BLOCK 701-29 LOT 1 ADDRESS (SITE) _____ PERMIT NO. 232-93

RECEIVED
FEB 08 1993
DIV. OF INSPECTION

"Heads Up"

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work-site at: Pag-Netta Plaza 270 Chambers Bridge Rd. Unit #4
2. Name of Owner in Fee: Gus M. Javas Tel. (908) 477-3894
   Address 413 Earl Dr. (street) Brick (municipality) NJ 08723 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Gus M. Javas Tel. (908) 477-3894
   Address 413 Earl Dr Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Emp. No. _____ Social Security No. _____
5. Architect or Engineer _____ Tel. (___) _____
   Address _____
6. Responsible Person In Charge of Work Tony Cerniglia Tel. (908) 477-3720

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 15 —		
2. Electrical			
3. Plumbing	20.		
4. Fire Protection	29 —		
5. Other			
6. Subtotal	$ 114 —		
7. Less 20% for State Plan Review	5 —		
8. Subtotal	$		
9. DCA Training Fee	6 —		
10. Subtotal	$		
11. Cert. of Occupancy	20		
12. Other			
13. TOTAL	$ 145 —		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	
2. Height of Structure ____ ft.	
3. Area—Largest Floor ____ sq. ft.	
4. Building Area—All Floors ____ sq. ft.	
5. Volume of 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. Fire Grading	
12. Max. Live Load	
13. Max. Occupancy Load	

II. PROPOSED WORK

	Est. Cost
1. ☐ Minor Work (single trade)	
2. ☑ Small Job ($5,000 and no prior approvals)	
3. ☐ New Building	
4. ☐ Addition	
5. ☒ Alteration	2000.00
6. ☒ Fire Protection	500.00
7. ☑ Plumbing	3,000.00
8. ☒ Electrical	1,800.00
9. ☐ Asbestos Abatement	
10. ☐ Demolition	
TOTAL COSTS	7300.00

OPTIONAL (for office use only)

Plans Rec'd By	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
WB	2/8/93		2/18/93	AK	3/23/93	RK	
			2-9-93	JK	3/23/93	JK	
			2/18/93	GM	3/15/93	GM	X
					3-17-93	BK	

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: beauty Parlor
2. Use Group: B
3. Change in Use Group, Indicate Former:

U.C.C. Form F-100A

LDS BR 10206843

$15 due

20K

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. (X) 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. (X) 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. (X) 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. (X) 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 _____

Address _____

_____

Telephone (____) _____

Signature _____ Date _____

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Planning Board							X	X	
☐ Zoning Board			X	X	X	X	X	X	
☐ Sewer Authority							X	X	
☐ Water Authority							X	X	
☐ Fire Department					X	X	X	X	
☐ Police Department			X	X	X	X	X	X	
☐ Health Department					X	X			
☐ Soil Conservation							X	X	
☐ N.J. Dept. of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Dept. of Environmental Protect.	X	X	X	X	X	X			
☐ Utility Dig No.			X	X	X	X	X	X	
☒ Other Zoning	JK	2/8/93	Comm. alt.	beauty parlor					
☐									
☐									

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 EXPIRED
☐ Temporary Certificate of Occupancy	No.		
☐ Temporary Certificate of Occupancy	No.		
☐ Continued Certificate of Occupancy	No.		
☐ Certificate of Occupancy	No.		
☒ Certificate of Approval	No. 232	3/23/93	
☐ None			

CERTIFICATE

Date Issued 3-23-93
Control #
Permit # 232-93

IDENTIFICATION

Block 701.29 Lot 1
Work Site Location 270 Chambers Bridge Rd.

Owner in Fee Gus M. Javas
Address 413 Earl Dr.
Brick, NJ
Tele. ( )
Contractor same
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Security No.

Home Warranty No. N/A
Use Group B **2 hours**
Maximum Live Load
Description of Work/Use:

Tenant fit-up "Heads Up, beauty salon

Type of Warranty Plan: [ ] State [ ] Private
Construction Classification
Maximum Occupancy Load

CERTIFICATE OF OCCUPANCY/APPROVAL

☐ **CERTIFICATE OF OCCUPANCY** XX☒ **CERTIFICATE OF APPROVAL**

This serves notice that said building, structure, or equipment has been constructed or installed in accordance with the New Jersey Uniform Construction Code, and is approved for use and/or occupancy.

