

BLOCK 547.01 LOT 15 QUALIFICATION CODEADDRESS (SITE) 367 Brick BlvdPERMIT NO. 05-0486

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 367 Brick Blvd, Brucktown NJ
 2. Name of Owner in Fee: DPM Point Plaza LLC Tel. (732) 477-6363
 Address 249 Brick Blvd., Brucktown NJ 08723
street municipality zip code
 3. Ownership in fee: Public ☐ Private ☐
 4. Principal Contractor: Jacqueline Foley Tel. (732) 735-4269
 Address 1211 Clover Rd., Brucktown NJ 08724
 License No. OR, if new home, Builder Reg. No. 20-2138755 Exp. Date 7/31/05
 Federal Employee No. 732-840-0019 FAX: 732-840-0019
 5. Architect or Engineer: BAND & ASSOC Tel. (732) 477-7751
 Address 92 Mantoloking Rd., Brucktown NJ Contact Jim Tierney
 6. Responsible Person in Charge once Work has Begun Jacqueline Foley
 Tel. (732) 735-4269 FAX: (732) 840-0019

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>40</u>		
2. Electrical	\$ <u>40</u>		
3. Plumbing			
4. Fire Protection	\$ <u>35</u>		
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. State Permit Fee Surcharge			
10. Subtotal	\$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	\$ <u>30</u>	<u>145</u>	<u>76</u>

VI. BUILDING/SITE CHARACTERISTICS

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

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Check by	Date Rec'd	Rejection Date	Approval Date	Re- viewer	Resubmission Dates	Re- viewer
1. ☐ Minor Work								
2. ☐ New Building								
3. ☐ Addition								
4. ☐ a. Repair								
☐ b. Alteration								
☐ c. Renovation								
☐ d. Reconstruction								
5. ☐ Fire Protection	<u>325</u>							
6. ☐ Plumbing	<u>325</u>							
7. ☒ Electrical								
8. ☐ Elevator Devices								
9. ☐ Asbestos Abat. Subch. 8								
10. ☐ Lead Hazard Abatement								
11. ☐ Demolition								
TOTAL COSTS	<u>\$650</u>							

VII. DESCRIPTION OF BUILDING USE

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

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR 10426023

APPROVED BY

NO FEE REQUIRED

DATE

#103

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

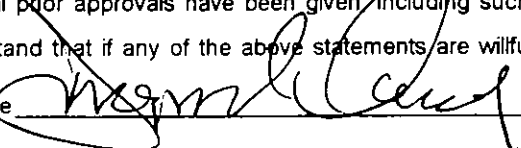
I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature 

Date 01/01/01

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

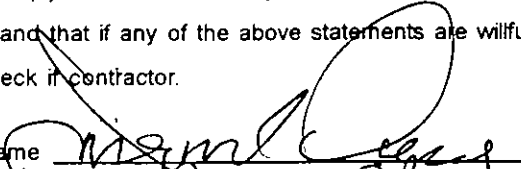
I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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 1341 Dover Rd

Telephone (732) 735-4269

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	Prelim. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition _____

Building _____

Electrical _____

Plumbing _____

Fire Protection _____

Mechanical _____

Energy _____

Barrier Free _____

Flood Hazard _____

As Built Elevation Cert. _____

Other _____

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

Constituent Contact Report

[illegible]

☒ Zoning Application deemed complete

Initialled: Jet Date: 2/9/05

☐ Zoning Application approved

Initialed: _____ Date: _____

☐ Zoning permit updates:



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/04/2005
Tracking Number C-05-132690
Permit Number 05-0486
Permit Issue Date 02/22/2005

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Block: 547.01 Lot: 15
Owner in Fee: DRUM POINT PLAZA LLC
Owner Address: 249 BRICK BLVD BRICK NJ 08723
Telephone: _____
Contractor: Jacqueline Foley
Address: 1211 Clover Rd. Brick NJ 08724
Telephone: 732-735-4269 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: N/A

Type of Warranty Plan: ☒ State ☐ Private

Use Group: M Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work Use:
TENANT FIT UP

Comments: Shore Scuba Center

☒ **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 NJACS: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.

