BLOCK 701.01 ~~B-12~~ C13-1 LOT 1 ADDRESS(site) 270 CHAMBERS BRIDGE RD PAG-NETTA PLAZA PERMIT NO. 98-0732

3/11/98

CONSTRUCTION PERMIT APPLICATION

UNIFORM CONSTRUCTION CODE

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

20K

I. IDENTIFICATION

PAG-NETTA PLAZA - (SUITE 6)

1. Proposed Work-site at: 270 CHAMBERS BRIDGE
2. Name of Owner (TENANT) BRICK TOWNSHIP CHAMBER OF (COMMERCE) Tel. (732) 477-4949
   Address CEDAR BRI (street) BRICK TOWNSHIP (municipality) (zip code)
3. Ownership Public ____ Private X
4. Principal Contractor: T. B. D. Tel. (___) ___
   Address ___
   License No. OR, if new home, Builder Reg. No. ___ Exp. Date ___
   Federal Emp. No. ___ Social Security No. ___
5. Architect or Engineer BARLO & ASSOC Tel. (732) 477-7751
   Address 92 MANTOLOKING RD. BRICK, NJ 08723
6. Responsible Person in Charge of Work PAUL BARLO (Jim Tierney) Tel. (732) 477-7751

724-1219

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other 2PM	$15		
13. TOTAL	$		

EXEMPT

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

Tenant fit up

	Est. Cost
1. ☐ Minor work (single trade)	
2. ☐ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	14,000
6. ☐ Fire Protection	
7. ☒ Plumbing	1,500
8. ☒ Electrical	2,500
9. ☐ Elevator Devices	
10. ☐ Asbestos Abatement	
11. ☐ Demolition	
TOTAL COSTS	18,000

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
WP	3/11/98		4-1-98	[illegible]	4/9/98		[illegible]
			4/1/98	[illegible]			
			4-1-98	[illegible]	5/4/98		[illegible]
EWC	3/24/98		3/24/98	[illegible]			

III. DO YOU WANT: (optional) 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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No of dwelling units:
Before Construction ___
After Construction ___
Net gain or loss ___

B. NON-RESIDENTIAL
1. State Specific Use: OFFICE
2. Use Group: B/BUSINESS
3. Change in Use Group, Indicate Former: M/M

LDS BR 10503492

U.C.C. Form F-100B

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(e)1.vii:

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 New Jersey Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

( ) Check if contractor

Agent Name James E. Tansey for Barclo & Assoc. for Chamber

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Fire Department									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Dept. of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Dept. of Environmental Protect.									
☐ Utility Dig No.									
☐									
☐									

IMPORTANT FILE

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE **(office use only—optional)**

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED **(office use only)**

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/03/98
Control #
Permit # 98-0732

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 701.29 Lot 1

Work Site Location 270 CHAMBERS BRIDGE RD STE 6
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/CHAM OF COMM
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Telephone (732)477-4949

Contractor BARLO & ASSOC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Telephone (732)477-7751
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 47-77751
or Social Security No.

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
TENANT FIT UP
CHAMBER OF COMMERCE

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 $ 14,010

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	0
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occ.	0
Other	
Total	0
Check No.	
Cash	
Collected By:	

SIGNATURE U.C.C. Form F-140B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS
SUITE 6

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/11/98
Date Issued 4/13/98
Control # C13-1
Permit # 98-0732

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD STE.6
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/CHAM OF COMM
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)477-4949
Contractor BARLO & ASSOC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)477-7751
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 47-77751
or Social Security No.

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.

Signature

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP
CHAMBER OF COMMERCE

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4-1-98	PM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame			4/7/98 over	
Insulation	4/9/98 one fire			
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final	5/4/98			

CEILING INS. ?.

TYPE OF WORK

		FEE (Office Use Only)
[ ] New Building		$ 0
[ ] Addition		0
[X] Alteration		360
[ ] Roofing		
[ ] Siding		
[ ] Fence 0	Height (6' or over)	0
[ ] Sign 0	Sq. Ft.	0
[ ] Pool		0
[ ] Asbestos Abatement		0
[ ] Other		0
Other		0
[ ] Demolition		0

Exempt

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Alteration $ 14,000
3. Total (1+2)$ 14,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge		$ 0
Paid [ ] Check #	Minimum Fee	$ 0
Collected by:	TOTAL FEE	$ 0
	DCA Training Fee	$ 0

U.C.C. Form F-1108

4/7/98 - Frame OK - no detail or 2 hr wall
Need to supply & call for inspection JL

