BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) DRUM POINT PLAZA ~~335-399~~ ~~385 BRICK BLVD~~ PERMIT NO. 14-0321

CONSTRUCTION PERMIT APPLICATION

C-14-000385

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

I. IDENTIFICATION

1. Proposed Work Site at (385) ~~335-399~~ BRICK BLVD DRUM POINT PLAZA
2. Name of Owner in Fee: NATURE'S NUTRITION
   Tel. (732) 920-3677 e-mail _____
   Address 385 BRICK BLVD BRICK, N.J. 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: DEGEORGE DEVELOPMENT LLC Tel. (732) 477-6363
   Address 249 BRICK BLVD, BRICK, N.J e-mail _____
   License No. OR, if new home, Builder Reg. No. 032682 Exp. Date 6-30-14
   Federal Employee No. _____ FAX: (732) 920-5315
5. Architect or Engineer ALLAN H. BORST Contact _____
   Address 1792 HINDS RD TOMS RIVER e-mail _____
   Tel. (732) 255-2713 FAX: (732) 782-0298
6. Responsible Person in Charge once Work has Begun JOHN DEGEORGE
   Tel. (732) 477-6363 FAX: (732) 920-5315

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 240 ✓	+A	B
2.	Electrical	40 ✓	+ 100 ✓	50 ✓
3.	Plumbing	~~60~~ 65 ✓		
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Surcharge Fee		8	
10.	Subtotal	$		
11.	Cert. of Occupancy	23		3
12.	Other	- 428	- 108	53
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

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

COMMERCIAL

II. PROPOSED WORK

OPTIONAL (for office use only)

		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	8000	MB	2/6/14		2/14/14	MBK			
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection	300				2/10/14	MB			
6.	☐ Plumbing	2500				2-12-14	MB			
7.	☐ Electrical	2400				2-13-14	MB			
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8		Emg Exempt			2/7/14	ECC			
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS	13,200								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units: | All Units | Income-restricted
   Before Construction
   After Construction
   Net Gain or Loss

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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 10/14/2014
Control Number C-14-000385
Permit Number 14-0321
Permit Issue Date 2/14/2014
Certificate Number 14-0321

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. 385 Brick Blvd. Unit 5 Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-3637

Contractor DRUM POINT PLAZA LLC

Address 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-3637 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 10

Description of Work/Use: TENANT FIT UP ...Nuitrition Store

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:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 10/14/2014

U.C.C. F260 (rev. 08/05)

Block 547.01 Lot 16
Unit 5

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 10
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP M

NATURE'S Nutrition

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Group M 300250 SX CC 1000

Date Received
Control # 14-0321

Date Issued
Permit # 2-14-14

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 385 BRICK BLVD
DRUM POINT PLAZA

Owner in Fee: NATURE'S NUTRITION

Tel. (732) 920-3637 e-mail

Address 385 BRICK BLVD BRICK N.J 08723
street municipality zip code

Contractor: DEGEORGE DEVELOPMENT LLC Tel. (732) 477-6363

Address 249 BRICK BLVD e-mail DEGEORGEDEV
BRICK, N.J. 08723 @AOL.COM

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 032682

Federal Emp. ID No. FAX: (732) 920-5715

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present M Proposed M

Constr. Class: Present 3 Proposed 3

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

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

Location:

Total Cost of Fire Protection Work $ 3000.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: TENANT FITOUT FOR VITAMIN STORE

Water Supply Source

Method of Alarm/Suppression System Supervision

	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 EXIT SIGNS	2	
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other Tenant Fit Up		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[√] Fire Protection Plans Approved

Date: 2/10/14 Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: C

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 6/18/14

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/18/14	KB
Other				

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 14-0321

Date Issued
Permit # 2-14-14

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 385 BRICK BLVD BRICK, N.J.

Owner in Fee: NATURE'S NUTRITION

Tel. (732 920-3637 (Peter Marino) e-mail ____

Address 385 BRICK BLVD BRICK, N.J. 08723 (street, municipality, zip code)

Contractor: Ko-Bo INC Tel. 609) 971-8900

Address 48 MAIN ST e-mail ____

Contractor License No. 11989 Exp. Date 6-30-15

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

Federal Emp. ID No. 22-3579691 FAX: ( ) ____

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size ____ Public Sewer X Private Septic ____

Water Service Size ____ Public Water X Private Well ____

Est. Cost of Plumbing Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 2-12-14

Approved by: BJD

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 10-9-14

Approved by: ____

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab	____	____	2-24-14	BJD
Rough	____	____	5-30-14	MC
Water	____	____	____	____
Sewer	____	____	____	____
Fixtures	____	____	____	____
Gas Equipment	____	____	____	____
Gas Piping	____	____	____	____
LPGas Tank	____	____	____	____
Fuel Oil Piping	____	____	____	____
Solar	____	____	____	____
TCO Final	____	____	10-9-14	BJD
____	____	____	____	____

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
____	Water Closet	____
____	Urinal/Bidet	____
____	Bath Tub	____
____	Lavatory	____
____	Shower	____
~~3~~ 4	Floor Drain	____
1	Sink/HAND	____
____	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 Condensate line for freezer/fridge	____
____	Other ____	____

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

COMMERCIAL

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit # 14-0321

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 385 BRICK BLVD - DRUM POINT PLAZA BRICK, N.J.

Owner in Fee: NATURE'S NUTRITION

Tel. (732) 920-3637 e-mail

Address 385 BRICK BLVD (street) BRICK (municipality) N.J (zip code) 08723

Contractor: DE GEORGE DEVELOPMENT, LLC Tel. (732) 477-6363

Address 249 BRICK BLVD BRICK, N.J e-mail DEGEORGEDEV@AOL.COM

Contractor License No. or Builder Registration No. 032682 Exp. Date 6-30-14

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

Federal Emp. ID No. FAX: (732) 920-5315

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 02/14/14 — MW
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL
[✓] CO [ ] CCO [ ] CA
Date: 10/10/14
Approved by: MW

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame Partial			*5-31-14	MW
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO *5/30/14 MW			*6/3/14	MW
Other				
Final			10/9/14	MW
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed M	
Constr. Class	Present 4	Proposed 3	
No. of Stories			
Height of Structure			Ft.
Area — Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 80000
2. Rehabilitation $
3. Total (1+ 2) $ 80000

U.C.C. F110 (rev. 7/06)
Internet version

*NR

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 2-14-14

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FITOUT
FOR ADDITION TO
VITAMIN STORE
EXIT SIGNS

TYPE OF WORK:
- [ ] New Building
- [ ] Addition
- [X] Rehabilitation COMMERCIAL
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Retaining Wall _____ Sq. Ft.
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Radon Remediation
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)
$

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

REORDER FROM OCS PRINTING 609-390-1400

update 14-6321 +B

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 5/22/14

Date Issued
Permit # 14-6321+B

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 385 BRICK BLVD DRUM POINT PLAZA NATURES

Owner in Fee: NATURES NUTRITION NUTRITION

Tel. (732) 920-3637 e-mail

Address 385 BRICK BLVD BRICK
street municipality zip code

Contractor: Ro Bo Inc Tel. (609) 597-3900

Address 45 Main St e-mail

Waretown NJ 08758

Contractor License No. 11989 Exp. Date 6/30/15

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

Federal Emp. ID No. 22-3519691 FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500-

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: 5-22-14 Approved by: AK
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 5-22-14
Approved by: AK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-9-14
Approved by: AK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough			8-1-14	AK
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO (60 days)		TCO	5-30-14	AK
Final			10-9-14	AK

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:

Print name here: ROBERT KARLS

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

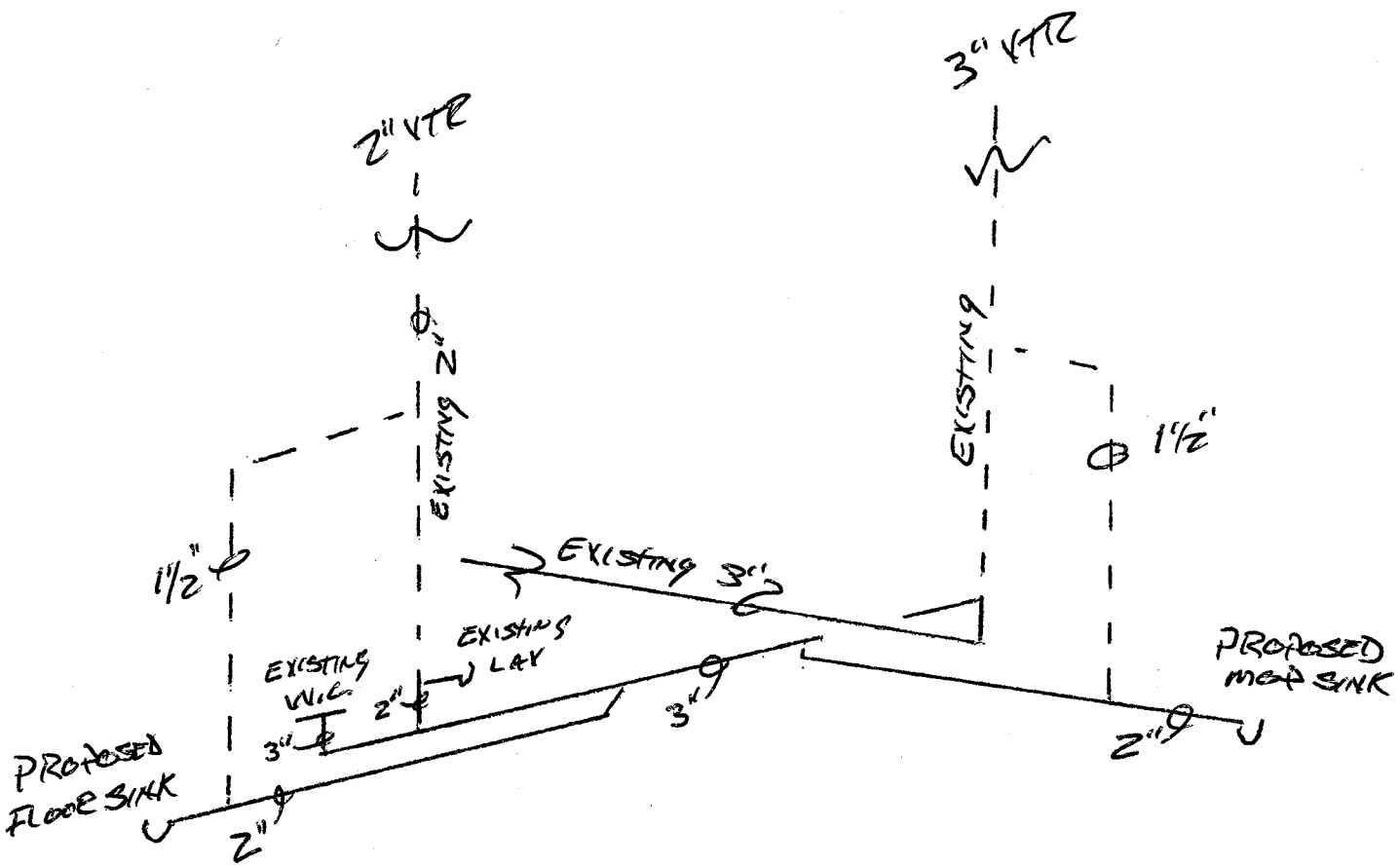
D. TECHNICAL SITE DATA

DESCRIPTION OF WORK ROUGH IN FLOOR AND MOP SINK, DISHWASHER

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
2	Sink – MOP AND FLOOR	
1	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	

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

(not done yet original part of state)



Plly 5-22-14

ROBERT G. RAFAEL
STATE OF NEW JERSEY
LICENSED
MASTER
PLUMBER
19

- Double Remote heads at Rear Exits—
- Emerg light dont work: By rainbow light sign
- Remove Emerg Sign at former front exit
- Furnishings + Stock must be at final resting place (Maintain min. 3'0" clear at all isleways/pathways)
- lever handles with push button knobs at all knob doors—
- Door Stops—

Recomend TCO
6/15/14 JV

emailed bldg. owner 9/5/14 MS

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/31/2014
Control Number C-14-000385
Permit Number 14-0321
Permit Issue Date 2/14/2014
Certificate Number 14-0321

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 335-399 BRICK BLVD. 385 Brick Blvd. Unit 5 Brick Township, NJ Block: 547.01 Lot: 15 Qual:

Owner in Fee: DRUM POINT PLAZA LLC

Owner Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-3637

Contractor DRUM POINT PLAZA LLC

Address 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-3637 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 10

Description of Work/Use: TENANT FIT UP ...Nuitrition Store

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: 7/31/2014
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:
Final Building and Plumbing inspections

