Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

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- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers.
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 702 LOT 11 QUALIFICATION CODE _____ ADDRESS (SITE) 249 Chambeas Bridge PERMIT NO. 20-2420

CONSTRUCTION PERMIT APPLICATION C20-00292 #2

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 249 Chambeas Bridge Rd Unit
2. Name of Owner in Fee: Silvio M Silvi
   [redacted] e-mail _____
   Address 1859 Dino Blvd. Toms River NJ 08755
   street municipality zip code
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Michael A DeDominicis Inc Tel. 732-773-3860
   Address [redacted] e-mail Ultimate Construction NJ@yahoo.com
   1854 Dino Blvd. Toms River NJ 08755
   License No. OR, if new home, Builder Reg. No. 13VH00557200 Exp. Date 3/31/21
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. 203 252 274 1000 FAX: 732-255-4482
5. Architect or Engineer Allan Borst. Contact Allan
   Address 2494 Moore Rd Toms River NJ e-mail _____
   Tel. 732-255-2713 FAX: _____
6. Responsible Person in Charge once Work has Begun Michael A DeDominicis
   Tel. 732-773-3860 FAX: 732-255-4482

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 250-		
2. Electrical	150-		
3. Plumbing	150-	150-	
4. Fire Protection	110-	105-	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	$ 9-	1-	
10. Subtotal	9-		
11. Cert. of Occupancy	150-		
12. Other			
13. TOTAL	$ 918		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories 2
2. Height of Structure NP 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 9
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 _____

COMMERCIAL

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					10/08/20	MEM			
☒ Electrical			9/9/20		9-14-20	MM			
☐ Plumbing			9/20/20		10-6-20				
☐ Fire Protection					9/15/20				
☐ Elevator		ENG	9/10/2020		9/10/2020	KJD			
TOTAL COST	$0								

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: Dog groomer
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

GROOMING BY J-LYNN

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/14/2020
Control Number C-20-002792
Permit Number 20-2420
Permit Issue Date 10/09/2020
Certificate Number 20-2420

Certificate

Construction Code Division
(Certificate of Occupancy)

Identification

Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ 08723 Block: 702 Lot: 11 Qual:

Owner in Fee: SILVI, SILVIO M

Owner Address: 1859 DINO BOULEVARD TOMS RIVER NJ 08755

Telephone: [redacted]

Contractor [redacted] INC

Address 1854 Dino Blvd TOMS RIVER NJ 08755

Telephone: (732) 773-3860 Fax: Federal Emp. Number: 13-8785120

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - - GROOMING BY J-LYNN

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: 1002
Collected By: Christopher Winters

Date Printed: 12/14/2020

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

APPLICATION FOR CERTIFICATE

Date Received	08/31/2020
Date Permit Issued	10/09/2020
Control #	C-20-002792
Permit #	20-2420
Date Issued	12/14/2020

IDENTIFICATION

Block 702 Lot 11 Qualifier

Work Site Location 249 CHAMBERS BRIDGE RD. Brick Township, NJ 08723

Owner in Fee SILVI, SILVIO M
1859 DINO BOULEVARD TOMS RIVER NJ 08755

Telephone [redacted]

Contractor MICHAEL DEDOMINICS INC
Address 1854 Dino Blvd TOMS RIVER NJ 08755

Telephone (732) 773-3860
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 Previous B Current

FINAL COST OF CONSTRUCTION: $ 10501
(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 - GROOMING BY J-LYNN

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: Jaimie Beeder
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 12/10/2020 MFF OK Per MUA on 12/14/2020 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)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 10/9/20

Date Issued / Permit # 20-2420

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

Block 102 Lot 11 Qualification Code

Work Site Location 249 Chambeal Bridge Unit 2
Grooming By J-LYNN

Owner in Fee: Silvio M Silvi

Tel. [redacted]

Address 1859 Dino Blvd Toms River NJ 08755
street municipality zip code

Contractor: Michael A DeDominicis INC Tel. 732-773-3860

Address 1854 Dino Blvd e-mail UltimateConstruction NJ@yahoo.com
Toms River NJ 08755

Contractor License No. or Builder Registration No. Exp. Date 3/31/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 203 252 274/000 FAX: 732-773-3860