4/9/98 Has #13 + #19 in Cubby, walls OK JKa

Suite 6. Bay NATTA. PLOZA

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 03/11/98
Date Issued 04/3/98
Control # C13-1
Permit # 98-0732

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD STE 6
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/CHAM OF COMM
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)477-4949
Contractor BARLO & ASSOC
Address 92 MANTOLOKING RD
BRICK, NJ 08723-
Tele.(732)477-7751
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 47-77751
or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Construction Class Present Proposed
Heating Systems [ ] New [X] Existing
Type: [X] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location: ROOF TOP
Total Est Cost of Fire Prot. Work $ 10 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4/1/98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-1-00
Approved By: CUB

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst				
Smoke Test				
Mechanical				
TCO				
Other Final			8-1-00	DB
Other				
Other				

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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( ) Capacity 0	Fuel	
Combustible Liquid Storage Tanks	( ) Capacity 0	Fuel	
L.P.G. Storage Tanks	( ) Capacity 0	Fuel	
L.N.G. Storage Tanks	( ) Capacity 0	Fuel	

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other EXIT SIGNS		35
Other EMERGENCY LITES		35

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 0
DCA Training Fee	$ 0

Paid [ ] Check #
Collected by:

U.C.C. Form F-140B

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Date Issued
Control #
Permit #

Brick

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

Block 701 thru 701.29 Lot 1

Work Site Location Pagnetta Plaza Suite C6
210 Chambersbridge Rd.

Owner in Fee/Occupant Brick Township Chamber of Commerce

Address (SAME as Above)

Tele. ( )

Contractor Eric G. LARSON JR Electrical Contractor

Address 451 Northampton Blvd.
T.R N.J. 08757

Tele. (732) 505-1636 Fax ((SAME)

Lic. No. 113505

Federal Emp. No. 22-3574001

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed (Office renovation)

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

Building Occupied as _____ Utility Co. _____

Est. Cost of Elec. Work $ 4,300

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[X] Elec. Plans Approved

Date: 980327

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 4/30/98

Approved by: [signature]

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Temp. Serv.		4/15/98 5473		
Constr. Serv.		4/13/98 5473		
TCO CEILING		4/13/98 5473	4/30/98 5473	
Other WALLS RW			3/31/98 5473	OTHER
Service				
Final			4/30/98 5473	

Temp. Cut-in-Card Date Issued _____

Final Cut-in-Card Date Issued _____

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]
Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
28		Lighting Fixtures
18		Receptacles
19		Switches
		Detectors
		Light Poles
		Motors—Fract. HP
7		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
		.....
72		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
		.....
		.....

FEE (Office Use Only)

MAR 30 98 0 0 2528

TOTAL NUMBERS	$ 45
Administrative Surcharge	$
Minimum Fee	$ 45
DCA Training Fee	$ 3
TOTAL FEE	$ 48

CK 2101 RF

U.C.C. F120 (rev. 3/96)

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

3/31/95 R/W WORK ONLY OK

① REMOVE CEILING ROMEX FROM SHEET METAL & SECURE

② CALL FOR CEILING INSPECTION BEFORE CLOSE

4/3/95 SAME AS ① ABOVE

4/13/95 SAME

4/15/95 SAME & SHEET ROCK INSTALLED OVER ROMEX - HIGH AT FRAME - REMOVE SHEET ROCK 8" DOWN WIDTH OF FRAME

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION

Date Received 04/03/98
Date Issued 04/03/98
Control #
Permit # 98-0732

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

Block 701.29 Lot 1
Work Site Location 270 CHAMBERS BRIDGE RD STE 6
TENANT FIT UP
Owner in Fee TOWNSHIP OF BRICK/CHAM OF COMM
Address 401 CHAMBERS BRIDGE RD
BRICK, NJ 08723-
Tele.(732)477-4949
Contractor DIK PLUMBING AND HEATING
Address 1358 HOOPER AVE SUITE 271
TOMS RIVER, NJ
Tele.( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-3553950
or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B
Building Sewer Size [ ] Public Sewer [ ] Private Septic
Water Sewer Size [ ] Public Water [ ] Private Well
Estimated Cost of Plumbing Work $ 1,900

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Fire [ ] Elevator
[ ] Plumb. Plans Approved
Date: 4-3-98
Approved By:

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Approved By:
Date: 5/6/98

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			4-6-98	
Rough			4-6-98	
Water				
Sewer				
Fixtures			5-4-98	
Gas Equip.				
Gas Piping				
Solar				
TCO				

