ECC

BLOCK 549 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 2524 Hooper Ave PERMIT NO. 16-2949

CONSTRUCTION PERMIT APPLICATION

C16-003532

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

I. IDENTIFICATION

1. Proposed Work Site at: 2524 Hooper Ave
2. Name of Owner in Fee: Patrick Bottazzi
   Tel. (732) 691-1561 e-mail _____
   Address 45 Seville Dr, Brick, NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Sasha Buerano Tel. (_____) _____
   Address ~~252~~ 2204 US Highway 1 e-mail _____
   Lawrenceville, NJ 08648
   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 _____ Contact _____
   Address _____ e-mail _____
   Tel. (_____) _____ FAX: (_____) _____
6. Responsible Person in Charge once Work has Begun Sasha Buerano
   Tel. (609) 468-5289 FAX: (_____) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices	100		
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	3 -		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$		

ALL STATE INSURANCE CO.

COMMERCIAL

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	25	
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 — Tenant Fit up
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		CMP			08/19/16	VGH			
☐ Electrical		7/26/16							
☐ Plumbing									
☐ Fire Protection					8/4/16	CW			
☐ Elevator		Eng	Exempt		8/3/16	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)* 8
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 08/30/2016
Control Number C-16-003532
Permit Number 16-2949
Permit Issue Date 08/22/2016
Certificate Number 16-2949

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2524 HOOPER AVE. Brick Township, NJ Block: 549 Lot: 5 Qual:

Owner in Fee: BOTTAZZI ASSOCIATES LLC

Owner Address: 45 SEVILLE DR BRICK NJ 08723

Telephone: (732) 691-1561

Contractor SASHA BUENANO

Address 2204 HIGHWAY 1 LAWRENCEVILLE NJ 08648

Telephone: (609) 468-5289 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: 25

Description of Work/Use: TENANT FIT UP - ALLSTATE INSURANCE COMPANY

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:

Daniel F. Newman
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 08/30/2016

U.C.C. F260 (rev. 08/05)

2524 Hooper Ave. Allstate Insuranc

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 25
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP B

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(f)1.ix:

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

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

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

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

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

Signature Sasha Bueno Date _____

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor.

Agent Name Sasha Bueno

Address 2204 U.S Highway 1
Lawrenceville, NJ 08648

Telephone (609) 468-5289

Signature Sasha Bueno

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

APPLICATION FOR CERTIFICATE

Date Received	07/26/2016
Date Permit Issued	08/22/2016
Control #	C-16-003532
Permit #	16-2949
Date Issued	08/30/2016

IDENTIFICATION

Block 549 Lot 5 Qualifier

Work Site Location 2524 HOOPER AVE. Brick Township, NJ

Owner in Fee BOTTAZZI ASSOCIATES LLC
45 SEVILLE DR BRICK NJ 08723

Telephone (732) 691-1561

Contractor SASHA BUENANO
Address 2204 HIGHWAY 1 LAWRENCEVILLE NJ 08648

Telephone (609) 468-5289
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ 1501
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - ALLSTATE INS. CO. ...FORMER RED LION CLEANERS

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: Sasha Buenano
Owner/Agent

☒ OWNER

☐ AGENT

UCC F270 equiv.

Matthew Fagen

From: Peg Mullen <pmullen@brickmua.com>
Sent: Friday, August 26, 2016 3:28 PM
To: Matthew Fagen
Subject: RE: Allstate Insurance 2524 Hooper Ave. Block: 549 Lot: 5

Hi Matt,

We were at this account 7/22/16-and it's good to C/O. Thanks

Respectfully,

Peg Mullen
Customer Accounts Clerk
Brick Utilities
1551 Hwy 88 West
Brick, New Jersey 08724-2399
732-701-4224
pmullen@brickmua.com

From: Matthew Fagen [mailto:mfagen@twp.brick.nj.us]
Sent: Friday, August 26, 2016 2:40 PM
To: Carol Gundel; Peg Mullen
Subject: Allstate Insurance 2524 Hooper Ave. Block: 549 Lot: 5

Good afternoon. Allstate Insurance is currently scheduled for Final inspection at the new location of 2524 Hooper Ave. Block: 549 Lot: 5 (Red Lion Plaza). It was previously the Red Lion Cleaner. The contact person's name is Sasha Buenano at her telephone number is (609)468-5289.

