BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 347 Brick Blvd Unit #347 PERMIT NO. 12-0218

CONSTRUCTION PERMIT APPLICATION C 120006

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII #347 unit

I. IDENTIFICATION

1. Proposed Work Site at: 347 Brick Blvd Brick, NJ 087[illegible]
2. Name of Owner in Fee: John DeGeorge (Drum Point Plaza, L[illegible])
   Tel. (732) 477-6363 e-mail info@degeorgedevelop[illegible]
   Address 249 Brick Blvd (street) Brick (municipality) 087[illegible] (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Chris Cantagallo Tel. (732) 644 8865
   Address 265 Vermont DR e-mail _____
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Chris Cantagallo
   Tel. (732) 644-8865 FAX: (800) 871-3186

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75. ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$ 1.-		
9. State Permit Surcharge Fee			
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other			
13. TOTAL	$ 76.-		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories		1
2. Height of Structure	ft.	15
3. Area — Largest Floor	sq. ft.	1500
4. New Building Area	sq. ft.	—
5. Volume of New Structure	cu. ft.	—
6. Max. Live Load		100psf
7. Max. Occupancy Load		38
8. If Industrialized Building: State Approved ____ HUD ____		—
9. Total Land Area Disturbed	sq. ft.	—
10. Flood Hazard Zone		—
11. Base Flood Elevation	ft.	—
12. Wetlands yes ____ no ____		—

TENANT COMMERCIAL

IIa. PROPOSED WORK

☑ Minor Work ☐ New Building ☑ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

Socket Post

BOX # 12-03

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		1/3/12		1/17/12 MT			1/26/12		VA
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng	Exempt		1-13-12	Eric			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Retail
2. Use Group, Proposed: Retail
3. Change in Use Group, Indicate Present: Retail

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed 3B

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

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(f)1.ix:

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 Chris Cantagallo

Address 265 Vermont DR

Brick, NJ 08723

Telephone (732) 644-8865

Signature _____

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

OFFICE DATE RECEIVED: 1-11-12 SC 26

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	SC	1/11/12							ZA-12-00023
☐ 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.				

OFFICE USE ONLY

IMPORTANT
A.H.B.T. - EXEMPT

DATE:	COMMENTS:	INITIALS:
[redacted]-11-12	ZOE PHONED CHRIS C AT 930AM	SK ZO

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 2/13/2012
Control Number C-12-000043
Permit Number 12-0218
Permit Issue Date 1/27/2012
Certificate Number 12-0218

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. Unit 347 Print shop to Soccer retail 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) 477-6363

Contractor Chris Cantagallo

Address 265 Vermont Dr. Brick NJ 08723

Telephone: (732) 644-8865 Fax: (800) 871-3186

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Adding shelving to store room, attaching slatwalls to exist walls, adding store fixtures and counters

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:

Date Printed: 2/13/2012 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued
Control # C-12-000043
Permit #

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. Unit 347 Print shop to Soccer retail Brick Township, NJ
Owner in Fee DRUM POINT PLAZA LLC
249 BRICK BLVD BRICK NJ 08723
Telephone: (732) 477-6363

Contractor Chris Cantagallo
Address 265 Vermont Dr. Brick NJ 08723
Telephone: (732) 644-8865
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP Adding shelving to store room, attaching slatwalls to exist walls, adding store fixtures and counters

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 $100

Construction Official Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$76
Check No.	
Cash	$0
Credit	$0
Collected By	

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

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:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/27/12

Date Issued / Permit # 12-0218

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 #347 Space Brick

Owner in Fee: John Degeorge (Drumpoint Plaza, LLC)

Tel. (732) 477-6363 e-mail

Address 249 Brick Blvd (street) Brick (municipality) 08723 (zip code)

Contractor: Chris Cantagallo Tel. (732) 644-8865

Address 265 Vermont Dr. Brick, NJ 08723 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: (800) 871-3186

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	1/26/12	KA

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [✓] CCO [ ] CA

Date: 2-9-12

Approved by: KA/JG

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final		2-8-12	6.P	
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Mixt Shop Proposed Retail

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:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 100
3. Total (1+ 2) $ 100

C. CERTIFICATION IN LIEU OF OATH

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

Sign here:

Print name here: Chris Cantagallo

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK Retail to Retail.
- Adding Shelving to Stock Room (Removable)
- Attaching Slatwalls to existing walls.
- Adding Store Fixtures and Counters
- ~~Adding Sign to Store Front~~

Separate set up

TYPE OF WORK:

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

COMMERCIAL

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

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

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

Receipt

Payment Date 01/27/2012
Transaction # PMT-12-00475
Receipt #

Issued To Chris Cantaglio

Description

Date Printed 01/27/2012
Check Number 1002

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

01/27/12 3:43PM 001558#1972
#02 SERV.002
#00053
ZPA $50.00
CHECK $50.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/27/12

Date Issued / Permit # 12-0218

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

Block 57.01 Lot 1 Qualification Code _____

Work Site Location #347 Space

Owner in Fee: _____

Tel. (___) 477 6303 e-mail _____

Address _____

Contractor: (Chris Cantagallo) (street) (municipality) Tel. (732) 644-5865 (zip code)

Address 306 Vermont Dr. e-mail _____
Brick, NJ 08723

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

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

Federal Emp. ID No. _____ FAX: (800) 891-3186

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Chair Set up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	1/27/12	KA

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Priv + Shop Proposed Resi. 1 **Constr. Class** 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 _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $ _____
2. Rehabilitation $ 100
3. Total (1+ 2) $ 100

TYPE OF WORK:
- [ ] New Building
- [X] Addition
- [ ] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [X] 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 $ _____

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1/2/12
Control #

Date Issued 1/2/12
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (____) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (____) _____

Address _____ e-mail _____

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

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____ **Constr. Class** 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 _____

If Industrialized Building:
State Approved _____ HUD _____

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: _____

Print name here: _____

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

_____

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

FEE (Office Use Only)
$ _____

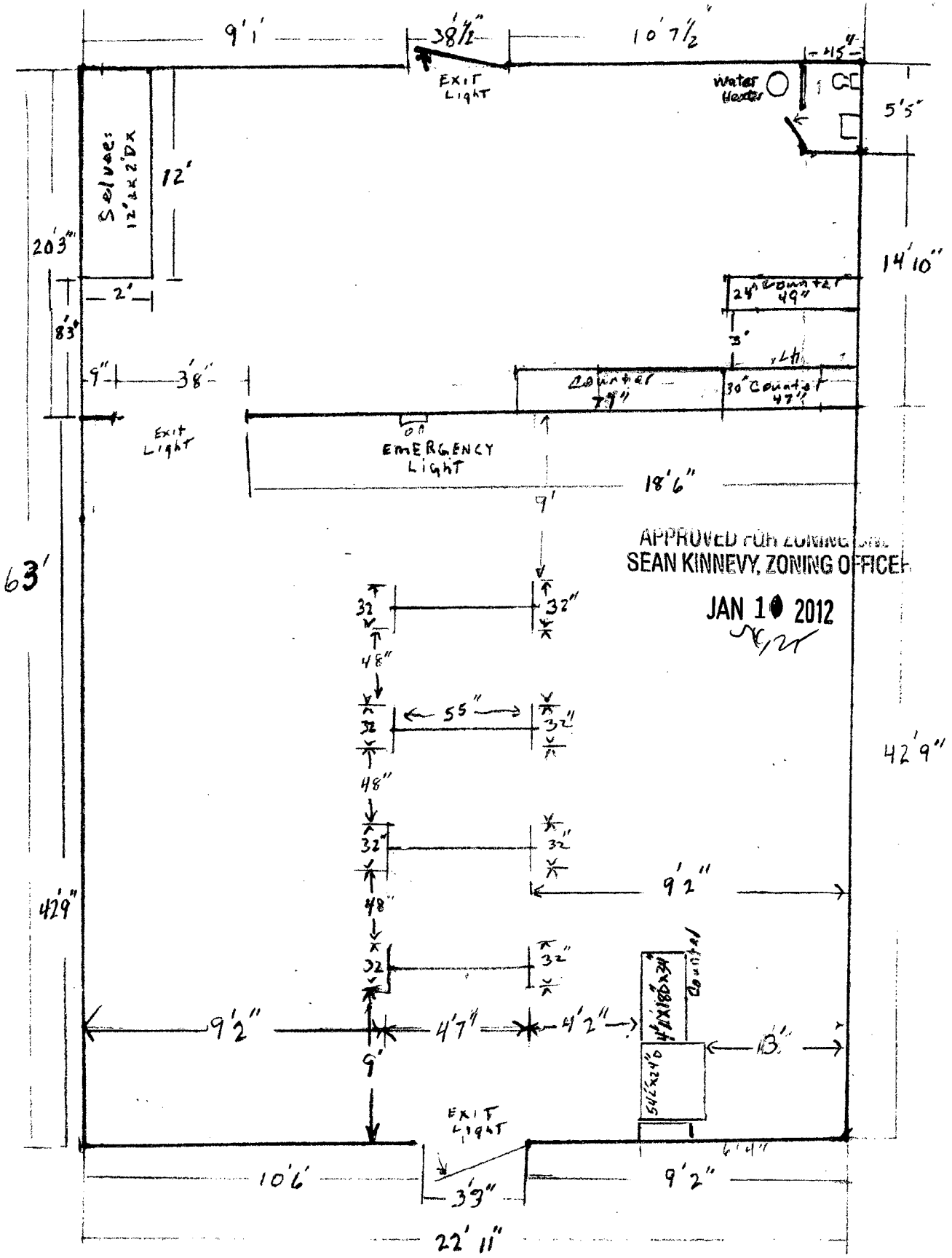
Administrative Surcharge $ _____
Minimum Fee $ _____
State Permit Surcharge Fee $ _____
TOTAL FEE $ _____