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 10/08/20 — MCK
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 10/08/20
Approved by: MCK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 12/04/20
Approved by: MCK

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	X 10/22/20	& Sound Ins.	10/22/20	MK
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final			12-3-20	MK
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 $ 5000
3. Total (1+ 2) $ _____

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: Michael A DeDominicis

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up

COMMERCIAL

TYPE OF WORK:

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

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 10/9/20

Date Issued / Permit # 20-2480

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

Block 102 Lot 11 Qualification Code

Work Site Location 249 Chambers Bridge Rd

Owner in Fee: Silvio M Silva

Tel. [redacted] e-mail

Address 1859 Vino Blvd (street) Toms River (municipality) NJ 08755 (zip code)

Contractor: CA Electric Tel. (732) 768-5555

Address 573 Karen Ln e-mail BillFraser81@Gmail.com

Brick NJ 08724

Contractor License No. 17934 Exp. Date 3-31-2021

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

Federal Emp. ID No. 473-467-507 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 1,500

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: [signature]

Print name here: William Fraser

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: fitout renovation

COMMERCIAL

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
4		Receptacles	
1		Switches	
1		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency/Ext. Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
1	5.2	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:

[X] Electric Plans Approved

Date: 10-14-2020 Approved by: VW

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-14-2020

Approved by: VW

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12-14-2020

Approved by: VW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough	10/23/20		10-27-20	VW
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final	12-4-20		12-4-20	VW
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

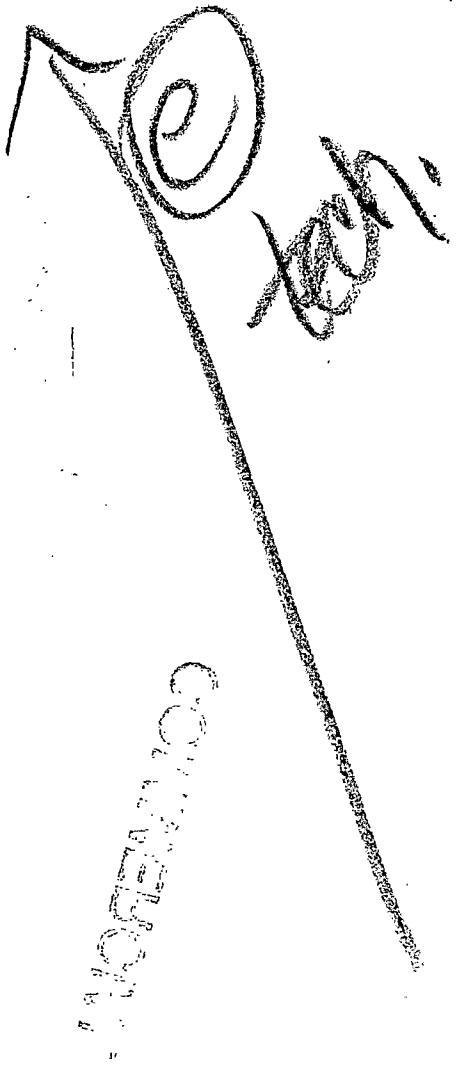
Date of Grounding and Bonding Certification

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

To reorder call: ALLEGRA Marketing • Print • Mail (609) 390-1400

10/23/20
STill on progress
NOT Ready will stop back @end?

12-4-20
Need to Put Cover/Surface mount on
wall no Accessible



PLUMBING SUBCODE
TECHNICAL SECTION

Update +A

Date Received / Control # 11/23/2020

Date Issued / Permit # 20-2420 +A

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

Owner in Fee: Silvio Silvi

Tel [redacted] e-mail

Address 249 Chambers Bridge
street municipality zip code

Contractor: Nielson plumbing Tel.