I hope everyone has a relaxing and enjoyable weekend!

Thanks,
Matt

Matthew F. Fagen
Department of Land Use & Community Development
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1030
Fax: 732-262-2941
MFagen@twp.brick.nj.us

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 8/22/16

Date Issued Permit # 16-2949

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

Block 549 Lot 5 Qualification Code

Work Site Location 2524 Hooper Ave
Brick, NJ 08723

Owner in Fee: Patrick L. Bottazzi

Tel. (732) 691-1561 e-mail

Address 45 Seville Dr, Brick, NJ 08723
street municipality zipcode

Contractor: Sasha Buenano Tel. (609) 468-5289

Address 2204 US Highway 1 e-mail sibuenano@gmail.com
Lawrenceville, NJ 08648

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	08/19/16	KEK
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

Joint Plan Review Required:
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT
Date: 08/19/16
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 08/29/16
Approved by: KEK

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			8/29/16	KEK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group 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.

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. Total (1+ 2) $ 1500

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

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: Sasha Buenano

Print name here: Sasha Buenano

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

carpet, paint

COMMERCIAL

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

FEE (Office Use Only)
$

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

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

Former Cleaners "B" Occupancy 25

8/22/16

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received
Control #

Date Issued
Permit # 16-2949

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

Block 549 Lot 5 Qualification Code

Work Site Location 2524 Hooper Ave

Owner in Fee: Patrick L. Bottazzi

Tel. (732) 691-1561 e-mail

Address 45 Seville Dr, Brick, NJ 08723
street municipality zip code

Contractor: Sasha Buerano Tel. (609) 468-5289

Address 2204 US Highway 1 e-mail
Lawrenceville, NJ 08648

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 $ 1

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:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 8/24/16
Approved by: MD APP

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 8-25-16
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			8/25/16	P

U.C.C. F140 (rev. 02/11) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

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: Sasha Buerano

Print name here: Sasha Buerano [ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	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 tenant fit up		

NO CHARGE

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

CONSTRUCTION PERMIT

Date Issued 8/22/16
Control # C-16-003532
Permit # 16-2949

IDENTIFICATION Block: 549 Lot: 5 Qualifier
Work Site Location: 2518 HOOPER AVE. Brick Township, NJ
Owner in Fee: BOTTAZZI ASSOCIATES LLC, 45 SEVILLE DR BRICK NJ 08723
Telephone: (732) 691-1561

Contractor: SASHA BUENANO
Address: 2204 HIGHWAY 1 LAWRENCEVILLE NJ 08648
Telephone: (609) 468-5289
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP ALLSTATE INS. CO. ...FORMER RED LION CLEANERS

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 $1,501

D. Duzman Jr./MP
Construction Official

8/22/16
Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$253
Check No.	13834305
Cash	$0
Credit	$0
Collected By	

150
303

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.

08/22/16 12:[illegible]PM 00155[illegible]3068
[illegible]10 SERV.010
#2949
FIRE PROT $100.00
DCA $3.00
ZPH $50.00
CHECK - $303.00

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:

- [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.

RECEIVING CLERK MP
DATE REC'D 11/26/16

ZONING PERMIT APPLICATION

PERMIT # ZP-16-0123
DATE ISSUED 8/22/16

BLOCK: 549 LOT: 5 QUALIFIER: _____ SITE ADDRESS: 2524 Hooper Ave, Brick, NJ 08723

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Sasha Buerano
   COMPLETE ADDRESS: 2524 Hooper Ave
   Brick, NJ 08723
   PHONE # 609 468 5289 EMAIL: sibuerano@gmail.com

2. NAME OF APPLICANT: Sasha Buerano
   APPLICANT ADDRESS: 2524 Hooper Ave
   Brick, NJ 08723
   PHONE # 609-468-5289 EMAIL: sibuerano@gmail.com

3. RESPONSIBLE PERSON FOR WORK: Sasha Buerano
   PHONE# 609 468-5289 FAX# _____

4. SIGNATURE OF APPLICANT: Sasha Buerano

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50-
OTHER: $ _____
TOTAL: $ 50-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Redlion Cleaners
PROPOSED USE: Allstate Ins.

