BLOCK 646 LOT 1 ADDRESS (SITE) 589 MANTOLOKING Rd PERMIT NO. 2976-96-

RECEIVED
OCT 17 1996
DIV. OF INSPECTION

"DOWNS FLOOR COVERING"

CONSTRUCTION PERMIT APPLICATION

477-6653

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

I. IDENTIFICATION

1. Proposed Work-site at: 589 MANTOLOKING Rd
2. Name of Owner in Fee: DARREN DOWNS Tel [redacted]
   Address 343 CHURCH Rd (street) BRICK (municipality) 08735 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: OWNER Te [redacted]
   Address ____
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Emp. No. ____ Social Security No. ____
5. Architect or Engineer OWNER Tel. (___) ____
   Address ____
6. Responsible Person in Charge of Work DARREN DOWNS. Te [redacted]

INTERIOR ALTERATION.

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	110-		
2. Electrical				
3. Plumbing				
4. Fire Protection		83-		
5. Elevator Devices				
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. DCA Training Fee		3-		
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZAA		$15		
13. TOTAL	$	211-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	19 ft.	
3. Area—Largest Floor	2385 sq. ft.	
4. New Building Area	2385 sq. ft.	
5. Volume of New Structure	23850 cu. ft.	
6. Construction Classification		
7. Total Land Area Disturbed	0 sq. ft.	
8. Flood Hazard Zone		
9. Base Flood Elevation	ft.	
10. Wetlands yes	sq. ft.	
no	X	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☒ Small Job ($5,000 and no prior approvals)	3000.00
3. ☐ New Building	
4. ☐ Addition	
5. ☐ Alteration	
6. ☒ Fire Protection	350.00
7. ☐ Plumbing	
8. ☒ Electrical	1500.00
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	4850.00

339

OPTIONAL (for office use only)

	Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
	TWP	10/17/96						
						1/4/97		
			10/22/96	11/19/96		1/14/97		
						1/8/97		
	EWG	10/21/96		W/H				

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 0
After Construction 0
Net gain or loss ____

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

LDS BR 10408743

Plans Attorney
11-19-96

CERTIFICATION IN LIEU OF OATH

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

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 11/19/96

II. AGENT SECTION

(to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the New Jersey 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 _____ Date _____

OFFICE DATE RECEIVED: _____

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

IMPORTANT: Please Read Entire Application Before Signing

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. 2976	1-15-97			

CERTIFICATE

Date Issued 1-15-97
Control #
Permit # 2976-96

IDENTIFICATION

Block 646 Lot 1
Work Site Location 589 Mantoloking Rd.

Owner in Fee Darren Downs
Address 343 Church Rd.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group R 2 hours
Maximum Live Load
Description of Work/Use:

Tenant fit-up "DOWNS FLOOR COVERING"

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ CERTIFICATE OF OCCUPANCY xxxx☑ CERTIFICATE OF APPROVAL

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

☐ 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 OCCUPANCY

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

J. Cuniazza
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued
Control #
Permit # 2976-96

IDENTIFICATION Block 646 Lot 1

Work Site Location 589 Mantoloking Rd
Bell Barron Downs.

Owner in Fee
Address 343 Church Rd. Bell Alt.

Tele. [redacted]

Contractor
Address

Tele. ( )
Lic. No. or Bldrs. Reg. No. Exp. Date
Federal Emp. No.
or Social Security No.

is hereby granted permission to perform the following work:

[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:

Interior Renovation.

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 $ 3350 —

J Cuccia
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)	
Building	110 —
Plumbing	
Electrical	
Fire Protection	85 —
Other	
Other	
DCA Training Fee	3 —
Cert. of Occ.	
Other ZPA	15 —
Total	213 —
Check No.	
Cash	
Collected By:	

U.C.C. Form F-170C

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

BUILDING SUBCODE TECHNICAL SECTION

Date Received 11-14-96
Date Issued
Control #
Permit # 2976-96

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

Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD

Owner in Fee DARREN DOWNS
Address 343 CHURCH RD
[redacted]
Tele. ( ).
Contractor OWNER
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security 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 Darren Downs

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

- REPAIR WINDOWS.
- INSTALL 2 PARTITION WALLS
- FIX SHEETROCK
- INSTALL HUNG CEILING
- INSTALL NEW FRONT DOOR

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	11/19/96	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire		
SUBCODE APPROVAL		
[ ] CO [ ] CCO [ ] CA		
Date: 1-14-97		
Approved By: WA Coyne		