Address 241 cherry Quay Rd e-mail RonNielson@Verizon.net
BRICK NJ

Contractor License No. 15854466 Exp. Date 6/21

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 500

10-30-2020

MFF

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Plumbing Plans Approved
Date: 11-17-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 11-17-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 12-11-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	~~12-3-20~~		~~12-3-20~~ 12-11-20	

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: RONALD NIELSON

[ ] Licensed Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

GAS Dryer

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
1	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	$

* Hair Baskets in sinks

U.C.C. F130 (rev. 10/17)

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

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/9/20
Control #
Date Issued
Permit # 20-2420

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

Block 102 Lot 11 Qualification Code

Work Site Location 249 chambers BRIDGE Rd UNIT 2

Owner in Fee: Silvio M Silvi

Tel. [redacted] e-mail

Address 1839 DINO Blvd. TOMS River NJ 08755
street municipality zip code

Contractor: Nielsen Plumbing Tel. (732) 859 9663

Address 241 Cherry Quay Rd. e-mail RonaldNielsen@Verizon.net

Contractor License No. 8568 Exp. Date 6/21

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

Federal Emp. ID No. 275279472 FAX: (732) 920 1559

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 4,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[X] ~~Plans Required~~ APPROVED

Joint Plan Review Required

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 12-11-20

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			10-28-20	WM
Rough			10-27-20	
Gas Piping				
Sewer				
Water				
Gas Equipment				
Other				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO Final			12-10-20	

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

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

COMMERCIAL

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

C. CERTIFICATION IN LIEU OF OATH

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

* Test shower ✓ when in

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev. 12/05)
Internet version

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

Former Divas Salon — Grooming by V-Lynn

FIRE PROTECTION SUBCODE
TECHNICAL SECTION B

928 Sqft
9 occupants
(8/28/20 Joke)

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 10/1/20
Control #
Date Issued
Permit # 20-24100

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 Rd Unit 2

Owner in Fee: Silvio M Silvi

Tel. [redacted] e-mail

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

Contractor: CN Electric Tel. ( )

Address 573 Karen Ln e-mail BillFraser81@Gmail.com

Brick NJ 08724

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

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

Fire Alarm Contractor No. 17934 Exp. Date 3-31-2021

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

Federal Emp. ID No. 473-467-507 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

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:

Total Cost of Fire Protection Work $

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 sign/Contractor sign and seal here:

Print name here: William Fraser

[✓] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Sit out Renovation

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		$
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
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: 9/15/20 Approved by: JC

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 9-15-2020

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/4/20

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/4/20	GD
Other				

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

Brick Township

CORRECTION NOTICE

ADDRESS 249 Chambers Rd

PERMIT NUMBER 20-3420 BLOCK _____ LOT _____

~~OWNER~~ Frame

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

(1) Walls need to Tie To Existing Rafters not To Suspended Ceiling

(2) Need to Adress Sewer mold at Rear wall High Water on Plans

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

DATE 10/28/20 INSPECTOR [signature]

Grooming by J-Lynn 928 86 77 Update + A

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 11/23/2020

Date Issued Permit # 20-2420 + A

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

Owner in Fee: Silvio Silvi

Ti [redacted] e-mail

Address 249 Chambers Bridge

Contractor: Ultimate Construction Tel. (732) 773-3860

Address 1854 Dino Blvd e-mail UltimateConstruction NJ@yahoo.com

Toms River NJ.

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 1

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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 sign/Contractor sign and seal here: Michael DeAmmo

Print name here: Michael DeAmmo

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

DESCRIPTION OF WORK:

Water Supply Source GAS Dryon

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 [X] Gas [ ] Oil [ ] Solid	1	$81
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

No Flex Pipe

10-30-2020

MFF

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

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

SUBCODE APPROVAL for PERMIT

Date: 11/16/20

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/4/20

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			12/4/20	LSD
Other				

U.C.C. F140 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

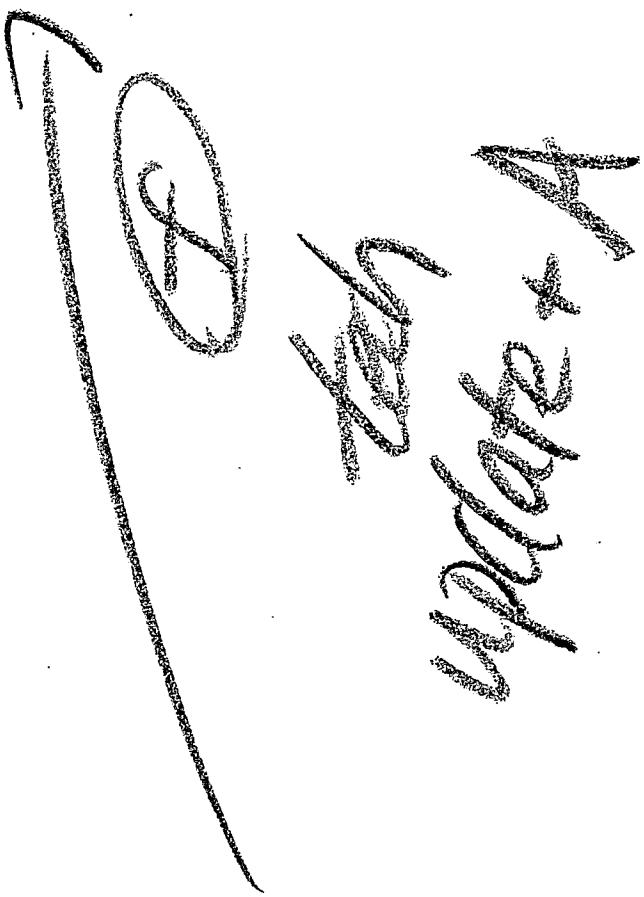
Ref. No: G 277406551 Reorder call: (732) 534-3000

BUS

Jamie Reedy

731-859-5862 cell

1 24C5C



Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Monday, December 14, 2020 9:00 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 249 CHAMBERS BRIDGE RD

Hi Matt. We were out there & they are ok to C/O.

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

PERMIT UPDATE

Date Update Issued 11/23/2020
Control # C-20-002792+A
Permit # 20-2420+A

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ 08723
Owner in Fee SILVI, SILVIO M
1859 DINO BOULEVARD TOMS RIVER NJ 08755
Telephone: [redacted]

Contractor MICHAEL DEDOMINICS INC
Address 1854 Dino Blvd TOMS RIVER NJ 08755
Telephone: (732) 773-3860
Lic. No. or Bldrs. Reg. No. 13VH00557200
Federal Employee. No. 13-8785120

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
TENANT FIT UP - GROOMING BY J-LYNN ...UPDATE +A - GAS DRYER

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 $501

D. Newman 11/20/20
Construction Official Date

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

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$150
Fire Protection	$125
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$276
Check No.	1006
Cash	$0
Credit	$0
Collected By	M. Vargas

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

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

☑ Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

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

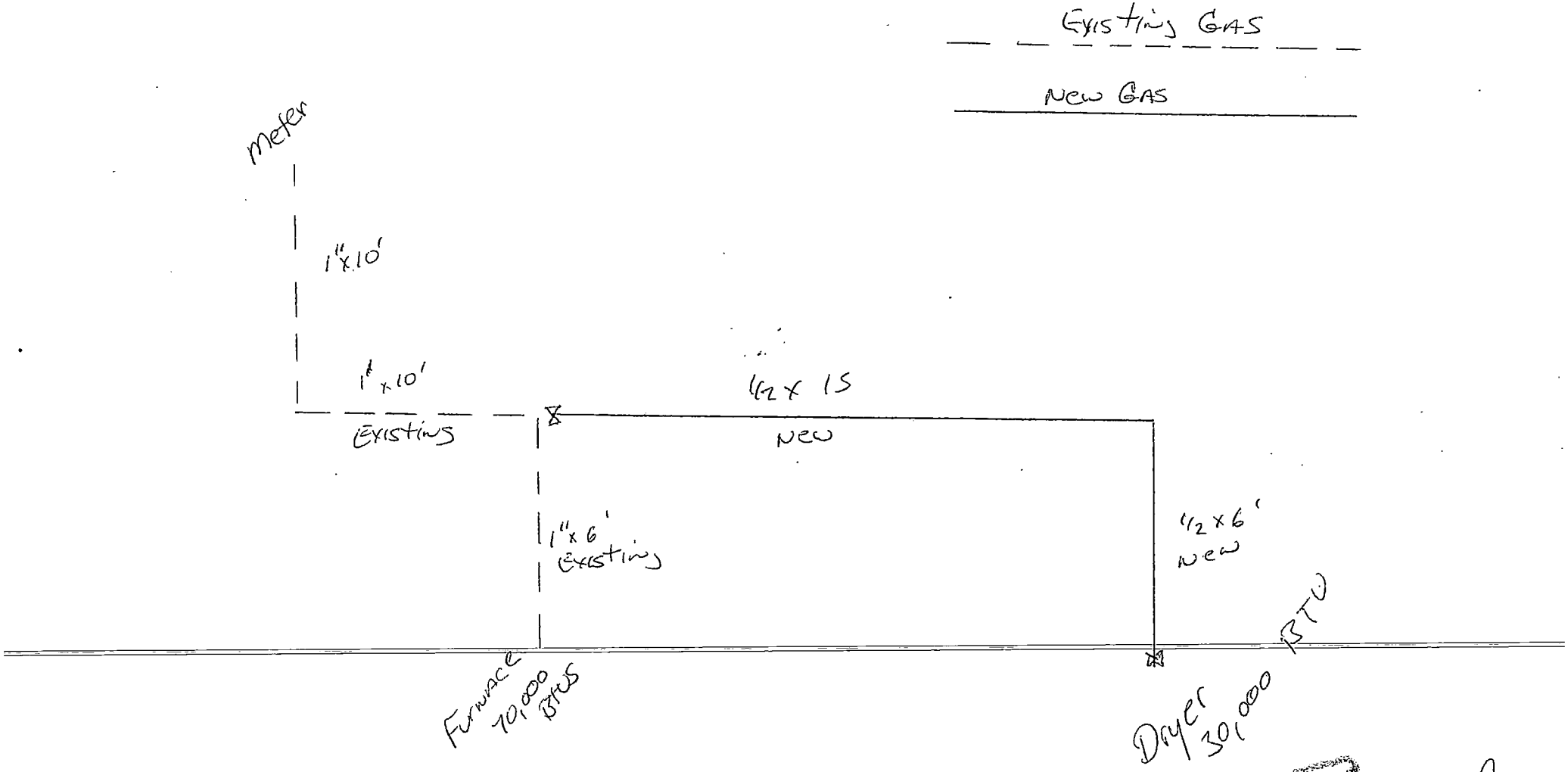
☐ Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

☑ A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

☑ A complete copy of released plans must be kept on the job site.

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

Gas Riser



FILE COPY

PLUMBING
NOV 12 2020
APPROVED

CONSTRUCTION PERMIT

Date Issued 10/9/20
Control # C-20-002792
Permit # 20-2480

IDENTIFICATION Block: 702 Lot: 11 Qualifier
Work Site Location: 249 CHAMBERS BRIDGE RD. Brick Township, NJ 08723
Owner in Fee SILVI, SILVIO M
1859 DINO BOULEVARD TOMS RIVER NJ 08755
Telephone: [redacted]

Contractor MICHAEL DEDOMINICS INC
Address 1854 Dino Blvd TOMS RIVER NJ 08755
Telephone: (732) 773-3860
Lic. No. or Bldrs. Reg. No. 13VH00557200
Federal Employee. No. 13-8785120

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 - GROOMING BY J-LYNN

PAYMENTS (Office Use Only)

Building	$250
Electrical	$150
Plumbing	$150
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	$150.00
Other	$0
Total	$837
Check No.	1001
Cash	$0
Credit	$0
Collected By	[illegible]

475
112

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 $10,501

D. Neudman Jr. 10/12/20
Construction Official Date

U.C.C. F170
equiv (rev 1/04)
1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

BUILDING $250.00
ELECTRIC $150.00
PLUMBING $150.00
FIRE $116.00
$21.00
C/O $150.00
$79.00
TOTAL $837.00

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.

