ECC

BLOCK 702 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 249 Chambers RD PERMIT NO. 17-3501

CONSTRUCTION PERMIT APPLICATION

CM-003930

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

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambers bridge Rd
2. Name of Owner in Fee: ANA R. Ramirez
   Tel. [redacted] e-mail _____
   Address 139 B. Gardenave Brownsmill NJ 08015 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: ANA R. Ramirez Te [redacted]
   Address 139 B. Gardenave e-mail _____
   Brownsmill NJ 08015
   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 _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150- ✓		
2. Electrical	150 ✓		
3. Plumbing	192- ✓		
4. Fire Protection	116- ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	8		
10. Subtotal 2	$ 75		
11. Cert. of Occupancy	150-		
12. Other			
13. TOTAL	$ 841-		

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 17
8. If Industrialized Building: State Approved No. _____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

COMMERCIAL

Diva Beauty Salon

IIa. PROPOSED WORK

☐ Minor Work — Smart fit up ☐ 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 Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building				10/07/17		KEK	10/18/17	10/14/17 KEK	KEK
☑ Electrical		9/1/17			9/26/17	RR			
☐ Plumbing					9/28/17				
☐ Fire Protection									
☐ Elevator		Eng Exempt			ECC	9/11/17			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: Beauty
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: New Jersey
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

U.C.C. F100-1 (rev. 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/20/2017
Control Number C-17-003930
Permit Number 17-3501
Permit Issue Date 10/19/2017
Certificate Number 17-3501

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ Block: 702 Lot: 11 Qual:

Owner in Fee: TAFF, R TRUST & SILVI, S

Owner Address: 1859 DINO BLVD TOMS RIVER NJ 08755

Telephone:

Contractor ANA RAMIREZ - DIVA'S BEAUTY SALON

Address 139 B GARDEN AVE BROWNMILL NJ 08015

Telephone: [redacted] 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: 17

Description of Work/Use: TENANT FIT UP - DIVA'S BEAUTY SALON

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: $150.00
Check Number: 329
Collected By: Matthew Fagen

Date Printed: 11/20/2017

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

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 _____ 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 MaKorTz & Sons Inc.

Address 33 Merlin DR.

Telephone (908) 278-3504

Signature _____

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

Diva's Beauty Salon

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 10/19/17
Control #
Date Issued
Permit # 17-3501

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

Block 709 Lot 11 Qualification Code

Work Site Location Rita Plaza - 249 Chambersbridge Rd. Brick, NJ 08723 Unit 2

Owner in Fee: Ana R. Ramirez

Tel. [redacted] e-mail

Address 139 B. Barden Ave Browns Mills NJ

Contractor: (street) Makorth 2 Sons (municipality) Inc - Tel. 908) 278-3504

Address 33 Merlin DR. Lakewood NJ 08701 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. 77-0683292 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	10/18/17	Illegible
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 10/18/17
Approved by: Illegible

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 11/6/17
Approved by: Illegible

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			10-30-17	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	* 11-6-17	* 11-5-17	11-6-17	
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 17

Constr. Class Present ____ Proposed ____
If Industrialized Building:
State Approved ____ HUD ____

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Rehabilitation $ $1,000
3. Total (1+ 2) $ 2,000

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: [signature]

Print name here: Marcos Ortiz

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Frame on wall : close up.
clean up Existing walls

COMMERCIAL

Air Test + Balance Report Req'd PRIOR TO FINAL INSP'N – See Pg. CS on PLANS

Tenant fit up

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

Brick Township

401 Chambers Bridge Road
Brick, NJ 08723
732-262-1030

CORRECTION NOTICE

ADDRESS 249 Chambers Bridge Rd.