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

Drum

REAR

SCALE vert: 1/8" = 1'
horiz: 1/4" = 1'



FRONT

RECEIVING CLERK _____
DATE REC'D 1-11-12

ZONING PERMIT APPLICATION

PERMIT # _____
DATE ISSUED _____

BLOCK: 547-01 LOT: 15 QUALIFIER: — SITE ADDRESS: 347 Brick Blvd

IDENTIFICATION:

1. NAME OF OWNER IN FEE: John DeGeorge (Drumpoint Plaza, LLC)
   COMPLETE ADDRESS: 249 Brick Blvd
   Brick, NJ 08723
   PHONE # 732 477-6363 EMAIL: _____

2. NAME OF APPLICANT: Chris Cantagallo
   APPLICANT ADDRESS: 265 Vermont DR
   Brick, NJ 08723
   PHONE # 732 644 8865 EMAIL: Chris80207@AOL.com

3. RESPONSIBLE PERSON FOR WORK: Chris Cantagallo
   PHONE# 732 644 8865 FAX# 800-871-3186

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Print Shop
PROPOSED USE Soccer Retail

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 _____

HEIGHT: _____ (*APPLICABLE)

OTHER _____

DESCRIPTION: Adding Removable shelving to stock Room, Hanging Slatwall, Adding new sign to Front

ZONING REVIEW:
DATE REVIEWED: 1-11-12 DATE DENIED: — DATE APPROVED: 1-11-12 INTLS: VF/JB

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

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

Choose which is applicable for submission

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

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

01/2010

245 Attachment 5

Township of Brick

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

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

	Minimum Lot Size						Minimum Required Yard Depth												
	Interior Lots			Corner Lots			Principal Building				Accessory Building		Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
Zone	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

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

OFFICE USE ONLY

RECEIVED
JAN 11 2012
SEP

ZONING REVIEW:

DATE REVIEWED: 1-11-12 DATE DENIED: — DATE APPROVED: 1-11-12 INTLS: SEP

DATE:	COMMENTS:	INITIALS:
1-11-12	ZOE SPOKE ON PHONE WITH CHRIS C. AT 930 AM	SEP

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

Receipt

Payment Date 01/27/2012
Transaction # PMT-12-00475
Receipt #

Issued To Chris Cantaglio

Description

Date Printed 01/27/2012
Check Number 1002

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

01/27/12 3:43PM 00155BR1992
XX02 SERV.002
#00053
ZPA $50.00
CHECK $50.00

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 1/27/12
Application Number: ZA-12-00023
Application Date: 01/11/2012
Project Number:
Permit Number: ZP-12-00053
Fee: $50

Zoning Permit

Worksite Location: **347 BRICK BLVD.**
Drum Point Plaza
Brick Township, NJ 08723

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

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

Applicant: **Chris Cantagalloo**
Address: **265 Vermont Drive**
Brick, NJ 08723

Application Approved Date: 01/11/2012

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

Use is: Retail Store --Soccer supply store (former print shop).
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alteration for a tenant fit-up for a new business to change from a print shop to a soccer supply store.