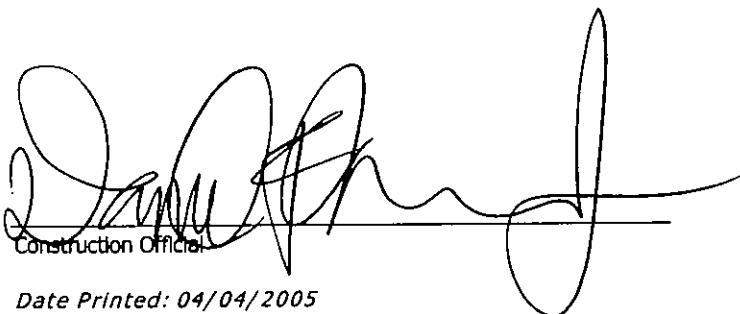
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **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: \$35.00



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/04/2005
Tracking Number C-05-132690
Permit Number 05-0486
Permit Issue Date 02/22/2005

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Block: 547.01 Lot: 15
Owner in Fee: DRUM POINT PLAZA LLC
Owner Address: 249 BRICK BLVD BRICK NJ 08723
Telephone: _____
Contractor: Jacqueline Foley
Address: 1211 Clover Rd. Brick NJ 08724
Telephone: 732-735-4269 Fax: _____
License Number or Builders Registration Number: _____ Federal Emp. Number: _____

Home Warranty Number: N/A
Type of Warranty Plan: ☒ State ☐ Private
Use Group: M Construction Classification: _____
Maximum Live Load: 0 Maximum Occupancy Load: 0
Description of Work Use: TENANT FIT UP

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.

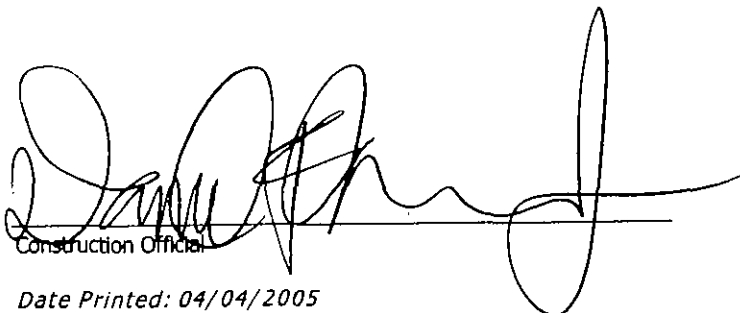
- ☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (_____ years); see file

☐ **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: \$35.00

05-0486

Shore Scuba Center

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location 367 Brick Blvd Block 547.01 Lot 15

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS	FINALS	FINALS
BUILDING.....	APPROVED.....	4/4/05
PLUMBING.....	APPROVED.....	n/a
FIRE.....	APPROVED.....	4/4/05
ELECTRIC.....	APPROVED.....	3/28/05
ENGINEERING.....	APPROVED.....	n/a
O.C.SOIL.....	APPROVED.....	n/a
COMMERCIAL OCCUPANCY CARD.....		
C.C. FROM B.T.M.U.A.....	n/a	
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.		

AFFORDABLE HOUSING No fee required
 ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.



CONSTRUCTION PERMIT

Date Issued 02/22/2005
Control # C-05-132690
Permit # 05-0486

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Contractor Jacqueline Foley
Address 1211 Clover Rd. Brick NJ 08724
Owner in Fee DRUM POINT PLAZA LLC
Address 249 BRICK BLVD BRICK NJ 08723 Telephone: (732) 735-4269
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP

SCUBA SHOP-20% DEDICATED TO ADA PER OWNER

Note: If construction 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 \$750

Construction Official _____ Date 02/22/2005

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$40
Plumbing	\$0
Fire Protection	\$35
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$0
CO Fee	
Other	\$30
Total	\$145
Check No.	103
Cash	\$0
Credit	\$0
Collected By	Ann Marie Hanlon