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 Seal

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	10
0	Urinal / Bidet	0
0	Bath Tub	0
1	Lavatory	10
0	Shower	0
0	Floor Drain	0
1	Sink	10
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	Grease Trap	0
0	Water Cooled A/C or Refrigeration Unit	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Active Solar System	0
	Other	0
	Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 0
DCA Training Fee $ 0

U.C.C. Form F-1308

701.29 1 98-0732

BLOCK 701 - 12 LOT 1 SITE LOCATION PAG - NETTA PLAZA 270 Chambers Bridge

BUILDING INSPECTION

Contractor

Address Phone ( )

Town State Zip

LIC # FEDERAL EMP. NO.(or SSN#)

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ ALTERATION (2) $

ADDITION (3) $ TOTAL (1+2+3) $

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE Ht.	
ADDITION		SIGN Sq. Ft.	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

DESCRIPTION OF WORK

COMMENTS

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.

SEAL &
SIGNATURE

PLUMBING INSPECTION

Contractor DTK Plumbing & Heating

Address 1358 Hooper Ave Suite 271 Phone (732) 255-7600

Town Toms River State NJ Zip

LIC # 9935 FEDERAL EMP. NO. (or SSN#) 223553950

ESTIMATED COST OF PLUMBING WORK: $ 1900.00

Sewer Size 4 Water Size 3/4

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT		NO.	FIXTURE/EQUIPMENT	
1	Water Closet			Steam Boiler	
	Urinal / Bidet			Hot Water Boiler	
	Bath Tub			Sewer Pump	
1	Lavatory			Interceptor/Separator	
	Shower			Backflow Preventer	
	Floor Drain			Grease Trap	
1	Sink			Water Cooled A/C or Refrigeration Unit	
	Dishwasher			Sewer Connection	
	Drinking Fountain			Water Service Connection	
	Washing Machine			Active Solar System	
	Hose Bibb			Other	
	Water Heater			Other	
	Fuel Oil Piping			Other	
	Gas Piping				

DESCRIPTION OF WORK

COMMENTS Install Toilet Lav & Sink

Bldg 4-1-98

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.

SEAL &
SIGNATURE (Contractor's Seal)

FIRE INSPECTION

Contractor

Address Phone ( )

Town State Zip

LIC # FEDERAL EMP. NO. (or SSN#)

ESTIMATED COST OF FIRE PROT. WORK: $

Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar

Heating System: ☐ New ☐ Existing

Location of Furnace / Boiler

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE

METHOD OF VALVE SUPERVISION

LOCAL ALARM SUPERVISION

CENTRAL SUPERVISION

PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks	☐ Capacity	Fue
Combustible Liquid Storage Tanks	☐ Capacity	Fue
L.P.G. Storage Tanks	☐ Capacity	Fue
L.N.G. Storage Tanks	☐ Capacity	Fue

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Sys
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppressior
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired A
			Other
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WOI ON THIS APPLICATION.

SEAL &
SIGNATURE (Contractor's Seal)

PAG-NETTA PLAZA - SUITE 6

SITE LOCATION 270 CHAMBERS BRIDGE RD. BLOCK 701.29 LOT 1 DESCRIPTION OF WORK INTERIOR TENANT FIT-UP

OWNER BRICK TOWNSHIP CHAMBER OF COMMERCE PHONE 732-477-4949 ADDRESS CEDAR BRIDGE RD, BRICK STATE NJ ZIP

Jim Tierney 477-7751

BUILDING INSPECTION

Contractor T.B.D.

Address _____ Phone ( ) _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

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 _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $ _____ ALTERATION (2) $ 18,000.00

ADDITION (3) $ _____ TOTAL (1+2+3) $ 18,000.00

BUILDING CHARACTERISTICS

USE GROUP	PRESENT M/MERCANTIL	PROPOSED B/BUSINESS
CONSTRUCTION CLASS	PRESENT 5A	PROPOSED 5B
NO. OF STORIES 1	HT. OF STRUCTURE	FT. 14 FT
AREA: LARGEST FLOOR		SQ. FT. 1300
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT. 16,250
TOTAL LAND AREA DISTURBED		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

PLUMBING INSPECTION

Contractor T.B.D. Update at Later date

Address _____ Phone ( ) _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

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's Seal) See Revised Letter w/ seal

Estimated Cost of Plumbing Work: $ 1,500.00

Sewer Size 4" (EXISTING) Water Size 1½" (EXISTING)