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

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed
Constr. Class	Present	Proposed
No. of Stories	1	
Height of Structure	19	Ft.
Area—Largest Floor	2386	Sq. Ft.
New Bldg. Area/All Floors	2386	Sq. Ft.
Volume of New Structure	23,860	Cu. Ft.
Total Land Area Disturbed	0	Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Alteration $ 3000.00
3. Total (1+2) $

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Alteration
  - [ ] Roofing
  - [ ] Siding
  - [ ] Fence _____ Height (6' or over)
  - [ ] Sign _____ Sq. Ft.
  - [ ] Pool
  - [ ] Asbestos Abatement
  - [ ] Other _____
  - [ ] Other _____
- [ ] Demolition

(Office Use Only)
FEE
$

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

U.C.C. Form F-1108 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

WK 166827

Buck

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV-18 96 0 1 0 4 8

1/8/97
WINNICK
THIS WILL
ARRIVE FROM
COUNTY ASAP
PAID

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

Block 646 Lot 2
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee DARREN DOWNS, T/A DOWNS FLOORCOVERING INC
Address 301 DRUM POINT RD
BRICK NJ 08723
Tele [redacted]
Contractor PARKVIEW ELECTRIC
Address 212 PARKVIEW BLVD
TOMS RIVER NJ 08757
Tele. (908) ~~505-286~~ 349-6452
Lic. No. 9574
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as CARPET STORE Utility Co. GPU
Est. Cost of Elec. Work $ 3100

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved NOTED
Date: 1/8/97
Approved by: [signature]

SUBCODE APPROVAL
[+] CO [ ] CCO [ ] CA
Date: 1/8/97
Approved By: [signature] 5433

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			12/27/96	5433
Temporary			11/25/96	5433
Constr. Serv.				
TCO				
Other				
Service				
Final	1/3/97 5433		1/8/97	5433
Temp. Cut-in-Card Date Issued			11/25/96	5433
Final Cut-in-Card Date Issued			1/8/97	5433

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.

[signature]
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~25~~30		Fixtures (1)	
13		Receptacles (2)	
5		Switches (3)	
48		Total 1 + 2 + 3	40
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
1	3 Kw	A/C Unit	7
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
1	____ Kw	Central heat: oil (gas) or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
1	200 Amp	Service Entrance	35
____	____	Other	____

	Administrative Surcharge	$ ____
Paid [ ] Check # 3264	Minimum Fee	$ 52
	DCA Training Fee	$ 2
Collected by: _____	TOTAL FEE	$ 54

U.C.C. Form F-120B RF
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

pdby owner

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 11-19-96
Date Issued
Control #
Permit # 2976-96.

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

Block 646 Lot 1
Work Site Location 589 MANTOLOKING RD
Owner in Fee DARREN DOWNS
Address 343 CHURCH RD
Tele. ( ) [redacted]
Contractor OWNER
Address
Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed
Constr. Class. Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: UTILITY Room
Total Est. Cost of Fire Prot. Work $ 350 [ ] Other

Furnace on Roof
one inside not
Working Units

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire Plans Approved
Date: 11/19/96
Approved by: JE

SUBCODE APPROVAL:
[ ] CO [ ] CCO [X] CA
Date: 1-14-97
Approved by: JE

INSPECTIONS: Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other 12/27/96			Not Ready	JE
Other 1/14/97			Tenant to Sup.	JE
Other			1-14-97 OK Temp Cert 1-17-97	

Sprinkler guages over Furnace JE
1-14-97 Abated

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.

Darren Downs
SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source CITY
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity		Fuel
Combustible Liquid Storage Tanks	( ) Capacity		Fuel
L.P.G. Storage Tanks	( ) Capacity		Fuel
L.N.G. Storage Tanks	( ) Capacity		Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads over Furnace	Existing 1	
Dry Sprinkler Heads		50
TOTAL		
Smoke Detectors AC DC	5	
Heat Detectors Battery Backup		35
TOTAL	5	
Fire Extinguishers		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Exit Signs & Lights Lite Battery Back up.		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance		
OTHER		

Administrative Surcharge $ 85.-
Paid [ ] Check # Minimum Fee $
DCA Training Fee $
Collected by: TOTAL FEE $

U.C.C. Form F-1408 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

WR166829

Brick

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # NOV-18 96 0 1-0 4 8

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

Block 646 Lot 2
Work Site Location 589 MANTOLOKING RD
BRICK NJ 08723
Owner in Fee DARREN DOWNS, T/A DOWNS FLOORCOVERING INC
Address 301 DRUM POINT RD
BRICK NJ 08723
Tele. [redacted]
Contractor PARKVIEW ELECTRIC
Address 212 PARKVIEW BLVD
TOMS RIVER NJ 08757
Tele. (908) ~~505-3516~~ 349-6452
Lic. No. 9574
Federal Emp. No. _____ or Social Security No [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as CARPET STORE Utility Co. GPU
Est. Cost of Elec. Work $ 3100

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved NOTED
Date: 9/11/96
Approved by: MMcG

SUBCODE APPROVAL
[+] CO [ ] CCO [ ] CA
Date: 1/8/97
Approved By: [illegible] 5433

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			12/27/96	5433
Temporary			11/25/96	5433R
Constr. Serv.				
TCO				
Other				
Service				
Final	1/3/97 5433		1/8/97	5433

Temp. Cut-in-Card Date Issued 11/25/96 5433
Final Cut-in-Card Date Issued 1/8/97 5433

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.

Edward A. Schramm
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
~~2530~~		Fixtures (1)	
13		Receptacles (2)	
5		Switches (3)	
46		Total 1 + 2 + 3	40
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
1	3 Kw	A/C Unit	7
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
1	___ Kw	Central heat: oil (gas) or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
1	200 Amp	Service Entrance	35
		Other	

	Administrative Surcharge	$
Paid [ ] Check # 3364	Minimum Fee	$ 82
	DCA Training Fee	$ 2
Collected by:	TOTAL FEE	$ 84

U.C.C. Form F-120B RF 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

pdby owner

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: October 17, 1996 1996 - 1514

Block 646 Lot 1 Zone B-2,G.B.

Property Address: 587 Mantoloking Road

Owner: Darren Downs (Phone): [redacted]

Applicant: Same (Phone): Same

Use: Vacant Retail Store (Former Bra & Gridle)

Proposed Construction (if any): Interior alterations only for retail tile and carpet store.

Conditions: Any exterior work will require a separate zoning permit.

Please note that a Construction Permit, as well as a Zoning Permit, must be obtained prior to any construction. You will be notified by the Division of Inspections to pick up and pay for your entire Construction Permit.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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

One Trenton Ave.
Lavallette, NJ 08723
January 7, 1997

Brick Township Building Department
Chambersbridge Road
Brick, NJ 08723

re: 589 Mantoloking Road
Brick, NJ
Block 646 Lot 1
Permit #2976-96
Darren Downs (owner and contractor)

Dear Mr. Sutton,

I was involved in the initial stages of interior renovations for the above mentioned construction and have knowledge of the existing conditions prior to the construction.

1) All window openings and door openings were existing and only repaired. The building is a concrete block building and the lentils are metal angle irons. The carpenters removed rotting wood sills and side pieces and replaced them with new treated lumber. This lumber is non structural. The openings were not expanded. New glass was installed in the repaired openings.

2) The building had sheetrock exterior walls and a hung ceiling. The carpenters repaired and retaped the sheetrock on the West and East walls. The front of the building was painted block walls (North side). Firring strips were secured to the block and the sheetrock was installed on the strips.

3) The interior partition walls are made of metal studs and firecode sheetrock. They replaced existing partition walls as per submitted and approved plan.

4) The existing hung ceiling was removed and replaced.

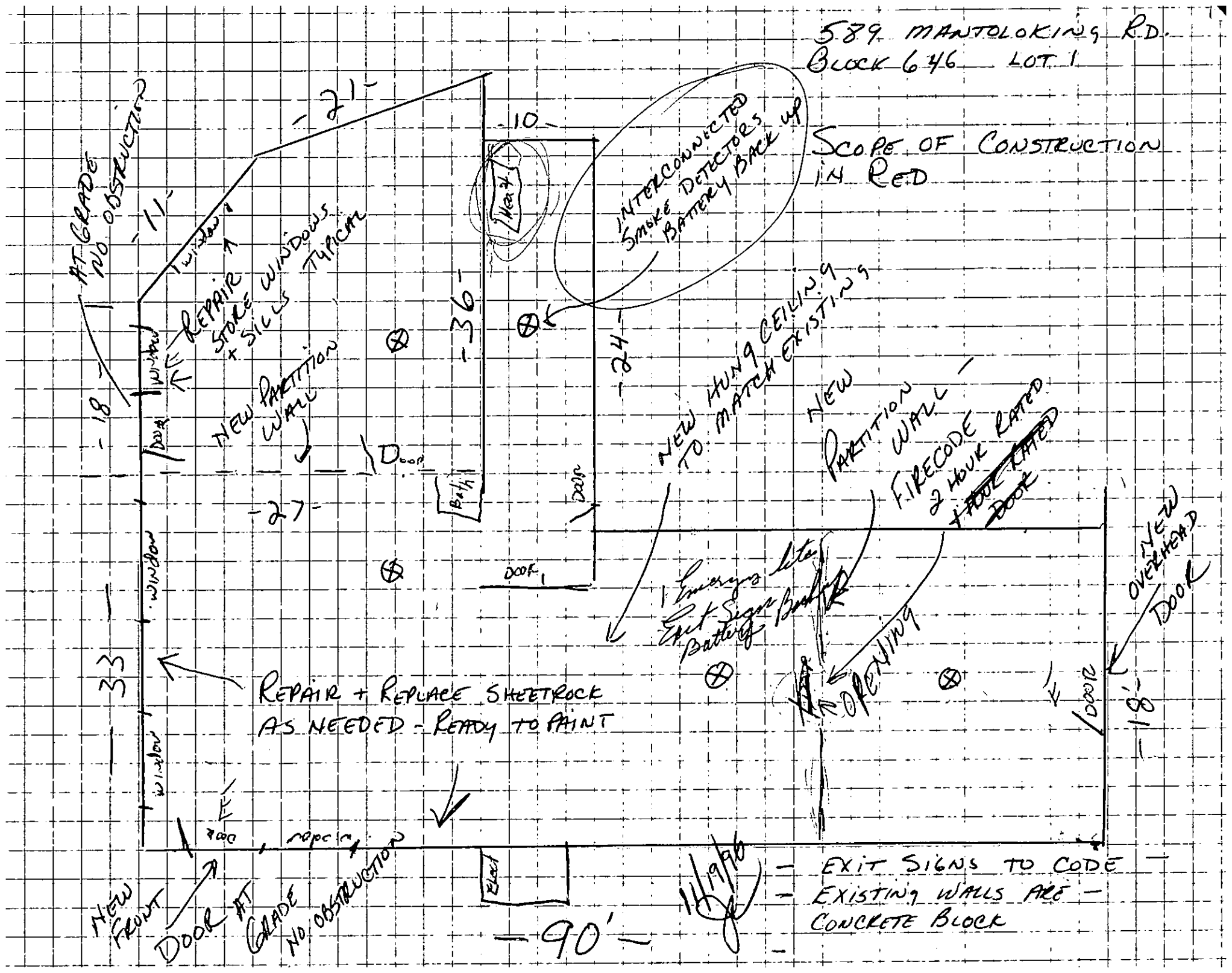
There is no intention to hide the construction. As there is no structural work being done, the framing inspection was overlooked. Mr. Downs received an electrical inspection as he brought the electric to current code, and will be bringing the safety features to current code according to the plan and permit.

Very truly yours,

Woody Keller

Woody Keller
Builder's Registration #021024

589 MANTOLOKING RD.
BLOCK 646 LOT 1



11/9/96

- EXIT SIGNS TO CODE
- EXISTING WALLS ARE CONCRETE BLOCK

BOCA®
PLAN REVIEW RECORD

NATIONAL BUILDING CODE
(All Articles except 24, 28, 29, 30, 31 and 32)

uation: _____
: _____

Plan Review # _____
Date 10/24/96

IISDICTION BRICK
(City, County, Township, etc.)

LDING LOCATION 589 MAPLEWOOD RD.
(Street address)

LDING DESCRIPTION _____

IEWED BY APP FIRE

Numerals indicated in parenthesis are applicable code sections of the *1987 BOCA National Building Code.*

CORRECTION LIST

No.	DESCRIPTION	Code Section
	AS PER PLANS — DOOR BETWEEN STORAGE AREA AND RETAIL AREA WHICH ~~ARE~~ SEPARATED BY A 2 HOUR RATED WALL, IS NOT RATED.	

BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60477-5795