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 _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant fit-up

ZONING REVIEW:
DATE REVIEWED: 12-27-16 DATE DENIED: _____ DATE APPROVED: 12-27-16 INTLS: CM

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-16-01153
Application Date: 07/27/2016
Project Number:
Permit Number:
Fee: $50.00

Zoning Permit

Worksite **2518 HOOPER AVE.**
Location: **Brick Township, NJ 08723**

Block: **549**
Lot: **5**
Qualifier:
Zone: **B-2**

Owner: **BOTTAZZI ASSOCIATES LLC**
Address: **2524 Hooper Avenue**
BRICK, NJ 08723

Applicant: **Sasha Buerano**
Address: **2524 Hooper Avenue**
Brick, NJ 08723

Application Approved Date: 07/27/2016

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

Use is: Professional Offices (Allstate Insurance)
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from Red Lion Cleaners to an Allstate Insurance office.

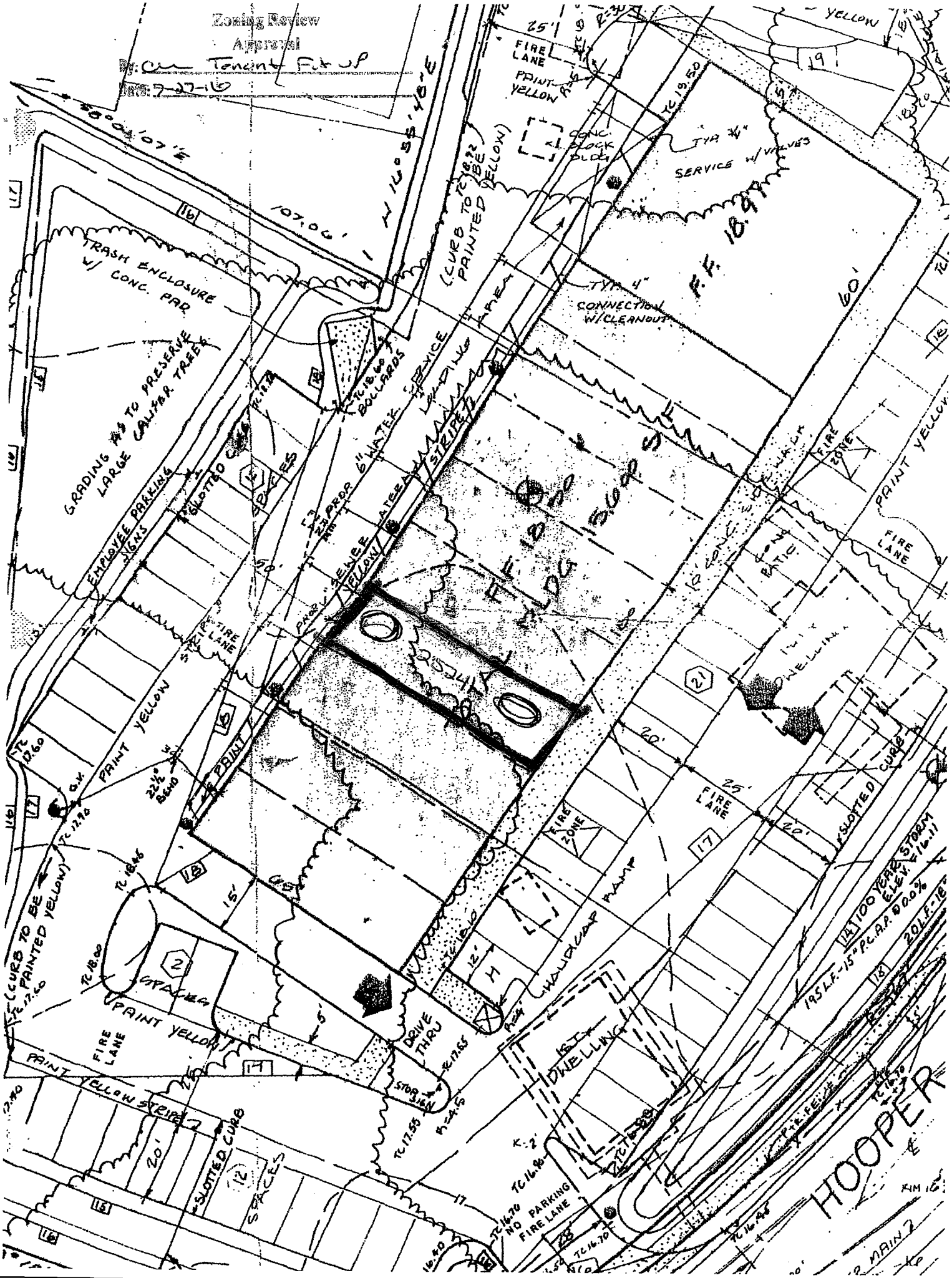
Additional Zoning permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Assistant Zoning Officer — 07/27/2016 Date