PERMIT NUMBER 17-3501 BLOCK 702 LOT 11

~~OWNER~~ Final

Upon inspection, violations of the ✓ Building ___ Plumbing ___ Electric ___ Fire Code were in evidence and the following orders are hereby issued for their correction:

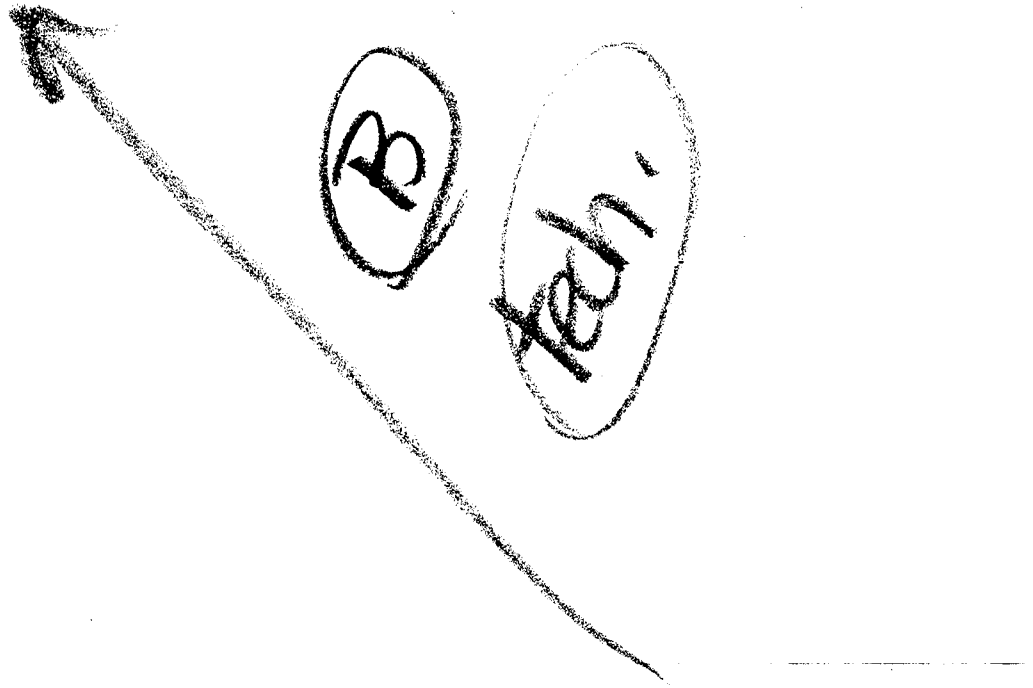
1) Need all Hardware to Be A.D.A. Lever Action
2) Need all Finishes completed (OK)
3) Need to submit HVAC Drawing As per Cover pg. of Plans

11-15-17 NEED #1 + #3 OK

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE BEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED.

DATE 11-6-17 INSPECTOR

* 10-30-14 Frame need to maintain 32" Clearance Thru-out and change out Threshold.
To Be ADA. exceptable. JD



RECEIVING CLERK GW
DATE REC'D 9/7/17

ZONING PERMIT APPLICATION

PERMIT # ZP17-01288
DATE ISSUED 10/19/17

BLOCK: 702 LOT: 11 QUALIFIER: — SITE ADDRESS: 249 Chambersbridge Rd. Brick, NJ 08723

IDENTIFICATION: Rita Plaza, Silvio

1. NAME OF OWNER IN FEE: ~~Ana R. Ramirez~~
   COMPLETE ADDRESS: Rita Plaza - 249 Chambersbridge Rd. Brick, NJ 08723 Unit 2
   PHONE [redacted] EMAIL [redacted] com
2. NAME OF APPLICANT: Ana R. Ramirez
   APPLICANT ADDRESS: 139 B Garden Ave. Browns Mills, NJ 08015
   PHONE # [redacted] EMAIL: [redacted]
3. RESPONSIBLE PERSON FOR WORK:
   PHONE# FAX#
4. SIGNATURE OF APPLICANT: X

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $
TOTAL: $ 75-

★ REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓ COMMERCIAL
EXISTING USE: Beauty Studio
PROPOSED USE: Diva's Beauty Salon

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: 9-7-17 DATE DENIED: DATE APPROVED: 9-7-17 INTLS: a

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
SEP 08 2017
ZONING

ZONING REVIEW:

DATE REVIEWED: 9/8/17 DATE DENIED: — DATE APPROVED: 9/8/17 INTLS:

DATE:	COMMENTS:	INITIALS:
9/8/17	SENT TO Owner	

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 702 LOT: 11 ADDRESS: 249 Chambersbridge Rd

IDENTIFICATION:

1. WORK SITE ADDRESS: 249 Chambersbridge RD
2. NAME OF OWNER IN FEE: ANA A. Ramirez

   ADDRESS: 139 B Garden Ave Brunswills NT PHONE # [redacted]

   FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Makorriz' Sons Inc

   ADDRESS: 33 Merlin DR PHONE # [redacted]

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: _____

   ADDRESS: _____

PHONE #: (__) _____ 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 Tenant Fitout

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: _____

Diva's Beauty Salon 903 sq ft

M(OL) pkn 2/19/17

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Mose

Date Received Control # 10/19/17

Date Issued Permit # 17-3501

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

Block 702 Lot 11 Qualification Code

Work Site Location Rota Plaza - 249 Chambersbridge Rd. Brick, NJ 08723 Unit 2

Owner Ana D Ramirez

Tel. [redacted] e-mail

Address 139-B, garden ave Browns mill NJ. 08015 (street, municipality, zip code)

Contractor: ANA R. Ramirez Tel. 7329467 3824

Address 139 B GarDens Ave e-mail

Browns Mills NJ 08015

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

Federal Emp. ID No. FAX:

732 927 95

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 $ 100.-

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: Ana Ramirez

Print name here: ANA R. RAMIREZ

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

DESCRIPTION OF WORK: No work Exit Signs

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)	2	
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 Plan review		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: 10/19/17 Approved by: MW
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-19-17
Approved by: ECB

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CSO [ ] CA
Date: 11-1-17
Approved by: ECB

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			10/25	MW
Other				

Diva's Beauty Salon

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10/19/17

Date Issued
Permit # 17-2591

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

Block 702 Lot 11 Qualification Code

Work Site Location Rita Plaza
249 Chambersbridge Rd. Brick, NJ 08723 Unit 2

Owner in Fee: Anar Ramirez

Te [redacted] e-mail

Address 107-B. Ogden Ave, Browns Mills, NJ 08015
street municipality zip code

Contractor: Henry Lindner P&H. Tel. 732 278-8950

Address 977-A Thornbury Ln e-mail
Manchester NJ 08759,

Contractor License No. #4865 Exp. Date 6/30/2019.

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 135 92 3412 FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Exist. Public Sewer Exist. Private Septic

Water Service Size Public Water Private Well
$ 1600.00

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: Henry Lindner

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
NOTE: INSTALL 2 = LAV'S FOR BEAUTY SALON & REPLACE EXISTG WATER HEATER, LAYOUT WILL FOLLOW ON LATER DATE. H.D

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
2	Lavatory NOTE: HAIR TRAPS TO BE USED. (H.D)	
	Shower	
	Floor Drain	
	Sink COMMERCIAL	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater 20. Gallon Electric W.H.	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	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:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-28-17
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 11-13-17
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	10-24-17		10-30-17	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			11-13-17	

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

TEMP 106° MIXING VALVE IN WALL

Diva's Beauty Salon

ELECTRICAL SUBCODE
TECHNICAL SECTION

Uniform Construction Code — New Jersey

Date Received 10/19/17
Control # 17-3501
Date Issued
Permit #

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

Block 702 Lot 11 Qualification Code

Work Site Location Rita Plaza
249 Chambers bridge Rd Brick NJ 08723 Unit 2

Owner in Fee ANA R. Ramirez

Address 139-B garden ave Browns Mill NJ. 08015

Tel [redacted]

Contractor [illegible]

Address 1105 Industrial Park Way
Brick N.J.

Tel (732) 688 7319 FAX ( )

Contractor License No. 9455

Federal Emp. No. 461693051

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Salon Utility Co.

Est. Cost of Elec. Work $ 700.00

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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
11		Lighting Fixtures	
2		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
(2)		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	
1	5	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	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
Replace 2		EXIT SIGN	

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[✓] Elec. Plans Approved
Date: 9/26/17
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 10/24/17
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10-24-17	
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

all sealed in MR

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

1

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
OK as per MUA on 11/17/17 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

FELDMAN
ARCHITECTS
FELDMAN

TO: Brick Building Department

FROM: David H. Feldman, RA, AIA

DATE: November 15, 201

RE: 249 Chambersbridge Road
Brick, New Jersey

PROJECT: 17124

Please be advised with regard to the above listed project that the existing mechanical system was not altered in anyway during the tenant fit out.

If you have any questions pursuant to this matter, please do not hesitate to contact out office. Thank you.

Sincerely,
FELDMAN & FELDMAN ARCHITECTS, PC

David H. Feldman, RA, AIA
36 Leland Road
Colts Neck, New Jersey 07722
(732) 761-8182

FELDMAN ARCHITECTS FELDMAN

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Brick, New Jersey

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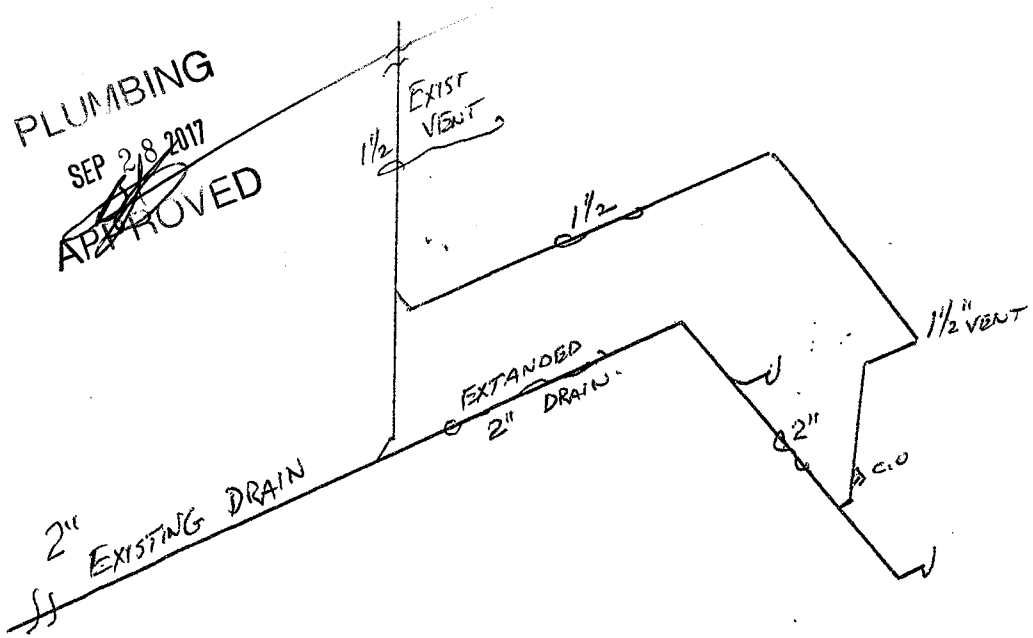
David H. Feldman, RA, AIA
36 Leland Road
Colts Neck, New Jersey 07722
(732) 761-8182

PLUMBING
SEP 28 2017
APPROVED



HENRY LINDNER P&H.
LIC# 4865.
MANCHESTER, NJ 08759.

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Friday, November 17, 2017 10:00 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 249 CHAMBERSBRIDGE RD. BLOCK:702 LOT:11

HAPPY FRIDAY MATT. WE WERE OUT THERE & EVERYTHING IS OK TO CO.

APPLICATION FOR CERTIFICATE

Date Received 09/06/2017
Date Permit Issued 10/19/2017
Control # C-17-003930
Permit # 17-3501
Date Issued

IDENTIFICATION

Block 702 Lot 11 Qualifier

Work Site Location 249 CHAMBERS BRIDGE RD. Brick Township, NJ

Owner in Fee TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755

Telephone

Contractor ANA RAMIREZ - DIVA'S BEAUTY SALON
Address 139 B GARDEN AVE BROWNMILL NJ 08015

Telephone [redacted]
Lic. No. or E
Federal Employee. No.

ACTION

- [x] 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: $ 4400
(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 - DIVA'S BEAUTY SALON

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: Ana Ramo
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

249 Chambers Bridge Rd → Diva's Beauty Salon

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 17
LIVE LOAD _____ P. S. F.
FIRE GRADING _____ HOURS
USE GROUP B

CONSTRUCTION PERMIT

Date Issued 10/19/17
Control # C-17-003930
Permit # 17-3501

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ
Owner in Fee TAFF, R TRUST & SILVI, S
1859 DINO BLVD TOMS RIVER NJ 08755
Telephone:

Contractor ANA RAMIREZ - DIVA'S BEAUTY SALON
Address 139 B GARDEN AVE BROWNMILL NJ 08015
Telephone: [redacted]
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:
TENANT FIT UP - DIVA'S BEAUTY SALON

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 $4,400

D. Nuzman Jr. /mp 10/19/17
Construction Official Date

PAYMENTS (Office Use Only)

Building	$150
Electrical	$150
Plumbing	$192
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	$150.00
Other	$0
Total	$766
Check No.	329
Cash	$0
Credit	$0
Collected By	A. Fagan

+75
841

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

10/19/17 [illegible] 00155043369
BUILDING $150.00
ELECTRICAL $150.00
PLUMBING $192.00
FIRE $116.00
DCA $8.00
CO $150.00
ZPA $75.00
CHECK $841.00

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency shall 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:

- [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.

Township of Brick

~~ADDITION~~

REVISED 03/08/17

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~~ Site Plot Plans with Topography Showing unit going into	Yes ___	NO ___
5. Bldg/Plmg/Electrical/Fire/~~Mechanical~~ 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 ___

20. Fresh air requirements -

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 249 Chambersbridge Rd. Brick, NJ 08723

BLOCK: 702 **LOT:** 11

CONTRACTOR: ANA R. RAMIROZ

CONTRACTOR'S ADDRESS: _____

Type of Construction(minor, new home): _____

Type of Debris (shingles, siding, wood, etc.): _____

Party responsible for removal: NA

Dumpster Size: NA

Destination of Debris: Landlord Supplied

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

8/31/17
Date

PAUL ORTIZ
Print Name

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued: 10/19/17
Application Number: ZA-17-01159
Application Date: 9/7/2017
Project Number:
Permit Number: ZP-17-0288
Fee: $75.00

Zoning Permit

Worksite Location: **249 CHAMBERS BRIDGE RD.**
Unit 6
Brick Township, NJ 08723

Block: **702**
Lot: **11**
Qualifier:
Zone: **B-3**

Owner: **TAFF, R TRUST & SILVI, S**
Address: **1859 DINO BLVD**
TOMS RIVER, NJ 08755

Applicant: **Ana Ramirez**
Address: **139B Garden Avenue**
Browns Mills , NJ 08015

Application Approved Date: 9/7/2017

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

Use is: Hair Salon/Barber Shop (Diva Beauty Salon-Formerly Dance Studio)
Nonconforming Use is:

Work Description:
Tenant Fit-Up - Interior alterations for a new tenant. Changing from a dance studio to a hair salon, "Diva Beauty Salon".

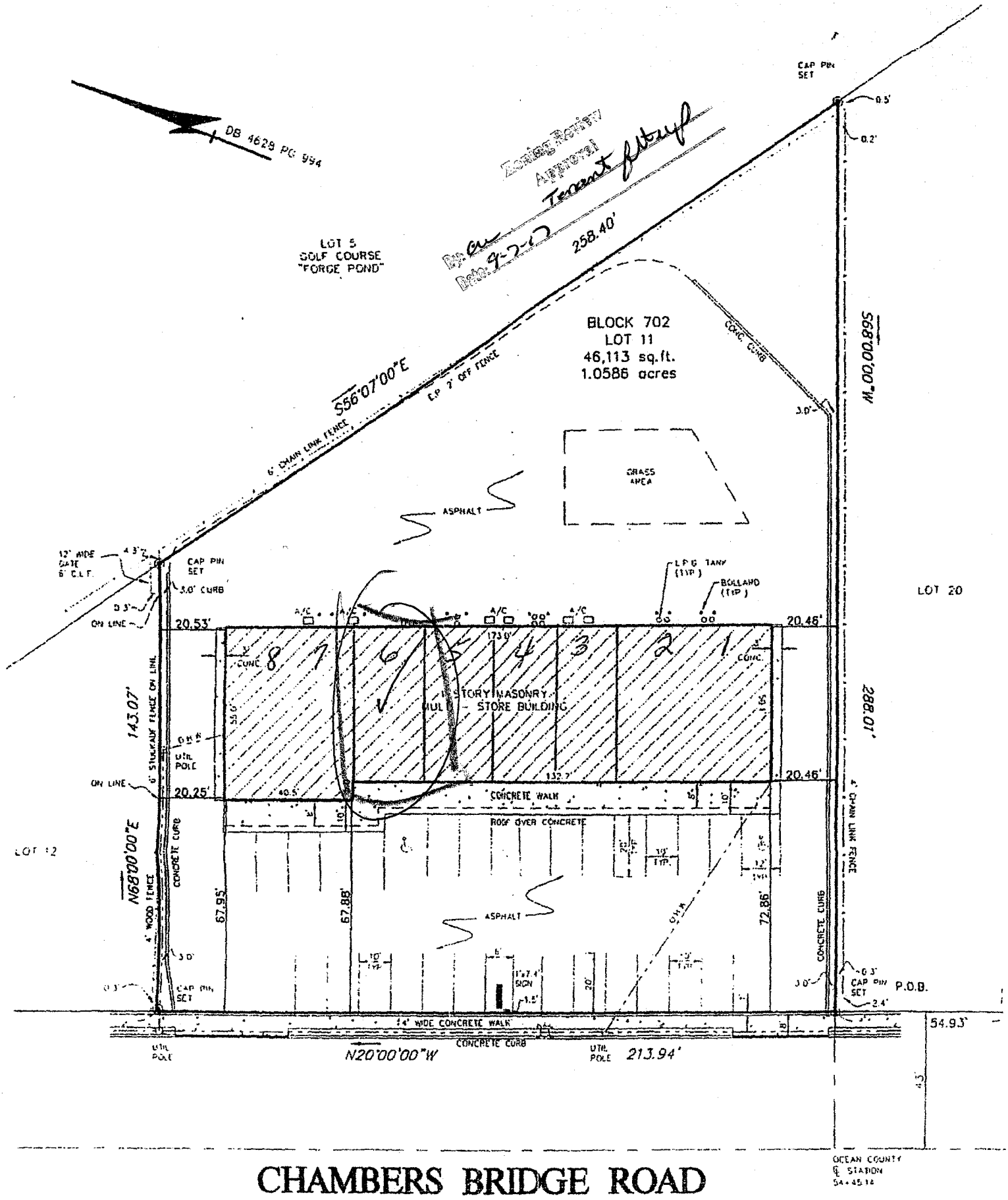
Additional Zoning Permit is required for additional work and signage.