An additional zoning permit is required for any sign or for any other additional work.

The street address/unit number must be displayed on the front and back doors.

Upon review it was determined that:

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

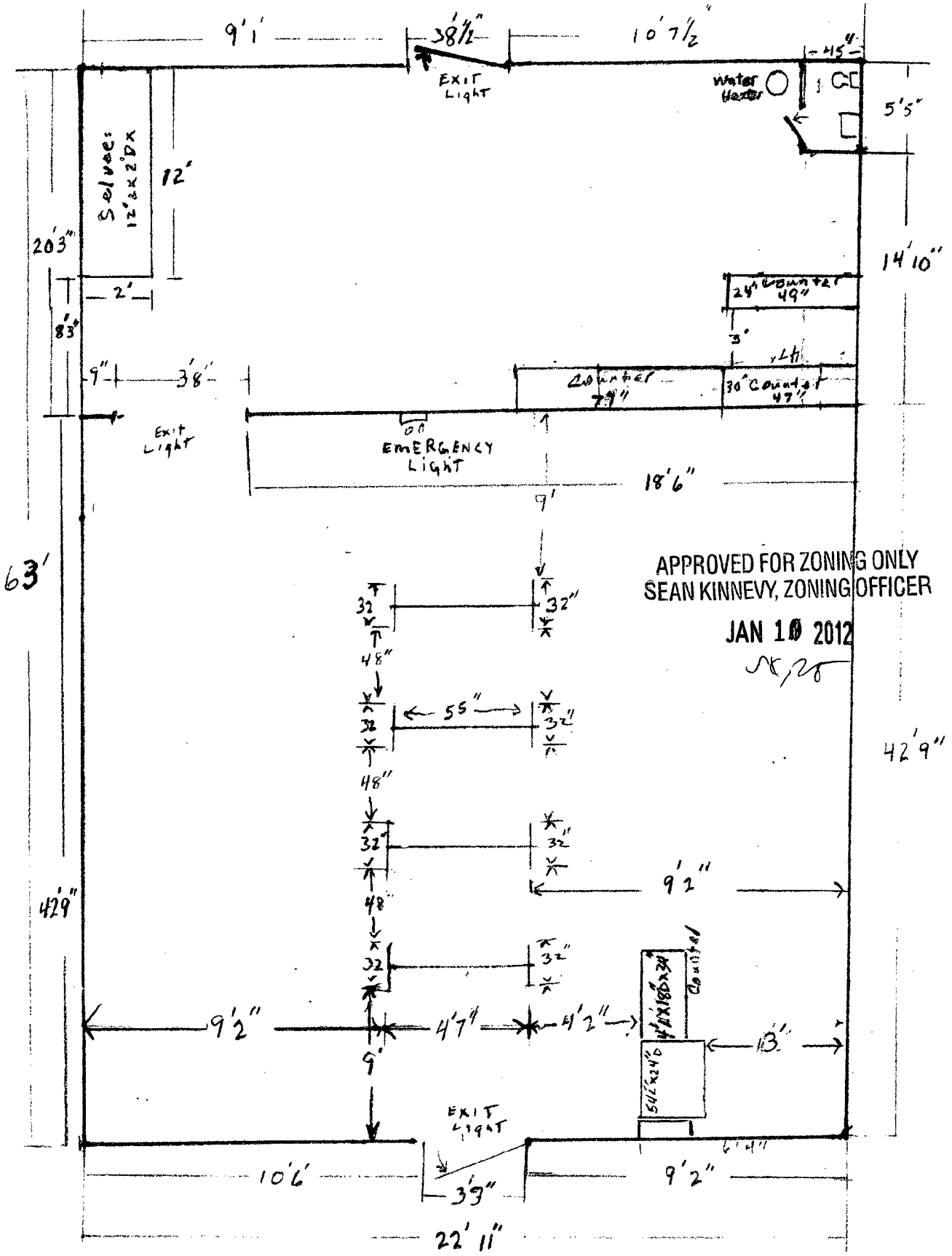
Sean Kinnewy, Zoning Officer — 01/11/2012 Date

