

BLOCK 547.01 LOT 15 QUALIFICATION CODE 16-ab ADDRESS (SITE) 367 Brick Blvd



CONSTRUCTION PERMIT APPLICATION

MAR - 5 2001

FEE SUMMARY (for office use only)

		Update	Update
1. Building			
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review			
8. Subtotal			
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL			

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

1. IDENTIFICATION

1. Proposed Work Site at: 367 Brick Blvd Brick NJ

2. Name of Owner in Fee: John De George Tel. (732) 477-7468

Address: 367 Brick Blvd zip code 08801

3. Ownership in Fee: Public ☐ Private ☒

4. Principal Contractor: N/A Tel. ()

Address Brick NJ

License No. OR, if new home, Builder Reg. No. Exp. Date

Federal Employee No. FAX: ()

5. Architect or Engineer Tel. ()

Address

6. Responsible Person in Charge of Work Antonette Cardullo

Tel. (732) 477-7468 FAX (732) 477-4765

VII. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories

2. Height of Structure ft.

3. Area Largest Floor sq. ft.

4. New Building Area sq. ft.

5. Volume of New Structure cu. ft.

6. Construction Classification

7. Total Land Area Disturbed sq. ft.

8. Flood Hazard Zone

9. Base Flood Elevation ft.

10. Wetlands yes ☐ no ☐

11. Max. Live Load

12. Max. Occupancy Load

Tenant Fit Up

II. PROPOSED WORK	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work <u>tenant</u>	<u>100</u>	<u> </u>	<u> </u>	<u> </u>	<u>4-2001</u>	<u>FM</u>	<u> </u>	<u> </u>	<u> </u>
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS <u>100</u>									

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☒ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

Copy + Shipping Retail

2. Use Group:

Carpet Retail

3. Change in Use Group, Indicate Former:

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 Antoinette Cardullo Date 2-5-01

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 _____

Telephone (_____) _____

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
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. 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	Name of Code & Edition	Other
Building _____	Energy _____	Other _____
Electrical _____	Barrier Free _____	
Plumbing _____	Flood Hazard _____	
Fire Protection _____	As Built Elevation Cert. _____	
Mechanical _____	Other _____	

X. CERTIFICATES ISSUED (office use only)

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued 05/04/2001
Control #
Permit # 01-1257

IDENTIFICATION Block 446.26 Lot 1 Qual
Work Site Location 367 BRICK BLVD
TENANT FIT UP
Owner in Fee DE GEORGE, JOHN
Address SAME
BRICK, NJ 08724-
Telephone () -
Contractor ANTOINETTE CARDIELLO
Address 367 BRICK BLVD
BRICK, NJ 08723-
Telephone ()
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 45-4545454

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - PAINTING ONLY

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.
Permitted Cost of Work \$ 100
Estimated Cost of Work \$ 100

See Memo 5/12/01

05/04/2001
BUILDING
ZPA
CHECK
CHANGE
#011257

PAYMENTS (Office Use only)
Building 35
Electrical 0
Plumbing 0
Fire Protection 0
Elevator Devices 0
Other 0
DCA Training Fee 0
Cert. of Occupancy 0
Other 0
Total 225
Check No. 8535
Inspected By DC

50

\$50.00
\$50.00
\$15.00
\$35.00

04/01 9:08AM 000000#3337
#01 SERV.001

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/05/2001
Date Issued 3/14/11
Control # C6-26
Permit # 011257

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

Block 446.26 Lot 1 Quat
Work Site Location 367 BRICK BLVD

TENANT FIT UP

Owner in fee DE GEORGE, JOHN

Address SAME

BRICK, NJ 08724-

Tele. ()

Contractor ARTOINETTE CARDIELLO

Address 367 BRICK BLVD

BRICK, NJ 08723-

Tele. ()

Lic. No. of Bldrs. Reg. No.

Federal Emp. No. 45-454544

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

☒ No Plans Req.

☒ All 4-30-01 EQ

☐ Footing

☐ Foundation

☐ Frame

☐ Other

Joint Plan Review Required:

☐ Elect ☐ Plumb ☐ Fire

SUBCODE APPROVAL ☐ Elev

☐ CO ☐ CO ☐ CA

Date:

Approved by:

INSECTIONS

Type

Footing

Foundation

Slab

Frame

Barrierfree

Insulation

Finishes

Energy

Mechanical

TCO

Other

Final

Barrierfree

Dates (Month/Day)

Failure Failure Approval Initial

Est. Cost of Bldg. Work:

1. New Bldg. \$ 0

2. Alteration \$ 100

3. Total (1+2) \$ 100

Industrialized Building:

☐ State Approved

☐ HUD

Total Land Area Disturbed 0 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

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP - PAINTING ONLY

All 1st spaces must be code compliant

TYPE OF WORK

☐ New Building

☐ Addition

☒ Alteration

☐ Roofing

☐ Siding

☐ Fence 0 Height (exceeds 6')

☐ Sign 0 Sq. Ft.

