

BLOCK 547.01

LOT 15

QUALIFICATION CODE

ADDRESS (SITE)

343 Brick Blvd.

PERMIT NO.

09-2859



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: Alteration 343 BRICK BLVD

2. Name of Owner in Fee: K & J Nails DeGeorge
Tel. (215) 430-3770 e-mail _____

Address: 343 Brick Boulevard Brick NJ 08723

3. Ownership in Fee: Public _____ Private X zip code _____

4. Principal Contractor: All American Home Imp Tel. (732) 8925303
Address: 2308 Dorset Neck Rd e-mail maximusone@aol.com
Pt Pleasant NJ 08742

License No. OR, if new home, Builder Reg. No. _____ Exp. Date 12/31/00

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH03712800

Federal Emp. ID No. 208569934 FAX: (732) 8925303

5. Architect or Engineer: Allan Borst Contact: _____
Address: 1792 Hinds Rd Toms River e-mail allanb@scharchitect.com
Tel. (732) 2552713 FAX: (732) 7820298

6. Responsible Person in Charge once Work has Begun: Robert Sher
Tel. (917) 4538149 FAX: (732) 8925303

V. FEE SUMMARY (for office use only)

	Update	Update + B
1. Building	\$ 40	40
2. Electrical	\$ 20	20
3. Plumbing	\$ 60	60
4. Fire Protection		
5. Elevator Devices		
6. Subtotal	\$ 9	2
7. Less 20% for State Plan Review	\$	
8. Subtotal	\$	
9. State Permit Surcharge Fee	\$	
10. Subtotal	\$	
11. Cert. of Occupancy	\$ 30.00	
12. Other	\$	
13. TOTAL	\$ 179	179

VI. BUILDING/SITE CHARACTERISTICS

1. Number of Stories	_____	ft.
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. Max. Live Load	_____	
7. Max. Occupancy Load	_____	
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 _____		

(office use only)

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

- ☐ Building
- ☐ Electrical
- ☐ Plumbing
- ☐ Fire Protection
- ☐ Elevator

TOTAL COST

FOR OFFICE USE ONLY (Optional)

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
	<u>11/4/09</u>			<u>11-16-09</u>	<u>JL</u>	<u>12-8-9</u>	<u>YD</u>	<u>AS</u>
				<u>11-17-09</u>	<u>2</u>			

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: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

- D. Construct. Classification: Present _____
- Proposed _____

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
11. ☐ LPGas Tanks

COMMERCIAL

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 _____

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 ROBERT SHER

Address 2308 DOCKET DOCK RD
PT. PLEASANT, N.J. 08742

Telephone (732) 892-5303

Signature Robert Sher

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

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____ **Date:** _____

☐ **Zoning Application approved**

Initialed: _____ **Date:** _____

☐ **Zoning permit updates:**

17
IMPORTANT
~~A.H.B.T. EXEMPT~~



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/04/2010
Control Number C-09-004041
Permit Number 09-2859
Permit Issue Date 11/18/2009
Certificate Number 09-2859

Certificate

Construction Code Division
(Certificate of Approval)

Identification

Work Site Location: 335-399 BRICK BLVD. 343 BRICK BLVD Brick Township, NJ Block: 547.01 Lot: 15 Qual: _____
Owner in Fee: DEGEORGE
Owner Address: 343 BRICK BLVD BRICK NJ 08723
Telephone: (215) 430-3770
Contractor: ALL AMERICAN HOME IMPROVEMENT
Address: 2308 DOCKET DOCK ROAD PT PLEASANT NJ 08742
Telephone: (732) 892-5303 Fax: (732) 892-5303
License Number or Builders Registration Number: 13VH03772800 Federal Emp. Number: 20-856-9934

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 BUILD WALLS, WAS CHIROPRACTOR NOW TO BE NAIL SALON

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 2/18/09
Control # C-09-004504
Permit # 09-2859+B

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. 343 BRICK BLVD Brick Contractor ALL AMERICAN HOME IMPROVEMENT
Township, NJ _____ Address 2308 DOCKET DOCK ROAD PT PLEASANT NJ 08742
Owner in Fee DEGEORGE Telephone: (732) 892-5303
343 BRICK BLVD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. 13VH03772800
Telephone: (215) 430-3770 Federal Employee No. 20-856-9934

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☒ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT (Subchapter 8 only) ☐ OTHER

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS BUILD WALLS. WAS CHIROPRACTOR NOW TO BE NAIL SALON

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 \$1,000

David Newman Jr
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	\$0
Electrical	\$0
Plumbing	\$60
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$0
Total	\$60
Check No.	
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.

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 12-8-09
Control # C-09-004385
Permit # 09-2859+A

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. 343 BRICK BLVD Brick Contractor ALL AMERICAN HOME IMPROVEMENT
Township, NJ Address 2308 DOCKET DOCK ROAD PT PLEASANT NJ 08742
Owner in Fee DEGEORGE Telephone: (732) 892-5303
343 BRICK BLVD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. 13VH03772800
Telephone: (215) 430-3770 Federal Employee. No. 20-856-9934

Is hereby granted permission to perform the following work:

- | | | |
|--|--|--|
| ☐ BUILDING | ☐ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☒ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS ADDITIONAL ELECTRICAL WORK

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 \$900

PAUL T.
Construction Official

12-8-09
Date

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$0
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$2
CO Fee	
Other	\$0
Total	\$42
Check No.	
Cash	<u>42</u> \$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:

- 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.

