BLOCK 554 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-2812

CONSTRUCTION PERMIT APPLICATION

C12-003103

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

I. IDENTIFICATION

1. Proposed Work Site at: 180 DRUM POINT ROAD
2. Name of Owner in Fee: JEFFREY & SHIRLEY ALINO
   Tel. (732) 477-2099 e-mail JALINO@AOL.COM
   Address 128 CAPTAINS DRIVE (street) BRICK (municipality) NJ (zip code) 08723
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: JEFFREY ALINO (OWNER) Tel. (732) 477-2099
   Address 128 CAPTAINS DRIVE e-mail JALINO@AOL.COM
   BRICK, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____ ✓
5. Architect or Engineer ROBERT BRAUN Contact _____
   Address 119 CLAIRE DR. LAKEWOOD, NJ e-mail _____
   Tel. (732) 370-8590 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun OWNER
   Tel. (732) 267-3605 FAX: (732) 920-8472

V. FEE SUMMARY (for office use only)

		Initial	Update
1. Building	$	75 - ✓	
2. Electrical		70 - ✓	
3. Plumbing		90 - ✓	50 ✓
4. Fire Protection		105 - ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee		5 -	
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	345 -	50 -

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ft.	
3. Area — Largest Floor sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ____ HUD ____	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ____ no ____	

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Recd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		JH	8/21/12		8/30/12	KK			
☐ Electrical					9/4/12	TS			
☐ Plumbing				9-4-12	9-27-12	MS	1/2/13	2/18/13	MK
☒ Fire Protection					9/4/12	RB			
☐ Elevator	ENG	ND	8/29/12	EXEMPT					
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

COMMERCIAL

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present: _____

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/10/2013
Control Number C-12-003103
Permit Number 12-2812
Permit Issue Date 10/02/2012
Certificate Number 12-2812

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 M & SHIRLEY J

Owner Address: 128 CAPTAINS DR BRICK NJ 08723

Telephone: (732) 477-2099

Contractor ALINO, JEFFREY M & SHIRLEY J

Address 128 CAPTAINS DR BRICK NJ 08723

Telephone: (732) 477-2099 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: ALTERATION - -RESIDENTIAL Build a partition wall and new lavatory

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☑ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

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

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/10/2013 U.C.C. F260 (rev. 08/05)

1/3/13 OK Jeffrey

PERMIT UPDATE

Date Update Issued 1/7/13
Control # C-12-005201
Permit # 12-2812+A

IDENTIFICATION Block: 554 Lot: 11 Qualifier
Work Site Location: 180 DRUM POINT RD. Brick Township, NJ

Owner in Fee: ALINO, JEFFREY M & SHIRLEY J
128 CAPTAINS DR BRICK NJ 08723

Telephone: (732) 477-2099

Contractor: ALINO, JEFFREY M & SHIRLEY J
Address: 128 CAPTAINS DR BRICK NJ 08723

Telephone: (732) 477-2099 732 267 3645
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:
PLUMBING ALTERATIONS slop sink

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

Estimated Cost of Work $200

Construction Official

Date 1/3/13

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$50
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$50
Check No.	7463
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 1/04)

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.

CONSTRUCTION PERMIT

Date Issued 10/2/12
Control # C-12-003103
Permit # 12 28 12

IDENTIFICATION Block: 554 Lot: 11 Qualifier
Work Site Location: 180 DRUM POINT RD. Brick Township, NJ
Owner in Fee: ALINO, JEFFREY M & SHIRLEY J
128 CAPTAINS DR BRICK NJ 08723
Telephone: 7324772099

Contractor: ALINO, JEFFREY M & SHIRLEY J
Address: 128 CAPTAINS DR BRICK NJ 08723
Telephone: 7324772099
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
ALTERATION - -RESIDENTIAL Build a partition wall and new lavatory

Note: If constuction does not commence within one (1) year of date of issuance, or if construction ceases for a period of six (6) months, this permit is void.
Estimated Cost of Work $3,400

Construction Official — Date 9-28-12

PAYMENTS (Office Use Only)	
Building	$75
Electrical	$70
Plumbing	$90
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$305
Check No.	7419
Cash	$0
Credit	$0
Collected By	

150
355.

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.

10/02/12 [illegible] 00155800[illegible]
[illegible] SERV.00

- [ ] 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.

[illegible] $75.00
[illegible] $70.00
[illegible] $90.00
[illegible] $65.00
[illegible] $5.00
[illegible] $305.00
CHECK $305.00
CHANGE $0.00

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] 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".