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT		NO.	FIXTURE/EQUIPMENT	
1	Water Closet			Steam Boiler	
	Urinal / Bidet			Hot Water Boiler	
	Bath Tub			Sewer Pump	
1	Lavatory			Interceptor/Separator	
	Shower			Backflow Preventer	
	Floor Drain			Grease Trap	
1	Sink			Water Cooled A/C or Refrigeration Unit	
	Dishwasher			Sewer Connection	
	Drinking Fountain			Water Service Connection	
	Washing Machine			Active Solar System	
	Hose Bibb			Other	
1	Water Heater			Other	
	Fuel Oil Piping			Other	
	Gas Piping				

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

FIRE INSPECTION

Contractor T.B.D.

Address _____ Phone ( ) _____

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF RECORD AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE WOR ON THIS APPLICATION.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Fire Prot. Work $ _____

HEATING TYPE ☒ GAS ☐ OIL ☐ ELECTRICAL ☐ SOLAR

Location ROOF ☐ HEATING SYSTEM ☐ NEW ☒ EXIS

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE

METHOD OF VALVE SUPERVISION

LOCAL ALARM SUPERVISION

CENTRAL SUPERVISION

PROPRIETARY SUPERVISION

Flammable Liquid Storage Tanks	☐ Capacity _____	Fuel	
Combustible Liquid Storage Tanks	☐ Capacity _____	Fuel	
L.P.G. Storage Tanks	☐ Capacity _____	Fuel	
L.N.G. Storage Tanks	☐ Capacity _____	Fuel	

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered Syst
	Dry Sprinkler Heads		CO_2 Suppression
	TOTAL		Halon Suppression
			Foam Suppression
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fired Ai
			Other
	Stand Pipes	1	35. Emergency Lites
	Kitchen Hood Exhaust System		AC INC Battery Packs

SUBCODE OFFICIAL: ☒ Approved ☐ Disappro

COMMENTS Tenant w/ Group Change A-3 & Business. Ext Bldgs. Emergency Lites

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 20, 1998 1998 - 0273

Block 701.29 Lot 1 Zone B-2, G.B.

Property Address: 270 Chambers Bridge Road

Owner: Township of Brick (Phone): (732) 262-1050

Applicant: James E. Tierney (Phone): (732) 477-4949

Existing Use: Vacant unit in Pag-Netta Plaza; Suite 6

Proposed Use: Office - Brick Township Chamber of Commerce

Proposed Construction (if any): Interior alteration for tenant fit-up for offices, 20' by 66'.

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: March 20, 1998 1998 - 0273

Block 701.29 Lot 1 Zone B-2, G.B.

Property Address: 270 Chambers Bridge Road

Owner: Township of Brick (Phone): (732) 262-1050

Applicant: James E. Tierney (Phone): (732) 477-4949

Existing Use: Vacant unit in Pag-Netta Plaza; Suite 6

Proposed Use: Office - Brick Township Chamber of Commerce

Proposed Construction (if any): Interior alteration for tenant fit-up for offices, 20' by 66'.

Conditions: Interior work only.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Municipal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK

Zoning Permit Application

(Please Type or Print Neatly)

BLOCK 701.29 LOT 1

PROPERTY ADDRESS PAG-NETTA PLAZA (SUITE 6) 270 CHAMBERS BRIDGE RD BRICK

NAME OF OWNER ~~BRICK~~ TOWNSHIP OF BRICK BRICK TOWNSHIP CHAMBER OF COMMERCE OWNER'S PHONE (732) 477-4949

NAME OF APPLICANT BRICK TOWNSHIP CHAMBER OF COMMERCE BY PABLO LASSEN & JIM TIERNEY

APPLICANT'S COMPLETE ADDRESS 22 MANTOLOKING RD. CEDAR BRIDGE RDE, BRICK NJ 08723

APPLICANT'S PHONE NUMBER (732) 477-4999 APPLICANT'S BUSINESS NAME —

ORIGINAL

PRESENT USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) MERCANTILE - PRESENTLY VACANT

☐ Other (please describe) _____

PROPOSED USE OF PROPERTY (check one)

☐ Vacant Lot ☐ Single Family Dwelling ☐ Condo or Apartment

☒ Commercial (please describe) OFFICE B/ BUSINESS

☐ Other (please describe) _____

PROPOSED CONSTRUCTION TENANT FIT UP IN EXISTING BUILDING (SUITE 6)*

All Dimensions _____ W _____ L _____ Ht

Deck or Garage ☐ Attached ☐ Detached

Fence Type _____ Ht _____

CHECKLIST:

☐ All information completed above

☐ Two (2) accurate Survey / Plot Plans containing:

- ☐ all existing and proposed structures
- ☐ all dimensions of lot and structures
- ☐ set backs to all property lines
- ☐ all streets and waterways shown

☐ If approved by Planning Board or Board of Adjustments, include copy of resolution

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of Applicant FOR BRICK CHAMBER Date 3/11/98

Reviewed by Zoning Officer Date 3/20/98 ☒ Approved ☐ Rejected

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel.: 732-477-7751
Fax: 732-477-6788
E-mail: abatareinc@aol.com

April 1, 1998

Mr. Joseph Curiazza
Township of Brick
Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: Brick Township Chamber of Commerce
Tenant Fit-Up at Pag-Netta Plaza
Permit Control No. C13-1

Dear Mr. Curiazza:

As per our conversation the following is a list of items discussed and additional information requested on the above referenced project:

- Occupant load will be 13 based on the BOCA Table 1008.1.2 for 1,300 sf. Business use and a calculation of 1 occupant per 100 square foot of gross floor area.
- The uni-sex toilet will be barrier-free compliant with a lockable door.
- There will be a 2 hour fire separation assembly partition constructed between the "Chamber" space and the existing carpet store as discussed with yourself, Joe Evaristo and Frank Miser on Wednesday, March 18th. This item is a responsibility of the Owner (Township of Brick) and not the future tenant (Chamber of Commerce) and is presently being worked out with the prior Owners and the Township.

I trust the above adequately responds to your comments and that a permit will be issued shortly. If we can help expedite your review of this response, please call our office at (732) 477-7751. Thank you for your cooperation and efforts.

Very Truly Yours,
BARLO & ASSOCIATES, P.A.

James E. Tierney
Project Manager

cc: Joe Evaristo, Building Department
Frank Miser, Building Department
Arch File 9806

Barlo & Assoc. P.A.

Architecture • Planning
92 Mantoloking Road
Brick, NJ 08723
Tel.: 732-477-7751
Fax: 732-477-6788
E-mail: abatareinc@aol.com

April 1, 1998

Mr. Joseph Curiazza
Township of Brick
Building Department
401 Chambers Bridge Road
Brick, New Jersey 08723

Re: Brick Township Chamber of Commerce
Tenant Fit-Up at Pag-Netta Plaza
Permit Control No. C13-1

Dear Mr. Curiazza:

As per our conversation the following is a list of items discussed and additional information requested on the above referenced project:

- Occupant load will be 13 based on the BOCA Table 1008.1.2 for 1,300 sf. Business use and a calculation of 1 occupant per 100 square foot of gross floor area.
- The uni-sex toilet will be barrier-free compliant with a lockable door.
- There will be a 2 hour fire separation assembly partition constructed between the "Chamber" space and the existing carpet store as discussed with yourself, Joe Evaristo and Frank Miser on Wednesday, March 18th. This item is a responsibility of the Owner (Township of Brick) and not the future tenant (Chamber of Commerce) and is presently being worked out with the prior Owners and the Township.