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.

12/08/09 4:43PM 0015584981
002
42859
ELECTRIC \$40.00
CASH \$42.00
CHANGE \$0.00
02/08/09 4:43PM 0015584981
XXXXTOTAL \$42.00



PERMIT UPDATE

Date Update Issued 12-29-09
Control # C-09-004562
Permit # 09-2859+C

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. 343 BRICK BLVD Brick Contractor ALL AMERICAN HOME IMPROVEMENT
Township, NJ _____ Address 2308 DOCKET DOCK ROAD PT PLEASANT NJ 08742
Owner in Fee DEGEORGE Telephone: (732) 892-5303
343 BRICK BLVD BRICK NJ 08723 Lic. No. or Bldrs. Reg. No. 13VH03772800
Telephone: (215) 430-3770 Federal Employee No. 20-856-9934

Is hereby granted permission to perform the following work:

- | | | |
|---|--|--|
| ☐ BUILDING | ☒ PLUMBING | ☐ LEAD HAZARD ABATEMENT |
| ☐ ELECTRICAL | ☐ FIRE PROTECTION | ☐ DEMOLITION |
| ☐ ELEVATOR DEVICES | ☐ ASBESTOS ABATEMENT
(Subchapter 8 only) | ☐ OTHER |

DESCRIPTION OF WORK:

PLUMBING ALTERATIONS BUILD WALLS, WAS CHIROPRACTOR NOW TO BE NAIL SALON

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 \$100

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	_____	\$0
Electrical	_____	\$0
Plumbing	_____	\$40
Fire Protection	_____	\$0
Elevator Devices	_____	\$0
Other	_____	\$0.00
DCA Training Fee	_____	\$0
CO Fee	_____	
Other	_____	\$0
Total	_____	\$40
Check No.	<u>2501</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.



Date Issued _____
Control # C-09-004041
Permit # _____
09-2859

IDENTIFICATION	Block: 547.01	Lot: 15	Qualifier
Work Site Location:	335-399 BRICK BLVD. 343 BRICK BLVD Brick Township, NJ	Contractor	ALL AMERICAN HOME IMPROVEMENT
Owner in Fee	DEGEORGE 343 BRICK BLVD BRICK NJ 08723	Address	2308 DOCKET DOCK ROAD PT PLEASANT NJ 08742
Telephone:	(215) 430-3770	Telephone:	(732) 892-5303
		Lic. No. or Bldrs. Reg. No.	13VH03772800
		Federal Employee. No.	20-856-9934

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 BUILD WALLS. WAS CHIROPRACTOR NOW TO BE NAIL SALON

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 \$5,400

Construction Official

Date _____

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

11/18/09 10:39AM 0015594644
 ns N.J.A.C. 5:23-2.18. This agency will carry
 ed conforms with the requirements of the

#2859	
any required inspections specified below.	\$40.00
ctions will be performed within three business	\$40.00
the inspection until it has been made and	\$60.00
DCA	\$9.00
7PA	\$30.00
ons, inspections shall be made in	\$179.00



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 Drum Point Plaza

343 Brick Blvd. Brick NJ 08723

Owner in Fee: K & S Harris De George K & S Harris

Tel. (215) 480-3770 e-mail _____

Address 343 Brick Blvd Brick NJ 08723

Contractor: All American Home Improvements Tel. (732) 892-5303

Address 8308 A Dorset Neck Rd. e-mail 8308AHomeS@all.com

Contractor License No. or Builder Registration No. _____ Exp. Date 12/31/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13110371800

Federal Emp. ID No. 20 8569934 FAX: (732) 892-5303

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	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								
PCO ☐ CCO ☐ CA								
Date:								
Approved by:								
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					
Area — Largest Floor					
New Bldg. Area/All Floors					
Volume of New Structure					
Max. Live Load					
Max. Occupancy Load					

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

Build walls put closets

FEIT-OUT

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft.
- ☐ Sign _____ Sq. Ft.
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft.
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5.17
- ☐ Radon Remediation
- ☒ Other Attenuation
- ☐ Demolition

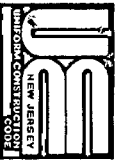
FEE (Office Use Only)

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

COMMERCIAL

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

09-2859
11-18-09



PLUMBING 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 347.01 Lot 15 Qualification Code 08723
Work Site Location 343 Brick Blvd Brick 08723
Drum Point Plaza

Owner in Fee: K&J PAIS
Tel. (245) 430-3778 Email 08723
Address 343 Brick Blvd Brick 29 code 08723

Contractor: JOHN T. NOLL Municipality Brick Tel. (732) 833-8555
Address 49 ALISSA TERR. e-mail _____

Contractor License No. JACKSON, N.J. 08527 Exp. Date 06-30-10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
Federal Emp. ID No. _____ FAX: (_____) _____