- [x] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 10/2/13

Date Issued Permit # 12-2813

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

Work Site Location 180 DRUM POINT ROAD

Owner in Fee: JEFFRY & SHIRLEY ALINO

Tel. (732) 477-2099 e-mail JALINO@AOL.COM

Address 128 CAPTAINS DRIVE (street) BRICK (municipality), NJ. 08723 (zip code)

Contractor: OWNER Tel. ( )

Address e-mail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	9/30/13	

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 06/27/13

Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	*11-3-13		4-16-13	C.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	*6/24/13 IW		6-26-13	C.P.
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories 1

Height of Structure 12 ft.

Area — Largest Floor 700 sq. ft.

New Bldg. Area/All Floors N/A sq. ft.

Volume of New Structure 5,600 cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:

State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 3,000
3. Total (1+ 2) $ 3,000

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.

Sign here: [signature]

Print name here: JEFFRY ALINO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

BUILD ONE PARTITION WALL AND NEW LAVATORY.

TYPE OF WORK:

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

COMMERCIAL

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 11/09)

1 White = Inspector Copy 2 Canary = Office Copy

3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Corrected

Date Received / Control # 13-0415

Date Issued / Permit # 1/24/13

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

Work Site Location 180 DRUM POINT ROAD

Owner in Fee: JEFFREY & SHIRLEY ALINO

Tel. (732) 267-3605 e-mail JALINO@AOL.COM

Address 128 CAPTAINS DRIVE BRICK, NJ 08723

Contractor: BRICK (street) TOWNSHIP HEATING & AIR (municipality) Tel. (732) 477-3300 (zip code)

Address 465 BRICK BLVD. e-mail

BRICK, NEW JERSEY 08723

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

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH01918000

Federal Emp. ID No. 21-0703175 FAX: (732) 477-0205

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [X] Gas [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location: ATTIC

Total Cost of Fire Protection Work $ $9,900.00

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

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.

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [X] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
REPLACEMENT OF EXISTING GAS WARM AIR FURNACE W/AC - 2 ZONES

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [✓] Gas [ ] Oil [ ] Solid	2	
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 1/11/13 Approved by: RW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-11-13
Approved by: KM

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [ ] CA
Date: 6-27-13
Approved by: KM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical			6-27-13	KM
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6-27-13	KM
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Separating 1 unit to 2 units w/ 1HR wall

Date Received Control # 10/2/12

Date Issued Permit # 12-2812

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

Block 554 Lot 14 Qualification Code _____

Work Site Location 180 DRUM POINT RD.

Owner in Fee: JEFFRY + SHIRLEY ALIND

Tel. (732) 477-2699 e-mail JALIND@AOL.COM

Address 128 CAPTAINS DRIVE BRICK, NJ. 08723
street municipality zip code

Contractor: OWNER Tel. ( ) _____

Address _____ e-mail _____

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

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

Fire Alarm Contractor No. _____ Exp. Date _____

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

Federal Emp. ID No. _____ FAX: ( ) _____

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present _____ Proposed _____

Constr. Class: Present _____ Proposed _____

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other _____

Location: _____

Total Cost of Fire Protection Work $ X $100.00

Fuel Storage Tank:

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

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel: _____

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve: _____

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.

Applicant/Contractor sign here: X _____ $100.00

Print name here: _____

D. TECHNICAL SITE DATA [ ] Certified Contractor [ ] Exempt Applicant

DESCRIPTION OF WORK:

Water Supply Source _____

Method of Alarm/Suppression System Supervision _____

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, 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		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other _____		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other _____		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: 9/4/12 Approved by: RB

[ ] Fire Protection Plans Approved

Date: _____ Approved by: _____

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9-5-12

Approved by: KB

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 9-27-13

Approved by: _____

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

Reviewed Bathroom only

Update.

12-2812+A

PLUMBING SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued 1/7/13
Control #
Permit #

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

Work Site Location 180 DRUM POINT ROAD

Owner in Fee JEFFRY & SHIRLEY ALINE

Address 128 CAPTAINS DRIVE
BRICK, NEW JERSEY 08723

Tele. (732) 267-3605

Contractor ~~[illegible]~~ ODE Mechanical

Address 312 Hayes Avenue
Oyville, NJ 0872[illegible]

Tele. (732) 237-3300 Fax ( )

Lic. No.

