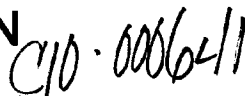


10-0730



U.C.C. F 100-1 (rev. 5/05)

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 _____

Address _____

Telephone (_____) _____

Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/22/2010
Control Number C-10-000641
Permit Number 10-0730
Permit Issue Date 04/13/2010
Certificate Number 10-0730

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. 367 BRICK BLVD Brick Township, NJ Block: 547.01 Lot: 15 Qual: _____
Owner in Fee: DRUM POINT PLAZA LLC
Owner Address: 249 BRICK BLVD BRICK NJ 08723
Telephone: _____
Contractor: RALPH TERRONE
Address: 347 BRICK BLVD BRICK NJ 08723
Telephone: (732) 920-2220 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: 0

Description of Work/Use: TENANT FIT UP COUNTER SET-UP FOR JEWELRY 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:

Construction Official

Fee: \$0.00

Check Number: _____

Collected By: _____



PERMIT UPDATE

Date Update Issued 4-1-10
 Control # C-10-000641+A
 Permit +A
10-C-11-C-11

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
 Work Site Location: 335-399 BRICK BLVD. 367 BRICK BLVD Brick Contractor JOHN DEGEORGE
Township, NJ Address 249 DRUM POINT ROAD BRICK NJ 08723
 Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723 Telephone: _____
 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:

ALARM SYSTEM (BURGLAR OR FIRE)

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 \$99

Construction Official [Signature]

Date _____

U.C.C. F170
 equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$40
Check No. <u>4-1-1</u>	
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and/or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☐ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☐ A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

ELECTRIC 40.00
 CHECK 40.00



CONSTRUCTION PERMIT

Date Issued 4-15-10
Control # C-10-000641
Permit # 16-6750

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. 367 BRICK BLVD Brick Contractor JOHN DEGEORGE
Township, NJ Address 249 DRUM POINT ROAD BRICK NJ 08723
Owner in Fee DRUM POINT PLAZA LLC Telephone: _____
249 BRICK BLVD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. _____
Telephone: _____ 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 COUNTER SET-UP FOR JEWELRY STORE

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 \$1

Construction Official

Date

U.C.C. F170
equiv (rev 8/03)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$41
Check No.	<u>11-2</u>
Cash	\$0
Credit	\$0
Collected By	

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- ☐ Required inspections for all subcodes for one- and two-family dwellings are as follows:

- 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.
- Foundations and all walls up to grade level prior to back filling.
- 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.
- Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

#0730

BUILDING

ULA

CHECK

\$40.00

\$1.00

\$41.00

ADD: SERV. FEE

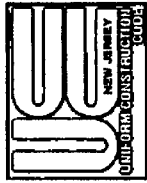
Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- ☐ 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.



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 547.01 Lot 15 Qualification Code

Work Site Location 347 Brick Blvd. Bricktown N.J. 08724

Owner in Fee: LEONE, Jewelers

Tel. (201) 920-2270 e-mail

Address 347 Brick Blvd. Bricktown N.J. 08724 zip code

Contractor: Rapid Security Tel. (856) 486-2288

Address 7905 Browning Ad. Suite #316 Feinsauken NJ 08109

Contractor License No. 34BA0028700 Exp. Date 08/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHD4876800

Federal Emp. ID No. 23-3012311 FAX: (856) 486-0022

B. ELECTRICAL CHARACTERISTICS

Use Group: Present

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

Building Occupied as Utility Co.

Estimated Cost of Electrical Work \$ 99.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☒ No Plans Required	Rough				
	Barrier-Free				
	Trench				
	Temp. Serv.				
	Const. 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				

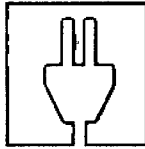
Approved by: 4-15-10

SUBCODE APPROVAL

[] CO [] CCO [] CA

Date: 4-16-10

Approved by: 57



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixture

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

10 Alarm Devices Only

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Rang/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

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

UCC/F-120

Professional Printing

(856) 468-7933

1. White-Inspector Copy

3. Pink-Office Copy

2. Canary-Applicant Copy

4. White Tag-Office Copy

COMMERCIAL

10-0730+H
4-13-10
C10-00064/HZ



**BUILDING SUBCODE
TECHNICAL SECTION**



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

Block 547.01 Lot 15 Qualification Code _____
Work Site Location 367 BRICK BLVD - DRUM POINT PLAZA

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. () e-mail DEGEORGE DEVELOPMENT

Address 249 BRICK BLVD BRICK, N.J. 08723 zip code

Contractor: Ralph Terrone Municipality BRICK Tel. (732) 920-2220

Address 347 BRICK BLVD e-mail _____

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

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)		
			Type:	Failure	Approval	Initial
☐ No Plans Required			Footling			
☐ All			Footling Bonding			
☐ Footings/Foundations			Foundation			
☐ Structural/Framework			Slab			
☐ Exterior			Frame			
☒ Interior	<u>3/25/10</u>	<u>RT</u>	Truss Sys./Bracing			
Joint Plan Review Required:						
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Insulation			
SUBCODE APPROVAL for PERMIT						
Date:			Finishes -Base Layer			
Approved by:			Finishes -Final			
Energy						
Mechanical						
TCO						
Other						
Final						
Barrier-Free						