B. PLUMBING CHAR 2500 Use Group Present Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required	Slab				
☐ Partial - Underslab Utilities Approved	Rough				
Date: _____ Approved by: _____	Water				
☒ Plumbing Plans Approved	Sewer				
Date: <u>11-17-09</u> Approved by: <u>ea</u>	Fixtures				
Joint Plan Review Required: _____	Gas Equipment				
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.	Gas Piping				
SUBCODE APPROVAL for PERMIT	LP Gas Tank				
Date: _____	Fuel Oil Piping				
Approved by: _____	Solar				
SUBCODE APPROVAL for CERTIFICATE	TCO				
☐ CO ☐ CCO ☒ CA	Final				
Date: <u>2-4-10</u>					
Approved by: <u>John</u>					

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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REED Sink
SALOON CHAIRS ONLY

QTY.

FIXTURE/EQUIPMENT

FEE (Office Use Only)

Water Closet		\$
Urinal/Bidet		
Bath Tub		
Lavatory		
Shower		
Floor Drain		
Sink		
Dishwasher		
Drinking Fountain		
Washing Machine		
Hose Bibb		
Water Heater		
Fuel Oil Piping		
Gas Piping		
LP Gas Tank		
Steam Boiler		
Hot Water Boiler		
Sewer Pump		
Interceptor/Separator		
Backflow Preventer		
Greasetrap		
Sewer Connection		
Water Service Connection		
Stacks		
Other <u>MAIL SALON CHAIRS</u>		
Other _____		

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

Date Received 09-28-09
Control # _____
Date Issued 11-18-09
Permit # _____

COMMERCIAL

12-11-09 ft

① DRAIN TO OTHERS (IN SINK) - OK 12-21-09 PM
NET 2"

② MISC SINK REQUIRED ~~REMOVED~~

UPDATE PLAN (FLOOR)

TO REFLECT

12-21-09 PM

① SINK FOR CHAIRS + BARRIER FREE TOILET ROOM

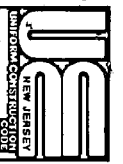
OK 22-10 PM

① PROVIDE DRINKING WATER - OK

② PEDICURE SINKS NEEDED - OK

BACK PLAN PROTECTION

2115-064 75



PLUMBING 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 335-339 BLICK
Work Site Location 343 BRICK BLVD
BLICK, N.J. 08723

Owner in Fee: DRUM POINT PLAZA
Tel. (732 472-6369) e-mail _____

Address 343 BRICK BLVD BLICK N.J. 08723

Contractor: ALL COUNTY PLUMBING Municipality BLICK Tel. (732 288-0453)
Address 816 BARTLETT CIRCLE e-mail _____

Contractor License No. 10554 Exp. Date _____

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

Federal Emp. ID No. 22-3427069 FAX: (732) 288-0554

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 1000.00

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required
☐ Partial Underslab Utilities Approved

Date: _____ Approved by: _____
Date: 01/16/09 Approved by: MA

Joint Plan Review Required: _____
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL FOR PERMIT
Date: 12-16-09

Approved by: B

SUBCODE APPROVAL FOR CERTIFICATE
☐ CO ☐ CCO ☒ CA
Date: 12-14-10

Approved by: WBR

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.

[☒] Licensed Plumbing Contractor [☐] Exempt Applicant
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
INSTALL HANDICAP BATH +
HOT HEATER

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

update 09-28591B
12/18/09

QTY	FIXTURE/EQUIPMENT	FEE (Office Use Only)
<u>1</u>	Water Closet	\$ _____
<u>1</u>	Urinal/Bidet	\$ _____
<u>1</u>	Bath Tub	\$ _____
<u>1</u>	Lavatory	\$ _____
<u>1</u>	Shower	\$ _____
<u>1</u>	Floor Drain	\$ _____
<u>1</u>	Sink	\$ _____
<u>1</u>	Dishwasher	\$ _____
<u>1</u>	Drinking Fountain	\$ _____
<u>1</u>	Washing Machine	\$ _____
<u>1</u>	Hose Bibb	\$ _____
<u>1</u>	Water Heater	\$ _____
<u>1</u>	Fuel Oil Piping	\$ _____
<u>1</u>	Gas Piping	\$ _____
<u>1</u>	LP Gas Tank	\$ _____
<u>1</u>	Steam Boiler	\$ _____
<u>1</u>	Hot Water Boiler	\$ _____
<u>1</u>	Sewer Pump	\$ _____
<u>1</u>	Interceptor/Separator	\$ _____
<u>1</u>	Backflow Preventer	\$ _____
<u>1</u>	Greasetrap	\$ _____
<u>1</u>	Sewer Connection	\$ _____
<u>1</u>	Water Service Connection	\$ _____
<u>1</u>	Stacks	\$ _____
<u>1</u>	Other	\$ _____
<u>1</u>	Other	\$ _____

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



PLUMBING SUBCODE
TECHNICAL SECTION



Date Received
Control # 09-2859-2C
Date Issued
Permit # 12-29-09

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 343 BRICK BLVD
BRICK, N.J. 08723
Owner in Fee: JOHN DE GEORGE

