

107-005984



PERMIT
Length
Fit up

called 14/08

Responsible Person in Charge once Work has Begun Maurice E. Haseley
(232) 910-1134 FAX: ()

10	Update	Update
----	--------	--------

1.	Building	\$	70		
2.	Electrical				
3.	Plumbing				
4.	Fire Protection		65		
5.	Elevator Devices				
6.	Subtotal				
7.	Less 20% for State Plan Review	\$			
8.	Subtotal	\$	1		
9.	State Permit Surcharge Fee				
10.	Subtotal	\$			
11.	Cert. of Occupancy				
12.	Other <i>ZIA</i>		30		
13.	TOTAL	\$	135		

(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 _____

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

(Check all that apply)

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

Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Reviewer	Resubmission Dates	Re-viewer
						Approval	Rejection
		12/12/07		1-2-08		1-29-08	
				1-4-08		1-28-08	
	Gna	12/31/07		12/31/07			

A. RESIDENTIAL (primary use)

1. State Specific Use:
2. Use Group:
3. Change in Use Group. Indicate Former:

4. No. of dwelling units: All Units Income-restricted
Before Construction Cellular
After Construction Office
Net Gain or Loss

1. State Specific Use:

2. Use Group: B

3. Change in Use Group, Indicate Former: m

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

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

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

Constituent Contact Report

[illegible]

Initialed: 

Date: 6/2/61

Initialed: _____

Date: 1/1

☐ Zoning permit updates:

IMPORTANT
A.H.B.T. - MANDATORY FEE - COMMERCIAL



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/31/2008
Control Number C-07-005984
Permit Number 08-0033
Permit Issue Date 01/04/2008
Certificate Number 08-0033

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 180 DRUM POINT RD. Brick Township, NJ Block: 554 Lot: 11 Qual: _____
Owner in Fee: ALINO, JEFFREY & SHIRLEY
Owner Address: 128 CAPTAINS DR. BRICK NJ 08723
Telephone: _____
Contractor: OLD SCHOOL TILE CON
Address: 41 BARK ROAD BRICK NJ
Telephone: (732) 920-1134 Fax: _____
License Number or Builders Registration Number: 13VH04025100 Federal Emp. Number: _____

Home Warranty Number: _____

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification: _____

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP CHANGE TO A MECANTILE BUSS

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: _____



CONSTRUCTION PERMIT

Date Issued 1/4/2008
Control # C-07-005984
Permit # 08-0033

IDENTIFICATION Block: 554 Lot: 11 Qualifier _____
Work Site Location: 180 DRUM POINT RD. Brick Township, NJ Contractor ALINO, JEFFREY & SHIRLEY
Address 128 CAPTAINS DR. BRICK NJ 08723
Owner in Fee ALINO, JEFFREY & SHIRLEY
128 CAPTAINS DR. BRICK NJ 08723 Telephone: _____
Telephone: _____ Lic. No. or License 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 CHANGE TO A MECANTILE BUSS

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 \$500

PAYMENTS (Office Use Only)

Building	\$40
Electrical	\$0
Plumbing	\$0
Fire Protection	\$65
Elevator Devices	\$0
Other	\$0.00
DCA Training Fee	\$1
CO Fee	
Other	\$30
Total	\$136
Check No.	1188
Cash	\$0
Credit	\$0
Collected By	Inspection Account

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.



FIRE PROTECTION SUBCODE TECHNICAL SECTION

(Owner) George Locatelli 131 Cherry Quay
BRIDGEWATER NJ 08724

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

Block 554 Lot 11 Qualification Code 13

Work Site Location 1803 Drum Pointed Section West End

Owner in Fee 1803 Drum Pointed Section West End

Address 1803 Drum Pointed Section West End

Tel [Redacted]

Contractor Old School Tile Co.

