BLOCK 702 LOT 11 QUALIFICATION CODE ____ ADDRESS (SITE) 249 chambers Bridge UNIT 3 PERMIT NO. 18-2807

CONSTRUCTION PERMIT APPLICATION

C18-002835

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

I. IDENTIFICATION

1. Proposed Work Site at: 249 chambers bridge UNIT 3
2. Name of Owner in Fee: Silvio Silvi & Robert TAFT TRUST
   Te [redacted] e-mail ____
   Address 1859 DINO Blvd (street) TOMS RIVER (municipality) NJ. 08755 (zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: Michael A DeDominicis Inc Tel. (732) 255-2190
   Address 1854 DINO Blvd e-mail ULTIMATEConstructionNJ@yahoo.com
   TOMS RIVER NJ. 08755
   License No. OR, if new home, Builder Reg. No. 13VH00557200 Exp. Date 3/3/19
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00557200
   Federal Emp. ID No. ____ FAX: (732) 255-4482
5. Architect or Engineer Allen Boast Contact Allen.
   Address 1792 Hinot Rd. Toms River e-mail ____
   Tel. (732) 255-2713 FAX: (732) 255-4482
6. Responsible Person in Charge once Work has Begun Michael DeDominicis
   Tel. (732) 773-7860 FAX: (732) 255 4482

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 3100 -		
2. Electrical	150 -		
3. Plumbing	150 -		
4. Fire Protection	116 -		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	139 -		
10. Subtotal	2$ 15		
11. Cert. of Occupancy	150 -		
12. Other	~~500~~		
13. TOTAL	$ 0800		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
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 X ~~40 psf~~ 50 PSF OFFICES	
7. Max. Occupancy Load 9 100 PSF HALLWAYS	
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

Tenant fit up

IIb. SUBCODES (Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					09/26/18	MK			
☑ Electrical		7/24/18			8/15/18	PS			
☐ Plumbing					8/23/18				
☐ Fire Protection				toilet			10/1/18		
☐ Elevator		Eng	Exempt		8/7/18	EC			
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)
1. State Specific Use: X Vet office
2. Use Group, Proposed: X B
3. Change In Use Group, Indicate Present: B

C. MIXED USE - List secondary use(s): X
D. Construct. Classification: Present X
Proposed X

COMMERCIAL

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

Bricktown Veterinary Hosp.

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.

(X) Check if contractor.

Agent Name Michael A DeDominicis INC

Address 1854 Pine Blvd

Toms River NJ 08755

Telephone (732) 773-3860

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 01/10/2019
Control Number C-18-002835
Permit Number 18-2807
Permit Issue Date 10/05/2018
Certificate Number 18-2807

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: [redacted]

Contractor ULTIMATE SERVICE

Address 1854 Dino Blvd TOMS RIVER NJ 08755

Telephone: (732) 255-2190 Fax:

License Number or Builders Registration Number: Federal Emp. Number: 13-8785120

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 9

Description of Work/Use: TENANT FIT UP - (UNIT #3) - BRICKTOWN VETERINARY WELLNESS CLINIC

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:

Kenneth E Risch - ACTING
Construction Official

Fee: $150.00
Check Number: 6957
Collected By: Matthew Fagen

Date Printed: 01/10/2019

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

Bricktown Veterinary Hospital

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10/5/18

Date Issued / Permit # 18-2807

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

Block # 702 Lot ~~3~~ 11 Qualification Code _____

Work Site Location 249 chambord Bridge unit #3

3RD from west side

Owner in Fee: Silvio Silvi & Robert FAFF TRUST

Tel. [redacted] e-mail _____

Address 1857 Dino Blvd. Toms River NJ 08755

Contractor: Michael DeDominicis Inc (street / municipality) Tel. 732-773-3860 (zip code)

Address 1854 Dino Blvd AKA Ultimate Service e-mail _____

Toms River NJ 08755

Contractor License No. or Builder Registration No. 13VH00557200 Exp. Date 3/3/19

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH00557200

Federal Emp. ID No. _____ FAX: 732-255-2190

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	09/26/18	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		
Joint Plan Review Required:		
[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator		
SUBCODE APPROVAL for PERMIT		
Date:	09/26/18	
Approved by:	KEK	
SUBCODE APPROVAL for CERTIFICATE		
[✓] CO [ ] CCO [ ] CA		
Date:	12/30/18	
Approved by:	KEK	

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			10/29/18	KEK
Truss Sys./Bracing				
Barrier-Free				
Insulation			10/30/18	KEK
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other Above Ceiling			11/19/18	KEK
Final			12/28/18	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) $ 65,000 MD

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: _____

Print name here: Michael DeDominicis Jr

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenent.
Fit-out.
For
Veterinarian office

COMMERCIAL

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] 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 $

Bricktown Veterinary Hospital

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/5/18
Control # [illegible]
Date Issued [illegible]
Permit # 18-2807

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

Block 702 Lot ~~702~~ 11 Qualification Code

Work Site Location 249 Chambers Bridge
UNIT #3 3RD From NWEST SIDE

Owner in Fee: Silvio Silvo & Robert. TAFT TRUST.

Tel. [redacted] e-mail

Address 1859 Pine Blvd Toms River N.J. 08755
street municipality zip code

Contractor: Experior Electric Inc Tel. (732) 245-7435

Address 1889 Route 9 Unit 100 e-mail ExperiorElectric@gmail.com
Toms River NJ 08755

Contractor License No. 14890 Exp. Date 03/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 223842618 FAX: (732) 240-2082

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 5000

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: Vincent Zenna

[X] Licensed Elec. Contractor [ ] Certified Private Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Rewire UBH To Print Reusey Cites and Service

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
30		Receptacles	
6		Switches	
2		Detectors	
		Light Poles	
1		Motors—Fract. HP Sewer pump	
6		Emergency & Exit Lights	
8		Communications Points	
		Alarm Devices/F.A.C. Panel COMM	
0		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		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	

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: 8/15/18 Approved by: PJC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 8/15/18
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/21/18
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			10-19-18	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other ABOVE CEILING			11/4/18	PJC
Service				
Final 12-07-18			12-20-18	
Barrier-Free 12-19-18				
Temp. Cut-In-Card Date Issued				
Final Cut-In-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

U.C.C. F120 (rev. 11/09) Internet version

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

12-13-18

1. Not Ready plates missing
2. communication plates Hanging By Wires

WR

1. wire Hanging in Ceiling
2. Show window outlets
3. GFCI outlet By sink [illegible]

e

tech.

Bricktown Veterinary Hospital

10/5/18
18-2807

PLUMBING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
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
Work Site Location 249 Chambers Bridge Rd. UNIT A3
BRICK, NJ 08724 3RD FROM WEST SIDE
Owner in Fee Silvio Silvi & Robert TAFT
Address 1859 Pino Blvd. Toms River NJ. 08755
Tel [redacted]
Contractor Wayne Granit Plumbing
Address 991 Grace Drive
Toms River, NJ 08753
Tele. 732-267-5395 Fax
Lic. No. 8773
Federal Emp. No. 135565024

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size 4" Public Sewer ✓ Private Septic
Water Service Size 3/4" Public Water ✓ Private Well
Est. Cost of Plumbing Work $ 2500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-23-18
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 12-28-18
Approved by:

INSPECTIONS Type:	Failure	Failure Dates (Month/Day)	Approval	Initial
Slab				
Rough			10-26-18	
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
FINAL	12-13-18	12-17-18		
		12-28-18	1-7-19	

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 — Contractor

[ ] Licensed Plumbing Contractor

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

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

COMMERCIAL

FEE (Office Use Only)	
	$
Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$

Remodeling

UCC P130

12-13-18 JD
No Entry 9:30 AM

KK 12-17-18
Dental sink/table not complete

12-20-18 JD
Future Dental Table. (sink on plan Not Hooked up)
Need vented Backflow - ASSE 1022 on cold supply

12-28-18 JD
Same

cktown Veterinary Hospital B 916887 From Art/music Studio Occup-9 NW

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/5/18
Control #
Date Issued
Permit # 18-2807

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 249 Chambers Bridge
UNIT # 3 3RD FROM WEST SIDE

Owner in Fee: Silvio Silvi & Robert TAFT TRUST

Tel. [redacted] e-mail

Address 1859 Dino Bld. Toms River NJ. 08755
street municipality zip code

Contractor: Perfection Air HVAC Tel. 732 674-7590

Address 39 Boom Lane e-mail
Brick NJ 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 6-30-2020

Home Improvement Contractor Registration No. or Exemption Reason 19HC00728200

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing (circled) OR [ ] Conversion OR [ ] Replacement (struck)

Fuel Type: [ ] Gas (circled) [ ] Oil [ ] Electric [ ] Solar [ ] Other

Location:

Total Cost of Fire Protection Work $ 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: [signature]

Print name here: Tom Flugrath

[ ] Certified Contractor [X] Exempt Applicant

2 ABOVE CO

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Replace some duct work and flex runs
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		

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] Fire Protection Plans Approved
Date: 10/11/18 Approved by: [initials]
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 10-2-18
Approved by: KR

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 12-20-18
Approved by: KR

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/17/18	[initials]
Other				

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

APPLICATION FOR CERTIFICATE

Date Received	07/27/2018
Date Permit Issued	10/05/2018
Control #	C-18-002835
Permit #	18-2807
Date Issued	01/10/2019

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 [redacted]

Contractor ULTIMATE SERVICE
Address 1854 Dino Blvd TOMS RIVER NJ 08755

Telephone (732) 255-2190
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 13-8785120

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: $ 72600
(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 (UNIT #3) - BRICKTOWN VETERINARY WELLNESS CLINIC

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: Kuba Vogel
Owner/Agent

- [ ] OWNER
- [x] AGENT

UCC F270 equiv.

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

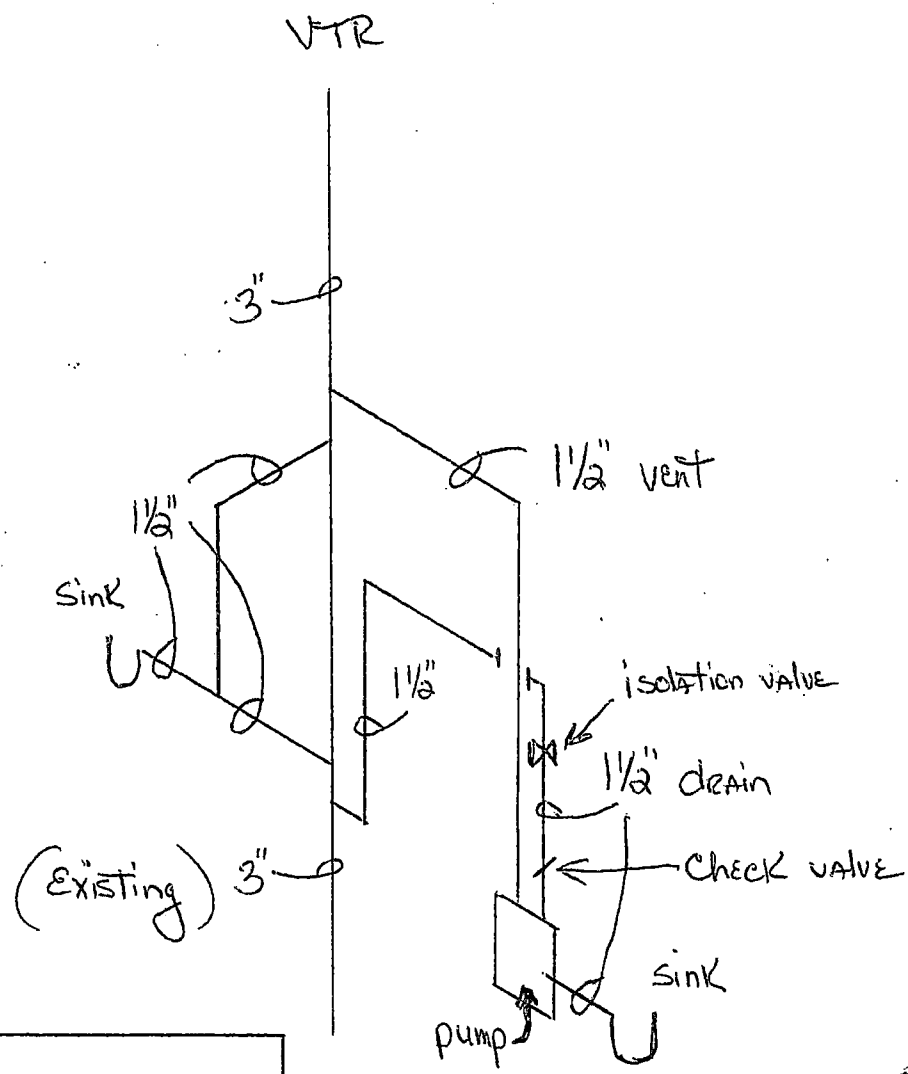
UCC Requirements

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**	☑	☐
emailed MUA on 1/7/19 MFF OK per MUA on 1/10/19 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)



Job Location:

Chambers Bridge Rd. (Vetcore)
Brick, NJ 08724

Plumbing Contractor: Lic# 8773

Wayne Granit Plmg.
991 Grace Drive
Toms River, NJ 08753

(732)
267-5395

ULTIMATE CONSTRUCTION

ABOVE ALL CONTRACTORS
MICHAEL A. DEDOMINICIS INC.
TOMS RIVER NJ.
Phone 732-255-2190
Fax 732-255-4482
SEPTEMBER 18 2018

NJ. LICENSE # 13VH00557200
FULLY INSURED
MEMBER
BETTER BUSINESS
BUREAU

ATTENTION: RICHARD ORLANDO

249 CHAMBERS BRIDGE RD BRICK PERMIT CONTROLL NUMBER C-18-002853

WE WILL BE ADDING TWO CARBON MONOXIDE DETECTORS ONE TO THE FRONT OF THE UNITS COMMON AREA AND ONE TO THE REAR COMMON AREA BY THE GAS FIRED FURNACE AND WATER HEATER.

THANK YOU.

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, January 10, 2019 3:06 PM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 249 CHAMBERS BRIDGE VET CLINIC

WE WERE OUT THERE TODAY & THEY ARE OK TO CO.

Susan M. Stanisz
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

CONSTRUCTION PERMIT

Date Issued 10/5/18
Control # C-18-002835
Permit # 18-3407

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: [redacted]

Contractor ULTIMATE SERVICE
Address 1854 Dino Blvd TOMS RIVER NJ 08755
Telephone: (732) 255-2190
Lic. No. or Bldrs. Reg. No. 13VH00557200 13VH00557200
Federal Employee. No. 13-6785120

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 (UNIT #3) - BRICKTOWN VETERINARY WELLNESS CLINIC

PAYMENTS (Office Use Only)

Building	$3,100
Electrical	$150
Plumbing	$150
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$139
CO Fee	$150.00
Other	$0 +75
Total	$3,805
Check No.	6457 3X8C
Cash	$0
Credit	$0
Collected By	M. Fagin

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 $72,600

D. Thurman Jr 10/2/18
Construction Official Date

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.

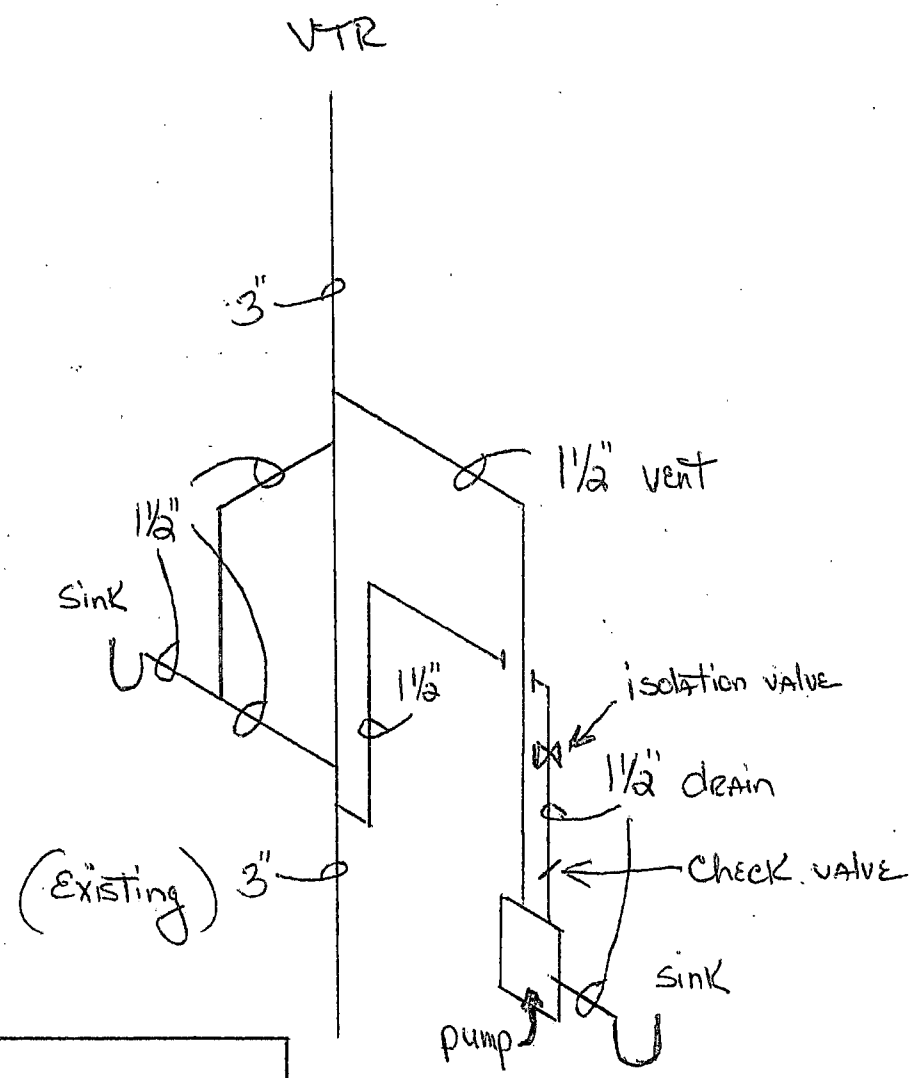
  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

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

- [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.



Job Location:

Chambers Bridge Rd. (Vetcore)
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Plumbing Contractor: Lic# 8773

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991 Grace Drive
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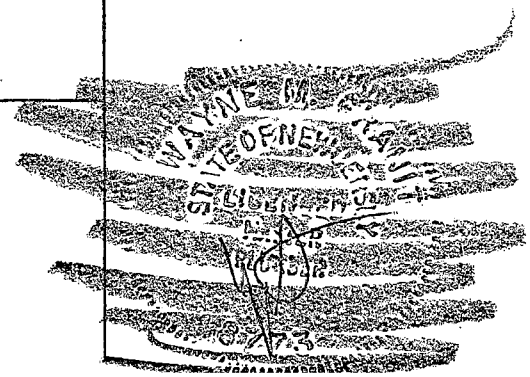


Liberty Pumps®

Model 404

Drain Pump
"Short Profile"

Bar sinks, laundry trays, dehumidifiers, utility sinks and gray wastewater drainage below gravity lines

1/3 hp
3/8" solids-handling

Factory pre-assembled, ready to install

- Fully automatic operation
- Short profile design for compact areas – only 11" tall
- Separate access cover for easy switch inspection (QuickTree®)
- Integrally molded rubber gasket for a superior gas-tight seal
- Standard alarm and Wi-Fi alarmed models available

3 Year Warranty

NightEye®
Wireless Enabled
Models Available

innovate. evolve.

MODEL 404
AUTOMATIC DRAIN PUMP

FEATURES:

- Compact design for tight areas.
- Factory pre-assembled.
- Fully automatic operation.
- QuickTree® technology allows quick inspection and removal of float switch without disconnecting the plumbing.
- Integrally molded rubber gaskets for a superior gas-tight seal.
- Oil-filled, hermetically sealed motor with thermal-overload protection; 10 ft., 3 wire power cord with grounded plug.
- Corrosion-resistant polyolefin basin with molded-in connections.
- Maintenance-free, permanently lubricated sealed bearings.
- 3/8" Solids-Handling

Maximum fluid temperature 104 degrees F continuous duty, 140 degrees F intermittent duty.
Not intended for use with chemicals.

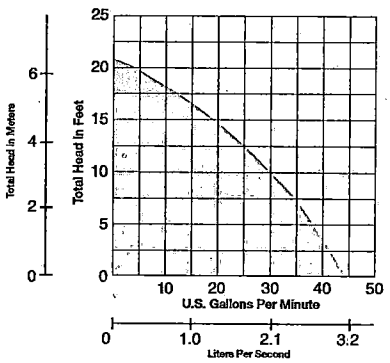
DIMENSIONAL DATA:

Weight: 13 LBS.
Height: 11-1/8"
Major Width: 13-3/4"
Total Basin Capacity: 4.3 Gallons

MOTOR SPECIFICATIONS:

1/3 hp.	60Hz
115V	3450 RPM
5.2a	Oil Filled, Thermally Protected

PERFORMANCE CURVE



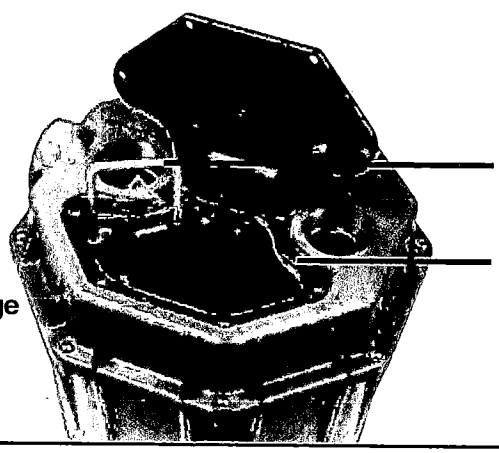
MODEL	HP	Volts	Discharge Inlet & Vent	Standard Alarm	NightEye® Wi-Fi Alarm	Check Valve Included
404	1/3	115	1-1/2"			
404CV	1/3	115	1-1/2"			X
404/A	1/3	115	1-1/2"	X		
404CV/A	1/3	115	1-1/2"	X		X
404/A-EYE	1/3	115	1-1/2"		X	
404CV/A-EYE	1/3	115	1-1/2"		X	X
404L	1/3	115	2"			

Alarmed models come with factory mounted alarm float in system. No assembly required. See Alarm literature for ALM-2 standard alarm or NightEye® Wi-Fi alarm for complete alarm specifications.

404CV models are CSA Certified to the UPC and IPC requirements of ASME A112.3.4 / CSA B45.9

APPLICATIONS:

- Laundry Trays
- Mop Sinks
- Bar Sinks
- Water Softener
- Dehumidifiers
- Wherever gray wastewater drainage is needed below gravity lines.



QuickTree® technology allows easy removal of float without disconnecting plumbing or pulling the pump.

Heavy-Duty integrally molded rubber gasket provides a superior seal. Meets 10' stack test requirements.

SSPMA CERTIFIED

CSA C PUMPS US

Specifications are subject to change without notice.

Liberty Pumps • 7000 Apple Tree Avenue • Bergen, New York 14416 • Phone 800-543-2550 Fax (585) 494-1839
www.libertypumps.com

OT AN
LECTRICIAN'S
R PLUMBER'S
CENSE

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs

HAS REGISTERED

ULTIMATE SERVICE
Michael DeDominicis
1854 Dino Blvd
Toms River NJ 08755

FOR PRACTICE IN NEW JERSEY AS A(N): Home Improvement Contractor

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Division of Consumer Affairs
HAS REGISTERED
ULTIMATE SERVICE
Home Improvement Contractor

NOT AN ELECTRICIANS OR PLUMBERS LICENSE
03/29/2018 TO 03/31/2019
VALID
SIGNATURE
13VH00557200
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

03/29/2018 TO 03/31/2019
VALID

13VH00557200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

PLEASE DETACH HERE

ULTIMATE SERVICE EXPIRATION DATE **2019**

YOUR LICENSE/REGISTRATION/CERTIFICATE NUMBER IS **13VH 00557200** . PLEASE USE IT IN ALL CORRESPONDENCE TO THE DIVISION OF CONSUMER AFFAIRS. USE THIS SECTION TO REPORT ADDRESS CHANGES. YOU ARE REQUIRED TO REPORT ANY ADDRESS CHANGES IMMEDIATELY TO THE ADDRESS NOTED BELOW.

Division of Consumer Affairs
P.O. Box 46016
Newark, NJ 07101

PRINT YOUR NEW **ADDRESS OF RECORD** BELOW.
YOUR ADDRESS OF RECORD IS THE ADDRESS THAT WILL PRINT ON YOUR LICENSE/REGISTRATION/CERTIFICATE AND IT MAY BE MADE AVAILABLE TO THE PUBLIC.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

PRINT YOUR NEW **MAILING ADDRESS** BELOW.
YOUR MAILING ADDRESS IS THE ADDRESS THAT WILL BE USED BY THE DIVISION OF CONSUMER AFFAIRS TO SEND YOU ALL CORRESPONDENCE.

HOME ☐
BUSINESS ☐

TELEPHONE
INCLUDE AREA CODE

If the law governing your profession requires the current license/registration/certificate to be displayed, it should be within reasonable proximity of your original license/registration/certificate at your principal office or place of business.

ULTIMATE CONSTRUCTION

ABOVE ALL CONTRACTORS

MICHAEL A. DEDOMINICIS INC.
TOMS RIVER NJ.
Phone 732-255-2190
Fax 732-255-4482
SEPTEMBER 18 2018

NJ. LICENSE # 13VH00557200
FULLY INSURED
MEMBER
BETTER BUSINESS
BUREAU

ATTENTION: RICHARD ORLANDO

249 CHAMBERS BRIDGE RD BRICK PERMIT CONTROLL NUMBER C-18-002853

WE WILL BE ADDING TWO CARBON MONOXIDE DETECTORS ONE TO THE FRONT OF THE UNITS COMMON AREA AND ONE TO THE REAR COMMON AREA BY THE GAS FIRED FURNACE AND WATER HEATER.

THANK YOU.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Monday, August 27, 2018

To: TAFF, R TRUST & SILVI, S
1859 DINO BLVD
TOMS RIVER, NJ 08755

RE: Fire Subcode
Block: 702 Lot: 11 Qual:
249 CHAMBERS BRIDGE RD.
Permit Number: Control Number: C-18-002835
Last Submit Date: Monday, August 27, 2018

RESUBMIT CW
SUBCODES F
DATES 9/18/18

Dear TAFF, R TRUST & SILVI, S,

Your request is hereby denied based upon the following infractions.

Need to meet UCC Rehab Subcode subchapter 6 for Carbon Monoxide Alarms.

Sincerely,

Richard Orlando, Subcode Official

CC:

Submit to Fire after Building

RECEIVING CLERK: MP
DATE REC'D: 7/26/18

ZONING PERMIT APPLICATION

PERMIT #: _____
DATE ISSUED: _____

BLOCK: ~~6~~ 702 LOT: ~~7~~ 11 QUALIFIER: — SITE ADDRESS: 249 Chambers Bridge Unit 3 3rd from west side

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Silvio Silvi & Robert TAFT TRUST
   COMPLETE ADDRESS: 1854 Dino Blvd. Toms River NJ 08755
   PHONE [redacted]. EMAIL: _____
2. NAME OF APPLICANT: Michael A DeDominicis INC
   APPLICANT ADDRESS: 1854 Dino Blvd Toms River NJ 08755
   PHONE #: 732 773-3860 EMAIL: ULTIMATEConstructionNJ@Yahoo.com
3. RESPONSIBLE PERSON FOR WORK: Michael DeDominicis
   PHONE# 732-773-3860 FAX# 732-255-4482
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: MUSIC OFFICE/STORE
PROPOSED USE: VET OFFICE

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: Interior Tenant Fit-out For Veterinarian Office

ZONING REVIEW:
DATE REVIEWED: 8-3-18 DATE DENIED: _____ DATE APPROVED: _____ INTLS: 8-3-18

(SEE BACK PAGE)

OFFICE USE ONLY

ZONING REVIEW:

DATE REVIEWED: 8/6/18 DATE DENIED: — DATE APPROVED: 8/6/18 INTLS: SGZ

DATE:	COMMENTS:	INITIALS:
8/6/18	SENT TO Owner	SGZ

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1336

Date Issued: 10/5/18
Application Number: ZA-18-00937
Application Date: 7/30/2018
Project Number:
Permit Number: ZP-18-01152
Fee: $75.00

Zoning Permit

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

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

Applicant: **Michael Redominics, Inc.**
Address: **1854 Dino Blvd**
Toms River , NJ 08755

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

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

Present Use: **Music/Art Studio**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical Offices (Bricktown Veterinary Hospital)**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from a music store/studio to a veterinary hopsital.

Additional Zoning Permit is required for additional work or signage.

Condition: All business operations are restricted to the interior of the unit.