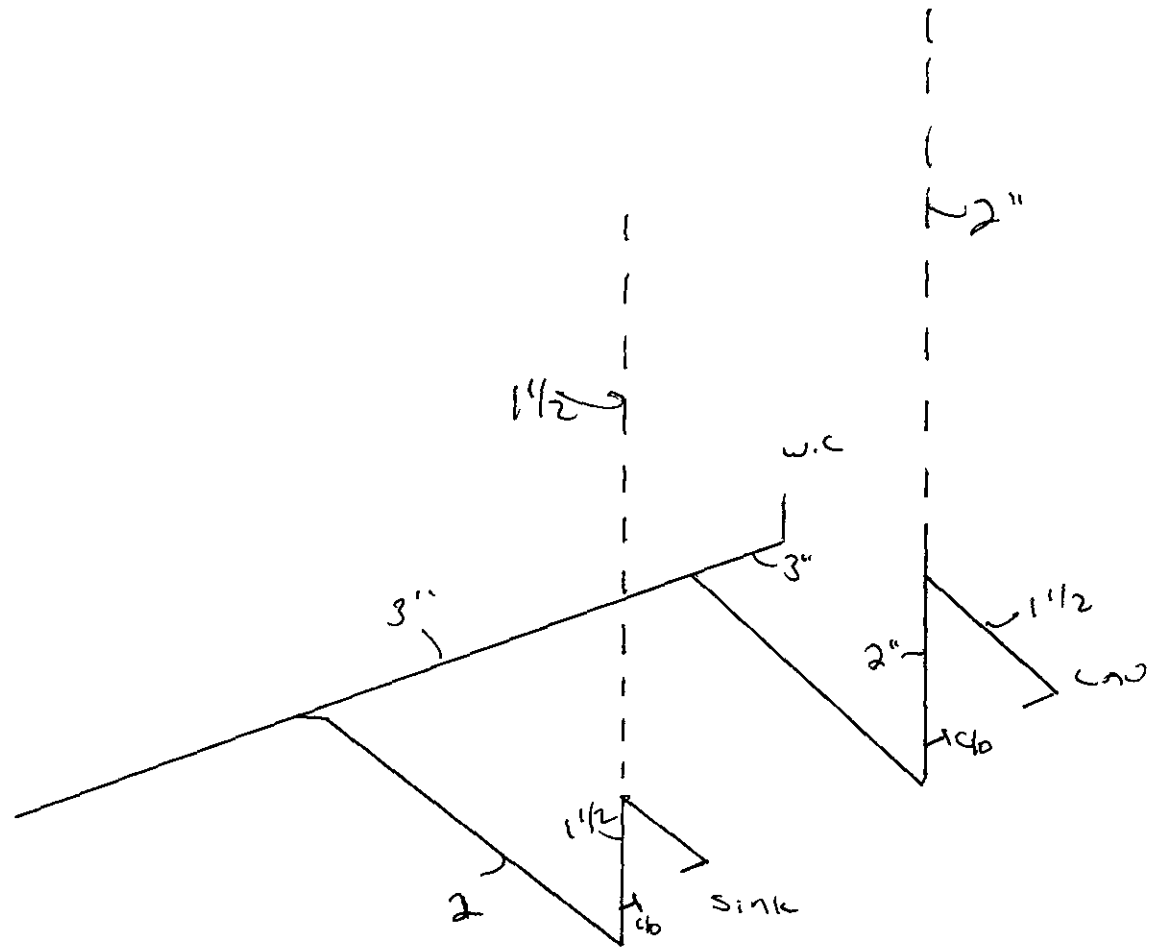
I trust the above adequately responds to your comments and that a permit will be issued shortly. If we can help expedite your review of this response, please call our office at (732) 477-7751. Thank you for your cooperation and efforts.

Very Truly Yours,
BARLO & ASSOCIATES, P.A.

James E. Tierney
Project Manager

cc: Joe Evaristo, Building Department
Frank Miser, Building Department
Arch File 9806

PLBG 4-1-98


2"
1 1/2
W.C
3"
3"
1 1/2
2"
1 1/2
2
sink

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 5-21-15

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 701.21 LOT 1 SITE ADDRESS 2 Chambers Bridge Rd Brick NJ

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Tires & Tubes Suite 6

APPLICANT B.T. Chambers Bridge Assoc. CITY & STATE Brick NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.gbshost.com/brick

DATE 3/11/98

Municipal Engineer
401 Chambers Bridge Road
Brick, New Jersey 08723

RE: Block 701.29 ~~B=12~~ **Lot** 1

Dear Sir:

I, BRICK TOWNSHIP CHAMBER OF COMMERCE (PAUL BARLO) of 270 CHAMBERS (PAGLIETTA PLAZA - SUITE 6 BRIDGE RD.
(Name) (Address)

request to be exempted from the plot plan requirement as outlined in the Brick Land Use Book, Chapter 190.31, part B. The property (please circle one) is / is not located in a flood zone.

Respectfully yours,

FOR BRICK CHAMBER

Applicant's Signature 477751 **Phone #**

1. **Submit survey showing location of addition with proposed dimensions, grading. If driveway is being added, show type, width and length.**

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

NOTE: Any excavations to be removed from the Township requires a mining permit.

OFFICE USE

Approved OK **Date** 3/24/98 **BY**

Rejected **Date** **BY**

REMARKS:

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 7012.9 LOT 1 SITE ADDRESS [illegible]
TYPE OF SITE Residential / (Commercial) TYPE OF BUSINESS [illegible]

APPLICANT BT Chamber of Comm PHONE NUMBER [illegible]
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 13200.00 Date 3-24-98

Estimated Required Fee $ 0

Required Deposit on Estimate $ _____ Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

IMPORTANT

A.H.B.T. - EXEMPT

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

_____

Carol A. Wolfe
Affordable Housing Administrator

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold