



**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.

A handwritten signature in black ink, appearing to read "Bryan J. Dickerson".

Bryan J. Dickerson, CA, CMR  
Township Archivist

Issued: 8 January 2020



# CONSTRUCTION PERMIT APPLICATION

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

01-003162

**I. IDENTIFICATION**

1. Proposed Work Site at: 2770 Hooper Ave, Bricktown.

2. Name of Owner in Fee: SANDRA NICCOLAI KENNEDY ASS

Tel. 973 966 2800 e-mail \_\_\_\_\_

Address 641 SHUNPIKE RD CHATHAM NJ 07928

3. Ownership in Fee: Public \_\_\_\_\_ Private \_\_\_\_\_ Municipality \_\_\_\_\_ Zip code \_\_\_\_\_

4. Principal Contractor: GT BUILDERS Tel. 732 600 8095

Address 332 TWIN OAK DR e-mail GT BUILDERS

TOUS RIVER NJ. 732 @ GMAIL.COM

License No. OR, if new home, Builder Reg. No. 13VH07665600 Exp. Date 3/31/22

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. \_\_\_\_\_ FAX: \_\_\_\_\_

5. Architect or Engineer: JOE DI ASS Contact \_\_\_\_\_

Address 18 WASHINGTON ST. TOWNSHIP e-mail \_\_\_\_\_

Tel. 732 240 3433 FAX: \_\_\_\_\_

6. Responsible Person in Charge once Work has Begun \_\_\_\_\_

Tel. GREG 732 600 8095 FAX: \_\_\_\_\_

| V. FEE SUMMARY (for office use only) |               | Update | Update |
|--------------------------------------|---------------|--------|--------|
| 1. Building                          | \$ <u>300</u> |        |        |
| 2. Electrical                        | \$ <u>150</u> |        |        |
| 3. Plumbing                          | \$ <u>150</u> |        |        |
| 4. Fire Protection                   | \$ <u>150</u> |        |        |
| 5. Elevator Devices                  |               |        |        |
| 6. Subtotal                          |               |        |        |
| 7. Less 20% for State Plan Review    | \$            |        |        |
| 8. Subtotal                          | \$            |        |        |
| 9. State Permit Surcharge Fee        | \$ <u>15</u>  |        |        |
| 10. Subtotal                         | \$ <u>15</u>  |        |        |
| 11. Cert. of Occupancy               | \$ <u>150</u> |        |        |
| 12. Other                            |               |        |        |
| 13. TOTAL                            | \$ <u>165</u> |        |        |

**VI. BUILDING/SITE CHARACTERISTICS**

1. Number of Stories ONE

2. Height of Structure EXISTING ft.

3. Area — Largest Floor 1600 sq. ft.

4. New Building Area 1600 sq. ft.

5. Volume of New Structure 14 400 cu. ft.

6. Max. Live Load \_\_\_\_\_

7. Max. Occupancy Load 11

8. If Industrialized Building: State Approved: HUD

9. Total Land Area Disturbed COMMERCIAL sq. ft.

10. Flood Hazard Zone \_\_\_\_\_

11. Base Flood Elevation \_\_\_\_\_ ft.

12. Wetlands yes \_\_\_\_\_ no \_\_\_\_\_

**IIa. PROPOSED WORK**

☐ Minor Work ☐ New Building ☐ Addition ☐ Demolition

☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction

☐ Asbestos Abat. -Subseq. ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

**IIb. SUBCODES** (Check all that apply)

☒ Building

☒ Electrical

☒ Plumbing

☒ Fire Protection

☐ Elevator

**FOR OFFICE USE ONLY (Optional)**

| Est. Cost      | Plans Rec'd by | Date Rec'd     | Rejection Date | Approval Date  | Re-viewer | Resubmission Dates | Re-viewer |
|----------------|----------------|----------------|----------------|----------------|-----------|--------------------|-----------|
| <u>6 000.</u>  | <u>8/10/21</u> |                |                | <u>9/14/21</u> | <u>PH</u> |                    |           |
| <u>4 000.</u>  |                |                |                | <u>9/15/21</u> | <u>PH</u> |                    |           |
| <u>10,000.</u> |                |                |                | <u>9/15/21</u> | <u>PH</u> |                    |           |
| <u>90.</u>     |                |                |                | <u>9/15/21</u> | <u>PH</u> |                    |           |
| <u>ENG</u>     | <u>Exempt</u>  | <u>9/15/21</u> |                |                | <u>PH</u> |                    |           |

TOTAL COST \$ 20,090.00

**III. PLAN REVIEW** (optional)

**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: SALON

2. Use Group, Proposed: B

3. Change in Use Group, Indicate Present: \_\_\_\_\_

**C. MIXED USE** -List secondary use(s): \_\_\_\_\_

**D. Construct. Classification:** Present \_\_\_\_\_ Proposed \_\_\_\_\_

**IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING?**

DO YOU WANT:

1. ☐ Partial Releases

2. ☐ Prototype Processing

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



Brick Township  
401 Chambersbridge Rd  
Brick, NJ 08723

Date Issued 3/23/2022  
Control Number C-21-003162  
Permit Number 21-2439  
Permit Issue Date 9/15/2021  
Certificate Number 21-2439

**Certificate**  
Construction Code Division  
(Certificate of Occupancy)

**Identification**

Work Site Location: 2770 HOOPER AVE - Brick Township, NJ 08723 Block: 670 Lot: 4 Qual: \_\_\_\_\_  
Owner in Fee: KENNEDY MALL ASSOCIATES  
Owner Address: 641 SHUNPIKE RD. CHATHAM NJ 07928  
Telephone: (973) 966-2800  
Contractor: GT BUILDERS  
Address: 332 TWIN OAK DRIVE TOMS RIVER NJ 08753-  
Telephone: (732) 600-8095 Fax: \_\_\_\_\_ Federal Emp. Number: \_\_\_\_\_  
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: ALTERATION - COMMERCIAL, TENANT-FIT UP - - SHADES OF SHAI

**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 NJACS: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.

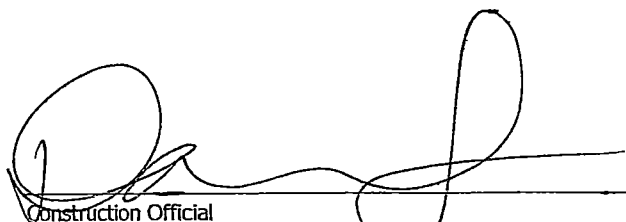
- ☐ Total removal of asbestos hazards in scope of work  
☐ Partial or limited time period ( \_\_\_\_\_ years); see file

☐ **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

Date Printed: 3/23/2022

U.S.C. F280 (rev. 08/05)

Fee: \$150.00  
Check Number: 1026  
Collected By: Nichol Ponsi



# APPLICATION FOR CERTIFICATE

Date Received 8/20/2021  
Date Permit Issued 9/15/2021  
Control # C-21-003162  
Permit # 21-2439  
Date Issued