☐ **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 OCCUPANCY**

If this is a Temporary Certificate of Occupancy the following conditions must be met no later than _____, 19____ or the owner will be subject to a fine or order to vacate:

Arthur J. Ciezo
CONSTRUCTION OFFICIAL

Fee $
Paid [ ] Check No.
Collected by:

U.C.C. Form F-260A

1 WHITE—APPLICANT 2 CANARY—OFFICE 3 PINK—TAX ASSESSOR

CONSTRUCTION PERMIT

Date Issued 2/18/93
Control #
Permit # 232-93

IDENTIFICATION Block 701.29 Lot 1

Work Site Location 270 Chambers Bridge Rd

Owner in Fee [illegible]
Address 413 Bloomfield Ave Bldg Bridge

Tele. ( ) _____

Contractor Same

Address _____

Tele. ( ) _____

Lic. No. or Bldrs. Reg. No. _____ Exp. Date _____

Federal Emp. No. _____

or Social Security No. _____

is hereby granted permission to perform the following work:

[4] BUILDING [4] PLUMBING [ ] OTHER _____
[ ] ELECTRICAL [4] FIRE PROTECTION

DESCRIPTION OF WORK:

Tenant fit up

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 $ 7300

CONSTRUCTION OFFICIAL

U.C.C. Form F-170A

PAYMENTS (Office Use Only)		
Building 15	BUILDING	15.00
Plumbing 20	PLUMBING	20.00
Electrical	FIRE	0.00
Fire Protection 79	PLAN REVIEW	5.00
Other	D.C.A.	0.00
Other FEE	SEAL	20.00
DCA Training Fee	TOTAL	140.00
Cert. of Occ.	CHECK	140.00
Other	CHANGE	0.00
Total 145		
Check No. 02/19/93 NO. 5	0021A005	145.00
Cash		
Collected By:		

1 WHITE - OFFICE 2 CANARY - TAX ASSESSER 3 PINK - JACKET 4 GOLD - APPLICANT

PERMIT UPDATE

Date Update Issued 3-23-93
Control #
Permit # 232-93
Date Permit Issued 2.18.93

IDENTIFICATION Block 701.29 Lot 1
Work Site Location 270 Chamberlain Ave
Owner in Fee Gus Milanas
Address 413 Edsall Ave
Tele. ( ) [illegible]

Contractor
Address
Tele. ( ) **0002**
Lic. No. or Bldrs. Reg. No. 2224
Federal Emp. No. LOT 0.00
or Social Security No. # #

is hereby granted permission to perform the following work:

[ ] BUILDING [X] PLUMBING [ ] Other
[ ] ELECTRICAL [ ] FIRE PROTECTION

DESCRIPTION OF WORK:

add'l. plb. fixs

Estimated Cost of Work $

CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)		
	PLUMBING	15.00
	TOTAL	15.00
Building		
Plumbing 15.-	CASH	20.00
Electrical	CHANGE	5.00
Fire Protection 02/22/93 NO. 5 0002A005		14:23
Other		
Other		
DCA Training Fee		
Cert. of Occ.		
Other		
Total		
Check No.		
Cash		
Collected By:		

U.C.C. Form F-190A

1 WHITE—INSPECTOR COPY 2 CANARY—OFFICE COPY 3 PINK—OFFICE COPY 4 GOLD—APPLICANT COPY

HEADS UP Beauty Parlor

9
1/16

BUILDING SUBCODE TECHNICAL SECTION

Date Received 2/18/93
Date Issued
Control #
Permit # 232-93

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 Pag-Netta Plaza 270 Chambers Bridge Rd Unit
Owner in Fee Gus M Javas
Address 413 Earl Dr Brick NJ 08723
Tele. (908) 477-3894
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 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

MINOR TENANT F.I.T. up.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.			Type:				
[X] All	2/19/93	RK	Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame			2/25/93	RK
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes	3/14/93		3/15/93	RK
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[X] CO [ ] CCO [ ] CA			TCO				
Date: 3/23/93			Other				
Approved By: RK			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10' Ft.
Area—Largest Floor 2710 Sq. Ft.
Total Bldg. Area/All Floors 2710 Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 7,300.00
3. Total (1+2) $ 7,300.00

TYPE OF WORK:
[ ] New Building
[ ] Addition
[X] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other ____
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other Beauty Palor