- [x] 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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-20-01143
DATE ISSUED 10/9/20

BLOCK: 702 LOT: 11 QUALIFIER: _____ SITE ADDRESS: 249 Chambers Bridge

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Silvio M Silvi
COMPLETE ADDRESS: 1859 Dino Blvd
Toms River NJ 08755

PHONE [redacted] EMAIL: _____

2. NAME OF APPLICANT: Grooming by J-Lynn
APPLICANT ADDRESS: 12 Sutton Pl Brick NJ.
08724

PHONE # 732-859-5862 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: Michael A DeDominicis
PHONE# 732-773-3860 FAX# 732-255-0482

4. SIGNATURE OF APPLICANT: X [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: DIVAS SALON
EXISTING USE: [illegible]
PROPOSED USE: Grooming by J-Lynn

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: 9-8-20 DATE DENIED: _____ DATE APPROVED: 9-8-20 INTLS: CL

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Four (4) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued: 10/9/20
Application Number: ZA-20-01081
Application Date: 9/1/2020
Project Number:
Permit Number: ZP-20-01143
Fee: $75.00

Zoning Permit

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

Owner: **SILVI, SILVIO M**
Address: **1859 DINO BOULEVARD**
TOMS RIVER, NJ 08755

Applicant: **Grooming by J-Lynn**
Address: **12 Sutton Dr.**
Brick , NJ 08724

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: **Dance Studio**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Dog Grooming Grooming By J-Lynn**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from Divas Salon to "Grooming By J-Lynn."

Additional Zoning Permit is required for additional work or signage.