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 6/18/2014

U.C.C. F260 (rev. 08/05)

APPLICATION FOR CERTIFICATE

Date Received	2/6/2014
Date Permit Issued	2/14/2014
Control #	C-14-000385
Permit #	14-0321
Date Issued	7/31/2014

IDENTIFICATION

Block 547.01 Lot 15 Qualifier

Work Site Location 335-399 BRICK BLVD. 385 Brick Blvd. Unit 5 Brick Township, NJ

Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723

Telephone (732) 920-3637

Contractor DRUM POINT PLAZA LLC

Address 249 BRICK BLVD BRICK NJ 08723

Telephone (732) 920-3637

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

ACTION

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

USE GROUP _____ Previous M Current

FINAL COST OF CONSTRUCTION: $ 13200
(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 ...Nuitrition Store

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received Control # 14-0321

Date Issued Permit # 2-14-14

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 385 BRICK BLVD BRICK, N.J. DRUM POINT PLAZA

Owner in Fee: NATURE'S NUTRITION

Tel. (732) 920-3637 e-mail

Address 385 BRICK BLVD BRICK N.J 08723 (street, municipality, zip code)

Contractor: Sun Electrical Construction Corp. Tel. (732) 477 3500

Address 308 Drum Point Road e-mail azuella@sunelectric.us

BRICK, NJ 08723

Contractor License No. 7146 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-2763732 FAX: (732) 477 0567

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved Date: Approved by:

[ ] Electric Plans Approved Date: 2/3/14 Approved by: TCO

Joint Plan Review Required: [ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT Date: 2-13-14 Approved by:

SUBCODE APPROVAL for CERTIFICATE [ ] CO [ ] CCO [ ] CA Date: 6/18/14 Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			3/26/14	TCO
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			5/30/14	PSE
Other				
Service				
Final			6/18/14	PSE
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

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 duly authorized to make this application and perform the work listed on this application.

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT OUT FOR VITAMIN STORE

ALL LIGHTING TO REMAIN/RELOCATE 1-FIX.

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
2		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
2		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
4			
		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	
3		RELOCATED FIXTURES	
2		NEW RECESS.	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F120 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

UP DATES

Date Received 5/22/14
Control #
Date Issued
Permit # 14-0321 +A

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

Block 34701 Lot 15 Qualification Code

Work Site Location 385 Brick BLVD Brick NJ
Drum point Plaza

Owner in Fee: Natures Nutrition

Tel. ( ) e-mail

Address 385 Brick BLVD (street) Brick NJ (municipality) 08723 (zip code)

Contractor: Sun Electrical construction Corp Tel. (732) 497-3500

Address 308 Drum point Rd e-mail Azurella@Sunelectric.us
Brick NJ 08723

Contractor License No. 7146 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-2760-3732 FAX: (732) 477-0567

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4,500.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (legal) 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:

Print name here:

[✓] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD/ (WORK TO Tenant Space

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
4		Receptacles	
2		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	
1		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	
5	20Amp	Recp/Fixtures	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: 4/23/14 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/23/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6/18/14
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			5/30/14	PSC
Other				
Service				
Final			6/18/14	PSC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

5/22/14

Date Update Issued
Control # C-14-002079
Permit # 14-0321+B

PERMIT UPDATE

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

Work Site Location: 335-399 BRICK BLVD. 385 Brick Blvd. Unit 5 Brick Township, NJ

Owner in Fee: DRUM POINT PLAZA LLC, 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-3637

Contractor: DRUM POINT PLAZA LLC

Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 920-3637

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:

PLUMBING ALTERATIONS ...Nuitrition Store

Note: If constuction 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 $1,500

David F. Newman Jr 5/22/14

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	3493 $53
Check No.	
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

05/22/14 12:17PM 00155882431
¥10 SEPU 010
#0321
PLUMBING $50.00
DCA $3.00
CHECK $3.00

☑ 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.

PERMIT UPDATE

Date Update Issued 5/22/14
Control # C-14-001446
Permit # 14-0321+A

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. 385 Brick Blvd. Unit 5 Brick Township, NJ
Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone: (732) 920-3637

Contractor DRUM POINT PLAZA LLC
Address 249 BRICK BLVD BRICK NJ 08723
Telephone: (732) 920-3637
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:
ELECTRICAL ALTERATIONS ...Nuitrition Store

Note: If constuction 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 $4,500

David J. Newman Jr. 5/1/14
Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$108
Check No.	3490
Cash	$0
Credit	$0
Collected By	

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

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.