(Office Use Only)
FEE
$ ____

Administrative Surcharge $ ____
Paid [ ] Check # ____ Minimum Fee $ ____
Collected by: ____ TOTAL FEE $ ____

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

BUILDING SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

2/18/93
232-93

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 Pag-Netta Plaza 270 Chambers Bridge Rd Unit
Owner in Fee Gus M Javas
Address 413 Earl Dr Brick NJ 08723
Tele. (908) 477-3894
Contractor
Address
Tele. ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. or Social Security No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
[ ] No Plans Req.							
[x] All	2 19/5		Footing				
[ ] Footing			Foundation				
[ ] Foundation			Slab				
[ ] Frame			Frame				
[ ] Other			Insulation				
Joint Plan Review Required:			Finishes:				
[ ] Elec. [ ] Plumb. [ ] Fire			Energy				
SUBCODE APPROVAL			Mechanical				
[ ] CO [ ] CCO [ ] CA			TCO				
Date:			Other				
Approved By:			Final				

B. BUILDING CHARACTERISTICS

Use Group Present ____ Proposed ____
Constr. Class Present ____ Proposed ____
No. of Stories 1
Height of Structure 10' Ft.
Area—Largest Floor 2710 Sq. Ft.
Total Bldg. Area/All Floors 2710 Sq. Ft.
Volume of Structure ____ Cu. Ft.
Total Land Area Disturbed ____ Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ ____
2. Alteration $ 7,300.00
3. Total (1+2) $ 7,300.00

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

MINOR TENANT F.I.T. UP

TYPE OF WORK:
[ ] New Building
[ ] Addition
[x] Alteration
  [ ] Roofing
  [ ] Siding
  [ ] Other
[ ] Demolition
[ ] Miscellaneous
  [ ] Fence ____ Height
  [ ] Sign ____ Sq. Ft.
  [ ] Pool
  [ ] Elevator
  [ ] Asbestos Abatement
  [ ] Other Beauty Salon

(Office Use Only)
FEE
$

Administrative Surcharge $
Paid [ ] Check # ____ Minimum Fee $
Collected by: ____ TOTAL FEE $

U.C.C. Form F-110A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # FEB 17 93 0 0 1 7 8 5

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

Block 201.29 Lot 1
Work Site Location Pag-Netta Plaza 270 Chambers Bridge Road Unit #4 Brick NJ 08723
Owner in Fee [redacted]
Address 413 Earl DR. Brick NJ 08723
Tele. (908) 477-3894
Contractor A R JASKULKA
Address 819 VICTORIA Rd Toms River N.J.
Tele. (908) 270 3548
Lic. No. 10145
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [X] Other New Work
Building Occupied as Beauty Salon Utility Co. JCP&L
Est. Cost of Elec. Work $2,500.—

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[X] CO [ ] CCQ [ ] CA
Date: 3-16-93
Approved By: B. Koehler PP

INSPECTIONS Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough	____	____	3-16-93	BK
Temporary	____	____	____	____
Constr. Serv.	____	____	____	____
TCO	____	____	3-17-93	WH
Other	____	____	____	____
Service	____	____	____	____
Final	____	____	____	____

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued 3-16-93 PP

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.

A. R. Jaskulka
Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2	4@4x11	Fixtures (1)	
11		Receptacles (2)	
2		Switches (3)	
15		Total 1 + 2 + 3	40
____	____ Kw	Range	____
____	____ Kw	Oven(s)	____
____	____ Kw	Surface Unit	____
____	____ hp	Dishwasher	____
____	____ hp	Garbage Disposal	____
____	____ Kw	Dryer	____
____	____ Kw	A/C Unit	____
____		Burglar Alarms	____
____		Intercoms Panels	____
____		Smoke Detectors	____
____	____ hp	Whirlpool/spa	____
____		Pool Bonding	____
____	____ hp	Pool Filter Motor	____
____		Pool Lights	____
____	____ Kw	Water Heater(s)	____
____	____ Kw	Central heat: oil, gas or elec.	____
____	____ Kw	Baseboard Heat Units	____
____		Thermostats	____
____	____ hp	Heat Pump	____
____	____ hp	Pump(s)	____
____	____ Amp	Motor Control Center/Sub Panels	____
____		Signs	____
____	____	Light Standards	____
____	____ hp	Motors—Fractional H.P.	____
____	____ hp	Motors—All Others	____
____	____ Kw	Transformers	____
____	____ Kw	Generators	____
____	____ Amp	Service Entrance	____
____	____	Other	____