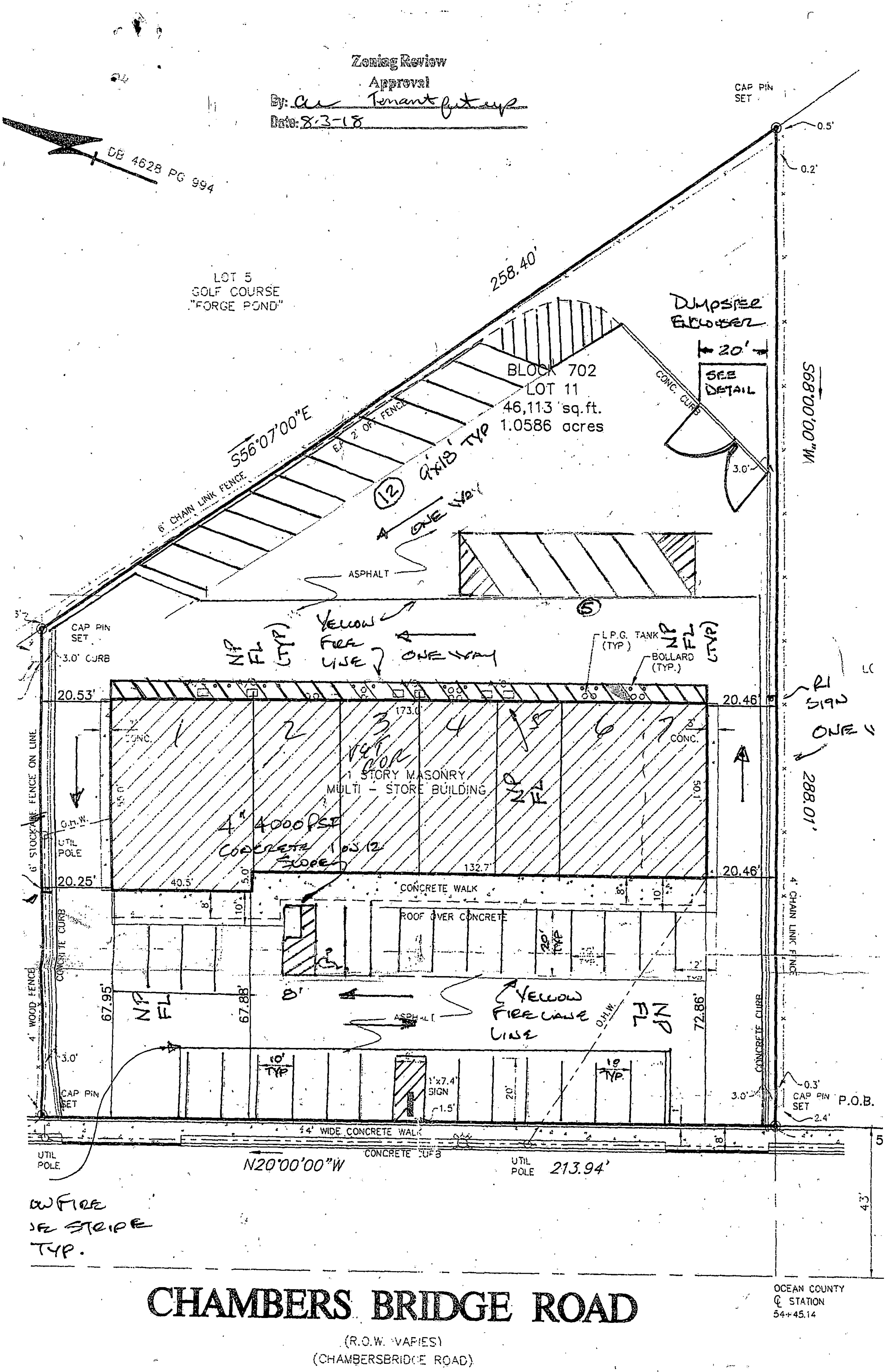
Application Approved Date: 8/3/2018

Upon review it was determined that the Zoning Permit:

☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Assistant Zoning Officer — 8/3/2018 Date

Sean Kinnevy, Zoning Officer — 8/6/18 **Date**



Zoning Review
Approval
By: [signature] Tenant fit-up
Date: 8-3-18
DB 4628 PG 994
CAP PIN SET
0.5'
0.2'
LOT 5
GOLF COURSE
"FORGE POND"
258.40'
DUMPSTER ENCLOSURE
20'
SEE DETAIL
BLOCK 702
LOT 11
46,113 sq.ft.
1.0586 acres
CONC. CURB
S56°07'00"E
EA 2' OFF FENCE
9'x18' TYP
12
6' CHAIN LINK FENCE
ONE WAY
3.0'
S68°00'00"W
ASPHALT
5
YELLOW FIRE LINE
ONE WAY
NP FL (TYP)
L.P.G. TANK (TYP)
BOLLARD (TYP.)
R1 SIGN
ONE W
3.0' CURB
20.53'
20.46'
173.0'
1 STORY MASONRY
MULTI - STORE BUILDING
CONC.
4" 4000 PSI CONCRETE 1 ON 12 SLOPE
NP FL
288.01'
6' STOCKADE FENCE ON LINE
O.H.W.
UTIL POLE
132.7'
50.1'
20.25'
40.5'
20.46'
CONCRETE WALK
ROOF OVER CONCRETE
4' CHAIN LINK FENCE
CONCRETE CURB
20' TYP
4' WOOD FENCE
67.95'
67.88'
72.86'
ASPHALT
YELLOW FIRE LANE LINE
O.H.W.
10' TYP
10' TYP
1'x7.4' SIGN
1.5'
20'
CAP PIN SET
3.0'
0.3'
2.4'
P.O.B.
4' WIDE CONCRETE WALK
CONCRETE CURB
UTIL POLE
N20°00'00"W
213.94'
43'
OW FIRE
NE STRIPE
TYP.
CHAMBERS BRIDGE ROAD
(R.O.W. VARIES)
(CHAMBERSBRIDGE ROAD)
OCEAN COUNTY
℄ STATION
54+45.14

NP = No Parking
FL = Fire Lane
R1 = Do Not Enter

NOTES:

1. ALSO BEING KNOWN AS LOT 11 IN BLOCK 702 AS SHOWN ON THE OFFICIAL TAX MAP OF THE TOWNSHIP OF BRICK, COUNTY OF OCEAN AND STATE OF NEW JERSEY.
2. THE PREMISES ARE COMMONLY KNOWN AS 249 CHAMBERS BRIDGE ROAD, BRICK, NEW JERSEY.
3. CORNERS MARKERS SET AND STAKED.
4. UNDERGROUND UTILITIES NOT LOCATED BY THIS SURVEY.

THIS SURVEY IS CERTIFIED ONLY TO:

- ROBERT H. TAFF & SILVIO M. SILVI
- FIRST UNION NATIONAL BANK, ITS SUCCESSORS AND/OR ASSIGNS AS THEIR INTEREST MAY APPEAR
- GENERAL LAND ABSTRACT COMPANY
- FIRST AMERICAN TITLE INSURANCE COMPANY
- LAW OFFICES OF ROBERT H. TAFF, ESQ.

RWP

Ronald W. Post Surveying, Inc.
Professional Land Surveying and Planning
1792 Hinds Road, Toms River, NJ, 08753
Phone:(732)-255-9050 Fax:(732)-255-9196

Ronald W. Post
Professional Land Surveyor N.J. Lic. 28534
Professional Planner N.J. Lic. 02940

Steven D. Parent
Professional Land Surveyor N.J. Lic. 36269

7-21-98
date.

SURVI

LOT

OCEAN C

This survey subject to any easement of record and other pertinent facts which an exhaustive title search might disclose. Environmentally sensitive areas, if any, are not located by this survey. No attempt was made to determine if any portion of this property is claimed by the State of New Jersey as tideland. No liability is assumed by the certifying Surveyor for the use of this survey by any party not shown on the certifications hereon or for the use of survey with survey affidavit.

Scale 1"=30'

S.E

FICIAL TAX MAP OF
Y.
AD, BRICK, NEW

RWP

Ronald W. Post Surveying, Inc.
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Phone:(732)-255-9050 Fax:(732)-255-9196

SURVEY OF PROPERTY

LOT 11 BLOCK 702

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

Ronald W. Post
Professional Land Surveyor N.J. Lic. 28584
Professional Planner N.J. Lic. 02940

Steven D. Parent
Professional Land Surveyor N.J. Lic. 36269

7-21-98
date

This survey subject to any easement of record and other pertinent facts which an accurate title search might disclose. Environmentally sensitive areas, if any, are not located by this survey. No attempt was made to determine if any portion of this property is claimed by the State of New Jersey as Riparian. No liability is assumed by the certifying Surveyor for the use of this survey by any party not shown on the certifications hereon or for the use of survey with survey affidavit.

Scale	Dr.	Chk.	Date	Job. No.
1"=30'	S.E.M.	SDP	7/21/98	98-18493

Code of the Township of Brick

§ 245-29 Plot plans and as-built survey.
[Added 12-28-1980 by Ord. No. 354-2P-80; amended 6-12-1984 by Ord. No. 354-2XX-84; 3-23-1999 by Ord. No. 354-2C-99; 6-8-1999 by Ord. No. 354-2D-99; 6-25-2002 by Ord. No. 354-2F-02]

A. Four signed and sealed copies of individual plot plans shall be submitted to the Township Construction Official to accompany any permit applications for new residential/commercial construction, major renovations regarding existing property, and for the construction of pools. The individual plot plan shall be utilized to review the project for adequate drainage and grading and compliance to all applicable Township standards.

B. The Township Engineer will review the submitted documents and either disapprove or approve the submitted plot plan. The applicant will be notified if any revisions are required. (All plot plan review checklists will be copies to the Construction Official).

C. The Construction Official shall not issue a construction permit until the Township Engineer approves the proposed individual plot plan.

D. Each individual plot plan shall be drawn to a scale (not less than one inch equals 50 feet), signed and sealed by a professional, as defined in N.J.S.A. 13:40-7.3, licensed to practice in the State of New Jersey, and shall be no smaller than 8 1/2 inches by 14 inches.
[Amended 8-8-2006 by Ord. No. 26-06]

E. Individual plot plans should include the following information:
(1) Bearing and distances.
(2) North arrow; written and graphic scale.
(3) Existing/proposed easement and dedications.
(4) Existing/proposed building dimensions; pool dimensions.
(5) Existing/proposed sidewalks, driveways, and retaining walls.
(6) Building envelope graphically depicting and dimensioning zoning setback requirements and/or setbacks approved by the Board, if applicable.
(7) Street name, right-of-way width, pavement width and composition of the street(s) fronting the lot.
(8) The title block on the plot plan which must include the property address, the block and lot number of the property in question and the name of the applicant.
(9) Limits of clearing and soil disturbance.
(10) Existing trees to be protected and remain.
(11) Location of wetlands and/or any other environmental constraints to the property. If there are no wetlands, then a note should be added to the plan stating that no wetlands exists on the subject property.

(12) Sufficient street elevations including center line, gutter and top of curb (if applicable); existing and proposed lot elevations to include, at a minimum, property corners, midpoints of property lines, building comers and center of lot; the finished first floor, basement and garage

floor elevations of the proposed structure; top of pool and sidewalk elevations; and adjacent dwellings, corner elevations, and topography within 25 feet of property lines. All elevations shall be according to the NGVD (National Geodetic Vertical Datum) and the source of datum so noted. Any specific circumstances for which elevation requirements cannot be met will be subject to review by the Township Engineer and Construction Official on a case-by-case basis. Under no circumstances shall individual lots be graded in such a manner as to redirect stormwater runoff onto an adjacent and/or downstream property or disturb or change the existing drainage patterns of an adjacent lot. Drainage flow arrows shall be provided to clearly depict the directions of stormwater runoff. No grading or the creation of sump conditions shall be permitted on adjacent lot(s) unless permission has been specifically granted, in writing, by the owner of said adjacent lot(s).

(13) Location of any storm drainage pipes within 25 feet of the property including pipe size, grade, and invert.

(14) Lot grading which shall be designed to provide positive runoff with grades at a minimum slope of 1.5%.

(15) Other items that may be required by the Township Engineer for proper construction of the site.

F. Plot plans of Board approved projects shall match approved subdivision/site plans.
G. If a basement is proposed, a subsurface soil investigation certified by a licensed engineer shall be submitted with the plot plan.
H. The applicant shall submit a foundation survey prior to an inspection of the foundation for approval and backfilling. This survey shall include the location of the foundation. If the as-built survey establishes locations or elevations different from those submitted in the plot plan, changes in the proposed grading shall be noted.
I. The applicant shall submit a final as-built survey, for new residential/commercial construction signed and sealed by a professional engineer or land surveyor prior to requesting a final certificate of occupancy (CO) inspection from the Township Engineer. An as-built survey of a swimming pool may be required at the discretion of the Township Engineer.
J. A final inspection for a swimming pool is required from the Engineering Department prior to issuance of a certificate of occupancy.
K. Exemption from the requirements of this section for an addition or a pool requires the approval of the Township Engineer, said exemption to be contingent upon:
(1) Proof that the subject addition is not in a flood hazard zone.
(2) A survey locating the existing dwelling and showing the proposed improvements.
(3) A site inspection by the Brick Township engineering inspector to verify that the proposed addition will not create drainage problems.