PERMIT UPDATE

Date Update Issued 03/22/2005
Control # C-05-133308
Permit # 05-0486+A

IDENTIFICATION Block: 547.01 Lot: 15 Qualifier _____
Work Site Location: 335-399 BRICK BLVD. Brick Township, NJ Contractor Jacqueline Foley
Address 1211 Clover Rd. Brick NJ 08724
Owner in Fee DRUM POINT PLAZA LLC
Address 249 BRICK BLVD BRICK NJ 08723 Telephone: (732) 735-4269
Telephone: _____ Lic. No. or Bldrs. Reg. No. _____
Federal Employee No. _____

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

ELECTRICAL ALTERATIONS, FIRE ALTERATIONS

SCUBA SHOP-20% DEDICATED TO ADA PER OWNER

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 \$425

Construction Official Date 03/22/2005

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

INSPECTOR COPY

PAYMENTS (Office Use Only)

Building	\$0
Electrical	\$40
Plumbing	\$0
Fire Protection	\$35
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$0
Total	\$76
Check No.	119
Cash	\$0
Credit	\$0
Collected By	Mary Jane Rinaldi



**BUILDING
SUBCODE
TECHNICAL SECTION**



Date Received
Date Issued
Control #
Permit #

2/22/05
05-0484

A. IDENTIFICATION - APPLICANT: COMPLETE ALL APPLICABLE INFORMATION. WHEN CHANGING

CONTRACTORS, NOTIFY THIS OFFICE. CALL UTILITY DIG NO: 1-800-272-1000.
Block 547.01 361 Brock Blvd LA 08123
Work Site location Brockton MA 08123
Owner in Fee 349 Brock Blvd MA 08123
Address Brockton MA 08123
Tel. 732 477-6363
Contractor Shore Suba Center, LLC
Address 40 Jacqueline Foley 1211 Clover Rd
Brock MA 08724
Tel. 732 920-6005 or (732) 735-4269
Lic. No. or Bldrs. Reg. No. 20-2138755 or Social Security No. _____
Federal Emp. No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
			Type:	Failure	Approval
☒ No Plans Req.			Footing		
☒ All	<u>2-18-05</u>	<u>PM</u>	Foundation		
☐ Footing			Slab		
☐ Foundation			Frame	<u>3-20-05</u>	
☐ Frame			Insulation		
☐ Other			Finishes:		
Joint Plan Review Required:			Energy		
☐ Elec. ☐ Plumb. ☐ Fire			Mechanical		
SUBCODE APPROVAL			TCO		
☐ CO ☐ CCO ☐ CA			Other		
Date: <u>2-18-05</u>			Final		
Approved By: <u>[Signature]</u>					

B. BUILDING CHARACTERISTICS

Use Group _____ Present _____ Proposed _____
Const. 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. \$ _____
2. Alteration \$ _____
3. Total (1+2) \$ _____

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

[Signature]

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

20% Dedicated to ADA
per owner.

COMMITMENT

(Office Use Only)
FEE

TYPE OF WORK:
☐ New Building
☐ Addition
☐ Alteration
☐ Roofing
☐ Siding
☐ Fence
☐ Sign
☐ Pool
☐ Asbestos Abatement
☐ Other
☐ Other
☐ Demolition

Height (6' or over)
Sq. Ft.

Administrative Surcharge \$ _____
Paid ☐ Check # _____ Minimum Fee \$ _____
Collected by: _____ DCA TRAINING FEE \$ _____
TOTAL FEE \$ _____



BUILDING SUBCODE TECHNICAL SECTION



Date Received
Date Issued
Control #
Permit #

2/22/05
05-0484

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
Work Site Location 361 Brick Blvd
Owner in Fee Brickton NJ 08713
Address 349 Brick Blvd
Address Brickton NJ 08723
Tele. (732) 477-6363
Contractor Shore South Center, LLC
Address 10 JACQUETTE TOILET 1311 CROVER RD
Address Brick NJ 08724
Tele. (938) 920-6005 or (133) 735-1269
Lic. No. or Bids. Reg. No. _____
Federal Emp. No. 20-2138755 or Social Security No. _____

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)	Initial
☒ No Plans Req.			Type:	Failure	Failure
☒ All	<u>2-15-05</u>	<u>FW</u>	Footings		
☐ Foundation			Foundation		
☐ Frame			Slab		
☐ Other			Frame		
Joint Plan Review Required:			Insulation		
☐ Elec. ☐ Plumb. ☐ Fire			Finishes:		
SUBCODE APPROVAL			Energy		
☐ CO ☐ CCO ☐ CA			Mechanical		
Date:			TCO		
Approved By:			Other		
			Final		

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class	Present	Proposed	1. New Bldg. \$
No. of Stories			2. Alteration \$
Height of Structure			3. Total (1+2) \$
Area—Largest Floor			Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

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

William A. [Signature]

D. TECHNICAL SITE DATA

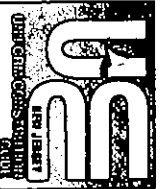
DESCRIPTION OF WORK

2078 Dedicated to ADA
Per Owner

(Office Use Only)
FEE

TYPE OF WORK:		
☐ New Building		
☐ Addition		
☐ Alteration		
☐ Roofing		
☐ Siding		
☐ Fence		Height (6' or over)
☐ Sign		Sq. Ft.
☐ Pool		
☐ Asbestos Abatement		
☐ Other		
☐ Demolition		

Paid ☐ Check #	Administrative Surcharge	\$
Collected by:	Minimum Fee	\$
	DCA TRAINING FEE	\$
	TOTAL FEE	\$



ELECTRICAL SUBCODE



005-13330K
update 04/6/05

Date Received
Control #
Date Issued
Permit #
3-22-05

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 307 Buck Blvd 00723
Princeton
Owner in Fee South Davis Plaza LLC
Address 309 Buck Blvd 00723
Tel (732) 735-4269
Contractor BOLYN CORPORATION
Address 705 CHASE ROAD
NOPTOWN NJ 07753
Tel (732) 918 8828 FAX (732) 918 1767
Contractor License No. 13728
Federal Emp. No. 22333 9339

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work \$ 375.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS			
☒ No Plans Required			Type:	Failure	Approval	Initial
Joint Plan Review Required:			Rough		<u>03-24-05</u>	
☐ Building ☐ Plumbing			Barrier-Free			
☐ Fire ☐ Elevator			Trench			
☐ Elec. Plans Approved			Temp. Serv.			
Date: <u>3/6/05</u>			Constr. Serv.			
Approved by: <u>WA</u>			TCO			
			Other			
			Service			
			Final			
			Barrier-Free			
SUBCODE APPROVAL			Temp. Cut-in-Card Date Issued			
☐ CO ☐ ICCO			Final Cut-in-Card Date Issued			
Date: <u>3-28-05</u>			Annual Pool Inspection			
Approved by: <u>WA</u>			Date of Grounding and Bonding Certification			

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
1		Lighting Fixtures
3		Receptacles
4		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 \$	



NEW JERSEY
ELECTRICAL SUBCODE
TECHNICAL SECTION

NEXT TO CHECK



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 13 Qualification Code 08723

Work Site Location 3671 Bucks Blvd

Owner in Fee Princeton Point Plaza, LLC

Address 3671 Bucks Blvd

City Princeton NJ 08723

Tel (732) 477-6363

Contractor TRACYN CORP/SEA718

Address 705 Olden Tpk

City Princeton NJ 08540

Tel (732) 918-8828 FAX (732) 918-1767

Contractor License No. 13728

Federal Emp. No. 223339333

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 325.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Required

Joint Plan Review Required:

☐ Building ☐ Plumbing

☐ Fire ☐ Elevator

☐ Elec. Plans Approved

Date: 2.16.05

Approved by: VM

INSPECTIONS

Type: Rough _____ Failure _____ Dates (Month/Day) 2-24-05 Initial VM

Barrier-Free _____ Failure _____ Approval 3-11-05 Initial VM

Trench _____ Failure _____ Approval 3-11-05 Initial VM

Temp. Serv. _____ Failure _____ Approval 3-11-05 Initial VM

Constr. Serv. _____ Failure _____ Approval 3-11-05 Initial VM

TCO _____ Failure _____ Approval 3-11-05 Initial VM

Other _____ Failure _____ Approval 3-11-05 Initial VM

Service _____ Failure _____ Approval 3-11-05 Initial VM

Final _____ Failure _____ Approval 3-11-05 Initial VM

Barrier-Free _____ Failure _____ Approval 3-11-05 Initial VM

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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 ☐ Certified Landscape Irrigation Contr' ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/F.A.C. Panel _____

3

3

3

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Date Received 2/22/05
Control # 05-0484
Date Issued 2/22/05
Permit # 05-0484

COMMERCIAL
FEE (Office Use Only)

Administrative Surcharge \$ 40
Minimum Fee \$ 40
State Permit Surcharge Fee \$ 40
TOTAL FEE \$ 40

3-11-05 EXIT - EMC ONLY

NOTE Take on AREA Lighting -

EXIT



ELECTRICAL SUBCODE TECHNICAL SECTION



015-133308
update 0486 + A
05-08-05

Date Received
Permit #
Date Issued

3-22-05

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 307 Buck Blvd 08723

Owner in Fee South Coast Plaza LLC

Address 209 Buck Blvd 08723

Tel (732) 735-4269

Contractor BOLYN CORPORATION

Address 705 CHASSIN TRL

NAPTUNE NJ 07753

Tel (732) 918-8828 FAX (732) 918-1767

Contractor License No. 13728

Federal Emp. No. 2233393339

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____

☐ Pole/Pad # _____ ☐ Temporary ☐ Other _____

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 375,100

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial _____

☒ No Plans Required

Joint Plan Review Required: _____

☐ Building ☐ Plumbing _____

☐ Fire ☐ Elevator _____

☐ Elec. Plans Approved _____

Date: 3/6/05 _____

Approved by: WM _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding _____

Approved by: _____

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the agent of record for 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 Contr ☐ Exempt Applicant

D. TECHNICAL SITE DATA

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 Permits with UV 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)

\$ _____



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 51101 Lot 15 Qualification Code _____

Work Site Location 3611 BAKER BLVD

Owner In Fee PAUL HENRI 11120. 411

Address 341 BAKER BLVD

City/State/Zip CHICAGO IL 60633

Tel (732) 477-6343

Contractor BAKER CORPORATION

Address 705 OLIVER TOWER

City/State/Zip CHICAGO IL 60633

Tel (732) 918-8598 FAX (732) 4151767

Contractor License No. #13728

Federal Emp. No. 223335335

B. ELECTRICAL CHARACTERISTICS

Use Group _____ Present _____ Proposed _____

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work \$ 325.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date _____ Initial _____

☒ No Plans Required _____

Joint Plan Review Required: _____

[] Building [] Plumbing _____

[] Fire [] Elevator _____

[] Elec. Plans Approved _____

Date: 2-16-05 _____

Approved by: ML _____

Other _____

Service _____

Final _____

Barrier-Free _____

Temp. Cut-In-Card Date Issued _____

Final Cut-In-Card Date Issued _____

Annual Pool Inspection _____

Date of Grounding and Bonding Certification _____

Approved by: _____

C. CERTIFICATION IN OATH

I hereby certify that I am the holder of the permit on this application and perform the work listed on this application.

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

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

D. TECHNICAL SITE DATA

QTY. SIZE ITEMS

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors—Fract. HP _____

Emergency & Exit Lights _____

Communications Points _____

Alarm Devices/F.A.C. Panel _____

Date Received _____

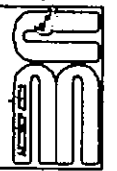
Control # _____

Date Issued _____

Permit # _____

FEE (Office Use Only)

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



FIRE PROTECTION 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 15

Work Site Location 367 BRICK BLVD APR 18

Owner in Fee BROWN POINT PLAZA, LLC APR 18

Address 849 BRICK BLVD 08723 LYCO

Tel (732) 477.6363

Contractor BOLYN CORPORATION

Address 705 O'HARA TORR

Tel (732) 918 8828 FAX (732) 918 1267

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

Fire Alarm Contractor No. 223339339 13728

Federal Emp. No. _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____ Fire Alarm System: [] New or [] Existing