## IDENTIFICATION

Block 670 Lot 4 Qualifier \_\_\_\_\_  
Work Site Location 2770 HOOPER AVE. Brick Township, NJ 08723 Contractor GT BUILDERS  
Address 332 TWIN OAK DRIVE TOMS RIVER NJ 08753-  
Owner in Fee KENNEDY MALL ASSOCIATES  
641 SHUNPIKE RD. CHATHAM NJ 07928 Telephone (732) 600-8095  
Telephone (973) 966-2800 Lic. No. or Bldrs. Reg. No. \_\_\_\_\_  
Federal Employee No. \_\_\_\_\_

## ACTION

- ☒ CERTIFICATE OF OCCUPANCY  
☐ CERTIFICATE OF CONTINUED OCCUPANCY  
☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE  
☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: \$ 20090

(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 ALTERATION - COMMERCIAL TENANT FIT UP - SHADES OF SHAI

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 \_\_\_\_\_

Owner/Agent

☐ OWNER

☒ AGENT





# ELECTRICAL SUBCODE TECHNICAL SECTION



left  
POST TO: NEW JERSEY  
KOPPELSON

9/18/21  
21-2439

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

Block 670 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 2720 HOOPER AVE BRACKTOWN NJ

Owner in Fee: SANDRA NICCOLA KENNEDY MAIL ASS.

Tel. (732) 966 2800 e-mail \_\_\_\_\_

Address 64 SHUMPIKE RD. CHATHAM NJ 07928  
street municipality zip code

Contractor: Toms River Electric Tel. (732) 684-2676

Address 1889 Rt 9 Toms River e-mail \_\_\_\_\_

Contractor License No. 15135 Exp. Date \_\_\_\_\_

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

Federal Emp. ID No. 22-2248474 FAX: (\_\_\_\_) \_\_\_\_\_

## B. ELECTRICAL CHARACTERISTICS

Use Group Present \_\_\_\_\_ Proposed \_\_\_\_\_

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

Building Occupied as \_\_\_\_\_ Utility Co. \_\_\_\_\_

Est. Cost of Elec. Work \$ 4000.00

### JOB SUMMARY (Office Use Only)

#### PLAN REVIEW

[ ] No Plans Required

[ ] Partial—Underslab Utilities Approved

Date: \_\_\_\_\_ Approved by: \_\_\_\_\_

☒ Electric Plans Approved

Date: 9-17-21 Approved by: MM

Joint Plan Review Required:

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

#### SUBCODE APPROVAL FOR PERMIT

Date: 9-17-21

Approved by: MM

#### SUBCODE APPROVAL FOR CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: 3-11-22

Approved by: MM

#### INSPECTIONS

Type: WAS Failure Failure Approval Initial

Rough \_\_\_\_\_ 11-18-21

Barrier-Free \_\_\_\_\_

Trench \_\_\_\_\_

Temp. Serv. \_\_\_\_\_

Constr. Serv. \_\_\_\_\_

TCO \_\_\_\_\_

Other abaculy 2-2-22 MM

Service \_\_\_\_\_

Final 3-11-22 MM

Barrier-Free \_\_\_\_\_

Temp. Cut-in-Card Date Issued \_\_\_\_\_

Final Cut-in-Card Date Issued \_\_\_\_\_

Annual Pool Inspection \_\_\_\_\_

Date of Grounding and Bonding \_\_\_\_\_

Certification \_\_\_\_\_

## C. CERTIFICATION IN LIEU OF

I hereby certify that I am the \_\_\_\_\_ and am authorized to make this application and perform the \_\_\_\_\_

Applicant sign/Contractor sign and seal here:

Print name here: John

☒ Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr'r [ ] Exempt Applicant

## D. TECHNICAL SITE DATA

### DESCRIPTION OF WORK:

| QTY       | SIZE | ITEMS                          |
|-----------|------|--------------------------------|
| <u>14</u> |      | Lighting Fixtures              |
| <u>15</u> |      | Receptacles                    |
| <u>6</u>  |      | Switches                       |
| <u>1</u>  |      | Detectors                      |
|           |      | Light Poles                    |
|           |      | Motors—Fract/HP                |
|           |      | Emergency & Exit Lights        |
|           |      | Communications Points          |
|           |      | Alarm Devices/F.A.C. Panel     |
|           |      | TOTAL NUMBERS                  |
|           |      | Pool Permit/with UW Lights     |
|           |      | Storable Pool/Spa/Hot Tub      |
|           |      | KW Elec. Range/Receptacle      |
|           |      | KW Oven/Surface Unit           |
| <u>1</u>  |      | KW Elec. Water Heater          |
| <u>1</u>  |      | 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)

\$ \_\_\_\_\_

Administrative Surcharge \$ \_\_\_\_\_

Minimum Fee \$ \_\_\_\_\_

State Permit Surcharge Fee \$ \_\_\_\_\_

TOTAL FEE \$ \_\_\_\_\_



# PLUMBING SUBCODE TECHNICAL SECTION



Date Received  
Control #

9/15/21

Date Issued  
Permit #

31-2439

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

Block 620 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 2720 HOOPER AVE BRICK TOWN

Owner in Fee: SANDRA LICCOLA KEENEVERLY MAIL ASS.

Tel. 973 966 2800 e-mail \_\_\_\_\_

Address 641 SHUNPIKE RD. CHATHAM NJ 07928

Contractor: Chris Gantner Plumbing Tel. 732 773-7620

Address 613 Huntington Ave. Pine Beach N.J 08741 e-mail gantnerplumbing@gmail.com

Contractor License No. 849 8941 Exp. Date 6-30-2023

Home Improvement Contractor Registration No. or Exemption Reason \_\_\_\_\_

Federal Emp. ID No. 815-236-817 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 \$ 10,000.00

## **JOB SUMMARY (Office Use Only)**

| PLAN REVIEW                                                                                                                 |  | INSPECTIONS     |         | Dates (Month/Day) |         |
|-----------------------------------------------------------------------------------------------------------------------------|--|-----------------|---------|-------------------|---------|
|                                                                                                                             |  | Type            | Failure | Approval          | Initial |
| <input type="checkbox"/> No Plans Required                                                                                  |  | Slab            |         | 9-29-21           | AG      |
| <input type="checkbox"/> Partial Underslab Utilities Approved                                                               |  | Rough           |         | 9-29-21           | AG      |
| Date: _____ Approved by: _____                                                                                              |  | Water           |         |                   |         |
| <input checked="" type="checkbox"/> Plumbing Plans Approved                                                                 |  | Sewer           |         |                   |         |
| Date: <u>9-13-21</u> Approved by: <u>[Signature]</u>                                                                        |  | Fixtures        |         |                   |         |
| Joint Plan Review Required: <input type="checkbox"/>                                                                        |  | Gas Equipment   |         | 9-29-21           | AG      |
| <input type="checkbox"/> Bldg. <input type="checkbox"/> Elec. <input type="checkbox"/> Fire. <input type="checkbox"/> Elev. |  | Gas Piping      |         |                   |         |
| SUBCODE APPROVAL FOR PERMIT                                                                                                 |  | LPGas Tank      |         |                   |         |
| Date: <u>9-13-21</u>                                                                                                        |  | Fuel Oil Piping |         |                   |         |
| Approved by: <u>[Signature]</u>                                                                                             |  | Solar           |         |                   |         |
| SUBCODE APPROVAL FOR CERTIFICATE                                                                                            |  | TCO             |         |                   |         |
| <input checked="" type="checkbox"/> CO <input type="checkbox"/> CCO <input type="checkbox"/> CA                             |  | Final           |         | 3-11-22           | AG      |
| Date: <u>3-11-22</u>                                                                                                        |  |                 |         |                   |         |
| Approved by: <u>Wm. Deling</u>                                                                                              |  |                 |         |                   |         |