Tel. (732 477-6363) e-mail _____
Address 249 BRICK BLVD e-mail BRICK, N.J. 08723

Contractor: Alcaudy Plumbing & Heating Tel. (732) 288 0459
Address 816 Bathelt Cir e-mail _____
Toms River, NJ 08753

Contractor License No. 10554 Exp. Date _____
Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____

Federal Emp. ID No. 22-3627069 FAX: (732) 288 0554

B. PLUMBING CHARACTERISTICS
Use Group Present _____ Proposed _____
Building Sewer Size _____ Public Sewer _____ Private Septic _____
Water Service Size _____ Public Water _____ Private Well _____
Est. Cost of Plumbing Work \$ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW		INSPECTIONS		Dates (Month/Day)	
	Type:	Failure	Failure	Approval	Initial
☐ No Plans Required					
☐ Partial - Under-slab Utilities Approved					
Date: _____	Approved by: _____				
☐ Plumbing Plans Approved					
Date: _____	Approved by: _____				
Joint Plan Review Required:					
☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.					
SUBCODE APPROVAL FOR PERMIT					
Date: <u>12-24-09</u>					
Approved by: <u>2</u>					
SUBCODE APPROVAL FOR CERTIFICATE					
☐ CO ☐ CCO ☒ CA					
Date: <u>2-24-10</u>					
Approved by: <u>WBR</u>					

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of record and am authorized to make this application and perform the work listed on this application.

[Signature]
Applicant's Signature/Contractor's Seal and Signature

D. TECHNICAL SITE DATA

QTY.	DESCRIPTION OF WORK	FIXTURE/EQUIPMENT	FEE (Office Use Only)
		Water Closet	
		Urinal/Bidet	
		Bath Tub	
		Lavatory	
		Shower	
		Floor Drain	
		Sink	
		Dishwasher	
		Drinking Fountain	
		Washing Machine	
		Hose Bibb	
		Water Heater	
		Fuel Oil Piping	
		Gas Piping	
		LP Gas Tank	
		Steam Boiler	
		Hot Water Boiler	
		Sewer Pump	
		Interceptor/Separator	
		Backflow Preventer	
		Greasetrap	
		Sewer Connection	
		Water Service Connection	
		Stacks	
		Other <u>map sink</u>	
		Other _____	

Administrative Surcharge	\$ _____
Minimum Fee	\$ _____
State Permit Surcharge Fee	\$ _____
TOTAL FEE	\$ <u>40-</u>

Backflow Testing Services

P.O. Box 2063

Edison, NJ 08818

Toll Free (800) 691-4990

Invoice No.

0057

Owner of Property J + K Nails

Mailing Address 343 Brick Blvd

Brick Township, NJ. 08724
(Town) (Zip)

Contact Person Robert Scher (c) (917) 453-0149

Device Address 343 Brick Blvd

Brick Township, NJ. 08724
(Town) (Zip)

Exact Device Location Back Left Corner

Date 1-30-2010

Examined by Harold Peddie

Certificate # 9105

RPZ ☒ DCVA ☐ PVB ☐

Bronze ☒ Iron ☐ St. Steel ☐

Make Watts Model No. 009-M3 QT

Size 3/4" Serial No. 276454

	Reduced Pressure Backflow Prevention Device				
	Double Check Valve Assembly		Relief Valve	Pressure Vacuum Breaker	
	Check Valve No. 1	Check Valve No. 2		Check Valve	Air Inlet
Initial Test	Closed Tight ☒ Leaked ☐ <u>9.0</u> PSID	Closed Tight ☒ Leaked ☐ <u>8.8</u> PSID	Opened at <u>3.0</u> PSID Did Not Open ☐	Closed Tight ☐ Leaked ☐ ____ PSID	Opened at ____ PSID Did Not Open ☐
Repairs					
Test After Repairs	Closed Tight ☐ ____ PSID	Closed Tight ☐ ____ PSID	Opened at ____ PSID	Closed Tight ☐ ____ PSID	Opened at ____ PSID
Condition of No. 2 Shutoff Valve ☒ Closed Tight ☐ Leaked					

Harold Peddie #9105
Signature of Certified Tester

PASS ☒ FAIL ☐ OTHER ☐

Test Witnessed by:

Robert Scher
Owner/Agent

Water Works Official

State Official

Remarks

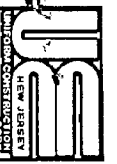
No. 2 Shutoff Valve Leaked
Could Not Test Device ☐

Method of Payment: (circle) Cash

\$175.00

Check

Other



ELECTRICAL SUBCODE TECHNICAL SECTION



update 09-2859
12-8-09

Date Received
Control #
Date Issued
Permit #

A. IDENTIFICATION—APPLICANT: COMPLETE ALL APPLICABLE INFORMATION, WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE, CALL UTILITY DIS NO: 1-800-272-1000.