Constr. Class: Present _____ Proposed _____ Location of Panel: _____

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System: _____

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: _____ Location of Main Control Valve: _____

Fuel Storage Tank: _____

Fuel Type: [] Flammable or [] Combustible Capacity _____

Total Cost of Fire Protection Work \$ 325.00

JOB SUMMARY (Office Use Only)		INSPECTIONS		Dates (Month/Day)	
PLAN REVIEW	Type:	Failure	Failure	Approval	Initial
[] No Plans Required	Alarm System				
Joint Plan Review Required:	Suppression Sys.				
[] Building [] Plumbing	Standpipe				
[] Electric [] Elevator	Fire Pump				
Date: <u>2-14-03</u>	Pre-Eng. System				
Approved by: <u>[Signature]</u>	Mechanical				
	Smoke Control				
	TCO				
	Flame/Combust Tanks				
	Fireplace Venting				
	Final				
	Other				



C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent, owner of record, and am authorized to make this application. APR 18

Applicant's Signature/Contractor's Signature _____

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:

REPLACE 3 EXITSIGNS

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

Flammable/Combustible Tanks _____

Alarm Systems _____

[] System _____

[] 110V Interconnected _____

[] CO Detectors/110V _____

Alarm Devices (i.e., smoke, heat, pulse, water/flow) _____

Supervisory Devices (i.e., tamper, low/high air) _____

Signaling Devices (i.e., horn/strobes, bells) _____

Other Devices _____

TOTAL _____

Suppression Systems _____

Fire Pump _____ GPM Type _____

Dry Pipe/Alarm Valves _____

Pre-action Valves _____

Sprinkler Heads (Dry and Wet) _____

Standpipes _____

Pre-engineered Systems _____

Wet Chemical _____

Dry Chemical _____

CO₂ Suppression _____

Foam Suppression _____

FM200 Suppression _____

Other _____

Other Systems _____

Kitchen Hood Exhaust System _____

Smoke Control System _____

Fired Appliances [] Gas or [] Oil _____

Fireplace Venting/Metal Chimney _____

Other _____

Administrative Surcharge \$ _____

Minimum Fee \$ _____

State Permit Surcharge Fee \$ _____

TOTAL FEE \$ _____

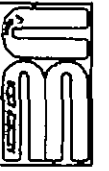
Date Received _____

Control # _____

Date Issued _____

Permit # _____

2/22/05
05-0484



FIRE PROTECTION 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 1318 Qualification Code 08123

Work Site Location 367 Brock Blvd

Owner in Fee Brooklyn Police Plaza

Address Brooklyn NY 08123

Tel (732) 735 4269

Contractor BOLYN CORPORATION

Address 705 W. 4th St. 7082

Tel (732) 918 8828 FAX (732) 918 1767

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 07753

Fire Alarm Contractor No. NJ Elec 13728

Federal Emp. No. 273335339

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed Fire Alarm System: [] New or [] Existing

Const. Class: Present Proposed Location of Panel:

Heating System: [] New or [] Existing [] HVAC Fire Suppression/Standpipe System:

Type: [] Gas [] Oil [] Electric [] Solar [] New or [] Existing

Location: [] Other Location of Main Control Valve:

Fuel Storage Tank:

Fuel Type: [] Flammable or [] Combustible Capacity

Total Cost of Fire Protection Work \$ 3.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW INSPECTIONS Dates (Month/Day)

[] No Plans Required Alarm System Failure Approval Initial

Joint Plan Review Required: Suppression Sys. Standpipe Fire Pump

[] Building [] Plumbing Pre-Eng. System Mechanical

[] Electric [] Elevator Smoke Control TCO

Date: 3.21.05 Fire Plans Approved Flame/Combust Tanks

Approved by: [Signature] Fireproof Venting

SUBCODE APPROVAL Final

[] CO [] CCO [] CA Other

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. [Signature]