Sean Kinnevy, Zoning Officer — 7/29/16 **Date**


Zoning Review
Approval
By: Tenant Fit up
Date: 7-27-16
N 0°04'07" E
107.06'
N 10°55'40" E
TRASH ENCLOSURE W/ CONC. PAD
GRADING TO PRESERVE LARGE CALIPER TREES
EMPLOYEE PARKING SIGNS
9 SLOTTED SPACES
CURB TO BE PAINTED YELLOW
6" WATER SERVICE
6" SEWER
PAINT YELLOW
FIRE LANE STRIPE
BOLLARDS
CONC. BLOCK BLDG.
TYP. 4" SERVICE W/ VALVES
TYP. 4" CONNECTION W/CLEANOUT
F.F. 18.99
60'
FIRE LANE
FIRE ZONE
PAINT YELLOW
12' CONC. PATIO
INT. WELLING
DRIVE THRU
STOP SIGN
12' WALKWAY RAMP
20'
25'
SLOTTED CURB
100 YEAR STORM ELEV. 16.11
195 L.F. - 15" P.C.A.P. @ 0.00%
20 L.F. - 18"
HOOPER
MAIN
NO PARKING FIRE LANE

Occupancy
25 People

SASHA BUERANO

LOCATION:
2524 HOOPER AVE
BRICK, NJ 08723

BLOCK 549
LOT 5

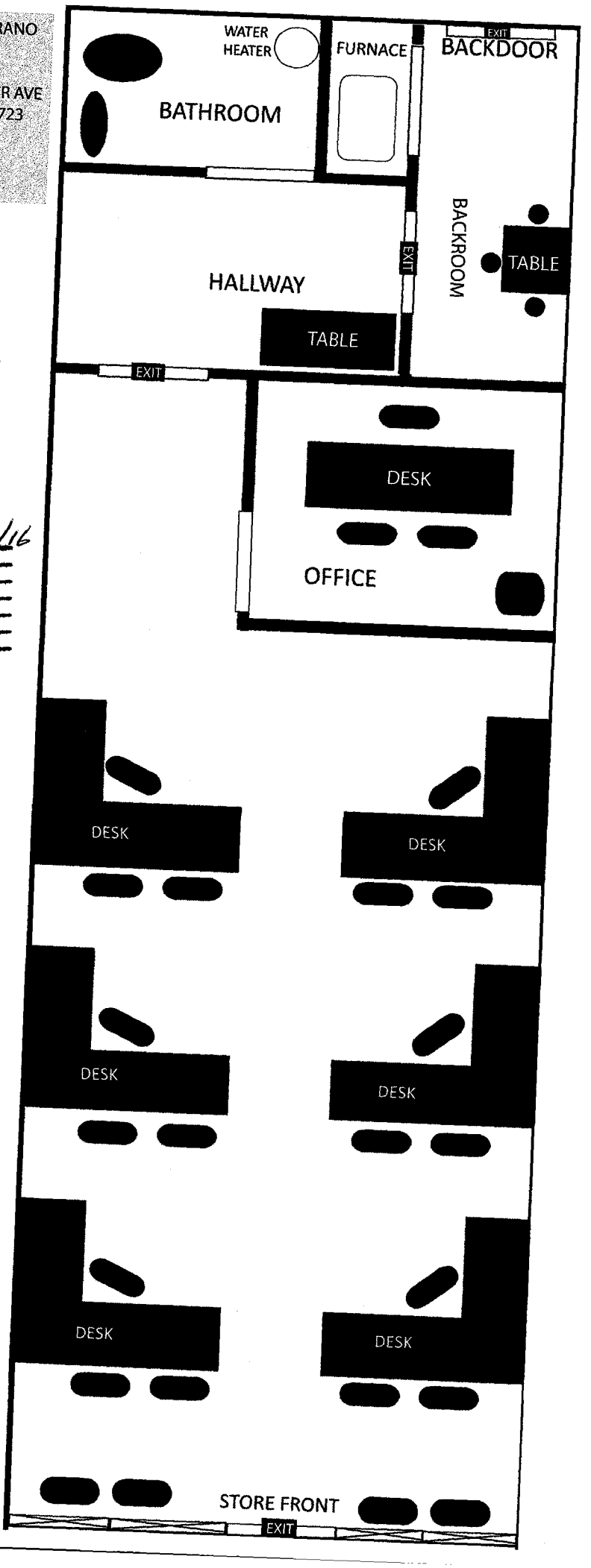
Zoning Review
Approval
By: Ok Tenant Fit up
Date: 7-22-16