Administrative Surcharge $ _____
Paid [✓] Check # 1297 Minimum Fee $ 40
DCA Training Fee $ 2.—
Collected by: KW TOTAL FEE $ 42.—

U.C.C. Form F-1208 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Brick

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit # FEB 17 93 0 0 1 7 8 5

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 Pac-Netha Plaza 370 Chambers Bridge Road
Unit #4 Brick NJ 08723
Owner in Fee Gus M. Javas
Address 413 Earl DR. Brick N.J. 08723
Tele. (908) 477-3594
Contractor A R JACKLIN
Address 616 VICTORIA RD
Toms River N.J.
Tele. (908) 270 3948
Lic. No. 10145
Federal Emp. No. _____ or Social Security No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [X] Other New Work
Building Occupied as Beauty Salon Utility Co. J.C.P.&L.
Est. Cost of Elec. Work $ 20,500 —

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb.
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: _____
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: _____
Approved By: _____

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Rough				
Temporary	✓			
Constr. Serv.				
TCO				
Other				
Service				
Final				

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.

SPECIALTY ELECTRIC CO. LICENSED ELECTRICAL CONTRACTOR 10145

Signature—Contractor Seal

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
2	40watt	Fixtures (1)	
11		Receptacles (2)	
2		Switches (3)	
15		Total 1 + 2 + 3	40
	___ Kw	Range	
	___ Kw	Oven(s)	
	___ Kw	Surface Unit	
	___ hp	Dishwasher	
	___ hp	Garbage Disposal	
	___ Kw	Dryer	
	___ Kw	A/C Unit	
		Burglar Alarms	
		Intercoms Panels	
		Smoke Detectors	
	___ hp	Whirlpool/spa	
		Pool Bonding	
	___ hp	Pool Filter Motor	
		Pool Lights	
	___ Kw	Water Heater(s)	
	___ Kw	Central heat: oil, gas or elec.	
	___ Kw	Baseboard Heat Units	
		Thermostats	
	___ hp	Heat Pump	
	___ hp	Pump(s)	
	___ Amp	Motor Control Center/Sub Panels	
		Signs	
		Light Standards	
	___ hp	Motors—Fractional H.P.	
	___ hp	Motors—All Others	
	___ Kw	Transformers	
	___ Kw	Generators	
	___ Amp	Service Entrance	
		Other	

Paid [✓] Check # 1297	Administrative Surcharge	$ _____
	Minimum Fee	$ 40.—
	DCA Training Fee	$ 2.—
Collected by: KW	TOTAL FEE	$ 42.—

U.C.C. Form F-120B
1 White = Inspector Copy 2 Canary = Office Copy
3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/18/93
Date Issued
Control #
Permit # 232-93

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

Block 70.29 Lot 1
Work Site Location Pag-Netta Plaza 270 Chambers Bridge Rd Unit #4

Owner in Fee Gus M. Javas
Address 413 Eagl DR Brick NJ 08723

Tele. (908) 477-3894
Contractor
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-10-93
Approved by:
SUBCODE APPROVAL:
[X] CO [ ] CCO [ ] CA
Date: 3/23/93
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other final			3/23/93	
Other				
Other				

C. CERTIFICATION IN LIEU OF OATH (owner)

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 City
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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	2	46
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	Gas	33 -
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $
Collected by TOTAL FEE $

U.C.C. Form F-140A
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 2/18/93
Date Issued
Control #
Permit # 232-93

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

Block 70.29 Lot 1
Work Site Location Pag-Netta Plaza 270 Chambers Bridge Rd Unit #4

Owner in Fee Gus M. Javas
Address 413 Earl DR Brick NJ 08723

Tele. (908) 477-3894
Contractor
Address

Tele. ( )
Lic. No.
Federal Emp. No. or Social Security No.