Hair strainers, \* wet vent VTR  
in Fl. sinks For Floor sinks  
OK NO AAU'S

## **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: Chris Gantner  
Licensed Contractor

## **D. TECHNICAL SITE DATA**

### DESCRIPTION OF WORK

Tenet fit up. Salon

| QTY.  | FIXTURE/EQUIPMENT        | FEE (Office Use Only) |
|-------|--------------------------|-----------------------|
| _____ | Water Closet             | \$ _____              |
| _____ | Urinal/Bidet             | \$ _____              |
| _____ | Bath Tub                 | \$ _____              |
| _____ | Lavatory                 | \$ _____              |
| _____ | Shower                   | \$ _____              |
| _____ | Floor Drain              | \$ _____              |
| 4     | Sink                     | \$ _____              |
| _____ | Dishwasher               | \$ _____              |
| _____ | Drinking Fountain        | \$ _____              |
| 1     | Washing Machine          | \$ _____              |
| 1     | Hose Bibb                | \$ _____              |
| _____ | Water Heater             | \$ _____              |
| _____ | 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                    | \$ _____              |

COMMERCIAL

|                            |          |
|----------------------------|----------|
| Administrative Surcharge   | \$ _____ |
| Minimum Fee                | \$ _____ |
| State Permit Surcharge Fee | \$ _____ |
| TOTAL FEE                  | \$ _____ |



# **FIRE PROTECTION SUBCODE TECHNICAL SECTION**



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

Block 670 Lot 4 Qualification Code \_\_\_\_\_  
Work Site Location 2720 HOOPER AVE BRICK TOWN N.J.

Owner in Fee: SANDRA NICOLAI KENNEDY MAIL ASS

Tel. 973 966 2800 e-mail \_\_\_\_\_

Address 641 SHUNPIKE RD CHANHAM NJ 07928  
street municipality zip code

Contractor: Toms River Electric Tel. (\_\_\_\_) \_\_\_\_\_

Address 1889 Rt 9 Toms River e-mail \_\_\_\_\_

Fire Protection Equipment, NJ Div of Fire Safety Permit No. 15735

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. 22-2248494 FAX: (\_\_\_\_) \_\_\_\_\_

## **B. FIRE PROTECTION CHARACTERISTICS**

Use Group: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Storage Tank:

Constr. Class: Present \_\_\_\_\_ Proposed \_\_\_\_\_ Fuel Type: [ ] Flammable OR [ ] Combustible

Heating System: [ ] New OR [ ] Modification to Existing Capacity \_\_\_\_\_

OR [ ] Conversion OR [ ] Replacement Fire Alarm System: [ ] New OR [ ] Existing

Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Location of Panel: \_\_\_\_\_

Other \_\_\_\_\_ Fire Suppression/Standpipe System:

Location: \_\_\_\_\_ [ ] New OR [ ] Existing

Total Cost of Fire Protection Work \$ 90.00 Location of Main Control Valve: \_\_\_\_\_

| JOB SUMMARY (Office Use Only)            |  | INSPECTIONS         |         | Dates (Month/Day) |         |
|------------------------------------------|--|---------------------|---------|-------------------|---------|
| PLAN REVIEW                              |  | Type                | Failure | Approval          | Initial |
| [ ] No Plans Required                    |  | Alarm System        |         |                   |         |
| [ ] Partial Underslab Utilities Approved |  | Suppression Sys     |         |                   |         |
| Date: _____ Approved by: _____           |  | Standpipe           |         |                   |         |
| [ ] Fire Protection Plans Approved       |  | Fire Pump           |         |                   |         |
| Date: _____ Approved by: <u>LTC</u>      |  | Pre-Eng. System     |         |                   |         |
| Joint Plan Review Required:              |  | Mechanical          |         |                   |         |
| [ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev. |  | Smoke Control       |         |                   |         |
| SUBCODE APPROVAL for PERMIT              |  | TCO                 |         |                   |         |
| Date: <u>9-14-21</u>                     |  | Flam/Combust. Tanks |         |                   |         |
| Approved by: <u>ICB</u>                  |  | Fireplace Venting   |         |                   |         |
| SUBCODE APPROVAL for CERTIFICATE         |  | Final               |         |                   |         |
| [ ] CO [ ] SCC [ ] CA                    |  | Other               |         |                   |         |
| Date: <u>3-15-22</u>                     |  |                     |         |                   |         |
| Approved by: <u>ICB</u>                  |  |                     |         |                   |         |

## **C. CERTIFICATION IN LIEU OF OAT**

I hereby certify that I am the (agent, proprietor, and) authorized to make this application.

Applicant sign/Contractor sign and seal here: [Signature]

Print name here: Jeff Miller

## **D. TECHNICAL SITE DATA**

DESCRIPTION OF WORK: \_\_\_\_\_

Water Supply Source \_\_\_\_\_

Method of Alarm/Suppression System Supervision \_\_\_\_\_

|                                                      | NUMBER | FEE (Office Use Only) |
|------------------------------------------------------|--------|-----------------------|
| Flammable/Combustible Tanks                          |        | \$ _____              |
| Alarm Systems                                        |        |                       |
| [ ] System                                           |        |                       |
| [ ] 110v Interconnected                              |        |                       |
| [ ] CO Detectors/110v                                |        |                       |
| Alarm Devices (i.e., smoke, heat, pulls, water/flow) |        |                       |
| Supervisory Devices (i.e., tampers, low/high air)    |        |                       |
| Signaling Devices (i.e., horn/strobes, bells)        |        |                       |
| Other Devices                                        |        |                       |
| TOTAL                                                |        |                       |
| Suppression Systems                                  |        |                       |
| Fire Pump _____ GPM Type _____                       |        |                       |
| Dry Pipe/Alarm Valves                                |        |                       |
| Pre-action Valves                                    |        |                       |
| Sprinkler Heads (Dry and Wet)                        |        |                       |
| Standpipes                                           |        |                       |
| Pre-engineered Systems                               |        |                       |
| Wet Chemical                                         |        |                       |
| Dry Chemical                                         |        |                       |
| CO <sub>2</sub> 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 \$                  |  |



## Nichol Ponsi

---

**From:** Susan Stanisz <sstanisz@brickmua.com>  
**Sent:** Wednesday, March 23, 2022 11:17 AM  
**To:** Nichol Ponsi  
**Cc:** Susan Stanisz; Bev O'Neill  
**Subject:** 2770 HOOPER AVE. SALON

Hi Nicole, we were out there & they are ok to CO.