Michael P. Fowler, Township Planner — **Date** 1/12/12

Drum

REAR

SCALE vert: 1/8" = 1'
horiz: 1/4" = 1'



FRONT

SITE MAP

Chinese Rest.	Pasquales Pizza		Drum Pt. Deli	Vacuum World	Natures nutrition	Pharmacy

— DRUM PT. ROAD —

Parking Lot

DRUM POINT PLAZA

Parking Lot

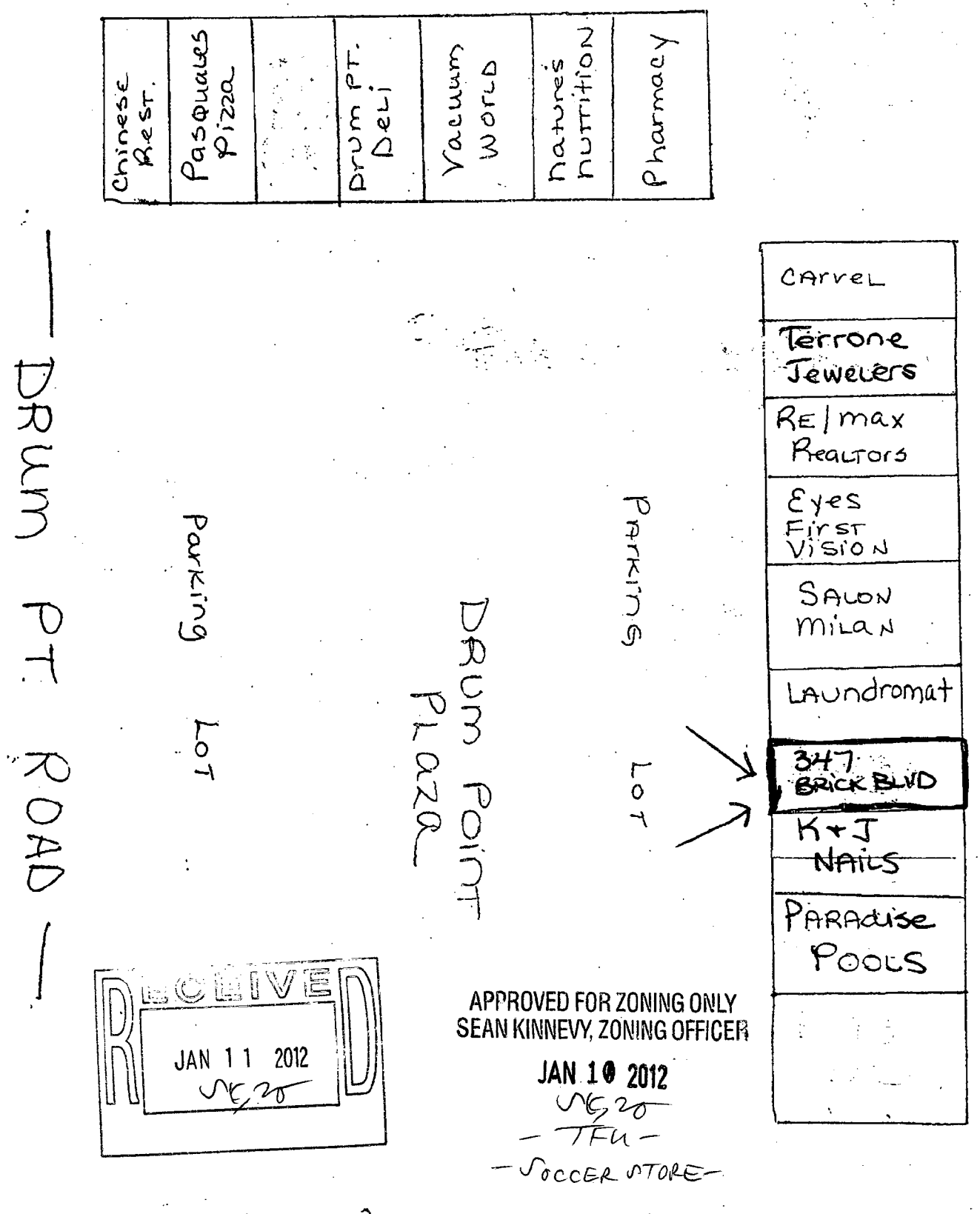
CARVEL
Terrone Jewelers
RE/max Realtors
Eyes First Vision
SALON MILAN
LAUNDROMAT
347 BRICK BLVD
K+J NAILS
PARADISE POOLS

