S	See § 245-261.																		

NOTES:

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

FOR REFERENCE ONLY



Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:

Application Number: 6/11/19
ZA-19-00565

Application Date: 5/13/2019

Project Number:

Permit Number: ZP-A-00636

Fee: \$75.00

Zoning Permit

Worksite **335-399 BRICK BLVD.**
Location: **379 Brick Blvd**
Brick Township, NJ 08723

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

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

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: Professional Offices

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: Tutoring Facility "Kumon Learning Center"

Work Description:

**Tenant Fit-Up - Interior alterations for new tenant. Changing from a professional office to a tutoring facility.
(Kumon)**

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 5/14/2019

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

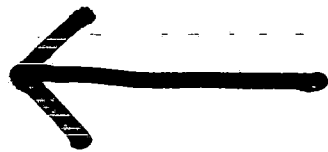
Christopher J. Romano, Zoning Officer

5/14/2019

Date

SITE MAP

Chinese Rest.	Pasquales	Pizza	Q	FASHIONS	Back + Neck Center	Natures	Nutrition	KUMON -LEARNING
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DRUM POINT PLAZA

Carvel	VACANT	RE/max Realtors	Eyes First Vision	Salon Milan	Laundromat	9 ROUND	K+J NAILS	VACANT	7-11
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Parking

Lot

APPROVED FOR ZONING

5-14-19 Tenant Fit up
CHRIS ROMANO, ZONING OFFICER

DRUM POINT
PLAZA

Block: 547.01

Lot: 15

Parking Lot

— BRICK BLVD —

— DRUM PT. ROAD —

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 547.01LOT 15ADDRESS DRUM POINT PLAZA
379 BRICK BLVD**IDENTIFICATION:**1. WORK SITE ADDRESS 379 BRICK BLVD DRUM POINT PLAZA2. APPLICANT DRUM POINT PLAZA3. NAME OF OWNER IN FEE DRUM POINT PLAZA, LLCADDRESS 249 BRICK BLVD BRICK N.J 08722PHONE 732-477-6363 EMAIL _____4. PRINCIPAL CONTRACTOR DRUM POINT PLAZAADDRESS 249 BRICK BLVD BRICKPHONE 732-477-6363 EMAIL _____5. ARCHITECT OR ENGINEER ALLAN H. BORSTADDRESS 2494 MOORE RD TOMS RIVERPHONE 732-255-2717 EMAIL _____6. RESPONSIBLE PERSON FOR WORK JOHN DE GEORGEADDRESS 249 BRICK BLVD BRICKPHONE 732-477-6363 EMAIL _____**FEE SUMMARY:**

APPLICATION FEE \$ _____

REVIEW FEE \$ _____

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 _____

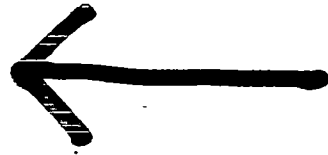
APPROVED DATE _____

PROJECT DESCRIPTION:☐ GRADING/CLEARING☐ ROAD OPENING☐ SOIL REMOVAL / FILL☐ RETAINING WALL☐ POOL☐ BULKHEAD / DOCK☐ DWELLING☐ TREE REMOVAL☐ COMMERCIAL SITE MAINTENANCE☐ DESCRIPTIONTENANT FIT UP - NO WORK BEING DONE**ENGINEERING REVIEW:**

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____

SITE MAP

Chinese Rest.	Pasquales Pizza	Q	FASHIONS	Back + Neck Center	Natures	Nutrition	KUMON LEARNING
---------------	-----------------	---	----------	--------------------	---------	-----------	----------------



Parking

Lot

APPROVED FOR ZONING
5-14-19 Tenant Fit up
 CHRIS ROMANO, ZONING OFFICER

DRUM POINT
 PLAZA

Block: 547.01

Lot: 15

Parking

Lot

DRUM POINT PLAZA

Carvel	VACANT	RE/max Realtors	Eyes First Vision	Salon Milan	Laundromat	9 ROUND	K+J NAILS	VACANT	7-11
--------	--------	-----------------	-------------------	-------------	------------	---------	-----------	--------	------

— DRUM PT. ROAD —

— BRICK BLVD —