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

**Tenant fit-ups / Commercial Renovations**

Certificate requirements

[print](#)  
[reset defaults](#)  
[check all](#)  
[complete](#)

**Tenant fit-ups / Commercial Renovations****UCC Requirements**

|                                                    |                                |                                     |                                     |
|----------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------|
| Approved Final Building Inspection                 | <a href="#">remove comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Electrical Inspection               | <a href="#">remove comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Plumbing Inspection                 | <a href="#">remove comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Fire Inspection                     | <a href="#">remove comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| Approved Final Elevator Inspection (If Applicable) | <a href="#">remove comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |

**Prior Approvals**

|                                                                                                |                                |                                     |                                     |
|------------------------------------------------------------------------------------------------|--------------------------------|-------------------------------------|-------------------------------------|
| Approval from the BTMUA (732) 458-7000                                                         | <a href="#">remove comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| <b>emailed MUA on 3/16/22 MFF ok per Sue NP</b>                                                |                                |                                     |                                     |
| Approval from the Division of Engineering (If Applicable)                                      | <a href="#">remove comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable) | <a href="#">remove comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Affordable Housing Approval (If Applicable)                                                    | <a href="#">remove comment</a> | <input type="checkbox"/>            | <input checked="" type="checkbox"/> |
| Signed Certificate of Occupancy Application                                                    | <a href="#">remove comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |
| All Updates Have Been Approved                                                                 | <a href="#">remove comment</a> | <input checked="" type="checkbox"/> | <input type="checkbox"/>            |

This checklist has been given to: [\(edit\)](#)



# CONSTRUCTION PERMIT

Date Issued 9/15/21  
Control # C-21-003162  
Permit # 21-0434

IDENTIFICATION Block: 670 Lot: 4 Qualifier \_\_\_\_\_  
Work Site Location: 2770 HOOPER AVE. Brick Township, NJ 08723 Contractor GT BUILDERS  
Address 332 TWIN OAK DRIVE TOMS RIVER NJ 08753-  
Owner in Fee KENNEDY MALL ASSOCIATES  
641 SHUNPIKE RD. CHATHAM NJ 07928 Telephone: (732) 600-8095  
Telephone: (973) 966-2800 Lic. No. or Bldrs. Reg. No. 039648 13VH07665600  
Federal Employee. No. \_\_\_\_\_

## 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:

ALTERATION - COMMERCIAL TENANT FIT UP - SHADES OF SHAI

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 \$20,090

U.C.C. F-170  
equiv (rev 1/04)

1 WHITE - INSPECTOR

2 CANARY - OFFICE

3 PINK - TAX ASSESSOR

4 GOLD - APPLICANT

## PAYMENTS (Office Use Only)

|                  |             |
|------------------|-------------|
| Building         | \$300       |
| Electrical       | \$150       |
| Plumbing         | \$255       |
| Fire Protection  | \$116       |
| Elevator Devices | \$0         |
| Other            | \$0.00      |
| DCA Training Fee | \$38        |
| CO Fee           | \$150.00    |
| Other            | \$0         |
| Total            | \$1,009     |
| Check No.        | <u>1084</u> |
| Cash             | \$0         |
| Credit           | \$0         |
| Collected By     |             |

## 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.

## **SIZING FOR WATER AND SEWER SERVICES**

PROPERTY OWNER Kennedy Mall Ass. Unit 12 (was DSW) DATE 9/13/21

PROPERTY ADDRESS 2770 Hooper Ave BLOCK 670 LOT 4

ZONING Hair salon - SHADES OF SHAI USE GROUP B

CONTRACTOR Chris Gantner LICENSE # REGISTRATION 8941

WATER MAIN SIZE 1" WATER PRESSURE \_\_\_\_\_ SEWER MAIN SIZE \_\_\_\_\_

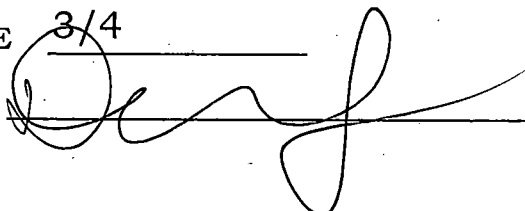
| <u>PLUMING FIXTURES</u>           | <u>NUMBER</u>                    | <u>(sfu)</u> | <u>WATER UNITS</u> | <u>(dfu)</u> | <u>DRANAGE</u> |
|-----------------------------------|----------------------------------|--------------|--------------------|--------------|----------------|
| 1. BATHROOM GROUP                 | _____                            | ( )          | _____              | ( )          | _____          |
| 2. KITCHEN GROUP                  | _____                            | ( )          | _____              | ( )          | _____          |
| 3. WATER CLOSETS                  | <u>1</u>                         | ( )          | <u>2.5</u>         | ( )          | _____          |
| 4. LAVATORY                       | <u>1</u>                         | ( )          | <u>1</u>           | ( )          | _____          |
| 5. BATH TUB                       | _____                            | ( )          | _____              | ( )          | _____          |
| 6. SHOWER STALL                   | _____                            | ( )          | _____              | ( )          | _____          |
| 7. KITCHEN SINK                   | <u>1 Breakroom 2 other sinks</u> | ( )          | <u>4.5</u>         | ( )          | _____          |
| 8. SERVICE SINK                   | <u>1</u>                         | ( )          | _____              | ( )          | _____          |
| 9. LAUNDRY TRAY                   | _____                            | ( )          | _____              | ( )          | _____          |
| 10. DISHWASHER                    | _____                            | ( )          | _____              | ( )          | _____          |
| 11. WASHING MACHINE               | <u>1</u>                         | ( )          | <u>4</u>           | ( )          | _____          |
| 12. URINAL                        | _____                            | ( )          | _____              | ( )          | _____          |
| 13. FLOOR DRAIN                   | _____                            | ( )          | _____              | ( )          | _____          |
| 14. DRINK FOUNTAIN                | _____                            | ( )          | _____              | ( )          | _____          |
| 15. AIR CONDITION<br>WATER COOLED | _____                            | ( )          | _____              | ( )          | _____          |
| 16. DENTAL UNIT                   | _____                            | ( )          | _____              | ( )          | _____          |
| 17. LAWN SPRINKLE                 | _____                            | ( )          | _____              | ( )          | _____          |
| 18. FIRE SPRINKLE                 | _____                            | ( )          | _____              | ( )          | _____          |
| 19. HOSE BIBS                     | _____                            | ( )          | _____              | ( )          | _____          |

TOTALS 12

GALLONS PER MINUTE 9

SIZE of SERVICE 3/4

DATE: 9/13/21

APPROVED BY: 

\* \* \* Communication Result Report ( Sep. 13. 2021 4:42PM ) \* \* \*

1)  
2)

Date/Time: Sep. 13. 2021 4:41PM

| File No. Mode  | Destination | Pg(s) | Result | Page Not Sent |
|----------------|-------------|-------|--------|---------------|
| 0522 Memory TX | BTMUA FAX   | P. 1  | OK     |               |

