BLOCK 547.01 LOT 15 QUALIFICATION CODE _____ ADDRESS (SITE) 335 BRICK BLVD PERMIT NO. 08-0474

CONSTRUCTION PERMIT APPLICATION C08-000514

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

I. IDENTIFICATION

1. Proposed Work Site at: 335 BRICK BLVD
2. Name of Owner in Fee: DE GEORGE REALTY
   Tel. (732) 477 6363 e-mail _____
   Address 249 BRICK BLVD (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: PARADISE POOLS & SPAS NJ Tel. (732) 920 7727
   Address 156 E. COMMODORE BLVD e-mail PARADISE55@OPTONLINE.NET
   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. 261773583 FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun PARADISE POOLS & SPAS/VINCENT
   Tel. (732) 920-7727 FAX: (732) 928 7739

Called 2/29/08

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	40 ✓	40 ✓
2.	Electrical		135 ✓	40 ✓
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal			
7.	Less 20% for State Plan Review	$	2	
8.	Subtotal	$		
9.	State Permit Surcharge Fee			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA		30	40
13.	TOTAL	$	207 -	

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	
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

IIa. PROPOSED WORK

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

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					2-28-08	EW	3-14-08		
☒ Electrical					2-26-08	MM	3-4-08		
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Gun	2/20/08		2/20/08	MM			
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
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 *(primary use)*
1. State Specific Use:
2. Use Group: B
3. Change in Use Group, Indicate Former:

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

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

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.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 2-8-08

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	03/18/2008
Control Number	C-08-000514
Permit Number	08-0474
Permit Issue Date	02/29/2008
Certificate Number	08-0474

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 335-399 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: (732) 477-6363

Contractor DRUM POINT PLAZA LLC

Address 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-6363 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP COUNTER FOR WATER TEST STATION; GASH WRAP FRONT COUNTER; ALL PLG EXISTING.

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: 03/18/2008 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	03/14/2008
Control Number	C-08-000514
Permit Number	08-0474
Permit Issue Date	02/29/2008
Certificate Number	08-0474

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 335-399 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: (732) 477-6363

Contractor DRUM POINT PLAZA LLC

Address 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-6363 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP COUNTER FOR WATER TEST STATION; GASH WRAP FRONT COUNTER; ALL PLG EXISTING.

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.

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Conditions to be met:

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☐ 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: 03/18/2008
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 03/14/2008 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 2/29/2008
Control # C-08-000514
Permit # 08-0474

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier

Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ

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

Telephone: (732) 477-6363

Contractor: DRUM POINT PLAZA LLC
Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-6363
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP COUNTER FOR WATER TEST STATION; GASH WRAP FRONT COUNTER; ALL PLG EXISTING.

Note: If constuction does not commence within one (1) year of date of issuance, or it construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work $1,500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$135
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$2
CO Fee	
Other	$30
Total	$207
Check No.	1011
Cash	$0
Credit	$0
Collected By	Inspection Account

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:

☐ 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 03/14/2008
Control # C-08-000973
Permit # 08-0474+A

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier
Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ

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

Telephone: (732) 477-6363

Contractor: DRUM POINT PLAZA LLC
Address: 249 BRICK BLVD BRICK NJ 08723

Telephone: (732) 477-6363
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:
COMMUNICATION POINTS

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 $200

Construction Official _____ Date _____

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.	1017
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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:

☐ 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.

BUILDING SUBCODE
TECHNICAL SECTION

1694

WAS: Benchmark physical therapy
NOW: Paradise Pool 3
SPA-NJ

Date Received / Control # 08-0474
Date Issued / Permit # 2-29-08

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 335 Brick Blvd Brick NJ
Owner in Fee Paradise Realty
Address 249 Brick Blvd Brick NJ 08723
Tel. (732) 477-6363
Contractor Paradise Pools and Spas NJ
Address 150 E Commodore Blvd Jackson NJ 08527
Tel. (732) 920-7727 FAX (732) 928-7739
Contractor License No. or Builder Registration No.
Federal Emp. No 261773583

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
Cool wrap front Counter

Counter for water-test station

All Plumbing existing

CONTRACTOR COPY

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	2-25-08	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 3-14-08
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			3/12/08	
Barrier-Free				