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 — 9/7/2017 Date

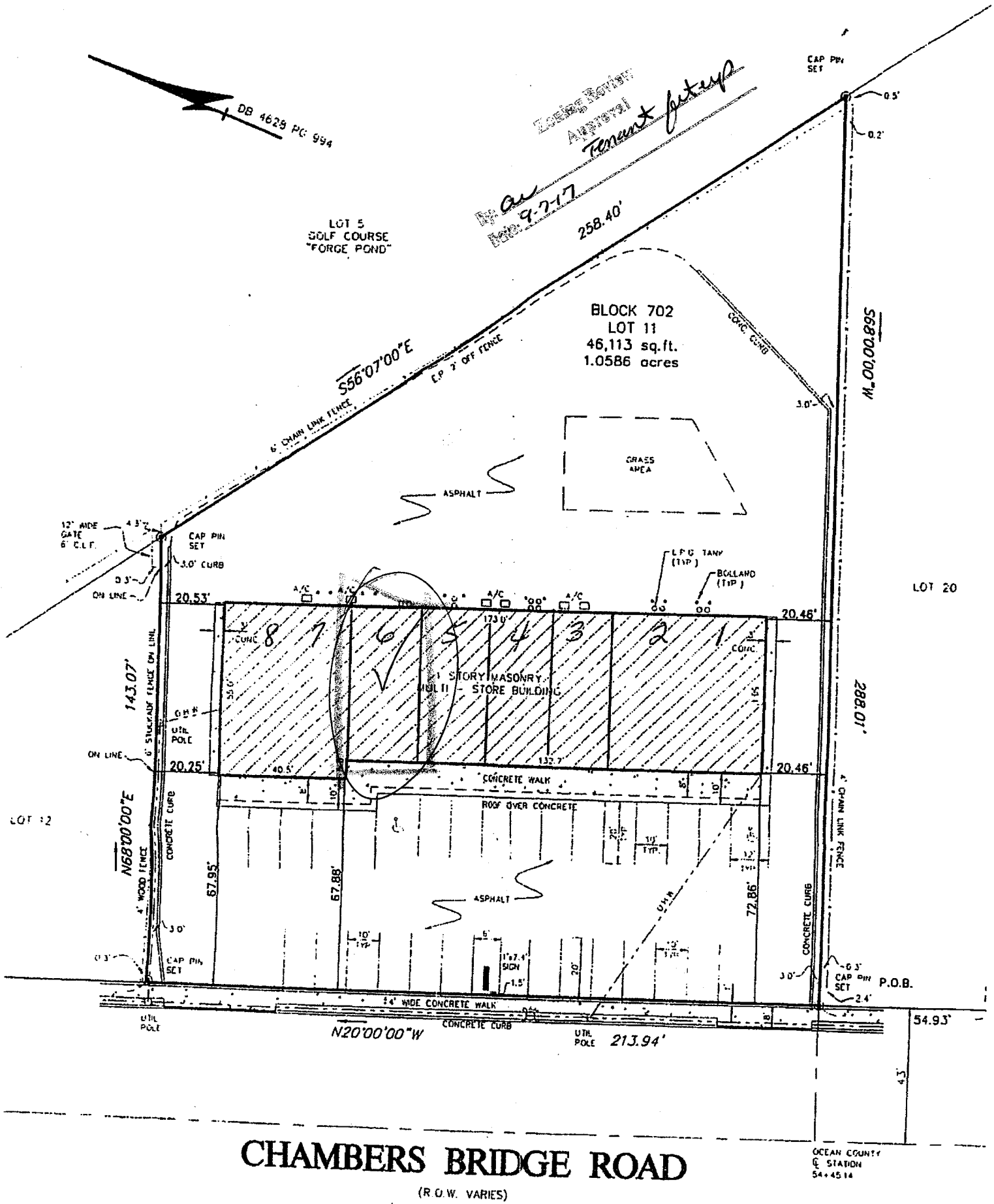
Sean Kinnevy, Zoning Officer — 9/8/17 **Date**



CHAMBERS BRIDGE ROAD

(R.O.W. VARIES)

(CHAMBERSBRIDGE ROAD)


DB 4629 PG 994
LOT 5
GOLF COURSE
"FORGE POND"
258.40'
CAP PIN SET
0.5'
0.2'
BLOCK 702
LOT 11
46,113 sq.ft.
1.0586 acres
S56°07'00"E
E.P. 3' OFF FENCE
6' CHAIN LINK FENCE
CONC. CURB
3.0'
S68°00'00"W
GRASS AREA
ASPHALT
12' WIDE GATE 6' C.L.F.
4.3'
CAP PIN SET
3.0' CURB
0.3'
ON LINE
20.53'
A/C
L.P.G. TANK (TYP.)
BOLLARD (TYP.)
20.46'
LOT 20
CONC.
8 7 6 5 4 3 2 1
173.0'
1 STORY MASONRY MULTI - STORE BUILDING
143.07'
0.5'
UTIL. POLE
6' STOCKADE FENCE ON LINE
55.0'
165'
288.01'
ON LINE
20.25'
40.5'
132.7'
20.46'
CONCRETE WALK
ROOF OVER CONCRETE
10'
8'
LOT 12
N68°00'00"E
4' WOOD FENCE
CONCRETE CURB
67.95'
67.88'
72.86'
ASPHALT
U.G.H.
4' CHAIN LINK FENCE
3.0'
0.3'
CAP PIN SET
10' TYP.
5'
1'x7.4' SIGN
1.5'
20'
CONCRETE CURB
0.3'
CAP PIN SET
P.O.B.
2.4'
54.93'
4.3'
4' WIDE CONCRETE WALK
CONCRETE CURB
UTIL. POLE
N20°00'00"W
213.94'
UTIL. POLE
CHAMBERS BRIDGE ROAD
(R.O.W. VARIES)
OCEAN COUNTY
℄ STATION
54+45.14