Approved by: 4/15/10 4/15/10 6.9

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Constr. Class	Present	Proposed
No. of Stories			If Industrialized Building:		
Height of Structure			State Approved		HUD
Area — Largest Floor			sq. ft.		
New Bldg. Area/All Floors			sq. ft.		
Volume of New Structure			cu. ft.		
Max. Live Load					
Max. Occupancy Load					

Est. Cost of Bldg. Work:

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

U.C.C. 1410 (rev. 12/07)

4-13-10
10-0730

Date Received
Control #
Date Issued
Permit #

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

COUNTER SET-UP
JEWELRY STORE

COMMERCIAL

TYPE OF WORK:

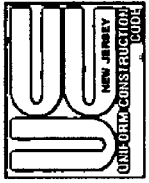
☐ New Building	☐ Addition	☐ Rehabilitation	☐ Roofing	☐ Siding	☐ Fence	☐ Sign	☐ Pool	☐ Retaining Wall	☐ Asbestos Abatement	☐ Lead Haz. Abatement	☐ Radon Remediation	☐ Other	☐ Demolition
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Height (exceeds 6') _____ Sq. Ft. _____

FEE (Office Use Only)
\$ _____

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

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



ELECTRICAL SUBCODE TECHNICAL SECTION

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

Block 547.01 Lot 15 Qualification Code
Work Site Location 347 Brick Blvd. Bricktown N.J. 08724

Owner in Fee: Terrone Jewellers
Tel. (332) 930-2220 e-mail
Address: 347 Brick Blvd. Bricktown N.J. 08724 zip code
Contractor: Rapid Security Tel. (856) 486-2288
Address: 79051 Browning Rd. Suite #318 Pennsylvania NJ 08109

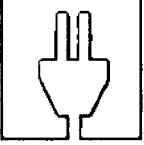
Contractor License No. 34BA00128700 Exp. Date 08/10
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHD04876800
Federal Emp. ID No. 23-3012311 FAX: (856) 486-0032

B. ELECTRICAL CHARACTERISTICS

Use Group: Present Proposed
☐ Pole/Pad # ☐ Temporary ☐ Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 99.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Approval	Initial	
☒ No Plans Required	Rough				
Joint Plan Review Required	Barrier-Free				
	Trench				
	Temp. Serv.				
	Constr. Serv.				
	TCO				
Date:	Other				
	Service				
	Final				
Approved by:	Barrier-Free				
SUBCODE APPROVAL	Temp. Cut-in-Card Date Issued				
	Final Cut-in-Card Date Issued				
	Annual Pool Inspection				
Date:	Date of Grounding and Bonding				
Approved by:	Certification				

1. White-Inspector Copy
2. Canary-Applicant Copy
3. Pink-Office Copy
4. White Tag-Office Copy



Date Received
Date Issued
Control #
Permit #

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature

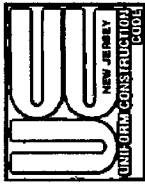
☐ Licensed Elec. Contractor ☐ Cert'd Landscape Irrigation Contr'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixture
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
		Communications Points
		Alarm Devices/E.A.C. Panel
		10 Alarm Detectors Only
		TOTAL NUMBERS
		Pool Permit/with UW Lights
		Storable Pool/Spa/Hot Tub
		KW Elec. Rang./Receptacle
		KW Oven/Surface Unit
		KW Elec. Water Heater
		KW Elec. Dryer/Receptacle
		KW Dishwasher
		HP Garbage Disposal
		KW Central A/C Unit
		HP/KW Space Heater/Air Handler
		KW Baseboard Heat
		HP Motors 1/+ HP
		KW Transformer/Generator
		AMP Service
		AMP Subpanels
		AMP Motor Control Center
		KW Elec. Sign/Outline Light

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

UCC/F-120
Professional Printing
(856) 468-7933



**ELECTRICAL
SUBCODE
TECHNICAL SECTION**

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

Block 54701 Lot 15 Qualification Code _____
Work Site Location 3477 Brick Blvd. Bricktown N.J. 08724

Owner In Fee: Lorraine Jewellers

Tel. (332) 920-2240 e-mail _____

Address: 3477 Brick Blvd. Bricktown N.J. 08724

Contractor: Rapid Security Tel. (856) 486-2288 zip code _____

Address: 7905 Browning Hl. Suite # 318 Bensenville NJ 08109

Contractor License No. 34BA00128700 Exp. Date 08/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VHA04876X00

Federal Emp. ID No. 23-3012311 FAX: (856) 486-0022

B. ELECTRICAL CHARACTERISTICS

Use Group: Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Estimated Cost of Electrical Work \$ 99.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW [] No Plans Required [] Plans Required 3-23-10

Joint Plan Review Required Date Initial _____

[] Building [] Plumbing [] Fire [] Elevator [] Elec. Plans Approved

Date: _____ Approved by: _____

SUBCODE APPROVAL

[] CO [] CCO [] CA []