B. FIRE PROTECTION CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Elec.
[X] Fire Plans Approved
Date: 2-10-93
Approved by:
SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppression Test				
Fire Alarm Test				
Smoke Test				
Mechanical				
TCO				
Other				
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 City
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

	Number	FEE (Office Use Only)
Wet Sprinkler Heads		
Dry Sprinkler Heads		
TOTAL		
Smoke Detectors	2	46
Heat Detectors		
TOTAL		
Stand Pipes		
Kitchen Hood Exhaust Systems		
Pre-Engineered Systems		
CO_2 Suppression		
Halon Suppression		
Foam Suppression		
Dry Chemical		
Wet Chemical		
Gas or Oil Fired Appliance	Gas	33
OTHER		

Administrative Surcharge $
Paid [ ] Check # Minimum Fee $ 99
Collected by TOTAL FEE $

U.C.C. Form F-140A
1 White=Inspector Copy 2 Canary=Office Copy
3 Pink=Office Copy 4 Gold=Applicant Copy

Wed 3-3-93

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/18/93
Date Issued
Control #
Permit # 232-93

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

Block 70/129 Lot /
Work Site Location Pag-Netta Plaza 270 Chamber Bridge Rd Unit #4

Owner in Fee Gus M. Javas
Address 413 Earl Dr. Brick NJ 08723

Tele. (908) 477-3894
Contractor 5 Star - Rick Gardner
Address

Tele. ( )
Lic. No. 8160
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present V/3 Proposed
Building Sewer Size
Water Service Size 3/4"
Estimated Cost of Plumbing Work $ $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2/18/93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date: 3-15-93

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	2-26-93	3-1-93	3-3-93	JH
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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)
2	Water Closet	
	Urinal/Bidet	
	Bath Tub	
2	Lavatory	
	Shower	
	Floor Drain	
34	Sink	20.
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	5
1-1"	Hose Bibb	
1-1"	Gas Piping	15
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
	Sewer Connection	
	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10
	Administrative Surcharge	$ 50.00
	Minimum Fee	$
	TOTAL	$

Paid [ ] Check # Collected by:

Extras 1-lav 1-toilet (both taken out) 1-water heater Due #15

U.C.C. Form F-130A 1 White=Inspector Copy 2 Canary=Office Copy 3 Pink=Office Copy 4 Gold=Applicant Copy

2-26-93 locked
3-1-93 not ready (Snow)

PLUMBING SUBCODE TECHNICAL SECTION

Date Received 2/18/93
Date Issued
Control #
Permit # 232-93

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

Block 70.1, 29 Lot
Work Site Location Pag-Netta Plaza 270 Chamber Bridge Rd Unit #4
Owner in Fee Gus M. Javas
Address 413 Earl Dr. Brick NJ 08723
Tele. (908) 477-3894
Contractor 5 Star - Rick Gambaro
Address
Tele. ( )
Lic. No. 5160
Federal Emp. No. or Social Security No.

B. PLUMBING CHARACTERISTICS

Use Group Present R-3 Proposed
Building Sewer Size 4"
Water Service Size 3/4" 1"
Estimated Cost of Plumbing Work $ $ 3,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire
[ ] Plumb. Plans Approved
Date: 2/18/93
Approved by:

SUBCODE APPROVAL:
[ ] CO [ ] CCO [ ] CA
Approved by:
Date:

INSPECTIONS: Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Final				
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)
2	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
1	Sink	20.
	Dishwasher	
	Drinking Fountain	
1	Washing Machine	5
	Hose Bibb	
12'	Gas Piping	25
	Fuel Oil Piping	
1	Water Heater	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Water Cooled A/C or Refrigeration Unit	
1	Sewer Connection	
1	Water Service Connection	
	Gas Service Connection	
	Active Solar System	
	Other	10

Administrative Surcharge $ 5.00
Paid [ ] Check # Minimum Fee $
Collected by: TOTAL $

U.C.C. Form F-130A 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

SIZING FOR WATER AND SEWER SERVICES

Property Owner GUS-M JAVAS Date 2/18/92

Property Address PAG-WETTA- Block 70.29 Lot 1

Zoning 270-CHAMBERSBRIDGE Use Group _____

Contractor GARDEW License No. Registration 8160

Water Main Size _____ Water Pressure _____ Sewer Main Size _____

Plumbing Fixtures	Number	(sfu) Water Units	(dfu) Drainage Units
1. Water Closet	1	(5) 5	( )
2. Lavatory	1	(2) 7	( )
3. Bath Tub		( )	( )
4. Shower Stall		( )	( )
5. Kitchen Sink		( )	( )
6. Service Sink		( )	( )
7. Laundry Tray	1	(3) 3	( )
8. Dishwasher		( )	( )
9. Washing Machine		( )	( )
10. Urinal		( )	( )
11. Floor Drain		( )	( )
12. Drinking Fountain		( )	( )
13. Air Conditioner (water cooled)		( )	( )
14. Dental Unit		( )	( )
15. Lawn Sprinkler No. of Heads		( )	( )
16. Fire Sprinkler No. of Heads		( )	( )
17. _____		( )	( )
18. _____		( )	( )