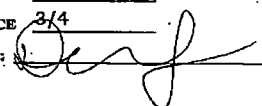
## Reason for error

E. 1) Hang up or line fail  
 E. 3) No answer  
 E. 5) Exceeded max. E-mail size

E. 2) Busy  
 E. 4) No facsimile connection  
 E. 6) Destination does not support IP-Fax

**SIZING FOR WATER AND SEWER SERVICES**

PROPERTY OWNER Kennedy Mall Ass. Unit 12 (was DSW) DATE 9/13/21  
 PROPERTY ADDRESS 2770 Hooper Ave BLOCK 670 LOT 4  
 ZONING Hair salon - SHADES OF SHAI USE GROUP B  
 CONTRACTOR Chris Gantner LICENSE # REGISTRATION 8941  
 WATER MAIN SIZE 1" WATER PRESSURE \_\_\_\_\_ SEWER MAIN SIZE \_\_\_\_\_

| PLUMBING FIXTURES                 | NUMBER   | (gfm)                                                                                             | WATER UNITS        | (dft)      | DRAINAGE |
|-----------------------------------|----------|---------------------------------------------------------------------------------------------------|--------------------|------------|----------|
| 1. BATHROOM GROUP                 | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 2. KITCHEN GROUP                  | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 3. WATER CLOSETS                  | <u>1</u> | ( )                                                                                               | <u>2.5</u>         | ( )        | _____    |
| 4. LAVATORY                       | <u>1</u> | ( )                                                                                               | <u>1</u>           | ( )        | _____    |
| 5. BATH TUB                       | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 6. SHOWER STALL                   | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 7. KITCHEN SINK                   | <u>1</u> | ( )                                                                                               | <u>4.5</u>         | ( )        | _____    |
| 8. SERVICE SINK                   | <u>1</u> | ( )                                                                                               | _____              | ( )        | _____    |
| 9. LAUNDRY TRAY                   | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 10. DISHWASHER                    | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 11. WASHING MACHINE               | <u>1</u> | ( )                                                                                               | <u>4</u>           | ( )        | _____    |
| 12. URINAL                        | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 13. FLOOR DRAIN                   | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 14. DRINK FOUNTAIN                | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 15. AIR CONDITION<br>WATER COOLED | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 16. DENTAL UNIT                   | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 17. LAWN SPRINKLE                 | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 18. FIRE SPRINKLE                 | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| 19. ROSE BIBS                     | _____    | ( )                                                                                               | _____              | ( )        | _____    |
| TOTALS                            |          |                                                                                                   | <u>12</u>          |            |          |
|                                   |          |                                                                                                   | GALLONS PER MINUTE | <u>9</u>   |          |
|                                   |          |                                                                                                   | SIZE OF SERVICE    | <u>3/4</u> |          |
| DATE: <u>9/13/21</u>              |          | APPROVED BY:  |                    |            |          |

RECEIVING CLERK \_\_\_\_\_  
DATE REC'D \_\_\_\_\_

# ZONING PERMIT APPLICATION

PERMIT # \_\_\_\_\_  
DATE ISSUED \_\_\_\_\_

BLOCK: 670 LOT: 4 QUALIFIER: \_\_\_\_\_ SITE ADDRESS: 2770 Hooper AVE BRICK

## IDENTIFICATION:

1. NAME OF OWNER IN FEE: SANDRA NICCOLAI KENNEDY MAIL ASS.  
COMPLETE ADDRESS: 641 SHUPLINE RD. CHATHAM NJ 07928  
PHONE # 973 966 2800 EMAIL: \_\_\_\_\_

2. NAME OF APPLICANT: GT BUILDERS  
APPLICANT ADDRESS: 332 TWIN OAK DR TOWNS RIVER 08253  
PHONE # 326 008095 EMAIL: G.T.BUILDERS732@GMAIL.COM

3. RESPONSIBLE PERSON FOR WORK: GREG TIRODORA  
PHONE # 326 008095 FAX # \_\_\_\_\_

4. SIGNATURE OF APPLICANT: 

## FOR OFFICE USE ONLY

### FEE SUMMARY:

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

## REQUIRED BY APPLICANT

RESIDENTIAL: ☒  
COMMERCIAL: ☒  
EXISTING USE: SFR  
PROPOSED USE: SFR

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: Tea & Coffee Fit up SALON

## ZONING REVIEW:

DATE REVIEWED: 9-2-21 DATE DENIED: \_\_\_\_\_ DATE APPROVED: 9-2-21 INTLS: C

(SEE BACK PAGE)



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

Date Issued: \_\_\_\_\_  
Application Number: ZA-21-01341  
Application Date: 9/1/2021  
Project Number: \_\_\_\_\_  
Permit Number: \_\_\_\_\_  
Fee: \$75.00

## Zoning Permit

Worksite **2770 HOOPER AVE.**  
Location: **Brick Township, NJ 08723**

Owner: **KENNEDY MALL ASSOCIATES**  
Address: **641 SHUNPIKE RD.**  
**CHATHAM, NJ 07928**

Applicant: **GT BUILDERS**  
Address: **332 TWIN OAK DRIVE**  
**TOMS RIVER, NJ 08753-**

Block: 670 Lot: 4 Qualifier: \_\_\_\_\_ Zone: B-2

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

Present Use: **Hair Salon/Barber Shop**

☐ Non Conforming Use

☐ Non Conforming Structure

Proposed Use: **Hair Salon/Barber Shop Shades of Shai**

Work Description:

**Tenant Fit-Up - Interior alterations for new tenant. Changing to a hair salon. (Shades of Shai)**

**Additional Zoning permit is required for additional work or signage.**

Application Approved Date: 9/2/2021

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

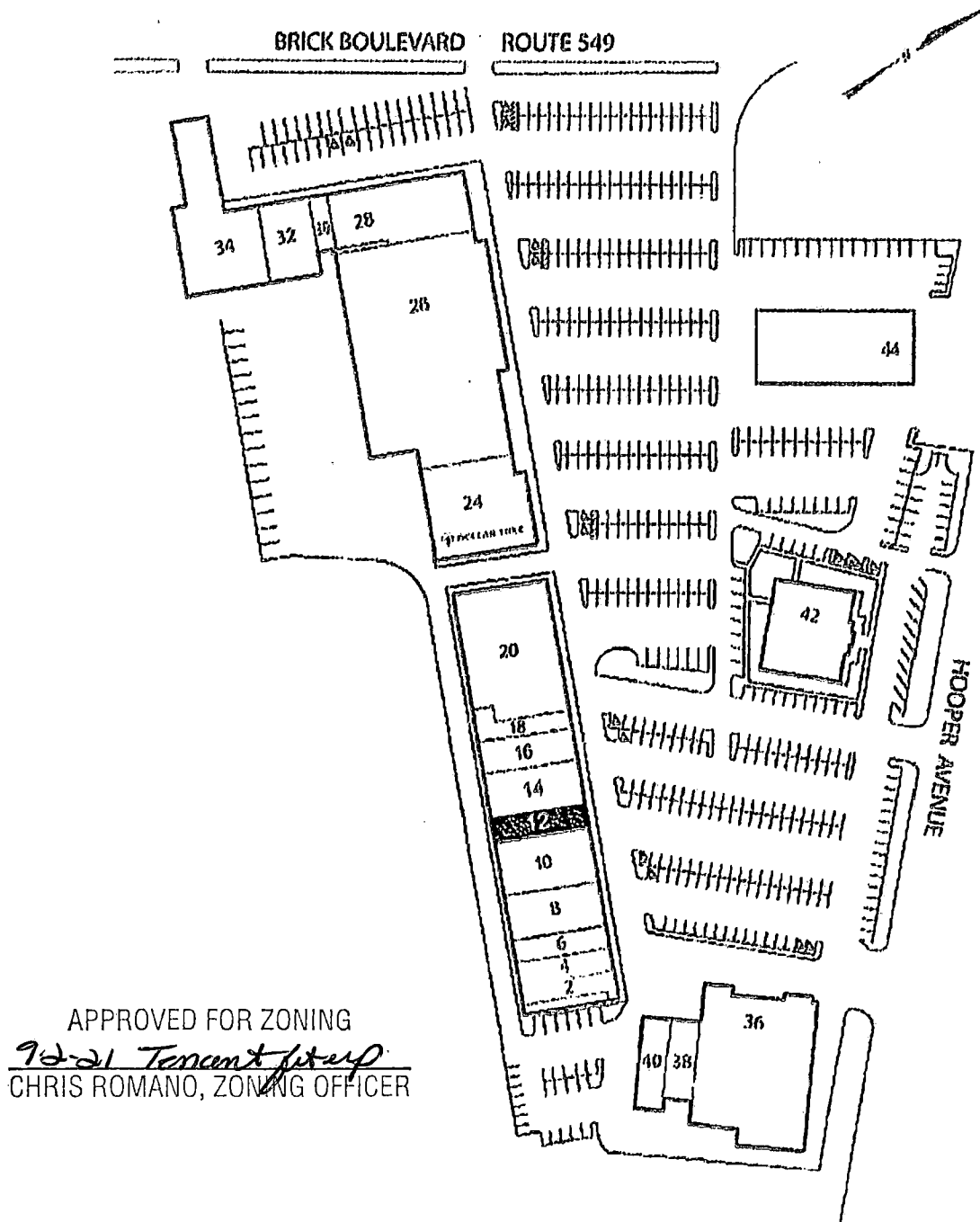
☐ Zoning Officer

Christopher J. Romano, Zoning Officer

9/2/2021

Date

# Exhibit A:



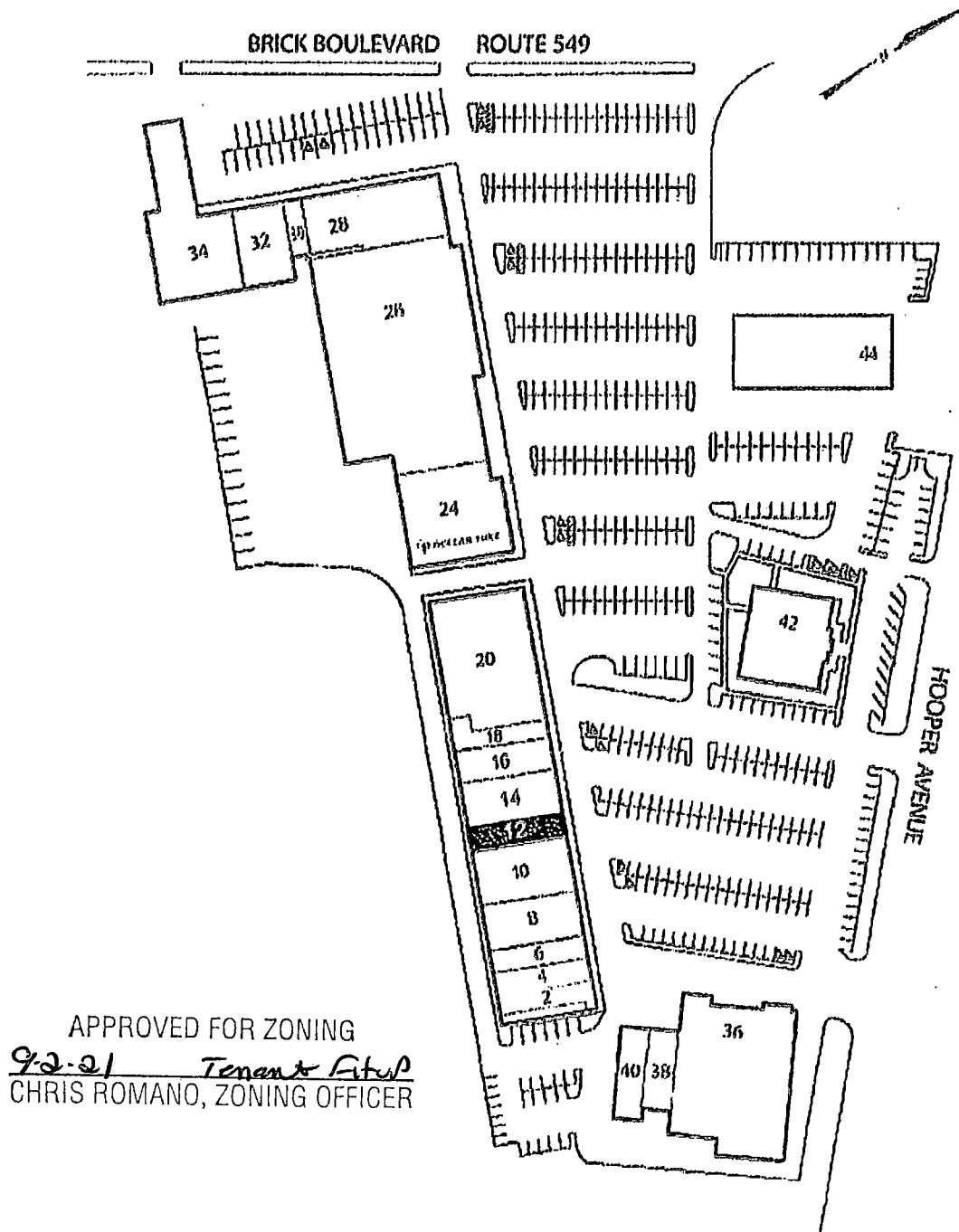
APPROVED FOR ZONING  
9-2-21 Tenant fit up  
 CHRIS ROMANO, ZONING OFFICER

2770 HOOPER AVE BRICK TOWN N.J.  
BLOCK 670 LOT 4

|          |         |
|----------|---------|
| Landlord | Tenant  |
| SDW      | ST      |
| 6/7/21   | 6/21/21 |



# Exhibit A:



APPROVED FOR ZONING  
9-2-21 *Tenant's Atty*  
 CHRIS ROMANO, ZONING OFFICER

2770 HOOPER AVE BRICKTOWN NJ  
Block 670 Lot 4

|          |         |
|----------|---------|
| Landlord | Tenant  |
| SDW      | ST      |
| 6/7/21   | 6/21/21 |