Date: _____ Approved by: _____

Barrier-Free

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

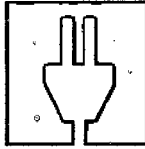
1. White-Inspector Copy

2. Canary-Applicant Copy

3. Pink-Office Copy

4. White Tag-Office Copy

06/08



Date Received _____
Date Issued _____
Control # _____
Permit # _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant Signature/ Contractor's Seal and Signature _____

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixture _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/E.A.C. Panel _____

TOTAL NUMBERS _____

Pool Permit/with UW Lights _____

Storable Pool/Spa/Hot Tub _____

KW Elec. Rang./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 _____

FEE (Office Use Only)

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

UCC/F-120

Professional Printing

(856) 468-7933

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

TOWNSHIP OF

RELEASED FOR PERMIT

DATE

3/25/10

Building Subcode

Fire Subcode

Electrical Subcode

Plan Reviewer

Plans Released

Construction Official

000 M USE

Door

SHOW CASES

8' 8"

SHOW CASES

Emergency Light

3FT

counter

light



BUILDING SUBCODE TECHNICAL SECTION



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

Block 547.01 Lot 15 Qualification Code _____
Work Site Location 267 BRICK BLVD - DRUM POINT PLAZA

Owner in Fee: DRUM POINT PLAZA, LLC

Tel. () e-mail DEGEORGE DEVELOPMENT

Address 244 BRICK BLVD BRICK, N.J. 08723

Contractor: RAJON TERRONE Tel. (732) 920 2220

Address 347 BRICK BLVD BRICK e-mail _____

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

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

Federal Emp. ID No. _____ FAX: () _____

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

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

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.

Max. Live Load _____

Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____

If Industrialized Building: _____

Slate Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. \$ _____

2. Rehabilitation \$ _____

3. Total (1 + 2) \$ _____

U.C.C. 440 (rev. 12/07)

4-13-10
10-0730

Date Received
Control #
Date Issued
Permit #

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

COUNTER SET-UP
JEWELRY STORE

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ 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 \$ _____

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



BUILDING SUBCODE TECHNICAL SECTION



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

Block 2100 Lot 1 Qualification Code _____
Work Site Location 1000 1000 1000 1000

Owner in Fee: 1000 1000 1000 1000

Tel. () _____ e-mail DEVELOPER@DEVELOPER.COM

Address 4000 1000 1000 1000 zip code 08702

Contractor: 1000 1000 1000 1000 municipality 1000 Tel. () 1000 Fax: () 1000

Address 1000 1000 1000 1000 e-mail _____

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

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

Federal Emp. ID No. _____ FAX: () _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☐ No Plans Required			Type:	Failure	Approval
☐ All			Footings		
☐ Footings/Foundations			Footings Bonding		
☐ Structural/Framework			Foundation		
☐ Exterior			Slab		
☒ Interior			Frame		
Joint Plan Review Required:			Truss Sys./Bracing		
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator			Barrier-Free		
SUBCODE APPROVAL for PERMIT			Insulation		
Date: _____			Finishes -Base Layer		
Approved by: _____			Finishes -Final		
SUBCODE APPROVAL for CERTIFICATE			Energy		
☐ CO ☐ CCO ☐ CA			Mechanical		
Date: _____			TCO		
Approved by: _____			Other		
			Final		
			Barrier-Free		

B. BUILDING CHARACTERISTICS

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

U.C.C. F110
(rev. 12/07)

Date Received
Control #
Date Issued
Permit #

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

CONCRETE
TECHNICAL SITE DATA

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Retaining Wall
- ☐ 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 \$

1 White = Inspector Copy
2 Pink = Office Copy
3 Gold = Applicant Copy



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 249 BRICK BLVD BRICK, NJ 08723

CC:

RE: Building Subcode
Block: 547.01 Lot: 15 Qual:
335-399 BRICK BLVD.
Permit Number: Control Number: C-10-000641
Last Submit Date: Tuesday, March 16, 2010

Date: Wednesday, March 17, 2010

Dear DRUM POINT PLAZA LLC,
Your request is hereby denied based upon the following infractions.

Inside of jacket not filled out properly

Plans not approved for use. Too much to list

NJ design profesional required

Sincerely,

Michael Vecchio, Subcode Official

03-24-10
LX #
732-920-
5315
Attn: John
De George

**** Transmit Conf. Report ****

P.1

Mar 24 2010 13:03

Telephone Number	Mode	Start	Time	Page	Result	Note
7329205315	NORMAL	24,13:02	0'23"	1	* O K	



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 249 BRICK BLVD BRICK, NJ 08723

CC:

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Sincerely,

Michael Vecchio, Subcode Official

03-24-10
EX #
732-920-
5315
Attn: John
De George

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 010-000604

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 367 Beick bvd

DATE REVIEWED: 03-23-24-10

REVIEWED BY: JP

CONTACT CALLED/FAXED: 732-920-2220 former jewellers -
What is the "real" mailing address - currently in
367 Beick bvd - will be moving to 367 Beick bvd -