Total 15

Gallons per minute 11

Size of Service 3/4

Date: _____ Approved: _____

Brick Township Plumbing Inspector

TOWNSHIP OF BRICK

TYPES OF WORK THAT REQUIRE BUILDING PERMITS AND WHAT THE REQUIREMENTS ARE FOR OBTAINING A BUILDING PERMIT

Please read this requirement list carefully. The applicant is completely responsible for submitting everything listed below. Failure to do so will result in the delay of your permit.

ADDITION: Submit two plot plans (see zoning below) showing the location of the addition with setbacks marked on the plot plan. Submit two sets of drawings consisting of cross section drawings showing all materials from footing to roof, and finished elevation view of the sides of the addition. If more than one room is involved, submit two floor plans. If plumbing is involved one application must be submitted by whoever is doing the plumbing. Electrical permits are obtained from Ocean County Electrical Bureau, 2 Mott Place, Toms River. If the plans are drawn by the homeowner, the owner signs each page and the owner section on the application.

ALTERATION: For inside changes, submit 2 copies of floor plan showing changes.

BULKHEADS: As of September 26, 1980, on man-made lagoons only, a permit from the State is an approval from the Army Corps of Engineers. This approval is required for a permit in Brick. On all other natural waterways such as Metedeconk River, Kettle Creek, etc. both State and Army permits are necessary. Submit two plot plans showing location of bulkhead and the bulkhead design sealed by an Engineer.

DECK: Two sets of plans showing how the deck will be built from the footing to the rails, what materials are going to be used, their size, and the depth of the footing. Also include two plot plans showing the location of the proposed deck and what the distance will be to the side and rear property lines.

ELECTRICAL: If there is Electrical work to be done a permit is to be obtained from the Ocean County Electrical Bureau in Toms River. The phone number is (908) 244-2121. IT IS THE OWNERS RESPONSIBILITY TO OBTAIN ELECTRICAL PERMITS. NO CERTIFICATES OF OCCUPANCY WILL BE ISSUED WITHOUT A FINAL ELECTRICAL APPROVAL.

FENCES: Submit one Plot plan showing the location of the fence by placing X's along the property line that the fence will be on.

FIREPLACE & WOOD STOVE: If masonry chimney is being built on outside of house, submit two plot plans showing location along with 2 copies of cross section of foundation, hearth and throat. A Wood burning stove should be installed according to manufacturers specifications.

PLUMBING: Submit 1 Plumbing Technical Section with the heatloss, gas pipe sizing and a isometric sketch. Also a list of any existing plumbing fixtures.

PORCH ENCLOSURES: If you live in a development with an Association you must first receive the Association's approval. Bring us a copy of the approval, submit 2 copies of cross section drawing showing how the porch will be constructed from the footing (if its not there already) to the roof, and what materials you will be using. Also submit 2 copies of the elevation view showing how the porch will be enclosed. Two plot plans showing location of porch and the distance to your property lines. Make sure you complete the Engineering Exemption Form.

ROOFING: Just fill out application form.