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

FEE (Office Use Only)
$

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

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.
Total Land Area Disturbed _____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ -0-
2. Rehabilitation $ 1600.00
3. Total (1+ 2) $

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/13/08
Date Issued 3/14/08
Control # 08000973
Permit # 08-0474-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 335 Brick Blvd. Brick

Owner in Fee: Paradise Pools and Spas NJ

Tel. (732) 920-7727 e-mail

Address 335 Brick Blvd (street) Brick (municipality) NJ 08723 (zip code)

Contractor: Network Cabling Inc. Tel. (609) 915-4935

Address 2 Gaston Mill Ct. Englishtown e-mail

Contractor License No. Exp. Date

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 200.00

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
		Lighting Fixtures
		Receptacles
		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
		Emergency & Exit Lights
4		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
		KW Elec. Sign/Outline Light

FEE (Office Use Only)

COMMERCIAL

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 3/14/08 MR

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 3/17/08

Approved by: MR

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/28/08	
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

UCC/ F-120 (REV. 07/05)
Professional Printing
(609) 468-7933

3-12-08 Terrestrial Area only

CONFIDENTIAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 08-0474
Control #

Date Issued 2-29-08
Permit #

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 335 Brick Blvd. Brick

Owner in Fee Paradise Pools + Spas NJ

Address 335 Brick Blvd. Brick

Tel (732) 610-3982

Contractor On - Site Electrical Contractor

Address 475 Admiral Rd. Forked River, NJ 08731

Tel (609) 693-6766 FAX (609) 693-6685

Contractor License No. 15603

Federal Emp. No. 20-3738168

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~1000.00~~ 500.-

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.

John Shea

Applicants Signature/Contractors Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
~~8~~ 9		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Light	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	$
1 ✓		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	
1 ✓	50	AMP Subpanels DISPLAY FOR HOT TUB	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light SIGNS	
~~2~~	~~120V 15 AMP CHANNEL LETTER~~		
~~2~~	~~8x3 LIGHTBOX SIGNS~~		

CONDITIONAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 2260 8

Approved by: VM

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 3/4/08

Approved by: VM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			3/4 08	VM
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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: ▶	$ $4000.00
1. **Deduct** windows, hardware, operating controls, electrical outlets and signage. ▶	$- $0
2. **Deduct** mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$- $0
3. **Deduct** the repair or installation of siding, roofing or other exterior wall treatment. ▶	$- $0
Remaining total cost of the project deducting 1., 2., & 3. above. ▶	$ $4,000.00
Calculate 20% of the remaining total cost. ▶	$ $800.00

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.

NEW DOOR WILL BE ADA COMPLIANT AS WELL AS 75% OF FRONT CHECKOUT COUNTER. APPROXIMATELY $3000 OF THE $4000 INCREASES THE ACCESABILITY (ADA)

732 933-6465

TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Department of Engineering

Date: 2-7-08

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 15 Lot: 547.01

Property Address: 335 Brick Blvd.

I, Steve Mikulak + Vincent Guardino of 335 Brick Blvd.
(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.

COMMERCIAL

FOR OFFICE USE ONLY

Approved on: 2/20/08 Signed:

Rejected on: Signed:

Comments:

311 ACCESS BRICK TOWNSHIP

Township of Brick
Zoning Permit

Approved: Monday, February 11, 2008 **Number:** 2008-84

Block 547.01 **Lot** 15 **Zone:** B-2, Gen. Business

Property Address: 335 Brick Boulevard; Drum Point Plaza

Applicant: Vincent Gurerdino; Paradise Pools & Spas NJ

Property Owner: Drum Point Plaza LLC/John DeGeorge

Existing Use: "Benchmark "physical therapy center.

Proposed Use: "Paradise Pools & Spas" retail store and office.

Proposed Construction: Interior alterations for a new business.

Conditions: Retail store and office use only. No contractor's equipment or outdoor storage is permitted. An additional zoning permit is required for any sign or banner, or any other additional work.