Address 41 Market St. Brick, NJ

Tel (232) 920-1134 FAX ()

Fire Protection Equipment, NJ Div of Fire Safety Permit No. [Redacted]

Fire Protection Equipment, NJ Div of Fire Safety Installer No. [Redacted]

Fire Alarm Contractor No. [Redacted]

Federal Emp. No. [Redacted]

B. FIRE PROTECTION CHARACTERISTICS

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

Constr. Class: Present Proposed Location of Panel: [] New or [] Existing

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: [] Flammable or [] Combustible Capacity []

Total Cost of Fire Protection Work \$ 1400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW [] No Plans Required [] Building [] Plumbing [] Electric [] Elevator

Joint Plan Review Required: [] Fire Plans Approved Date: 1-14-08

Approved by: [Signature] TCO

SUBCODE APPROVAL [] CO [] CCO [] CA

Date: 1-22-08

Approved by: [Signature]

INSPECTIONS	Type:	Failure	Dates (Month/Day)	Approval	Initial
Alarm System					
Suppression Sys.					
Standpipe					
Fire Pump					
Pre-Eng. System					
Mechanical					
Smoke Control					
TCO					
Flam/Combust Tanks					
Fireplace Venting					
Final					
Other					



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]

[] Certified Contractor [] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source [Redacted]

Method of Alarm/Suppression System Supervision [Redacted]

Flammable/Combustible Tanks

Alarm Systems [] System [] 110v Interconnected [] CO Detectors/110v

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

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

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

Other Devices [Redacted]

TOTAL

Suppression Systems

Fire Pump [Redacted] GPM Type [Redacted]

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 [Redacted]

Other Systems

Kitchen Hood Exhaust System

Smoke Control System

Fired Appliances [] Gas or [] Oil

Fireplace Venting/Metal Chimney

Other [Redacted]

Administrative Surcharge \$

Minimum Fee \$

State Permit Surcharge Fee \$

TOTAL FEE \$

COMMERCIAL

Date Received 08-0035
Control # 1-4-08
Date Issued
Permit #



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 534 Lot 11 Qualification Code 5

Work Site Location 1808 ORUM POINT RD. SEC. 500 WEST END

Owner in Fee BRICKYARD ALINO, JEFFREY

Address 1808 ORUM POINT RD. BRICKYARD

Tel. [REDACTED]

Contractor CECIL CORP. LLC

Address 41344444 BRICKYARD

Tel. (732) 420-1134

Contractor License No. or Builder Registration No. 130404025100

Federal Emp. No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Failure	Dates (Month/Day)	Initial
☒ No Plans Required	<u>1-2-08</u>	<u>PM</u>	Type:	Failure	Failure	Approval
☐ All			Footing			
☐ Footing			Footing Bonding			
☐ Foundation			Foundation			
☐ Frame			Slab			
☐ Other			Frame			
			Truss Sys./Bracing			
			Barrier-Free			
			Insulation			
			Finishes -Base Layer			
			Finishes -Final			
			Energy			
			Mechanical			
			TCO			
			Other			
			Final			
			Barrier-Free			

B. BUILDING CHARACTERISTICS

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

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 Moussa E. Moussa

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Change TO A

MERCANTILE BUS

Any New Counters MUST meet ADA Height.

TYPE OF WORK:

- ☐ New Building
- ☐ Addition
- ☐ Rehabilitation
- ☐ Roofing
- ☐ Siding
- ☐ Fence
- ☐ Sign
- ☐ Pool
- ☐ Asbestos Abatement Subchapter 8
- ☐ Lead Haz. Abatement NJAC 5:17
- ☐ Other
- ☐ Demolition

FEE (Office Use Only)

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

U.C.C. F110
(rev. 07/03)

1 White = Inspector Copy
3 Pink = Office Copy

2 Canary = Office Copy
4 Gold = Applicant Copy

Date Received
Control #
Date Issued
Permit #

08-0033
1-4-08

**Township of Brick
Zoning Permit**

Approved: Tuesday, December 18, 2007 **Number:** 1440

Block 554 **Lot** 11 **Zone:** B-2, Gen. Business

Property Address: 180 Drum Point Road

Applicant: Maurice E. Rosenberg; Weather Tiedown Systems, LLC

Property Owner: Jeffrey & Shirley Alino

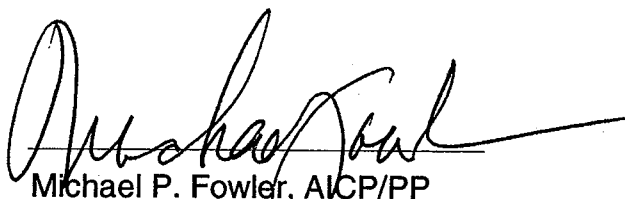
Existing Use: Vacant Unit "B" (former cell phone office).

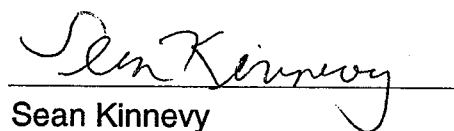
Proposed Use: Office for "Weather Tiedown Systems".

Proposed Construction: Interior alterations 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
Principal Planner


Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

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

Daniel J. Kelly, Mayor

Township Council:

Stephen C. Acropolis - President
Ruthanne Scaturro - Vice President
Anthony Matthews
Kathy M. Russell
Joseph Sangiovanni
Michael A. Thulen, Sr.
Dan Toth



Department of Administration & Finance

Division of Inspections
Daniel F. Newman Jr.
Construction Official
732-262-1027
Fax: 732-262-8954
www.twp.brick.nj.us

Date: Dec 10, 2007

Block: 554 Lot: 11

Property Address: 180 B DRUM POINT ROAD BRICK

I, Jeffery Almir (name) of 128 Captain Dr BRICK, NJ (address)

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

Maurice E. Novak
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: 12/31/07 Signed: [Signature]

Rejected on: _____ Signed: _____

Comments: Interior Only!



COMMERCIAL

**Township of Brick
Zoning Permit**

Approved:

Tuesday, December 18, 2007

Number:

1440

Block

554

Lot

11

Zone:

B-2, Gen. Business

Property Address:

180 Drum Point Road

Applicant:

Maurice E. Rosenberg; Weather Tiedown Systems, LLC

Property Owner:

Jeffrey & Shirley Alino

Existing Use:

Vacant Unit "B" (former cell phone office).

Proposed Use:

Office for "Weather Tiedown Systems".

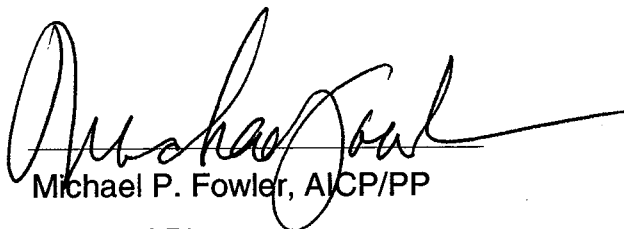
Proposed Construction:

Interior alterations for a new business.

Conditions:

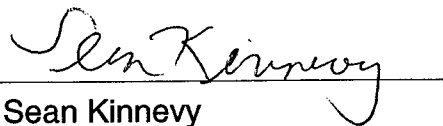
An additional zoning permit is required for any sign or banner, or any other additional work.

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.



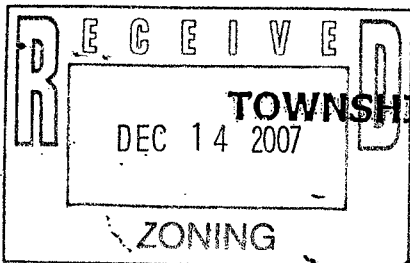
Michael P. Fowler, AICP/PP

Principal Planner



Sean Kinnevy

Zoning Officer



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 54 554 LOT 11 QUALIFIER _____

PROPERTY ADDRESS 180 B DRUM POINT ROAD BRICK

PERSONAL NAME OF APPLICANT Maurice E Rosenberg

BUSINESS NAME OF APPLICANT Weather Tiedown Systems LLC

MAILING ADDRESS OF APPLICANT 191 CHERRY QUAY RD BRICK 08723

PROPERTY OWNER'S FULL NAME Jeffrey & Shalee Alino

PRESENT USE OF PROPERTY (check all that apply)

☒ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling

☒ Commercial (please describe) Office Cell Phone

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling

☒ Commercial (please describe) Office Weather Tiedown Systems LLC

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____

☐ Addition - Height _____ Height _____

☒ Alteration _____

☐ Porch or deck - Height _____

☐ Shed - Height _____

☐ Fence - Type _____ Height _____

☐ Swimming Pool ☐ in-ground ☐ above-ground

☐ Other (please describe) _____

CHECKLIST

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

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

COMMERCIAL

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

SIGNATURE OF APPLICANT Maurice E Rosenberg Date Dec 10, 2007

Reviewed by Zoning Office SC Date 12/10/07 (X) Approved () Denied

12/10/07