# ENGINEERING PERMIT APPLICATION

RECEIVING CLERK \_\_\_\_\_

PERMIT # \_\_\_\_\_

BLOCK 670 LOT 4 ADDRESS 2770 Hooper Ave Brick**IDENTIFICATION:**

1. WORK SITE ADDRESS 2770 HOOPER AVE BRICKTOWN NJ
2. APPLICANT SANDRA NICCOLAI KENNEDY MAIL ASS...
3. NAME OF OWNER IN FEE SANDRA NICCOLAI  
ADDRESS 641 SHUNPICK RD. CHATHAM NJ 07928  
PHONE 973 966 2800 EMAIL \_\_\_\_\_
4. PRINCIPAL CONTRACTOR GT BUILDERS  
ADDRESS 332 TWIN OAK DR. TOWNS RIVER NJ 08853  
PHONE 732 600 8095 EMAIL GTBUILDERS732@GMAIL.COM
5. ARCHITECT OR ENGINEER YEZZI ASS.  
ADDRESS 18 WASHINGTON ST TOWNS RIVER NJ  
PHONE 732 240 3433 EMAIL \_\_\_\_\_
6. RESPONSIBLE PERSON FOR WORK GREG TRODDA  
ADDRESS 332 TWIN OAK DR  
PHONE 732 600 8095 EMAIL GT-BUILDERS732@GMAIL.COM

**FEE SUMMARY:**

APPLICATION FEE \$ \_\_\_\_\_

REVIEW FEE \$ \_\_\_\_\_

INSPECTION FEE \$ \_\_\_\_\_

OTHER \$ \_\_\_\_\_

BOND(S) \$ \_\_\_\_\_

TOTAL \$ \_\_\_\_\_

**SPECIAL CONDITIONS:**

OCEAN COUNTY SOILS \_\_\_\_\_

DRAINAGE EASEMENTS \_\_\_\_\_

UTILITY EASEMENTS \_\_\_\_\_

CONSERVATION EASEMENTS \_\_\_\_\_

FEMA REQUIREMENTS \_\_\_\_\_

D.E.P. PERMITS \_\_\_\_\_

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER \_\_\_\_\_

APPROVED DATE \_\_\_\_\_

**PROJECT DESCRIPTION:**

- ☐ GRADING/CLEARING ☐ ROAD OPENING ☐ SOIL REMOVAL / FILL
- ☐ RETAINING WALL ☐ POOL ☐ BULKHEAD / DOCK ☐ DWELLING
- ☐ TREE REMOVAL ☐ COMMERCIAL SITE MAINTENANCE

DESCRIPTION

Tenant Fit Up**ENGINEERING REVIEW:**

DATE RECEIVED \_\_\_\_\_ DATE REJECTED \_\_\_\_\_ DATE APPROVED \_\_\_\_\_ INITIALS \_\_\_\_\_



# COMMERCIAL-GRADE RESIDENTIAL ELECTRIC WATER HEATERS

## PROLINE® STANDARD

### ENHANCED HEATING ELEMENTS

- Dual 4500 watt elements for fast recovery and reliable operation\*
- Incoloy stainless steel lower element lasts longer than a standard copper element

### DYNACLEAN™ DIFFUSER DIP TUBE

- Helps reduce lime and sediment buildup and maximizes hot water output. Made from long-lasting PEX cross-linked polymer (diffuser design is not used on lowboy models.)

### HIGHER EFFICIENCY

- Eco-friendly non-CFC foam insulation, heat traps and other features combine to yield a higher Uniform Energy Factor that maximizes savings on operating costs.

### COREGARD™ ANODE ROD

- Our anode rods have a stainless steel core that extends the life of the anode rod allowing superior tank protection far longer than standard anode rods

### BLUE DIAMOND® GLASS COATING

- Provides superior corrosion resistance compared to industry standard glass lining

### ENHANCED-FLOW BRASS DRAIN VALVE

- Our residential water heaters have a solid brass, tamper resistant, enhanced-flow, ball type, drain valve
- Uses a standard female hose fitting that allows for fast and easy draining during maintenance
- Designed for easy operation, this valve includes an integral screwdriver slot that features a ¼ turn (open/close) radius, which not only permits full straight-through water flow but also a quick and positive shut off

### CODE COMPLIANCE

- Meets UBC and ICC National Codes and listed with CEC
- Complies with the Federal Energy Conservation Standards effective April 16, 2015, in accordance with the Energy Policy and Conservation Act (EPCA), as amended

### APPROVED FOR MANUFACTURED HOUSING

- All residential electric water heaters are compliant with HUD Standards for mobile homes/manufactured housing

### CERTIFIED TO UL 174 FOR HOUSEHOLD ELECTRIC WATER HEATERS

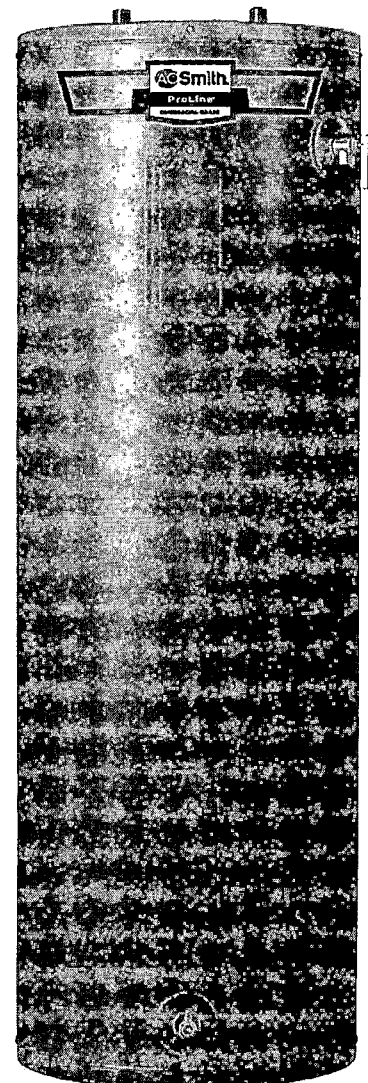
### CSA CERTIFIED AND ASME RATED T&P RELIEF VALVE

### DESIGN-LISTED BY UNDERWRITERS LABORATORIES

- Certified at 300 psi test pressure and 150 psi working pressure
- Listed according to UL 174 standards governing storage tank-type electric water heaters

### 6-YEAR LIMITED TANK AND PARTS WARRANTY

- For complete information, consult written warranty or go to [hotwater.com](http://hotwater.com)