RECEIVED
JAN 11 2012

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JAN 10 2012
— TFN —
SEAT
— soccer store —

— BRICK BLVD —

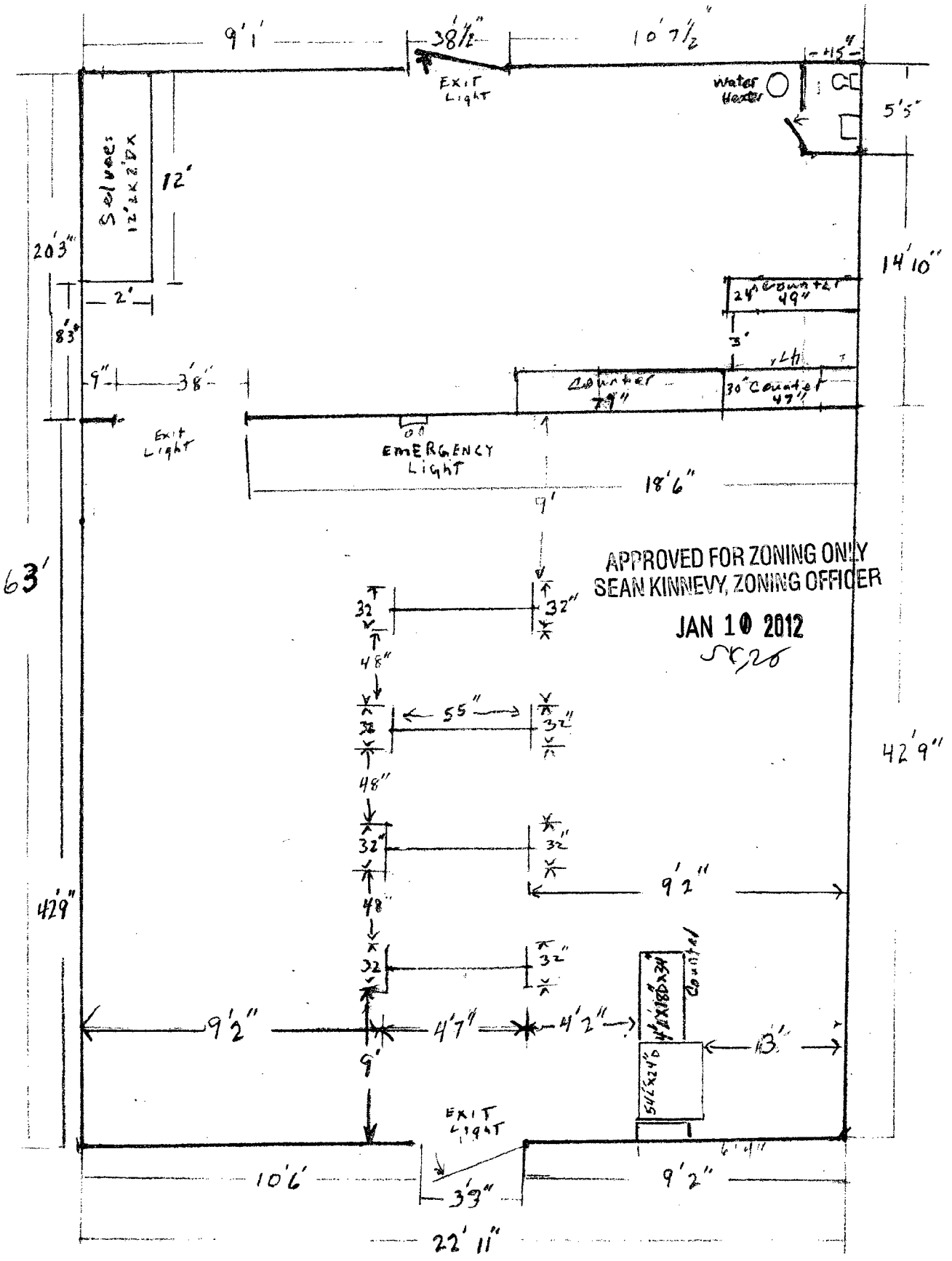
SITE MAP


Chinese Rest.
Pasquales Pizza
Drum Pt. Deli
Vacuum World
natures nutrition
Pharmacy
CARVEL
Terrone Jewelers
RE/max Realtors
Eyes First Vision
SALON MILAN
LAUNDROMAT
347 BRICK BLVD
K+J NAILS
PARADISE POOLS
DRUM PT. ROAD
Parking Lot
DRUM POINT PLAZA
Parking Lot
RECEIVED
JAN 11 2012
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JAN 10 2012
- TFH -
- SOCCER STORE -
- BRICK BLVD -

Drum

REAR

SCALE vert: 1/8" = 1'
horiz: 1/4" = 1'



FRONT

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 547.01 LOT: 15 ADDRESS: 347 Brick Blvd

IDENTIFICATION:

1. WORK SITE ADDRESS: 347 Brick Blvd, Brick, 08723
2. NAME OF OWNER IN FEE: John DeGeorge (Drum Point Plaza, LLC)

   ADDRESS: 249 Brick Blvd PHONE #: (732) 4776363

   Brick, NJ 08723 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Chris Cantegallo

   ADDRESS: 265 Vermont DR PHONE #: (732) 644 8865

   Brick, NJ 08723 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Chris Cantegallo

   ADDRESS: 265 Vermont DR Brick, NJ 08723

PHONE #: (732) 644 8865 FAX #: (__) _____ E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

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

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Date:_____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block:_____ Lot:_____

Property Address:_____

I,_____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on:_____ Signed:_____

Rejected on:_____ Signed:_____

Comments:

311 ACCESS BRICK TOWNSHIP

1/17/12 failed

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. Unit 347
Permit Number: Control Number: C-12-000043
Last Submit Date: Friday, January 13, 2012

Date: Tuesday, January 17, 2012

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

It is highly recomended that a NJ Design professional be used to prepare the drawings due to the complex nature of plan requirements.

All subcodes require an application for a "Change of Use"

Provide 2 sets of plans TO SCALE (1/4 " min.)

Plans showing existing/proposed

Indicate fixture plan in its entirety. Be sure to include the height of all fixtures.