Federal Emp. No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date: 1/2/13

Approved by:

SUBCODE APPROVAL 1-2-13 JJ

[ ] CO [ ] CCO [✓] CA

Date: 6-4-13

Approved by:

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Slab			3/25/13	
Rough			3/25/13	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO FINAL			6/3/13	PA

C. CERTIFICATION IN LIEU OF OATH

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

Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink / Slop	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
	Other	

Administrative Surcharge $

Minimum Fee $

DCA Training Fee $

TOTAL FEE $

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 10/2/12

Date Issued Permit # 12-2813

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

Work Site Location 180 DRUM POINT ROAD

Owner in Fee: JEFFRY T SHIRLEY ALINO

Tel. (732) 477-2099 e-mail JALINO@AOL.COM

Address 128 CAPTAINS DRIVE BRICK, NJ 08723
street municipality zip code

Contractor: ~~OWNER~~ BODE Mech Tel. (732) 237-3300

Address 312 HAYES AVE e-mail

Bayville, NJ. 08721

Contractor License No. BEO-8957 Exp. Date 6/13

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ ~~$~~ 800.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Mark S BODE

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Plumbing Plans Approved

Date 09.27.12 Approved by: PM

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 9-27-12

Approved by: PM

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [✓] CA

Date: 6-4-13

Approved by: PM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			3/04/13	
Rough	11.21.12		3/05/13	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			6/03/13	

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/2/12
Date Issued / Permit # 12-2812

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

Work Site Location 180 DRUM POINT ROAD

Owner in Fee: JEFFREY & SHIRLEY ALINO

Tel. (732) 477-2099 e-mail JALINO@AOL.COM

Address 128 CAPTAINS DRIVE BRICK, NJ 08723
street municipality zip code

Contractor: ~~Owner~~ S.S. Electric Tel. (732) 904-6427

Address 63 Cranberry Lane e-mail
I.R. NJ 08757

Contractor License No. 11413 Exp. Date

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

Federal Emp. ID No. 146-72-5038 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ ~~X~~ 500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
3		Lighting Fixtures	
3		Receptacles	
2		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	
1		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
2		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9/4/12
Approved by: JJ

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-4-13
Approved by: JJ

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough			11-15-12	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			6-3-13	DD
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

RECEIVING CLERK _____
DATE REC'D 8/21/12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-00908
DATE ISSUED 10/2/12

BLOCK: 554 LOT: 11 QUALIFIER: _____ SITE ADDRESS: _____

IDENTIFICATION:

1. NAME OF OWNER IN FEE: JEFFERY & SHIRLEY ALINO
   COMPLETE ADDRESS: 128 CAPTAINS DRIVE
   BRICK, NJ 08723
   PHONE # 732-477-2099 EMAIL: JALINO@AOL.COM

2. NAME OF APPLICANT: JEFFERY & SHIRLEY ALINO
   APPLICANT ADDRESS: 128 CAPTAINS DRIVE
   BRICK, NJ 08723
   PHONE # 732-477-2099 EMAIL: JALINO@AOL.COM

3. RESPONSIBLE PERSON FOR WORK: JEFFERY ALINO
   PHONE# 732-477-2099 FAX# 732-920-8472
   732-267-3605-cell

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 70.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: Retail-
PROPOSED USE Retail-vacant

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____

HEIGHT: 8' (*APPLICABLE)

OTHER ADD PARTITION WALL AND BATHROOM

COMMERCIAL

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: 8/27/12 DATE DENIED: — DATE APPROVED: 8/27/12 INTLS: SGS

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
AUG 27 2012
MEB

ZONING REVIEW:

DATE REVIEWED: 8-27-12 DATE DENIED: — DATE APPROVED: 8-27-12 INTLS: MEB

DATE:	COMMENTS:	INITIALS:
8/27/12	ZOC NOKE WITH LRT ABOUT INCOMPLETE APPLICATION	MEB

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
7322621027

Date Issued: 10/2/12
Application Number: ZA-12-00880
Application Date: 08/27/2012
Project Number:
Permit Number: ZP-12-00908
Fee: $50

Zoning Permit

Worksite Location: **180 DRUM POINT RD.**
Unit No. 4
Brick Township, NJ 08723

Block: **554**
Lot: **11**
Qualifier:
Zone: **B-2**

Owner: **ALINO, JEFFREY M & SHIRLEY J**
Address: **128 CAPTAINS DR**
BRICK, NJ 08723

Applicant: **ALINO, JEFFREY M & SHIRLEY J**
Address: **128 CAPTAINS DR**
BRICK, NJ 08723

Application Approved Date: 08/27/2012

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Use is: Retail Store --Vacant retail unit.
Nonconforming Use is:

Work Description:
Rehabilitation, Demising Wall - Interior alterations to construct a partition wall and a bathroom.