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode	KH	08/19/16
Plumbing Subcode		
Fire Subcode		
Electrical Subcode		
Plan Reviewer		
Plans Released		
Construction Official		

FILE COPY

FILE COPY



ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 549 LOT: 5 ADDRESS: 2524 Hooper Ave Brick, NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS: 2524 Hooper Ave Brick, NJ 08723
2. NAME OF OWNER IN FEE: Sasha Buerano
   ADDRESS: 2524 Hooper Ave PHONE #: (609) 468-5289
   Brick, NJ 08723 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Self
   ADDRESS: 2524 Hooper Ave PHONE #: (609) 468-5289
   Brick, NJ 08723 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: N/A
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Sasha Buerano
   ADDRESS: 2524 Hooper Ave Brick, NJ 08723

PHONE #: (609) 468-5289 FAX #: (__) _____ E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

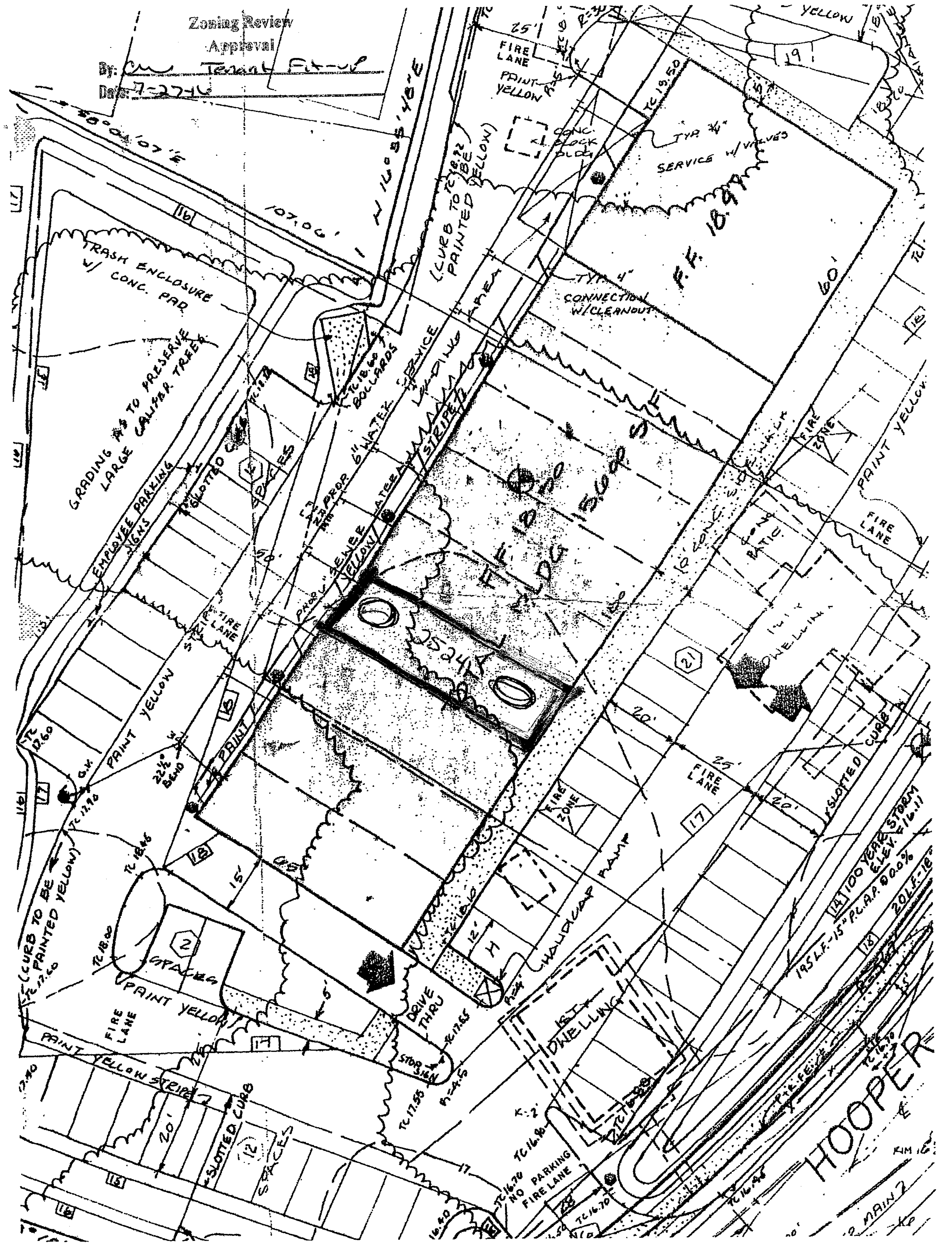
BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____