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

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

RECEIVED
FEB 11 2008

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

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

BLOCK 547.01 LOT 15 QUALIFIER ———

PROPERTY ADDRESS 335 Brick Blvd

PERSONAL NAME OF APPLICANT Vincent Guarnaccia

BUSINESS NAME OF APPLICANT Paradise Pools & Spas NJ

MAILING ADDRESS OF APPLICANT 1516-F Commodore Blvd Jackson NJ 08527

PROPERTY OWNER'S FULL NAME DeGeorge / John

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) Physical therapy

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) Pool + Spa + Backyard Retail Paradise pools + Spas NJ

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☒ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) Coping wrap Ext., layout to stay

CHECKLIST

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

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

COMMERCIAL

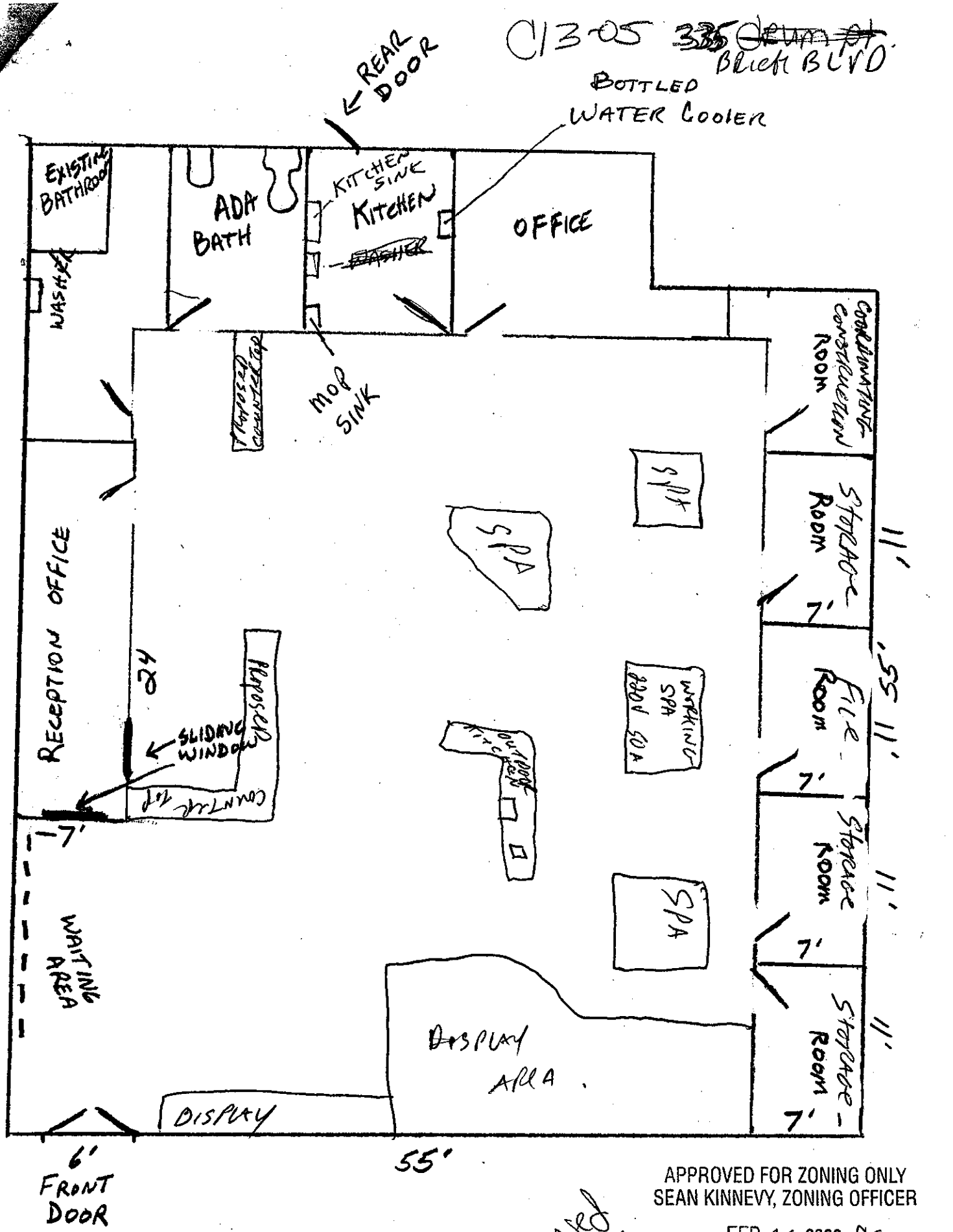
The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County,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