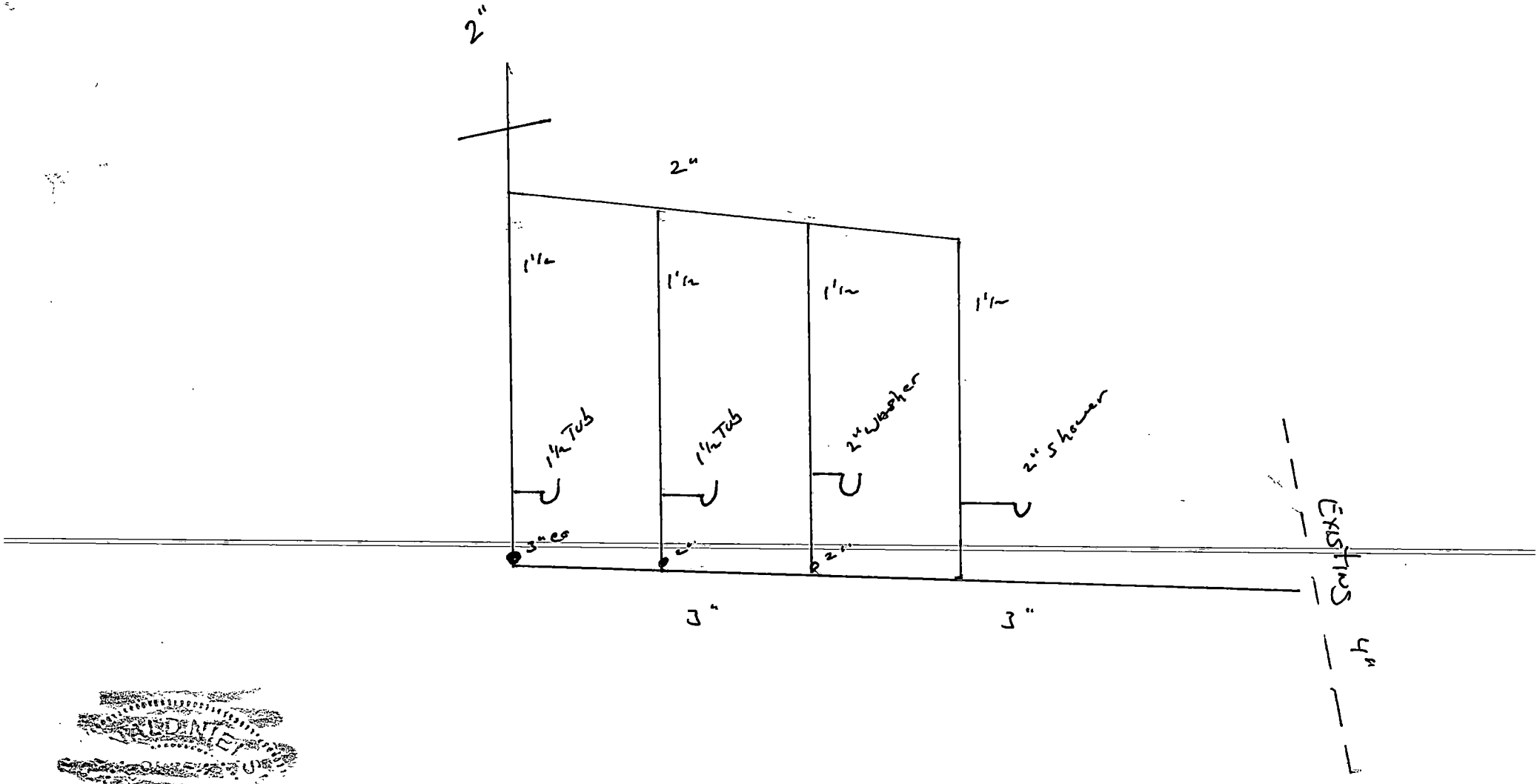
Application Approved Date: 9/8/2020

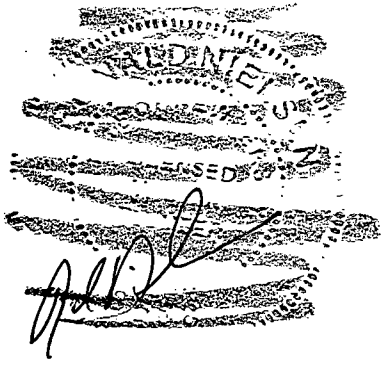
Upon review it was determined that the Zoning Permit:

☑ 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, Zoning Officer

9/8/2020
Date


2"
2"
1'/2
1'/2
1'/2
1'/2
1'/2 Tub
1'/2 Tub
2" Washer
2" Shower
3" CO
2"
2"
3"
3"
Existing
4"



ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 702 **LOT** 11 **ADDRESS** 249 chambers bridge

IDENTIFICATION:

1. WORK SITE ADDRESS 249 chambers Bridge
2. APPLICANT JAIMIE Reaiden Grooming By J-Lynn
3. NAME OF OWNER IN FEE Silvio M Silvi
   ADDRESS 1859 DINO Blvd. TOMS River NJ 08755
   PHON[redacted] EMAIL _____
4. PRINCIPAL CONTRACTOR Michael A DeDominicis INC
   ADDRESS 1854 DINO Blvd TOMS River NJ 08755
   PHONE 732-773-3960 EMAIL ULTIMATE CONSTRUCTIONNJ@YAHOO.COM
5. ARCHITECT OR ENGINEER Allen Boast
   ADDRESS 2494 Moore Rd. TOMS River NJ 08753
   PHONE 732 255-2713 EMAIL _____
6. RESPONSIBLE PERSON FOR WORK Michael A DeDominicis
   ADDRESS 1854 DINO Blvd TOMS River NJ 08755
   PHONE 732 773-3960 EMAIL ULTIMATE CONSTRUCTIONNJ@YAHOO.COM

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ 200.00
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 ☐ COMMERCIAL SITE MAINTENANCE

☐ DESCRIPTION TENANT FIT UP

ENGINEERING REVIEW:

DATE RECEIVED 9/10/2020 DATE REJECTED _____ DATE APPROVED 9/10/2020 INITIALS KJO

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 249 Chambers Bridge Rd Unit 2

BLOCK: 702 **LOT:** 11

CONTRACTOR: Michael A DeDominicis INC/TA Ultimate Construction

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

Type of Construction(minor, new home): Tenant Fit-up

Type of Debris (shingles, siding, wood, etc.): Flooring/Drywall/Trim

Party responsible for removal: Our Company Dump Trailer

Dumpster Size: 20 YARD.