PROPOSED
FLOOR SINK
2"
3"
EXISTING
VALVE
2"
EXISTING
LAV
1 1/2"
EXISTING 2"
2" VTR
EXISTING 3"
3"
EXISTING
3" VTR
1 1/2"
2"
PROPOSED
MOP SINK

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

UPDATE

Date Received
Control #
Date Issued
Permit #

14-0321 + A

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 385 Brick BLVD Brick N.J.
Drum point Plaza

Owner in Fee: Natures Nutrition

Tel. ( ) e-mail

Address 385 Brick BLVD (street) Brick N.J. (municipality) 08723 (zip code)

Contractor: Sun Electrical Construction Corp Tel. (732) 497-3500

Address 308 Drum point Rd e-mail azurella@sunelectric.us
Brick N.J. 08723

Contractor License No. 7146 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-2760-3732 FAX: (732) 477-0567

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4,500.00

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:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD 1 (one) To Tenant Space

QTY.	SIZE	ITEMS	FEE (Office Use Only)
4		Lighting Fixtures	
2		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	
5	20mm	KW Elec. Sign/Outline Light	

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 4/23/14 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/23/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

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

U.C.C. F120 (rev. 11/09) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

up doors

Date Received
Control #
Date Issued
Permit # 14-03214+A

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

Block 5407 Lot 15 Qualification Code

Work Site Location 385 Brick BLVD Brick NJ
Drum point Plaza

Owner in Fee: Natures Nutrition

Tel. ( ) e-mail

Address 385 Brick BLVD (street) Brick (municipality) NJ 08723 (zip code)

Contractor: Sun Electrical construction Corp Tel. (732) 497-3500

Address 305 Drum point Rd e-mail azuelic@sunelectric.us
Brick NJ 08723

Contractor License No. 7146 Exp. Date 3/31/15

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

Federal Emp. ID No. 22-2760-3732 FAX: (732) 477-0567

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4500.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: 4/23/14 Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 4/23/14
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
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:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: ADD (1) NEW & Smart Sprinkler

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
4		Receptacles	
2		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	
5	20mm	KW Elec. Sign/Outline Light	

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

U.C.C. F120 (rev. 11/09)
Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 2-14-14
Application Number: ZA-14-00098
Application Date: 02/06/2014
Project Number:
Permit Number: 14-00086
Fee: $50

Zoning Permit

Worksite Location: **336-399 BRICK BLVD.** **Brick Township, NJ**

Block: **547.01**
Lot: **15**
Qualifier:
Zone: **B-2**

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

Applicant: **Michelle DeGeorge**
Address: **249 Drum Point Road**
Brick, NJ 08723

Application Approved Date: 02/06/2014

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

Use is: Retail Store Vacuum World-Vitamin Store
Nonconforming Use is:

Work Description:
Tenant fit up - Tenant fit up from Vacuum world to Vitamin store

Additional Zoning Permit is required for additional work.

Upon review it was determined that the Development Application:

- [x] Permitted by Ordinance
- [ ] Permitted by Variance approved on:
- [ ] Valid Nonconforming Use is established by
  - [ ] Zoning Board of Adjustment
  - [ ] Zoning Officer

Darren P. Terrizzi, Assistant Zoning Officer — 02/06/2014 Date

Michael P. Fowler, Township Planner — 2/7/14 **Date**

emailed 5/1/14 NC

14-0321

CONSTRUCTION PERMIT

Date Issued
Control # C-14-000385
Permit #

2-14-14

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. 385 Brick Blvd. Unit 5 Brick Township, NJ
Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone:

Contractor DRUM POINT PLAZA LLC
Address 249 BRICK BLVD BRICK NJ 08723
Telephone:
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 ...Nuitrition Store

Note: If constuction 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 $13,200

Daniel J. Newman Jr. 2/14/14
Construction Official Date

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

PAYMENTS (Office Use Only)	
Building	$240
Electrical	$40
Plumbing	$60
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$23
CO Fee	
Other	$0
Total	$428
Check No.	5438
Cash	$0
Credit	$0
Collected By	

+50
478

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

02/14/14 001558K0050
BUILDING $240.00
ELECTRIC $40.00
PLUMBING $60.00
FIRE $65.00
DCA $23.00
CHECK $428.00

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.