Indicate Barrier Free Improvements (20% of the construction cost estimate SEE ATTACHED)

1) Occupant load
2) Emergency lighting at exterior of exit doors
3) Building type and construction classification
4) Size of building (not unit) in its entirety in square feet
5) Cross section of any newly constructed elements
6) Indicate locations of any rated assemblies

COMPLETE RE-REVIEW REQUIRED

1/25/12
Resubmit

Sincerely,

Michael Vecchio, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	3621
DESTINATION ADDRESS	918008713186
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	01/17 14:30
USAGE T	01'15
PGS.	2
RESULT	OK

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. Unit 347
Permit Number: Control Number: C-12-000043
Last Submit Date: Friday, January 13, 2012

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All subcodes require an application for a "Change of Use"

Provide 2 sets of plans TO SCALE (1/4 " min.)

Plans showing existing/proposed

Indicate fixture plan in its entirety. Be sure to include the height of all fixtures.

Indicate Barrier Free Improvements (20% of the construction cost estimate SEE ATTACHED)

1) Occupant load
2) Emergency lighting at exterior of exit doors
3) Building type and construction classification
4) Size of building (not unit) in its entirety in square feet
5) Cross section of any newly constructed elements
6) Indicate locations of any rated assemblies

COMPLETE RE-REVIEW REQUIRED

../.

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project.
   - i. Windows, hardware, operating controls, electrical outlets and signage;
   - ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   - iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i. above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project: ► $__________

1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ► $-__________
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ► $-__________
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ► $-__________

Remaining total cost of the project deducting **1.**, **2.**, & **3.** above. ► $__________

Calculate **20%** of the remaining total cost. ► $__________

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.