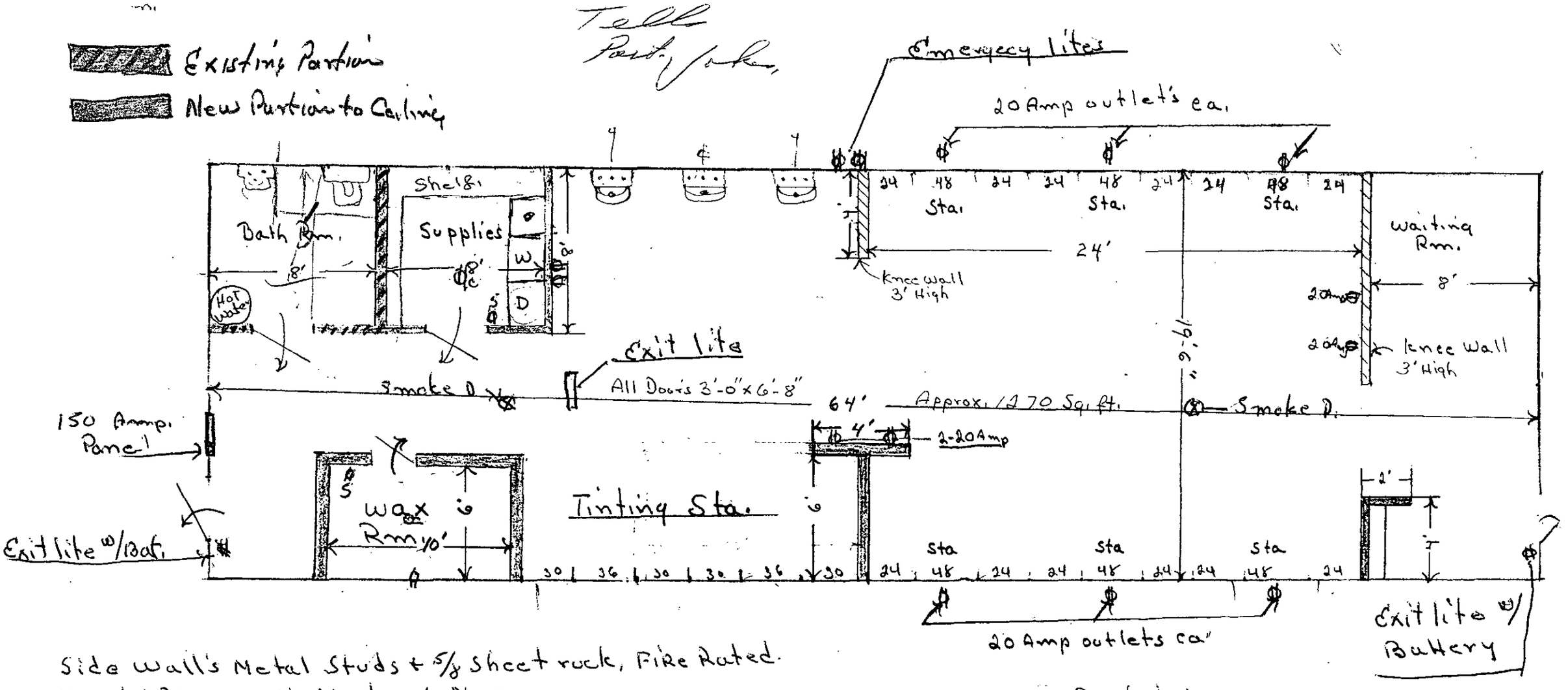
SHEDS: If you're building your own shed, submit 2 copies or cross section of materials materials being used and 2 plot plans showing the location of shed on property and the setbacks to the property lines. If a pre-fab shed just submit plot plan showing location and setbacks.

SIDING: Just fill out application form.

SWIMMING POOLS: Submit 2 plot plans showing location of swimming pool on the property and distance to the property line, 2 pool designs sealed, and a brochure on the filter system. Above Ground pools, submit brochure on pool and filter system, along with 2 plot plans showing location of pool on the property and the setbacks to the property line.

ZONING REQUIREMENTS FOR ADDITIONS AND NEW HOMES: All plot plans must show the required yard areas for the particular zone. All yard requirements are shown to the building line. The building line is a line formed by the intersection of a horizontal plane and a vertical plane that coincides with the most projected exterior surface of the building including eves and overhangs.

All yard areas facing on a public street shall be considered a front yard and shall conform to the minimum front yard requirements for the particular area. The rear yard shall be deemed to be the area opposite the narrowest lot frontage and the remaining lot yard shall be determined to the side yard.



Side Wall's Metal Studs + 5/8 Sheet rock, Fire Rated.
Front + Rear Wall Made of Masonary.
Grid Ceiling w/ Fizzued Tile, Fire rated.
10 - 2'x4' - 4 Tube Flourcant Drop Ins.
2 - Ceiling Smoke Detector's
75 Gal. Hot water Heater to be Installed, in Bath Room

New Partion's
Existing Partions
3' Knee wall New

2/9/93

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing		2/18/93	
Building			
Fire			
Energy			
Electrical			