Block 347.81 Lot 15 Qualification Code 335-339

Owner in Fee: De George

Tel () 343 BRICK BLVD. BRICK, NJ 08923

Address 343 BRICK BLVD. BRICK, NJ 08923

Contractor: Horizon Elec. Tel () 50 WOOLMAN DR

Address 50 WOOLMAN DR e-mail 12803

Contractor License No. 12803 Exp. Date 03.2012

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

Federal Emp. ID No. 22-3446627 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 700

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[] No Plans Required 12-8-2

[] Partial Underslab Utilities Approved

Date: Approved by:

[] Electric Plans Approved

Date: Approved by:

Joint Plan Review Required:

[] Bldg. [] Plumb. [] Fire. [] Elev.

SUBCODE APPROVAL FOR PERMIT

Date: Approved by:

SUBCODE APPROVAL FOR CERTIFICATE

[] CO [] CCO [] CA

Date: 1-29-09

Approved by: AS

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 [] Certifd Landscape Irrigation Contr [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

174TH LIGHTS & SUBSTATIONS

QTY SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 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 \$



Down Part Para

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 343 BLUES BLVD 12004 BOSTON NC424

Owner in Fee: K & J N.J.

Tel. (215) 430-3770 e-mail _____

Address 343 Brick Blvd Brick NJ 08723 zip code _____

Contractor: HOLTZMAN ELECTRIC municipality _____

Tel. (732) 920 5086 e-mail holtzman23@aol.com

Address BLUES NJ 08723

Contractor License No. 12803 Exp. Date 03-2012

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

Federal Emp. ID No. 22-3446627 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW 11-17-2008

☒ No Plans Required

☐ Partial -Underslab Utilities Approved Type: _____ Failure _____ Dates (Month/Day) _____ Approval _____ Initial _____

Date: _____ Approved by: _____ Trench _____ Barrier-Free _____

☐ Electric Plans Approved Temp. Serv. _____

Date: _____ Approved by: _____ Const. Serv. _____

Joint Plan Review Required: TCO _____

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev. Other _____

SUBCODE APPROVAL for PERMIT Service _____

Date: _____ Barrier-Free _____

Approved by: _____ Temp. Cut-in-Card Date Issued _____

SUBCODE APPROVAL for CERTIFICATE Final Cut-in-Card Date Issued _____

☐ CO ☐ CCO ☐ CA Annual Pool Inspection _____

Date: 1-29-2009 Date of Grounding and Bonding _____

Approved by: [Signature] Certification _____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature _____

Licensed Elec. Contractor ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TERMINAL BOX

Date Received

09-2859

Control #

Date Issued

11-18-09

Permit #

QTY

SIZE

ITEMS

FEE (Office Use Only)

10

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

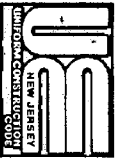
Administrative Surcharge \$

Minimum Fee \$

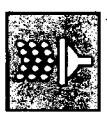
State Permit Surcharge Fee \$

TOTAL FEE \$

COMMERCIAL



PLUMBING 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 385-339 BRICK

Work Site Location BRICK N.J. 08723

Owner in Fee: DRIVEN KUNIT VLN 24

Tel. (732) 477-6363 e-mail _____

Address 243 BRICK BLVD BRICK N.J. 08723

Contractor: ALL COUNTY PLUMBING Municipality BRICK Tel. (732) 288-0458

Address 816 BAKETT CIRCLE e-mail _____

Contractor License No. 10554 Exp. Date _____

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

Federal Emp. ID No. _____ FAX: (1-800) 288-0458

B. PLUMBING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☒ Plumbing Plans Approved

Date: 12/18/09 Approved by: MA

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

INSTALL HANDICAP BATH +

H/W HEREIN

QTY. 1

FIXTURE/EQUIPMENT

Water Closet _____

Urinal/Bidet _____

Bath Tub _____

Lavatory _____

Shower _____

Floor Drain _____

Sink _____

Dishwasher _____

Drinking Fountain _____

Washing Machine _____

Hose Bibb _____

Water Heater _____

Fuel Oil Piping _____

Gas Piping _____

LP Gas Tank _____

Steam Boiler _____

Sewer Pump _____

Interceptor/Separator _____

Backflow Preventer _____

Greasetrap _____

Sewer Connection _____

Water Service Connection _____

Stacks _____

Other _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

Date Received _____

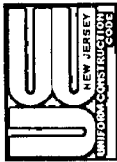
Control # _____

Date Issued _____

Permit # _____

update 09-2859+B

12/18/09



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 335-339

Work Site Location 443 BRICK BLVD. 335-339

Owner in Fee: De George

Tel. () 343 e-mail BRICK BLVD. BRICK, NJ 08923

Address BRICK BLVD. BRICK, NJ 08923 Municipality BRICK ZIP code 08923

Contractor: HORIZON ELEC. Tel. () 303 e-mail 303

Address 303 WOODLAND DR Exp. Date 03 2012

Contractor License No. 12803 Exp. Date 03 2012

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 900

Federal Emp. ID No. 22-3446627 FAX: () 900

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work \$ 900

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 [] Certifd Landscape Irrigation Contr [] Exempt Applicant

Update 09-2859

17-2574A

12-8-09

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

17 IN LIGHTS & SWITCHING

QTY

SIZE

ITEMS

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

Minimum Fee \$

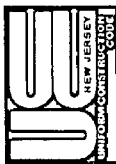
State Permit Surcharge Fee \$

TOTAL FEE \$

FEE (Office Use Only)

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

U.C.C. F120 (rev. 12/07)



ELECTRICAL SUBCODE TECHNICAL SECTION



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

Block 347.01 Lot 15 Qualification Code 15
Work Site Location 245 KIRK RD. 335-339

Owner in Fee: Lee George

Tel. () 442 LEICK KUD. BRICK, NJ 08823 e-mail zip code

Contractor: HORIZON ELEC. Tel. () 335-339
Address 50 WOODLAND DR e-mail 335-339

Contractor License No. 12803 Exp. Date 03 2012

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

Federal Emp. ID No. 22-3446627 FAX: ()

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[] Pole/Pad # [] Temporary [] Other

Building Occupied as Utility Co.
Est. Cost of Elec. Work \$ 900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required 2-8-9 AS

[] Partial -Underslab Utilities Approved
Type: Rough Barrier-Free

Date: Approved by:
Trench Temp. Serv.

Date: Approved by:
Constr. Serv.

Joint Plan Review Required:
TCO Other

[] Bldg. [] Plumb. [] Fire. [] Elev.
Service Final

SUBCODE APPROVAL for PERMIT
Barrier-Free

Date: Approved by:
Temp. Cut-in-Card Date Issued

SUBCODE APPROVAL for CERTIFICATE
Final Cut-in-Card Date Issued

[] CO [] CCO [] CA
Annual Pool Inspection

Date: Approved by:
Date of Grounding and Bonding

C. CERTIFICATION IN LIEU OF OATH
Certification

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 [] Certified Landscape Irrigation Contractor [] Exempt Applicant

update 09-08-09
12-8-09
12-8-09

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

1 A97 IN LIGHTS & SWITCHING

FEE (Office Use Only)

ITEMS

SIZE

QTY

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/with UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/+ HP

KW Transformer/Generator

AMP Service

AMP Subpanels

AMP Motor Control Center

KW Elec. Sign/Outline Light

Administrative Surcharge \$

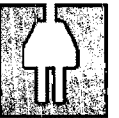
Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$



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 343 BATES BLVD DIKON PLANT REAR

Owner in Fee: K & J Nails

Tel. (215) 430-3770 e-mail _____

Address 343 Brick Blvd Brook NY 08723

Contractor: Holtzman Electric street municipality zip code Tel. (732) 920 5086

Address BATES AVS 08723 e-mail holtzman222@aol.com

Contractor License No. 17503 Exp. Date 03-2012

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

Federal Emp. ID No. 22-3446627 FAX: (____) _____

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 1200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☒ No Plans Required 11-17-548

☐ Partial -Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Electric Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: _____

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

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 ☐ Certifd Landscape Irrigation Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TEMPERATURE

Date Received
Control #
Date Issued
Permit #

09-2859
11-18-09

QTY.

SIZE

ITEMS

FEE (Office Use Only)

Lighting Fixtures

Receptacles

Switches

Detectors

Light Poles

Motors—Fract. HP

Emergency & Exit Lights

Communications Points

Alarm Devices/F.A.C. Panel

TOTAL NUMBERS

Pool Permit/With UW Lights

Storable Pool/Spa/Hot Tub

KW Elec. Range/Receptacle

KW Oven/Surface Unit

KW Elec. Water Heater

KW Elec. Dryer/Receptacle

KW Dishwasher

HP Garbage Disposal

KW Central A/C Unit

HP/KW Space Heater/Air Handler

KW Baseboard Heat

HP Motors 1/4 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 \$



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 100 Lot 343 Qualification Code 1000

Work Site Location 343 607215 12110 12110 12110 12110

Owner in Fee: 12110 12110 12110 e-mail 12110 12110 12110

Tel. (211) 12110 12110 12110 e-mail 12110 12110 12110

Address 12110 12110 12110 e-mail 12110 12110 12110

Contractor: 12110 12110 12110 Tel. (211) 12110 12110 12110

Address 12110 12110 12110 e-mail 12110 12110 12110

Contractor License No. 12110 12110 12110 Exp. Date 03.2012

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 12110 12110 12110

Federal Emp. ID No. 22 3441627 FAX: () 12110 12110 12110

B. ELECTRICAL CHARACTERISTICS

Use Group Present 12110 12110 12110 Proposed 12110 12110 12110

Building Occupied as 12110 12110 12110 Utility Co. 12110 12110 12110

Est. Cost of Elec. Work \$ 12110 12110 12110

JOB SUMMARY (Office Use Only)

PLAN REVIEW 12110 12110 12110

☒ No Plans Required 12110 12110 12110

☐ Partial Under-slab Utilities Approved

Date: 12110 12110 12110 Approved by: 12110 12110 12110

☐ Electric Plans Approved

Date: 12110 12110 12110 Approved by: 12110 12110 12110

Joint Plan Review Required: 12110 12110 12110

☐ Bldg. ☐ Plumb. ☐ Fire. ☐ Elev. ☐ Other

SUBCODE APPROVAL for PERMIT

Date: 12110 12110 12110 Approved by: 12110 12110 12110

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 12110 12110 12110 Approved by: 12110 12110 12110

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [] Certified Landscape Irrigation Contr. [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

12110 12110 12110

Date Received
Control #
Date Issued
Permit #

09-18-59
11-18-09

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
12		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	
		Pool Permit/With UW Lights	
		Storage 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 1/4 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 \$	

**Township of Brick
Zoning Permit**

Approved: Tuesday, November 10, 2009 **Number:** 2009-848

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

Property Address: 343 Brick Boulevard; Drum Point Plaza

Applicant: Julie Tsan; K & J Nails

Property Owner: John J. DeGeorge/ Drum Point Plaza, LLC

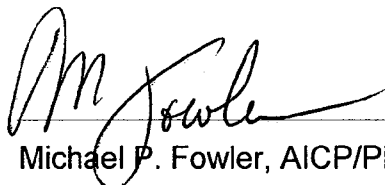
Existing Use: Chiropractor office.

Proposed Use: Nail salon.

Proposed Construction: Interior alterations for a tenant fit-up for a new business.

Conditions: 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.

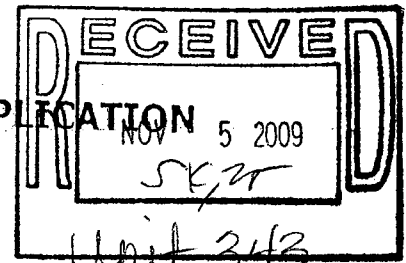

Michael P. Fowler, AICP/PP
Administrative Officer


Sean Kinnevy, Zoning Officer
Zoning Reviewer

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 343 Brick Blvd. Brick NJ 08723
 PERSONAL NAME OF APPLICANT JULIE TSAN
 BUSINESS NAME OF APPLICANT K & J NAILS
 MAILING ADDRESS OF APPLICANT 2308A Dorset Dock Pt Pleasant NJ 0
 PROPERTY OWNER'S FULL NAME John J. DeGeorge

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) CHIROPRACTOR

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Nail Salon

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) Tenant Fit up

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.

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 Julie Date 10/07/09

Reviewed by Zoning Office SK, 20 Date 11/10/9 (X) Approved () Denied

COMMERCIAL



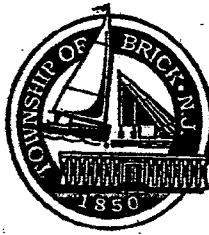
TOWNSHIP OF BRICK

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

Stephen C. Acropolis, Mayor

Township Council:

Joseph Sangiovanni – President
Dan Toth – Vice President
Brian DeLuca
Anthony Matthews
Kathy M. Russell
Ruthanne Scaturro
Michael A. Thulen, Sr.



Department of Community Development & Land Use
Division of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: 10/07/09

ENGINEERING PLOT PLAN EXEMPT FORM

Block: 547.01 Lot: 15

Property Address: 343 Brick Blvd Brick NJ 08723

I, JULIE TSAN of 2308 A Dorset Dock Rd NJ 08742
(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.

Julie
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:



COMMERCIAL



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 Drum Point Plaza

343 Brick Blvd. Brick NJ 08723

Owner in Fee: K & S Harts L P (George)

Tel. (212) 430 3770 e-mail _____

Address 343 Brick Blvd Brick NJ 08723

Contractor: All American Home Improvements Tel. (732) 592 5303 Zip code _____

Address 2308 A Dorset Ave Rock KID. e-mail ABUSHAHMENSE@AOL

Contractor License No. or Builder Registration No. _____ Exp. Date 12/31/10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13UHC3772800

Federal Emp. ID No. 20 8569934 FAX: (732) 852 5303

JOB SUMMARY (Office Use Only)

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

B. BUILDING CHARACTERISTICS

Use Group Present	Proposed	Constr. Class Present	Proposed
No. of Stories _____		If Industrialized Building:	
Height of Structure _____ ft.		State Approved _____	HUD _____
Area — Largest Floor _____ sq. ft.		Est. Cost of Bldg. Work:	
New Bldg. Area/All Floors _____ sq. ft.		1. New Bldg. \$ <u>1,200</u>	
Volume of New Structure _____ cu. ft.		2. Rehabilitation \$ _____	
Max. Live Load _____		3. Total (1+2) \$ _____	
Max. Occupancy Load _____			

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

Build walls per plans

FIT - OUT

TYPE OF WORK:

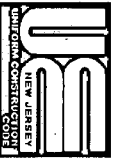
- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence _____ Height (exceeds 6') _____ Sq. Ft. _____
- ☐ Sign _____ Sq. Ft. _____
- ☐ Pool
- ☐ Retaining Wall _____ Sq. Ft. _____
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Radon Remediation
- ☒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

FEE (Office Use Only)

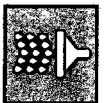
Administrative Surcharge \$ _____
Minimum Fee \$ _____
State Permit Surcharge Fee \$ _____
TOTAL FEE \$ _____

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

09-28559
11-18-09



PLUMBING 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

343 Brick Blvd Brick 08723
Brown Mount Plaza

Owner in Fee:

K & J Nails

Tel. (215) 430-3778

e-mail

Brick 08723

Address

JOHN T. NOLL

municipality

Tel. (732) 833-8565

Contractor

49 ALISSA TERR.
JACKSON, N.J. 08527

Exp. Date 06-30-10

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

Federal Emp. ID No. 48-38-4228

FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group

Present

Proposed

Building Sewer Size

Public Sewer

Private Septic

Private Well

Est. Cost of Plumbing Work \$ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: 11-7-09 Approved by: SA

Joint Plan Review Required:

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 11-7-09

Approved by: SA

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 11-7-09

Approved by: SA

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 Plumbing Contractor

☐ Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RED SINK
SALON CHAIRS ONLY

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishtwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other NAIL SALON CHAIRS

Other

FEE (Office Use Only)

\$

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

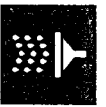
TOTAL FEE \$

Date Received
Control #
Date Issued
Permit #

09-2859
11-18-09



PLUMBING 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 543.01 Lot 15 Qualification Code 08723

Work Site Location 313 Brick Blvd Brick 08723

Owner in Fee: K & J Nails

Tel. (212) 430-3777 email brick 08723

Address 313 Brick Blvd Brick 08723

Contractor: JOHN T. NOLL Municipality Brick Tel. (732) 833-8555

Address 49 ALISSA TERR. e-mail JACKSON, N.J. 08547

Contractor License No. B10-8959 Exp. Date 06-30-10

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 48-35-4028

Federal Emp. ID No. 48-35-4028 FAX: ()

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed ✓

Building Sewer Size Public Sewer Private Sewer Private Well

Water Service Size Public Water Private Water Private Well

Est. Cost of Plumbing Work \$ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Under-slab Utilities Approved

Date: 11-17-09 Approved by: [Signature]

Joint Plan Review Required: ✓

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 11-17-09

Approved by: [Signature]

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: 11-17-09

Approved by: [Signature]

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.

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

Applicant's Signature/Contractor's Seal and Signature

U.C.C. F130 (rev. 1207) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy.

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

RED SINK

SALON CHAIRS ONLY

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Levatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrap

Sewer Connection

Water Service Connection

Stacks

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Other MAIL SALON CHAIRS

Date Received
Control #
Date Issued
Permit #

09-2859
11-18-09

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



PLUMBING SUBCODE TECHNICAL SECTION



Date Received
Control #
Date Issued
Permit #

09-2859 + C
12-29-09

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 343 BIRICK BLVD

Owner in Fee: TONY D. GEORGE

Tel (732) 477-6363 e-mail _____

Address 249 BIRICK BLVD BIRICK, N.J. 08723

Contractor: Alcove Plumbing & Heating Tel (732) 288 0459

Address 816 BIRICK BLVD TOWNS RIVER, N.J. 08753

Contractor License No. 10554 Exp. Date _____

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

Federal Emp. ID No. 22-3627069 FAX: (732) 288 0554

B. PLUMBING CHARACTERISTICS

Use Group Present _____ Proposed _____

Building Sewer Size _____ Public Sewer _____ Private Septic _____

Water Service Size _____ Public Water _____ Private Well _____

Est. Cost of Plumbing Work \$ 100-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plans Required

☐ Partial - Underslab Utilities Approved

Date: _____ Approved by: _____

☐ Plumbing Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev.

SUBCODE APPROVAL for PERMIT

Date: 11.24.09

Approved by: _____

SUBCODE APPROVAL for CERTIFICATE

☐ CO ☐ CCO ☐ CA

Date: _____

Approved by: _____

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.

FIXTURE/EQUIPMENT

Water Closet

Urinal/Bidet

Bath Tub

Lavatory

Shower

Floor Drain

Sink

Dishwasher

Drinking Fountain

Washing Machine

Hose Bibb

Water Heater

Fuel Oil Piping

Gas Piping

LP Gas Tank

Steam Boiler

Hot Water Boiler

Sewer Pump

Interceptor/Separator

Backflow Preventer

Greasetrapp

Sewer Connection

Water Service Connection

Stacks

Other map side

Administrative Surcharge

Minimum Fee

State Permit Surcharge Fee

TOTAL FEE

40-



61-5044-6
10-9-69

CONTRACTORS NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000

Work Site Location 242 E. 11th St. - LVL

Tel. (11.1) 411.1.21 3

e-mail _____

Contractor: 411 Campbell Plumbing & Heating, Inc. Tel. (137

Contractor License No. 10574 Exp. Date _____

Federal Emp. ID No. 1-6-306 1067 FAX: (132

FAX: (131) 6.880 0331

Building Sewer Size _____

Public Sewer _____

Private Septic _____

JOB SUMMARY (Office Use Only)☐ No Plans Required

Date: _____ Approved by: _____

Date: _____ Approved by: _____

☐ Bldg. ☐ Elec. ☐ Fire. ☐ Elev

Date: _____

SUBCODE APPROVAL for CERTIFICAT

Date: PAN

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.

Application Signature/Contractor's Seal and Signature

☒ Licensed Plumbing Contractor ☐ Exempt Applicant

105

DESCRIPTION OF WORK

TOTAL FEE

4 Gold = Applicant Copy