Zoning Review
Approval
Date: 7-27-16
TRASH ENCLOSURE W/ CONC. PAD
GRADING AS TO PRESERVE LARGE CALIPER TREES
EMPLOYEE PARKING SIGNS
SLOTTED CURB
PAINT YELLOW
FIRE LANE
CURB TO BE PAINTED YELLOW
BOLLARDS
PROP. 6" WATER SERVICE
PROP. 6" SEWER LATERAL
LOADING AREA
YELLOW STRIPE
CONC. BLOCK BLDG
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20'
15'
12'
22½° BEND
G.V.
SPACES
PAINT YELLOW STRIPE
DRIVE THRU
STOP
FIRE ZONE
HANDICAP RAMP
CONC. PATIO
1 STY DWELLING
100 YEAR STORM ELEV. 16.11
NO PARKING FIRE LANE
HOOPER

Township of Brick

ADDITION

REVISED 05/04/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure	Yes ___	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ___	NO ___
3. Engineering Form completely filled out (All Sections)	Yes ___	NO ___
4. Four true size ~~SEALED Plot Plans~~ Site plan showing space to be rented with Topography	Yes ___	NO ___
5. Bldg/~~Plmg/Electrical~~/ Fire Subcode Techs completed. (Plumbing & Electric must be sealed if applicable)	Yes ___	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If Addition & Alteration – must separate costs)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes ___	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not architectuals.	Yes ___	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
12. Two gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Drain Waste Vent schematic if adding or changing plumbing	Yes ___	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ___	NO ___
15. Completed debris form	Yes ___	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ___	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ___	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes ___	NO ___
19. Heat Loss Calculation	Yes ___	NO ___

Township of Brick

ADDITION

REVISED 05/04/16

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TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 2524 Hooper Ave Brick, NJ 08723

BLOCK: 549 **LOT:** 5

CONTRACTOR: Self

CONTRACTOR'S ADDRESS: 2524 Hooper Ave Brick, NJ 08723

Type of Construction(minor, new home): minor, office

Type of Debris (shingles, siding, wood, etc.): none

Party responsible for removal: N/A

Dumpster Size:

Destination of Debris:

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

7/25/16
Date

Sasha Berardo
Print Name

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	JC	9/29/16							ZA-16-01105
☐ 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			
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.				