An additional zoning permit is required for any "tenant fit-up" and for any other additional work.

Upon review it was determined that the Development Application:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinney
Sean Kinney, Zoning Officer — 08/27/2012 Date

Michael P. Fowler
Michael P. Fowler, Township Planner — 9/27/12 **Date**

Robert M. Braun, ARCHITECT
119 Claire Drive
Lakewood, NJ 08701

Tel. 732-370-8590
Email rmb1200@aol.com

September 12, 2012

SEP 14 2012

Brick Township Building Department
401 Chambersbridge Road
Brick Township, NJ 08723

Reference: PROPOSED INTERIOR ALTERATIONS
180 Drum Point Road

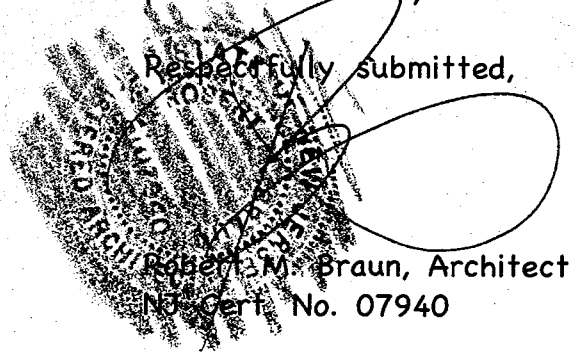
Gentlemen:

In response the the plan review comments, the attached revised drawing indicates the following items:

1. **WATER CLOSET LOCATION** - a dimension of 1'-6" from the centerline of the water closet to the wall has been indicated.
2. **RECEPTACLES** - a GFI receptacle has been added in the new toilet and additional receptacles added in the new walls for the retail space. The ones indicated in the firewall must be installed using fire safing insulation and UL approved fire rated sealant to maintain the fire rating. New electrical work will be circuited back to the existing panel.

I trust this additional information will be acceptable and allow the permit to be issued. If there are any other questions, comments or concerns, please contact my office directly.

Respectfully submitted,



Robert M. Braun, Architect
NJ Cert No. 07940

cc: Mr. Jeffrey Alino

Attachments (3)

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 559 LOT: 11 ADDRESS: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 180 DRUM POINT ROAD
2. NAME OF OWNER IN FEE: JEFFRY & SHIRLEY ALINO
   ADDRESS: 128 CAPTAINS DR. PHONE #: (732) 477-2099
   BRICK, NJ 08723 FAX #: (732) 920-8472
3. PRINCIPAL CONTRACTOR: OWNER
   ADDRESS: _____ PHONE #: (__) _____
   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: ROBERT BRAUN
   ADDRESS: 119 CLAIRE DRIVE LAKEWOOD 08701 PHONE: # (732) 370-8590
5. RESPONSIBLE PERSON FOR WORK: JEFFRY ALINO (OWNR)
   ADDRESS: 128 CAPTAINS DRIVE BRICK, NJ 08723

PHONE #: (732) 477-2099 FAX #: (732) 920-8472 E-MAIL: JALINO@AOL.COM

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ N/A

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER INTERIOR WORK ONLY

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: 9/28/12 DATE REJECTED: _____ DATE APPROVED: 9/28/12 INITIALS: NB

TOWNSHIP OF BRICK

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

Department of Community Development & Land Use

Juan Carlos Bellu
Director

732-262-1027

Fax: 732-262-2941
www.twp.brick.nj.us

Date: _____

ENGINEERING
PLOT PLAN EXEMPT FORM

Block: 549 Lot: 11

Property Address: 180 DRUM POINT ROAD

I, JERRY ALIND (name) of 128 CAPTAINS DR. BRICK, NJ 08723 (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS BRICK TOWNSHIP

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
8/22/12	Need electric layout & map for Zoning - Mr. Alexo very persistant.	BB
8/27/12	20K SPACE WITH LRT ABOUT INCOMPLETE APPLICATION	JC/28

4-3-13 — FRAME REJ

1) NO BLOCKING FOR GRAB BARS
2) VENT. FAN NOT HOOKED UP

6/24/13 MV Final Rej —

1) Lever Handles Reqd —
2) Change out Exit Sign at Rear of unit to simply be a emergency light.