Applicant's Signature/Contractor's Signature

[X] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

Flammable/Combustible Tanks

Alarm Systems

[X] System

[] 110V interconnected

[] CO Detectors/110V

Alarm Devices (i.e., smoke, heat, pulse, water/flow)

Supervisory Devices (i.e., tamper, low/high air)

Signaling Devices (i.e., horns/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-engineered Systems

Wet Chemical

Dry Chemical

CO₂ Suppression

Foam Suppression

FM200 Suppression

Other

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other

Date Received 05-13308

Control # 3-22-05

Date Issued 05-048674

Permit #

**Township of Brick
Zoning Permit**

Approved: Thursday, February 10, 2005 **Number:** 131

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

Property Address: 367 Brick Boulevard; Drum Point Plaza

Applicant: Jaqueline Foley; Shore Scuba Center, LLC

Property Owner Drum Point Plaza, LLC

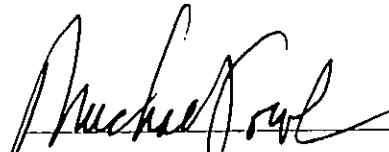
Existing Use: Print shop.

Proposed Use: Scuba store.

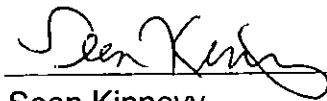
Proposed Construction: Interior alterations for tenant fit-up.

Conditions: An additional zoning permit is required for any sign 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

FEB 10 2005

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 367 Brick Blvd

PERSONAL NAME OF APPLICANT Jacqueline Foley

BUSINESS NAME OF APPLICANT Shore Scuba Center, LLC

MAILING ADDRESS OF APPLICANT 1211 Clover Rd, Brick NJ 08724

PROPERTY OWNER'S FULL NAME Drum Point Plaza, LLC

PRESENT USE OF PROPERTY (check all that apply)

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

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Scuba Shop - Retail

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 FH 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 [Signature] Date 2/8/04

Reviewed by Zoning Office [Signature] Date 2/10/05 ☒ Approved () Denied

March 2003

COMMERCIAL

2/9/05

Tenant Fit-ups

Different use than previous proprietor:

- Zoning Application ✓ LOT + Block
- ~~N/A~~ Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new/replacement electric)
- ~~N/A~~ Plumbing Permit (adding/deleting/changing fixtures)
- Floor plan of before and after---signed

Same use as previous proprietor w/ interior renovations:

- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new fixtures/receptacles)
- Plumbing Permit (adding/deleting/changing plumbing fixtures)
- Drawings of layout before and after--- signed

Same use as previous proprietor w/ no interior changes:

- Tenant Occupancy Verification Form
- Detailed floor plan showing dimension of room, location and size of doors, exit lights, smoke detectors, sprinkler heads, aisle widths, counters, ect...

***Based on the evaluation of the application submitted, a permit and fee may not be necessary. The office will contact the tenant when such a determination has been made.

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 547.01 LOT 15 SITE ADDRESS 367 Bruck Blvd.
TYPE OF SITE Residential / ~~Commercial~~ NAME OF BUSINESS Scuba Store
APPLICANT Yacqueline Kelly PHONE NUMBER 732-735-4269
APPLICANT ADDRESS 1211 Oliver St. CITY & STATE Bruck Nj. 08703

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

NO FEE REQUIRED

MANDATORY DEVELOPER FEES

- ☐ Residential is .005 %
- ☒ Commercial is .01%
- ☒ The estimated equalized assessed value of the proposed construction is

\$ 0

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

2/14/05
Date

APPROVED BY RET DATE 2/15/05

- ☐ The final equalized assessed value of the construction at the above referenced site is:

\$ 0

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

2/14/05
Date

Preliminary Fee _____
Check # _____

Date _____
Receipt # _____

Final Fee _____
Check# _____

Date _____
Reciept # _____

Total Fee Due/Paid _____
Balance Due _____

Fees Imposed To Date _____
Fees Reached \$15,000 _____ Date _____

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

2/11/05 - Ta prelin

Richard J. Lauricchio
Office of Affordable Housing

367 Brick Blvd
Bricktown, NJ 08724

Shore SCUBA Center, LLC

February 22, 2005

Township of Brick
Building Department
Chambersbridge Rd
Bricktown, NJ 08724

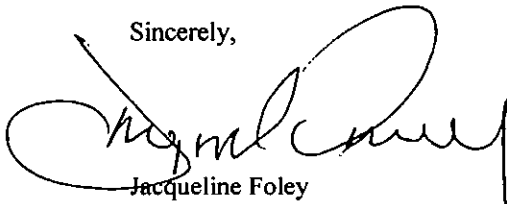
RE: Block: 547.01 Lot: 15

Dear Sir,

AS per our conversation on Friday, February 18, 2005. We are hereby notifying you that we intend to install a lever handle on the bathroom door and a support /grab bar on the bathroom wall.

This should meet the requirements you have set forth and represents, at a minimum 20 percent of our improvement budget.

Sincerely,



Jacqueline Foley
Member/Manager

A full service NAUI training facility.

Bldg

Elect

Fire

Plumbing

(Please mark subcode)

CONTROL NUMBER 05-12330 F

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

Wm M. H. 105
3/21/05
(Signature)

ADDRESS OF APPLICATION: 367 Brick Blvd.

DATE REVIEWED: 3-18-05

REVIEWED BY: Ann Gisser

CONTACT CALLED/FAXED: 732-518-5828 - 1st Street Spaghetti

① need info. and drawings at home.

Eugene
approved
signed

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751
Fax: 732-477-6788
E-mail: barloassoc@aol.com

March 3, 2005

Mr. Frank Mizer
Building Sub-Code Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

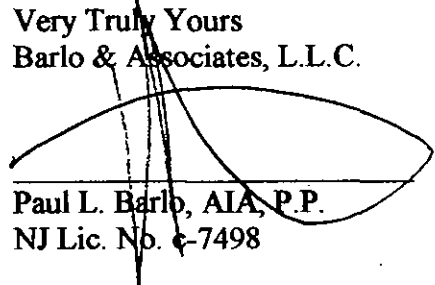
547.01/15
RE: Proposed Shore Scuba Center
Drum Point Plaza
367 Brick Blvd.
Brick, NJ 08723
Bldg. Permit No. 050486

Dear Mr. Mizer,

This letter is for your records and to notify you that either wood studs -2x4 @ 16"o.c. or 3 5/8, 25 ga. metal studs @ 16"o.c. can be used for interior partitions on the above referenced project at the contractors option.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very Truly Yours
Barlo & Associates, L.L.C.



Paul L. Barlo, AIA, P.P.
NJ Lic. No. C-7498

cc: J. Foley-Shore Scuba Center
File

RESUBMIT
DATE 3/7/05
change of studs

Barlo & Assoc. L.L.C.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723

Tel: 732-477-7751

Fax: 732-477-6788

E-mail: barloassoc@aol.com

March 3, 2005

Mr. Frank Mizer
Building Sub-Code Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

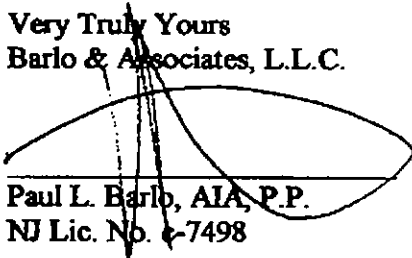
RE: Proposed Shore Scuba Center
Drum Point Plaza
367 Brick Blvd.
Brick, NJ 08723
Bldg. Permit No. 050486

Dear Mr. Mizer,

This letter is for your records and to notify you that either wood studs -2x4 @ 16"o.c. or 3 5/8, 25 ga. metal studs @ 16"o.c. can be used for interior partitions on the above referenced project at the contractors option.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very Truly Yours
Barlo & Associates, L.L.C.



Paul L. Barlo, AIA, P.P.
NJ Lic. No. 6-7498

cc: J. Foley-Shore Scuba Center
File