☐ Pool

☐ Asbestos Abatement Subchapter 6

☐ Lead Haz. Abatement NJAC 5:17

☐ Other

☐ Denolition

FEE (Office Use Only)

\$ 0

\$ 0

\$ 4

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

\$ 0

Administrative Surcharge

Minimum Fee

TOTAL FEE

DCA Training Fee

**TOWNSHIP OF BRICK
ZONING PERMIT**

Approved: April 26, 2001

No. 1.0540

Block: 547.01

Lot: 15

Zone: B-2, General Business

Property Address: 357 Brick Boulevard, Drum Point Plaza

Applicant: Antoinette Cardiello

Property Owner: John DeGeorge

Existing Use: Vacant unit (former carpet store).

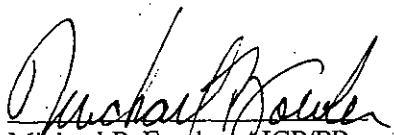
Proposed Use: Retail copy and shipping shop.

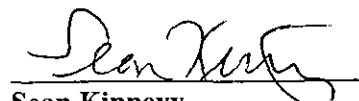
Proposed Construction: Interior alterations for tenant fit-up for "Print N Ship, Inc."

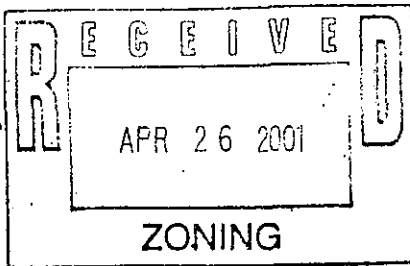
Conditions: Interior work only.

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
Municipal Planner


Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 547.01 Lot 15 Qualifier _____

PROPERTY ADDRESS 335 thru 399 Brick Blvd. (367 Brick Blvd)

PERSONAL NAME OF APPLICANT Antoinette Cardillo

BUSINESS NAME OF APPLICANT Print N' Ship, Inc.

PROPERTY OWNER John DeGeorge

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) Previous Carpet Retail

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Retail Copy Center + UPS Ship.

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☐ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☒ Other (please describe) Retail copy store now occupying
former Carpet Retail

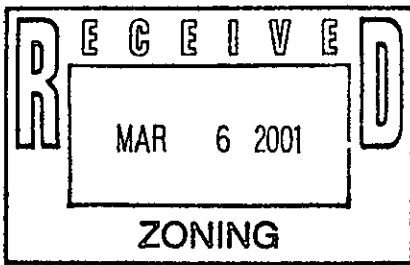
CHECKLIST

- ☒ 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.

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 Antoinette Cardillo Date 4/26/01

Reviewed by Zoning Office JK Date 4-26-01 (x) Approved () Denied



TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 446.26 Lot 1 Qualifier 1

PROPERTY ADDRESS 367 Brick Blvd Brick NJ

PERSONAL NAME OF APPLICANT Antoinette Cardello

BUSINESS NAME OF APPLICANT Print N Ship Inc

PROPERTY OWNER Antoinette Cardello

PRESENT USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☐ Commercial (please describe) WAS CARPET RETAIL SALES

PROPOSED USE OF PROPERTY (check all that apply)

- ☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Retail copy center + UPS Shipping

PROPOSED CONSTRUCTION (check all that apply)

- ☐ New Building (please describe) _____
☐ Addition _____
☐ Alteration _____
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) No proposed work

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
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Signature of applicant Antoinette Cardello Date 2-5-01

Reviewed by Zoning Office JK Date 3-6-1 () Approved (X) Denied

COMMERCIAL

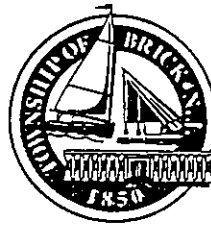
C6-76

TOWNSHIP OF BRICK
OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor

Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.



DEPARTMENT OF ADMINISTRATION & FINANCE

OFFICE OF LAND USE MANAGEMENT

Sean Kinnevy
Zoning Officer
(732) 262-1041

Kate MacDonald
Asst. Zoning Office
(732)-262-1043

Fax: (732) 262-8954

<http://www.twp.brick.nj.us>

Antoinette Cardillo
367 Brick Blvd
Brick, NJ
08723

Date: 3-6-1
Re: Block: ? 446.26 ?
Lot: ? 1 ?
? 367 Brick Blvd. ?

☒ Your application for a zoning permit is incomplete. In order to process your application, we need the following:

- ☐ Two (2) accurate plot plans, drawn either by a surveyor or an engineer. The plot plan must show all existing and proposed structures, all setbacks from property lines, all dimensions of the lot and structures, and all streets and waterways. No reduced, enlarged, taped or facsimile copies can be accepted.

☒ A zoning permit application completely filled out and signed by the applicant. No facsimile copies can be accepted.

Upon submission of the required information to the Division of Inspections we will be able to process your application.

- ☐ Your application for a zoning permit is denied for the following reasons:

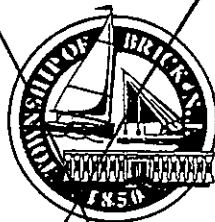
C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

RESUBMIT 4/26/01

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723



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Antoinette Cardillo
367 Brick Blvd
Brick, NJ
08723

Date: 3-6-1
Re: Block: ? 446.26 ?
Lot: ? 1 ?
? 367 Brick Blvd. ?

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C: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP/PP, Municipal Planner
Joseph P. Curiazza, Construction Official

OK
4/26/11
JL
20

Township of Brick

Counter Form (PLEASE PRINT)

Site Location:

Block:

Lot:

Owner's Name:

Owner's Mailing Address:

Phone: ()

BUILDING

Contractor:

Address:

Phone#:

Lis #

Federal Emp # or SSN

Technical Data

Description of Work:

NO WORK
EXCEPT PAINTING

Type of Work

☐ New Building

☐ Addition

☐ Alteration

☐ Roofing

☐ Asbestos Abatement

☐ Siding

☐ Fence

☐ Pool

☐ Demolition

☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____

No of Stories: _____

Height of Structure: _____

Area of the largest floor: _____

Area of New Building: _____

Volume of Structure: _____

Total Land Disturbed: _____

Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: _____

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor:

Address:

Phone#:

Lis #:

Federal Emp # or SSN

Technical Data

Item

Quantity

Lighting Fixtures _____

Receptacles _____

Switches _____

Detectors _____

Light Poles _____

Motors w/ Fract. HP _____

Emergency & Exit Lights _____

Communication Points _____

Alarm Devices/FAC Panel _____

Total _____

Pool _____

Spa/Hot Tub/Storable Pool _____

Electric Range _____ KW

Oven/Surface Unit _____ KW

Electric Water Heater _____ KW

Electric Dryer _____ KW

Dishwasher _____ KW

Garbage Disposal _____ HP

A/C Unit - Central Air _____ KW

Space Heater/Air Handler _____ KW

Baseboard Heating _____ KW

Motors 1+ HP _____

Transformer/Generator _____ KW

Light Stander _____ AMP

Service _____ AMP

Subpanel _____ AMP

Motor Control Center _____ AMP

Sign/Outline Light _____ KW

Furnace _____

Steam Boiler _____

Other: _____

Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets _____	
Urinals/Bidets _____	
Bath Tub _____	
Lavatory _____	
Shower _____	
Floor Drain _____	
Sink _____	
Dishwasher _____	
Drinking Fountain _____	
Washing Machine _____	
Hose Bib _____	
Gas Piping _____	
Fuel Oil Piping _____	
Water Heater _____	
Steam Boiler _____	
Hot Water Boiler _____	
Sewer Pump _____	
Interceptor/Separator _____	
Backflow Preventer _____	
Greasetrap _____	
Water Cooled A/C or Refrig. Unit _____	
Septic Tank Closure _____	
Sewer Service Connection _____	
Water Service Connection _____	
Active Solar System _____	
Auxiliary Meter _____	
Sprinkler Heads _____	
Sump Pump _____	
Other: _____	

Estimated Cost of Plumbing Work _____

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

Contractor: _____
Address: _____

Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work:

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar _____
Heating System is _____ New _____ Existing _____
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel _____
Combustible Storage Tanks _____ capacity _____ fuel _____
LPG Storage Tanks _____ capacity _____ fuel _____

Item	Quantity
Wet Sprinkler Heads _____	
Dry Sprinkler Heads _____	
Total _____	
Smoke Detectors _____	
Heat Detectors _____	
Total _____	

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:

CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:

Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

Signature: _____

Print Name: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor



DEPARTMENT OF ADMINISTRATION & FINANCE

Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

DIVISION OF INSPECTIONS

Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
<http://www.twp.brick.nj.us>

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: Print N Ship, Inc.
Site Address: 367 Brck Blvd. (335 thru 399 Brck Blvd)
Block: 547.01 Lot: 15
Owner's Name: John DeGeorge
Owner's Address: 249 Brck Blvd - Drum Pt. Plaza
City: Brck State: NJ ZipCode: 08723
Tenant's Name: Antoinette Cardillo
Tenant's Address: 367 Brck Blvd.
City: Brck State: NJ Zip Code: 08723

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

Antoinette Cardillo 4/26/01
(Signature) (Date)

Sworn and subscribed before me on this 26th day of April 20 01.

Mary Jane Rinaldi
(Notary's Signature)
MARY JANE RINALDI
Notary Public of New Jersey
My Commission Expires 06/04/2003

Please attach a floor plan showing the dimensions of the room(s), location and widths of doorways, exit lights, aisle widths, counters, wall racks, and all existing equipment such as smoke detectors and sprinkler heads.