SIGNATURE OF APPLICANT _____ Date 2-8-08

Reviewed by Zoning Office JC Date 2/11/08 (X) Approved ( ) Denied

March 2003

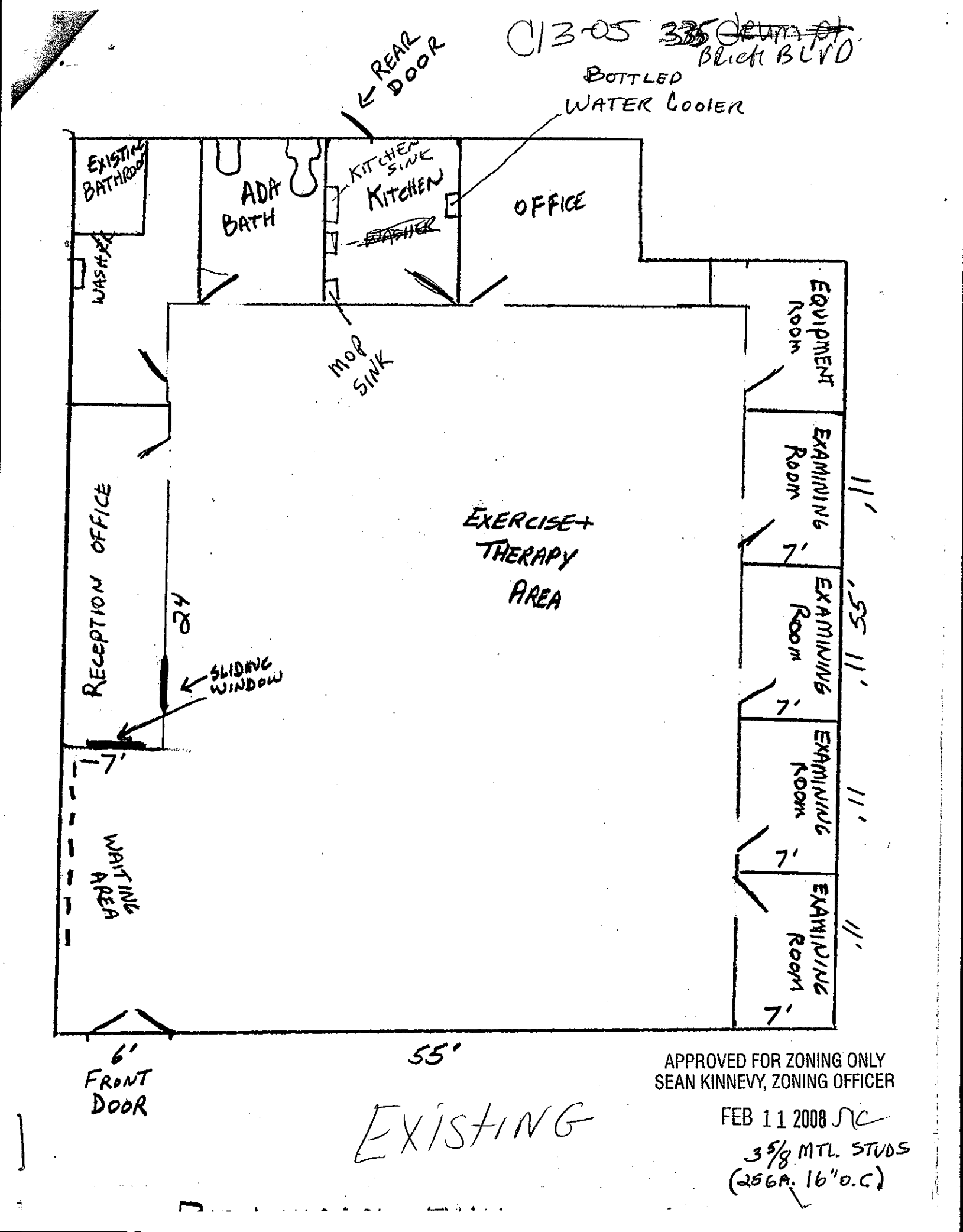
KB 2/8/08



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

FEB 11 2008 SK

3 5/8 MTL. STUDS
(25GA. 16" O.C.)


C13-05
335 ~~Drum Rd~~
Blick BLVD
← REAR DOOR
BOTTLED WATER COOLER
EXISTING BATHROOM
WASHER
ADA BATH
KITCHEN SINK
KITCHEN
~~DISHWASHER~~
OFFICE
MOP SINK
EQUIPMENT ROOM
EXAMINING ROOM
7'
EXAMINING ROOM
7'
EXAMINING ROOM
7'
EXAMINING ROOM
7'
11'
11'
11'
11'
55'
EXERCISE + THERAPY AREA
RECEPTION OFFICE
24
SLIDING WINDOW
7'
WAITING AREA
6'
FRONT DOOR
55'
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
FEB 11 2008
EXISTING
3 5/8 MTL. STUDS
(25GA. 16" O.C.)

DYNASTYSPAS

HOME | SPAS | OWNER CORNER | DEALER LOGIN | NEWS

The Oceana

- **Number of jets:** 34 Stainless Steel, Illuminated
- **Dimensions:** 78"x82"x33"
- **Water capacity:** 275 Gallons
- **Seating capacity:** 6 Adults

Note: For ST models, add 6" to overall height

The digital topside control panels allow you to adjust every element of your spa without moving a relaxed muscle.

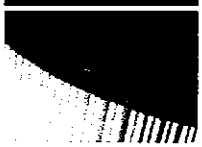
Two 220 V 50 A, 1 & 2 Speed Pumps with a 7.0 bhp wetend, designed for high flow and high power.

The Optional 6 Speaker DynaSound™ AM/FM/CD Stereo System provides excellent entertainment.

A backlit, cascading waterfall provides the perfect touch to your relaxing surroundings.

LED lighting further enriches your soak. Neptune Series spas feature multi-colored illuminated jets.

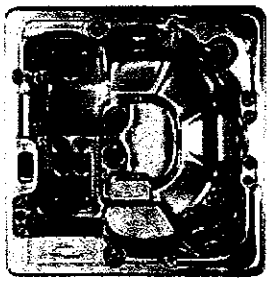
A highly efficient and easy to use filtration system assures users of optimum hygiene.



Dynasty's filters contain antimicrobial fibers, which improve efficiency and reduce maintenance.

Available Colors:

Spas >> Neptune Series >> The Oceana



THE NEPTUNE SERIES

DynaSound

Hydrotherapy Features

Engineering Features

Interior Features

- Adjustable Illuminated Jets
- Illuminated Waterfall
- 2 Illuminated Fountain Jets
- Reverse Pull Neck Jets
- 3 Padded Headrests
- AquaGlow™ Transitional LED Lighting
- Lounger
- Slip Resistant Footwell

Exterior Features

- Digital Topside Controls
- Air and Waterfall Diverter Controls
- DynaWood™ Maintenance Free Skirting
- Removable Equipment Side Panels
- Illuminated Hand Hold
- Drink Holders
- Solid, Wrap around ABS Bottom
- Easydrain™ Hose Connection

System Features

- Two 7.0bhp Pumps (1 single speed, 1 dual speed)
- 100 ft^2 Filtration System
- Pristine Water Purification System
- PolarBlock™ Insulation Package
- AquaMax Plumbing System

Almond Pearl
Antique Bronze
Bronze
Cultured Pearl
Desert Horizon
Moonscape Pearl
Ocean Wave
Pearl Shadow
Platinum
Sandstone
Sapphire
Sierra
Starry Night
Sterling Silver
Sunset
Marble

Available Skirting:

Gray Dynawood
Red Dynawood
Walnut Dynawood

Electrical

- 220V / 50 A

Phone: 423-745-1972, Fax: 423-745-1184, Toll-Free: 800-951-6224

Applicable to Ordinance 720-92
This form must be handed in with permit application or a permit will not be issued

TOWNSHIP OF BRICK
Debris Form

Work Site Address: 335 Brick Blvd.

Block: 547.01 Lot: 15

Contractor: None

Contractor's Address: _____

Type of Construction (minor, new home): _____

Type of Debris (shingles, siding, wood, etc.): None

Party responsible for removal: SIGNS To Be Removed By LANDLORD Di George REALTY Off.

Dumpster size: _____

Destination of debris: _____

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclable.

Generator's Certification: Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and that I have been authorized in writing, to make such declaration by the person in charge of the generator's operation.

Signature

2-8-08
Date

VINCENT GUARDINO
Print Name