3" C.O.
F.S.
2"ø
F.S.
2"ø
PROPOSED 2"
F.S.
2"ø
F.S.
2"ø
PROPOSED HAND SINK
1½"ø
2"
EXISTING VENT
2"
EXISTING VENT
EXISTING
2"
EXISTING LAV
3" EXISTING
TO BUILDING DRAIN
EXISTING 2" VENT
1½"ø
1½"ø
2"

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 14-000086
DATE ISSUED 2-14-14

BLOCK: 547.01 LOT: 15 QUALIFIER: — SITE ADDRESS: 335-399 Drum Point

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Drum Point Plaza LLC
   COMPLETE ADDRESS: 249 Drum Point Rd
   Brick, NJ 08723
   PHONE # (732) 477-6363 EMAIL: Degeorgedev@aol.com
2. NAME OF APPLICANT: Michelle DeGeorge
   APPLICANT ADDRESS: 249 Drum Point Rd.
   Brick, NJ 08723
   PHONE # (732) 477-6363 EMAIL: _____
3. RESPONSIBLE PERSON FOR WORK: John DeGeorge
   PHONE# 477-6363 FAX# 732-920-5313
4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50
OTHER: $ _____
TOTAL: $ 50

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: m Vacuum World
PROPOSED USE: ~~Mr~~ Vitamin Store

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant Fit Up

ZONING REVIEW:
DATE REVIEWED: 2/6/14 DATE DENIED: _____ DATE APPROVED: 2/6/14 INTLS: AM

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 2/6/14 DATE DENIED: — DATE APPROVED: 2/6/14 INTLS: SE 2/6

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-14-00098
Application Date: 02/06/2014
Project Number:
Permit Number:
Fee: $50

Zoning Permit

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

Block: **547.01**
Lot: **15**
Qualifier:
Zone: **B-2**

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

Applicant: **Michelle DeGeorge**
Address: **249 Drum Point Road**
Brick, NJ 08723

Application Approved Date: 02/06/2014

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

Use is: Retail Store Vacuum World-Vitamin Store
Nonconforming Use is:

Work Description:
Tenant fit up - Tenant fit up from Vacuum world to Vitamin store

Additional Zoning Permit is required for additional work.

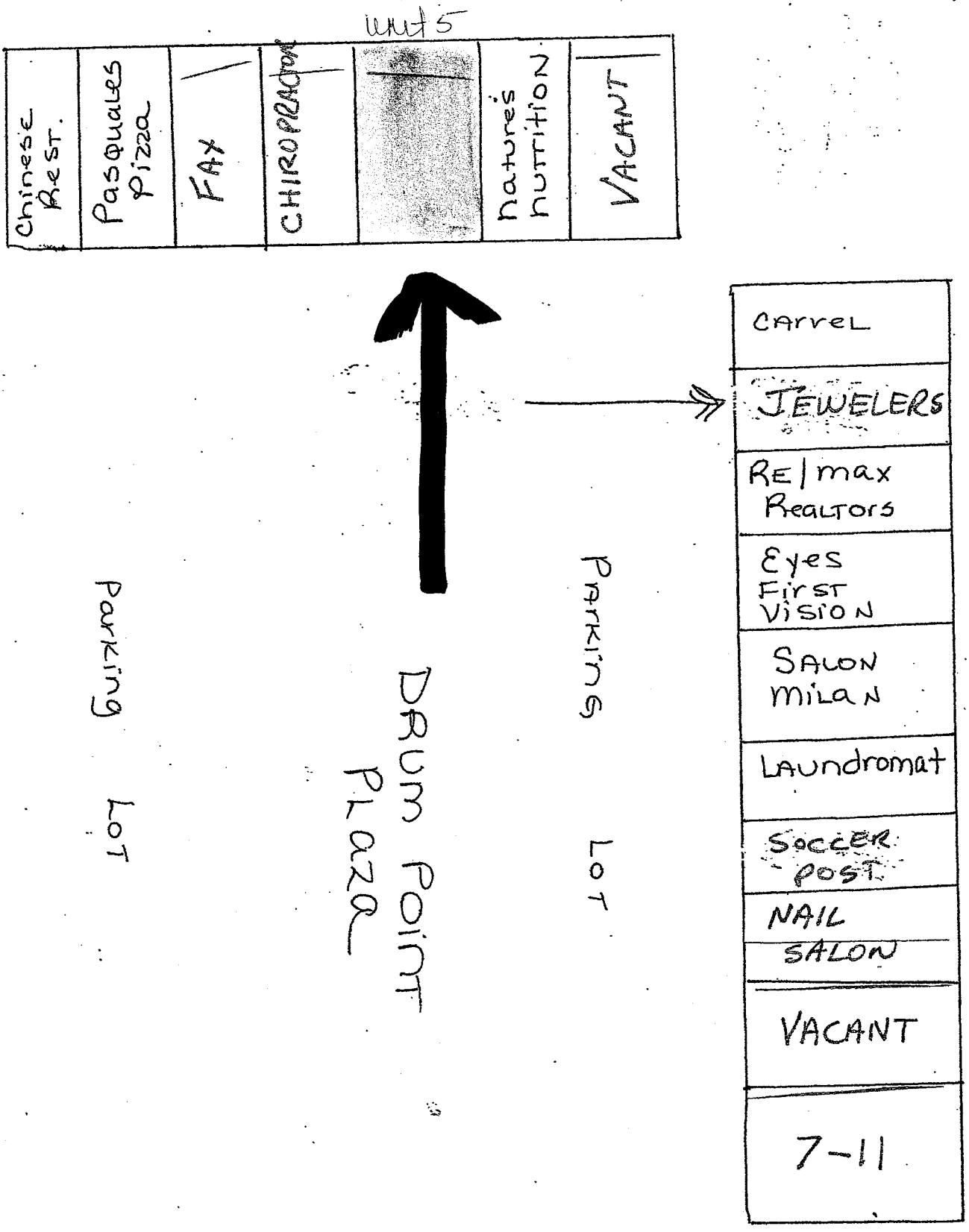
Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Darren P. Terrizzi, Assistant Zoning Officer — 02/06/2014 Date

Michael P. Fowler, Township Planner — 2/7/14 **Date**

SITE MAP


UNITS
Chinese Rest.
Pasquales Pizza
FAX
CHIROPRACTOR
Natures nutrition
VACANT
CARREL
JEWELERS
RE/max Realtors
Eyes First Vision
SALON Milan
Laundromat
SOCCER POST
NAIL SALON
VACANT
7-11
DRUM POINT PLAZA
Parking Lot
Parking Lot
DRUM PT. ROAD
BRICK BLVD

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 547.01 LOT: 15 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 335-399 DRUM PT. RD
2. NAME OF OWNER IN FEE: DeGeorge
   ADDRESS: 249 BRICK BLVD PHONE #: ( ) 477-6363
   BRICK, NJ FAX #: ( ) _____
3. PRINCIPAL CONTRACTOR: DEGEORGE DEVELOPMENT
   ADDRESS: 249 BRICK BLVD PHONE #: (732) 477-6363
   BRICK, N.J. 08723 FAX #: (732) 920-5315
4. ARCHITECT OR ENGINEER: ALLAN BORST
   ADDRESS: 1792 HINDS RD. PHONE: # (732) 255-2713
5. RESPONSIBLE PERSON FOR WORK: JOHN DEGEORGE
   ADDRESS: 249 BRICK BLVD

PHONE #: (732) 4776363 FAX #: (732) 920530 E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

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	AK	2/6/14							ZA-14-00098
☐ 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.				

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

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

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

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

(✓) Check if contractor.

Agent Name JOHN DEGEORGE DEGEORGE DEVELOPMENT

Address 249 BRICK BLVD

BRICK, N.J 08723

Telephone (732) 477-6363

Signature _____

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

- Explained to contractor & store owner
  - Asiles obstruction
  - Work not finished
  - Advised to either close temporarily to move stock or finished work

F tech

3-31-14 W Partial Frame

1. Framed walls in the section which was the vacant store Only

* Note ① Wall was not removed which separated the 2 units

② There was no released plans on site. Inspection was ~~done~~ done with attached plans. Check to see if they match with released plans—at next inspection

6/3/14 W- Rec TCO- Newly Const. Areas Only

(B) Tech

5-30-14 PD
No + Done
Need TEO / sink aw order

8-1-14
PD Mop sink & floor drain - Pam

(P) tech