Destination of Debris: MAZZA

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

8/28/20
Date

Michael A DeDominicis
Print Name

TOWNSHIP OF BRICK

LIST OF EXISTING PLUMBING FIXTURES

BLOCK: 702 **LOT:** 11

ADDRESS: 249 Chambers Bridge Rd UNIT 2

OWNER: Silvio M Silvi

1 **WATER CLOSET (TOILET)**

_____ **URINAL/BIDET**

_____ **BATH TUB**

1 **LAVATORY (BATHROOM SINKS)**

_____ **SHOWER**

2 **SINK (~~KITCHEN~~)** HAIR

_____ **DISHWASHER**

_____ **WASHING MACHINE**

_____ **HOSE BIBS (TOWNSHIP WATER ONLY)**

_____ **MOP SINK**

ONLY FILLOUT ABOVE IF YOU ARE ADDING PLUMBING TO YOUR ADDITION

NOT AN ELECTRICIAN'S OR PLUMBER'S LICENSE

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

THIS IS TO CERTIFY THAT THE
Home Improvement Contractors

HAS REGISTERED

ULTIMATE SERVICE
Michael DeDominicis
1854 Dino Blvd
Toms River NJ 08755

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

04/09/2020 TO 03/31/2021
VALID

13VH00557200
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs
THIS IS TO CERTIFY THAT THE
Home Improvement Contractors
HAS REGISTERED
ULTIMATE SERVICE
Home Improvement Contractor
NOT AN ELECTRICIANS OR PLUMBERS LICENSE
04/09/2020 TO 03/31/2021
VALID
SIGNATURE
13VH00557200
License/Registration/Certificate #
ACTING DIRECTOR

PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:
Home Improvement Contractors
P.O. Box 45016
Newark, NJ 07101

PLEASE DETACH HERE

ULTIMATE SERVICE EXPIRATION DATE **2021**

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.

Home Improvement Contractors
P.O. Box 45016
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.

DB 4628 PG 994

LOT 5
GOLF COURSE
"FORGE POND"

CAP PIN SET

0.5'

0.2'

258.40'

DUMPSTER ENCLOSURE

20'

SEE DETAIL

CONC. CURB

3.0'

N 00°00'00"E

BLOCK 702
LOT 11
46,113 sq.ft.
1.0586 acres

S56°07'00"E

E.P. 2' OFF FENCE

6' CHAIN LINK FENCE

4'x18' TYP

(12)

ONE WAY

ASPHALT

(5)

12' WIDE GATE 6' C.L.F.

4.3'

CAP PIN SET

3.0' CURB

0.3'

ON LINE

NP FL (TYP)

YELLOW FIRE LINE

ONE WAY

L.P.G. TANK (TYP.)

BOLLARD (TYP.)

NP FL (TYP)

LOT 20

20.53'

173.0'

20.46'

R1 SIGN

ONE WAY

ONE WAY

143.07'

1 STORY MASONRY MULTI - STORE BUILDING

NP FL

CONC.

55.0'

105'

288.01'

O.H.W.

UTIL POLE

4" 4000 PSI CONCRETE 1 on 12 SLOPE

ON LINE

6' STOCKADE FENCE ON LINE

20.25'

40.5'

5.0'

132.7'

20.46'

CONCRETE WALK

8'

10'

R1 SIGN

ROOF OVER CONCRETE

20' TYP

2' TYP

4' CHAIN LINK FENCE

N68°00'00"E

CONCRETE CURB

4' WOOD FENCE

67.95'

67.88'

NP FL

8'

ASPHALT

YELLOW FIRE LANE LINE

O.H.W.

NP FL

72.86'

3.0'

10' TYP

1'x7.4' SIGN

1.5'

20'

19' TYP.

CONCRETE CURB

0.3'

CAP PIN SET

P.O.B.

2.4'

13'

4' WIDE CONCRETE WALK

8'

54.93'

UTIL POLE

N20°00'00"W

CONCRETE CURB

UTIL POLE

213.94'

YELLOW FIRE LANE STRIPE TYP.

43'

CHAMBERS BRIDGE ROAD

(R.O.W. VARIES)
(CHAMBERSBRIDGE ROAD)

OCEAN COUNTY
℄ STATION
54+45.14

APPROVED FOR ZONING
9-5-20 Tenant Fit up
CHRIS ROMANO, ZONING OFFICER

NP FL = NO PARKING FIRE LANE

R1 = DO NOT ENTER

11 IN BLOCK 702 AS SHOWN ON THE OFFICIAL TAX MAP OF
ITY OF OCEAN AND STATE OF NEW JERSEY.
LY KNOWN AS 249 CHAMBERS BRIDGE ROAD, BRICK, NEW