Code of the Township of Brick / Chapter 245, Section 245-3
Height Definitions

BUILDING HEIGHT For purposes of calculating building height including building eave height, building mean height and building ridge/peak height as used in this article, measurements shall be determined for all measurement purposes from a base reference point using either the average established grade plane or from elevation 0 in the N.A.V.D. 1988. The average adjacent grade plane is a reference plane representing the average of finished ground level adjoining the building at all exterior walls. Where the finished ground level slopes away from the exterior walls, the reference plane shall be established by the lowest points within the area between the building and the lot line or, where the lot line is more than six feet from the building, between the building and a point six feet from the building. Unnatural and/or structural alterations to the topography of a property to achieve a greater peak elevation of a structure shall not be permitted. [Amended 3-25-2003 by Ord. No. 354-2D-03; 10-21-2014 by Ord. No. 30-14; 2-3-2015 by Ord. No. 3-15]

BUILDING EAVES HEIGHT The vertical distance from the base reference point to the lowest point of the roof for gable, hip gambrel, mansard and flat roofs which in no event shall exceed:
[Added 3-25-2003 by Ord. No. 354-2D-03; amended 10-21-2014 by Ord. No. 30-14; 2-3-2015 by Ord. No. 3-15]
A. 26 feet above the established average adjacent grade plane; or
B. Elevation 32 feet in the N.A.V.D. 1988.

BUILDING MEAN HEIGHT The vertical distance from the base reference point to the highest point of the roof for flat roofs, to the deckline for mansard roofs, and to the mean height between eaves and ridge for gable, hip and gambrel roofs, which in no event shall exceed:
[Added 10-21-2014 by Ord. No. 30-14; amended 2-3-2015 by Ord. No. 3-15]
A. 35 feet above the established average adjacent grade plane; or
B. Elevation 41 feet in the N.A.V.D. 1988

BUILDING RIDGE HEIGHT The vertical distance from grade plane to the highest point of the roof, excluding cupolas or chimneys, for gable, hip and gambrel roofs but in no event exceeding the height limitations of Part 2, Zoning, in this chapter. The grade plane is a reference plane representing the average of finished ground level adjoining the building at all exterior walls. Where the finished ground level slopes away from the exterior walls, the reference plane shall be established by the lowest points within the area between the building and the lot line or where the lot line is more than six feet from the building, between the building and a point six feet from the building.
[Added 3-25-2003 by Ord. No. 354-2D-03]
BUILDING RIDGE/PEAK HEIGHT The vertical distance from the base reference point to the highest point of the roof for gable, hip and gambrel roofs, which in no event shall exceed:
[Added 10-21-2014 by Ord. No. 30-14; amended 2-3-2015 by Ord. No. 3-15]

A. 38.5 feet above the established average adjacent grade plane; or
B. Elevation 45 feet in the N.A.V.D. 1988.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 249 chambers. Bridge Unit 3
3rd from west side

BLOCK: @ 702 **LOT:** ~~@~~ 11

CONTRACTOR: Michael DeDominicis INC

CONTRACTOR'S ADDRESS: 1854 Dino Blvd. Toms River
NJ-08755

Type of Construction(minor, new home): New tennent Fit out

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

Party responsible for removal: Michael DeDominicis INC

Dumpster Size: Dump Trailer Company owned.

Destination of Debris: MALZA.

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

7/25/18
Date

Michael DeDominicis
Print Name

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: # 1102 LOT: 11 ~~32~~ ADDRESS: 249 Chambers Bridge Unit 3 3rd from west side

IDENTIFICATION:

1. WORK SITE ADDRESS: 249 Chambers Bridge Rd Unit #3
2. NAME OF OWNER IN FEE: Silvio Silvi & Robert TAFT TRUST
   ADDRESS: 1854 Dino Blvd PHONE #: [redacted]
   Toms River NJ 08755 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Michael DeDominicis Inc
   ADDRESS: 1854 Dino Blvd PHONE #: (732) 773-3860
   Toms River NJ 08755 FAX #: (732) 255-4482
4. ARCHITECT OR ENGINEER: Allen Bonsr.
   ADDRESS: 1792 Hinds Rd. PHONE: # (732) 255-2713
   Toms River NJ 08753
5. RESPONSIBLE PERSON FOR WORK: Michael DeDominicis
   ADDRESS: 1854 Dino Blvd. Toms River NJ 08755

PHONE #: (732) 255-2140 FAX #: (732) 255-4482 E-MAIL: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

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: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☒ OTHER Interior. Tenant Fit-out for Veterinarian office

LENGTH: 20 WIDTH: 45 HEIGHT: 9'

ENGINEERING REVIEW:

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

Township of Brick

ENGINEERING PLOT PLAN REIVEW
CHECKLIST

BLOCK 11 LOT 702 DATE RECEIVED _____

PROPERTY ADDRESS 249 Chambord Bridge Unit 3 3rd from weir side

APPLICANT ~~Michael~~ Silvio Silvestroni TRUST PHONE [redacted]

ADDRESS 1859 Dino Blvd - Toms River NJ- 08755

CONTRACTOR Michael DeDominicis PHONE 732-684-7207

ADDRESS 1854 Dino Blvd - Toms River NJ- 08755

TYPE OF WORK Tenant fit out for Veterinarian ZONING APPROVAL _____

FLOOD ZONE NO FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES_____ NO _____

	THE FOLLOWING IS FOR OFFICE USE ONLY:	YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED			
2	SCALE NOT LESS THAN 1"=50'			
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)			
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS			
6	CONTOURS 1' INCREMENTS			
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8	PROPOSED GRADING & ELEVATIONS			
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION			
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS			
11	METHOD OF DRAINAGE			
12	NORTH ARROW			
13	DRIVEWAY WIDTH & TYPE			
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER			
16	SIDEWALK/CURB & APRONS			
17	PARKING AREAS			
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC			
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS			
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21	LIMITS OF CLEARING			
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTAINTS			
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____