420 BLOCK 470 LOT ~~420~~ 15 QUALIFICATION CODE C6-45 ADDRESS (SITE) 990 Cedar Bridge Ave Brick NJ 08723 PERMIT NO. 01-3098

CONSTRUCTION PERMIT APPLICATION

Call P/u Nicole Fiure

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

I. IDENTIFICATION Nicoles Boutique - 732-901-4106

1. Propsed Work Site at: ~~Four Points Shoppes~~ 990 Cedar Bridge Ave. Suite A3 Brick
2. Name of Owner in Fee: Fourth Venture LLC Tel. (732) 886-1500
   Address 1195 Route 70 Suite 2000 (street) Lakewood (municipality) NJ 08701 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Jim Stetzer Tel. (609) 780-0069
   Address _____
   License No. OR, if new home, Builder Reg. No. N/A Exp. Date _____
   Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer Charles Spatz Tel. (732) 282-1122
   Address 34016 Round Hill Court Wall. NJ 07719
6. Responsible Person in Charge of Work Michael + Nicole Fiure
   Tel. (732) 901-4106 FAX (732) 901-0084

COMMERCIAL

Interior alterations Commercial

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	92	$ 35	+A	
2. Electrical			35	
3. Plumbing				
4. Fire Protection				
5. Elevator Devices				
6. Subtotal		$		
7. Less 20% for State Plan Review				
8. Subtotal		$		
9. DCA Training Fee			2	
10. Subtotal				
11. Cert. of Occupancy			15	
12. Other			50	
13. TOTAL		$	37	

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	20 ft.	
3. Area — Largest Floor	2000 S.F. THIS Space sq. ft.	
4. New Building Area	N/A sq. ft.	
5. Volume of New Structure	N/A cu. ft.	
6. Construction Classification	B	
7. Total Land Area Disturbed	N/A sq. ft.	
8. Flood Hazard Zone	N/A	
9. Base Flood Elevation	N/A ft.	
10. Wetlands yes		
no	✓	
11. Max. Live Load	50 PSF	
12. Max. Occupancy Load	100	

II. PROPOSED WORK

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration	$500.00				8-17-01	FH	9/12/01	DC	
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☑ Electrical					8220	MM	9/13/01	JC	
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

OPTIONAL (for office use only)

IMPORTANT! COMMERCIAL FEE

III. DO YOU WANT: (optional)

1. ☑ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☑ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

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

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

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group: M [Merchantile]
3. Change in Use Group, Indicate Former: No

A.I.

LDS BR 10400987

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 J. McGuire Date 8/6/07

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		**Name of Code & Edition**			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/22/2001
Control #
Permit # 01-3098

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 470 Lot 15 Qual

Work Site Location 950 CEDAR BRIDGE AVE SUITE A3
INTERIOR ALTERATIONS
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (7321886-1500

Contractor JIM STETZER
Address UNKNOWN
UNKNOWN, NJ
Telephone (609)780-0063
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - SUITE A3 FOR NICOLES BOUTIQUE
BUILD FITTING/DRESSING ROOMS; BUILD STOCK ROOM

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other ZP	15
Total	~~35~~ 50
Check No.	92
Cash	
Collected By	MJR

08/22/01 11:27AM 000000#6296
XX02 SERV.002

#3098	
BUILDING	$35.00
ZPA	$15.00
CHECK	$50.00

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 $ 500

T. Ciriaco MJR 08/22/2001
Construction Official Date

U.C.C. PIT1 (rev. 3/96)

C3E

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/22/2001
Control #
Permit # 01-3098+A
Permit Issued 08/22/2001

UCC NEW JERSEY

PERMIT UPDATEE

IDENTIFICATION Block 470 Lot 15 Qual

Work Site Location 990 CEDAR BRIDGE AVE SUITE A3
ELECTRICAL
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Telephone (732)886-1500

Contractor S S ELECTRIC
Address 63 LOGANBERRY LANE
TOMS RIVER, NJ 08753-
Telephone (732)255-7133
Lic. No. or Bldrs. Reg. No. 21413
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
FIXTURES/LITES

Estimated Cost of Work $ 2,000

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	2
Cert. of Occupancy	0
Other	
Total	37
Check No.	93
Cash	
Collected By	MJR

08/22/01 12:02PM 000000K6297
XX02 SERV.002

#3098	
ELECTRIC	$35.00
DCA	$2.00
CHECK	$37.00

Construction Official

08/22/2001
Date

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2001
Date Issued 8/22/01
Control # C6-45
Permit # 01-3098

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

Block 470 Lot 15 Qual
Work Site Location 990 CEDAR BRIDGE AVE SUITE A3
INTERIOR ALTERATIONS
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-1500
Contractor JIM SIETZER
Address UNKNOWN
UNKNOWN, NJ
Tele.(609)780-0069 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP - SUITE A3 FOR NICOLES BOUTIQUE
BUILD FITTING/DRESSING ROOMS; BUILD STOCK ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-17-01	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

TYPE OF WORK		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		18
[ ] Roofing		0
[ ] Siding		0
[ ] Fence 0	Height (exceeds 6')	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement Subchapter 8		0
[ ] Lead Haz. Abatement NJAC 5:17		0
[ ] Other		0
Other		0
[ ] Demolition		0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ 17
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2001
Date Issued 8/22/01
Control # C6-45
Permit # 01-3098

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

Block 470 Lot 15 Qual
Work Site Location 990 CEDAR BRIDGE AVE SUITE A3
INTERIOR ALTERATIONS
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-1500
Contractor JIM STEIZER
Address UNKNOWN
UNKNOWN, NJ
Tele.(609)780-0069 Fax ( )
Lic. No. or Bldrs'. Reg. No.
Federal Emp. No.

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP - SUITE A3 FOR NICOLES BOUTIQUE
BUILD FITTING/DRESSING ROOMS; BUILD STOCK ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-17-01	EW
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[X] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	10
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 17
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

F

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/06/2001
Date Issued 8/22/01
Control # C6-45
Permit # 01-3098

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

Block 470 Lot 15 Qual
Work Site Location 990 CEDAR BRIDGE AVE SUITE A3
INTERIOR ALTERATIONS.
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)886-1500
Contractor JIM STETZER
Address UNKNOWN
UNKNOWN, NJ
Tele.(609)780-0069 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.

COMMERCIAL

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP - SUITE A3 FOR NICOLES BOUTIQUE
BUILD FITTING/DRESSING ROOMS; BUILD STOCK ROOM

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	8-17-01	Eng
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
[ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-12-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			9-6-01	
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			9-14-01	
BarrierFree				

B. BUILDING CHARACTERISTICS

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

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 500
3. Total (1+2)$ 500

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	18
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 17
TOTAL FEE	$ 35
DCA Training Fee	$ 0

Paid [ ] Check # 1
Collected by:

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/22/2001
Date Issued ~~01/01/1954~~ 8-22-01
Control #
Permit # 01-3098+A

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

Block 470 Lot 15 Qual
Work Site Location 990 CEDAR BRIDGE AVE SUITE A3
ELECTRICAL
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)255-7133 Fax ( )
Contractor S S ELECTRIC
Address 63 LOGANBERRY LANE
TOMS RIVER, NJ 08753-
Tele.(732)255-7133
Lic. No. or Bldrs. Reg. No. 11413
Federal Emp. No. [redacted]

609 8929
827

B. ELECTRICAL CHARACTERISTICS

Use Group - Present 8 Proposed 8
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 8-22-01
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 9-13-01
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough			9-6-01	TO
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final			9-13-01	TO

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

9-11-01 Locked To

D. TECHNICAL SITE DATA.

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

	Administrative Surcharge	$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 35
	DCA Training Fee	$ 2

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/22/2001
Date Issued ~~01/01/1954~~ 8-22-01
Control #
Permit # 01-3098+A

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

Block 470 Lot 15 Qual
Work Site Location 990 CEDAR BRIDGE AVE SUITE A3
ELECTRICAL
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)255-7133 Fax ( )
Contractor S S ELECTRIC
Address 63 LOGANBERRY LANE
TOMS RIVER, NJ 08753-
Tele.(732)255-7133
Lic. No. or Bldrs. Reg. No. 11413
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[*] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 8/22/01
Approved By: JAR

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 2

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/22/2001
Date Issued ~~01/01/1954~~ 8-22-01
Control #
Permit # 01-3098+A

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

Block 470 Lot 15 Qual
Work Site Location 990 CEDAR BRIDGE AVE SUITE A3
ELECTRICAL
Owner in Fee FOURTH VENTURE LLC/NICOLE BOUT
Address 1195 ROUTE 70 SUITE 2000
LAKEWOOD, NJ 08701-
Tele.(732)255-7133 Fax ( )
Contractor S S ELECTRIC
Address 63 LOGANBERRY LANE
TOMS RIVER, NJ 08753-
Tele.(732)255-7133
Lic. No. or Bldrs. Reg. No. 11413
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 2,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[-] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[X] Elect Plans Approved
Date: 8/22/01
Approved By: DW

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 2

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

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: August 15, 2001 **No.** 1.1289

Block: 470 **Lot:** 15 **Zone:** B-3, Highway Development

Property Address: 990 Cedar Bridge Avenue; Town Hall Shoppes

Applicant: Nicole Fiure; Nicole's Boutique

Property Owner: Paramount-Fourth Venture

Existing Use: Retail television/electronics store.

Proposed Use: Retail bridal/specialty shop.

Proposed Construction: Interior alteration for tenant fit-up; 2,100 square feet.

Conditions: Interior work only.

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

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
AUG 6 2001
ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

COMMERCIAL

Block 470 Lot ~~15~~ 15 Qualifier

PROPERTY ADDRESS 990 Cedar Bridge Ave Brick NJ 08723

PERSONAL NAME OF APPLICANT Nicole + Michael Fiure

BUSINESS NAME OF APPLICANT Nicole's Boutique

PROPERTY OWNER Paramount = 4th Venture (Mr. Levy)

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) ~~Women's Retail Bridal/Specialty~~ Television Retail (Kona/ Dial Electronics)

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) Women's Retail Bridal/Specialty

PROPOSED CONSTRUCTION (check all that apply)

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

CHECKLIST

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

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

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

Signature of applicant NFiure Date 8/6/01

Reviewed by Zoning Office JK Date 8/10/1 (X) Approved ( ) Denied

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 470 LOT 15 SITE ADDRESS 990 Cedar Bridge Ave Ste A3
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS Nicole's Boutique
APPLICANT Nicole Fiore - Jenna Ventura PHONE NUMBER 901-4166
APPLICANT ADDRESS 1195 Rt. 70 Ste 2000 CITY & STATE Lakewood, NJ 08701

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required		Date	
	Down Payment		Date	
	Balance		Date	
	Paid In Full		Date	
Market Rate	No Fee Required			

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 4,200

Frederick R. Millman, CTA, Tax Assessor — Date 8/20/01

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

$ ______

Frederick R. Millman, CTA, Tax Assessor — Date ______

Prelininary Fee Required	21.00	Date	8/22/01
Preliminary Paid	21.00	Check #	91
		Receipt #	4090
Final Total Fee Required	42.00		
Preliminary Paid		Date	
Final Paid		Check#	
Balance Due		Receipt #	

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

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

8/20/01 - TA prelim
1/?/01 ... letter

______
Office of Affordable Housing

Nicole's Boutique
990 Cedar Bridge Avenue
Brick NJ 08723

4790

91

55-132/312 08

YES

DATE 8/21/01

PAY TO THE ORDER OF Township of Brick

$ 21 00

Twenty one dollars 00/100 DOLLARS

Commerce Bank
America's Most Convenient Bank®.
1-800-YES-2000

732 901 4106

FOR Nicoles Boutique

NCfice

MP

[redacted]

Tony R. Shupin
Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Nicolis Boutique

Owner/Applicant: Nicolis Boutique

Property Address: 990 Cedar Bridge Ave #A3

Block: 470 Lot: 15

DEPOSIT RECEIVED

Mandatory Development Fee
~~Commercial~~
Residential
Inclusionary Development Fee

DATE: 8/22/01

Check Number 91

Estimated Fee 42.00

Preliminary Fee Deposit 21.00

Final Fee

Less Preliminary Fee

Final Fee Deposit

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

8/22/01

Date

OFFICE OF AFFORDABLE HOUSING

AHBT PRELIMINARY APPROVAL

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Administration & Finance

Division of Inspections
Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
http://www.gbshost.com/brick
http://www.twp.brick.nj.us

U N I F O R M C O N S T R U C T I O N C O D E

Construction Permits Application
5:23-2.15(e) (viii) (1x)

Owner/Agent: _____

Property Address: 990 Cedar Bridge Ave #A3

Town: Brick Zip: 08723

Block: 470 Lot: ~~A30~~ 15

☐ Waive architecturals for commercial interior work

☐ Other _____

OWNER/AGENT PROCEED AT OWN RISK ☐

Signature: _____

Owner/Agent: _____

Building Sub-code Official: _____
Frank Mizer

Construction Official: _____
Joseph Curiazza

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 470 LOT 15 SITE ADDRESS 990 Cedar Bridge Ave Ste A 3
TYPE OF SITE Residential (Commercial) NAME OF BUSINESS Nicelles Boutique
APPLICANT Nicole Fiore - Fourth Venture PHONE NUMBER 201-416-6 or 262-3500
APPLICANT ADDRESS 1195 Rt. 70 Ste 2000 CITY & STATE Lakewood, NJ 08701

INCLUSIONARY DEVELOPMENT

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

Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

~~X~~ Commercial is .01%

~~X~~ The estimated equalized assessed value of the proposed construction is

$ 4,200

Frederick R. Millman, CTA, Tax Assessor — Date 8/20/01

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

$ 4,200

Frederick R. Millman, CTA, Tax Assessor — Date 9/11/01

Prelininary Fee Required 21.00 Date 8/22/01
Preliminary Paid 21.00 Check # 91
Receipt # 4790

Final Total Fee Required 42.00
Preliminary Paid 21.00 Date 9/14/01
Final Paid 21.00 Check# 97
Balance Due -0- Receipt # 1203

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

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

Office of Affordable Housing

8/20/01 - Ta prelim
8/22/01 - called & letter
9/11/01 - Ta final
9/13/01 - called - no answer mailed ltr.

Nicole's Boutique / NIKMIK, L.L.C.
990 Cedar Bridge Avenue
Brick NJ 08723
(732) 262-3500

97
55-132/312 08

DATE 9/13/01 YES

PAY TO THE ORDER OF Township of Brick $ 21.00

Twenty one dollars no/100 DOLLARS

Commerce Bank America's Most Convenient Bank® 1-800-YES-2000

FOR Affordable Housing NCHURL

[redacted]

Tony R. Shupin
Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Lisa Rose Tavalaiccio, Office of Affordable Housing
Re: Affordable Housing Fees

Business/Development: Nicoles Boutique

Owner/Applicant: Nicoles Boutique

Property Address: 990 Cedar Bridge Ave Ste A3

Block: 470 Lot: 15

DEPOSIT RECEIVED

Mandatory Development Fee
(Commercial)
Residential
Inclusionary Development Fee

DATE: 9/14/01

Check Number 97

Estimated Fee 42.00

Preliminary Fee Deposit 21.00

Final Fee

Less Preliminary Fee

Final Fee Deposit

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

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

Received in Treasurer's Office by:

Signature

9-14-01
Date

OFFICE OF AFFORDABLE HOUSING

AHBT FINAL APPROVAL

Certificate of Occupancy Single Family Dwelling

Location 990 Cedar Bridge Suite A 3 Block 470 Lot 15

Final Inspections needed as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Report of Compliance, Ocean County Soil
8. Home Owners Warranty (HOW) or Affidavit by Owner

Certificate of Approval Additions and Alterations

Final inspections on all the Technical Sections that were paid for Building, Plumbing, Fire, and Electrical.

Report of Compliance from Ocean County Soils needed when; more than 5000 square feet are disturbed, almost always when more than 1 house is constructed as in Major and Minor Subdivisions. Affordable Housing when applicable. Stamped in Red when review is needed.

	FINALS	FINALS	FINALS
Building	Approved		9/12/07
Plumbing	Approved		
Fire	Approved		
Electric	Approved		O.K. 9/13/07
Ctf of Comp BTMUA	Approved		
HOW	Approved		
Engineering	Approved		
Soil	Approved		O/C 8/22/07
Affordable Housing	Approved		
Commercial Occupancy Load	Completed		
Public Works Garbage Can Receipt	Received		
Application for CO	Completed		

BLOCK 470 LOT 15 ADDRESS 990 Cedar Bridge - Neal Burger

01-3058

C6-45

Nicole's Boutique
990 Cedar Bridge Ave
Brick NJ 08723

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Nicole's Boutique 990 Cedar Bridge Ave Brick NJ
Block: 670 Lot: 1015
Owner's Name: 4th Venture / Paramount Leased to Nicole Fiore
Owner's Mailing Address: 4106 Gallopin Hill Lane
Toms River NJ 08753
Phone: (732) 901-4106 (Nicole)

BUILDING

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

Technical Data

Description of Work:

Type of Work

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

Building Characteristics

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

Cost of Alteration:

Cost of New Building:

Total Cost of Building Work:

Signature:

Please Print Name

ELECTRICAL

Contractor: S.S. Electric (773-4592)
Address: 63 Loganberry Lane
Toms River NJ 08753
Phone#: (732) 255-7133
Lis #: 11413
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	11
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	6
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit –Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: 2000.00

Signature:

Please Print Name: Scott H Shaw

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

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

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances:_____

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

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: Towne Hall Shoppes - 990 Cedar Bridge Avenue Brick NJ 08723
Block: 470 Lot: 15
Owner's Name: Fourth Venture
Owner's Mailing Address:

Phone: ( )

BUILDING

Contractor: Jim Stetzer
Address:

Phone#: (609) 780-0069
Lis #
Federal Emp # or SSN

Technical Data

Description of Work: (See Plans.)
- Build Fitting/Dressing Rooms
- Build Stock Room

Type of Work

___ New Building	___ Siding
___ Addition	___ Fence
X Alteration	___ Pool
___ Roofing	___ Demolition
___ Asbestos Abatement	___ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: 1
Height of Structure: 20ft
Area of the largest floor: 2000 sq ft
Area of New Building: N/A
Volume of Structure: N/A
Total Land Disturbed: N/A

Cost of Alteration: $500.00
Cost of New Building: See Above
Total Cost of Building Work: $500.00

Signature: NCFiveL
Please Print Name Nicole C Fivel

ELECTRICAL

Contractor: Scott Shan
Address: 55 Electric 63 Loganberry Drive Toms River 08753
Phone#: (732) 773-4592
Lis #:
Federal Emp # or SSN

Technical Data

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

elec. contractor to update

Estimated Cost of Electrical Work:

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures Quantity

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

Estimated Cost of Plumbing Work_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

Technical Data

Description of Work:

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

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

Flammable Storage Tanks _____capacity_____fuel
Combustible Storage Tanks_____capacity_____fuel
LPG Storage Tanks_____capacity_____fuel

Item Quantity

Wet Sprinkler Heads_____
Dry Sprinkler Heads_____
Total_____

Smoke Detectors_____
Heat Detectors_____
Total_____

Stand Pipes_____
Kitchen Hood Exhaust System_____

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

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

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

Estimated Cost of Fire Work_____

Signature:_____

Print Name:_____