# COMMERCIAL-GRADE RESIDENTIAL ELECTRIC WATER HEATERS

| Model Number              | Nominal Capacity | Rated Storage Volume | First Hour Rating (Gallons) | UEF  | Recovery @ 90°F Rise Gallon Per Hour | Element Wattage 240V |         |         | Dimensions in Inches |        |        | Approx. Shipping Weight (lbs) |
|---------------------------|------------------|----------------------|-----------------------------|------|--------------------------------------|----------------------|---------|---------|----------------------|--------|--------|-------------------------------|
|                           |                  |                      |                             |      |                                      | Standard             | Minimum | Maximum | A                    | B      | C      |                               |
| Tall Models               |                  |                      |                             |      |                                      |                      |         |         |                      |        |        |                               |
| ENT-30†                   | 30               | 27                   | 48                          | 0.89 | 21                                   | 4500                 | 1000    | 6000    | 46-1/2               | 39-1/2 | 19     | 95                            |
| ENT-40†                   | 40               | 36                   | 53                          | 0.92 | 21                                   | 4500                 | 3500    | 6000    | 61-1/4               | 53-1/4 | 18     | 118                           |
| ENT-50†                   | 50               | 46                   | 62                          | 0.92 | 21                                   | 4500                 | 3000    | 6000    | 59                   | 51-1/4 | 20-1/2 | 125                           |
| ENT-55†                   | 55               | 55                   | 72                          | 0.93 | 21                                   | 4500                 | 2500    | 6000    | 56-1/2               | 48-1/2 | 24     | 145                           |
| Short Models              |                  |                      |                             |      |                                      |                      |         |         |                      |        |        |                               |
| ENSB-30*                  | 30               | 27                   | 50                          | 0.90 | 21                                   | 4500                 | 1000    | 6000    | 39                   | 30-1/2 | 20     | 95                            |
| ENS-30†                   | 30               | 27                   | 47                          | 0.89 | 21                                   | 4500                 | 1000    | 6000    | 39-3/4               | 30-1/2 | 22     | 94                            |
| ENS-40†                   | 40               | 37                   | 55                          | 0.92 | 21                                   | 4500                 | @ 4500  | 6000    | 49-3/4               | 40-3/4 | 20-1/2 | 109                           |
| ENS-40W†                  | 40               | 37                   | 41                          | 0.88 | 18                                   | -                    | 1000    | 4000    | 49-3/4               | 40-3/4 | 20-1/2 | 109                           |
| ENS-50†                   | 50               | 46                   | 57                          | 0.92 | 21                                   | 4500                 | 2500    | 6000    | 49-1/4               | 40-3/8 | 23     | 161                           |
| Lowboy Top Connect Models |                  |                      |                             |      |                                      |                      |         |         |                      |        |        |                               |
| ENLB-30*†                 | 28               | 26                   | 43                          | 0.89 | 21                                   | 4500                 | 1000    | 6000    | 30                   | 21-3/4 | 20     | 90                            |
| ENL-30†                   | 28               | 26                   | 44                          | 0.90 | 21                                   | 4500                 | 1000    | 6000    | 31 1/4               | 21-3/4 | 24     | 115                           |
| ENL-36†                   | 36               | 33                   | 51                          | 0.92 | 21                                   | 4500                 | @ 4500  | 6000    | 32                   | 24     | 24     | 118                           |
| ENL-40†                   | 38               | 35                   | 50                          | 0.89 | 21                                   | 4500                 | 1000    | 6000    | 33 1/2               | 24     | 26     | 118                           |
| ENLB-40*†                 | 38               | 35                   | 51                          | 0.92 | 21                                   | 4500                 | @ 4500  | 6000    | 32                   | 24     | 23     | 118                           |
| ENLB-40W*†                | 38               | 35                   | 38                          | 0.90 | 18                                   | -                    | 1000    | 4000    | 32                   | 24     | 23     | 118                           |
| ENLB-50*†                 | 48               | 44                   | 60                          | 0.93 | 21                                   | 4500                 | @ 4000  | 6000    | 34                   | 25     | 26-1/2 | 172                           |
| ENLB-50W*†                | 48               | 44                   | 40                          | 0.91 | 16                                   | -                    | 1000    | 3500    | 34                   | 25     | 26-1/2 | 172                           |
| ENL-50†                   | 51               | 48                   | 51                          | 0.92 | 21                                   | 4500                 | 4000    | 6000    | 36                   | 25     | 26-1/2 | 172                           |

Male 3/4" water connections on 8" center.

\*Models ship with supplied insulation blanket.

†For 10-year tank and 10-year parts warranty, change "E" to "P" in the model number (example: ENT-30 becomes PNT-30).

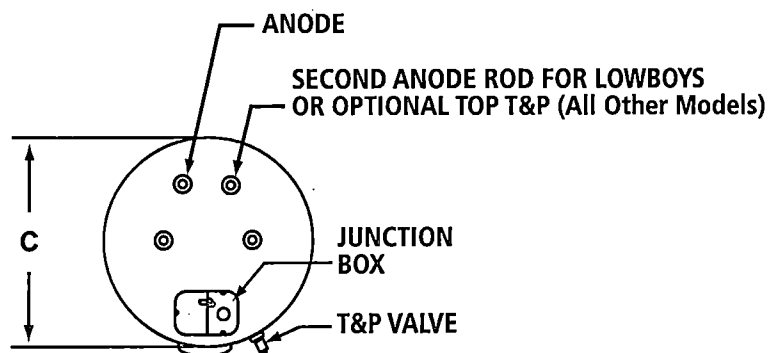
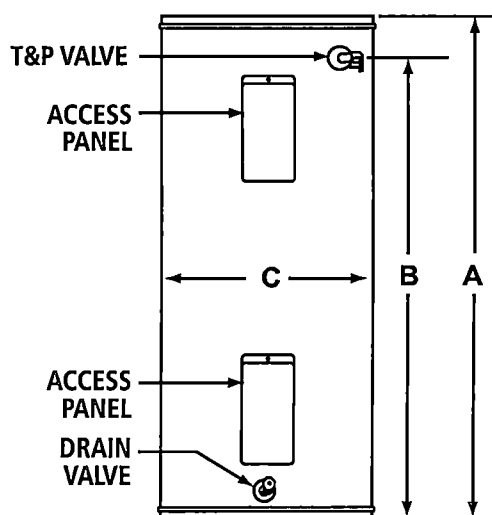
Models requiring a lower wattage than what is listed in the minimum wattage column and showing the @ symbol, will change to a "W" suffix model number.

"W" suffix models are available down to 1kW. (example: ENS-40 using 4,000 watt elements or less will become "ENS-40W").

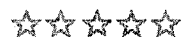
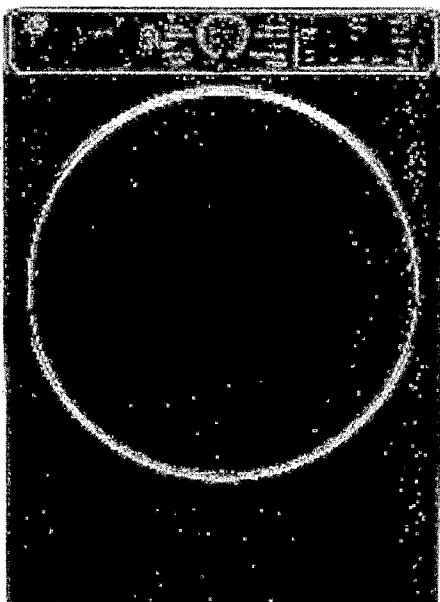
Top T&P is not available on the 10 year lowboy models and the ENL-40.

Dimensions and specifications subject to change without notice in accordance with our policy of continuous product improvement.

Minimum wattage for ENT-50 is 3000 watts.



For technical information call 800-527-1953. A. O. Smith Corporation reserves the right to make product changes or improvements without prior notice.



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**GE 7.8-cu ft Stackable Steam Cycle  
Electric Dryer (Sapphire Blue)**

Item #1601389 Model #GED85ESP/NRS

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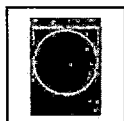
Stainless steel drum - enjoy premium durability with a drum that resists rust...

Washer Link - wirelessly links your washer to your dryer so you only choo...

Powersteam - refresh small loads and dewrinkle larger loads with the power ...

**Manufacturer Color/Finish:**

Sapphire Blue



+16  
more



+1  
videos

—  +  
Qty

Includes dryer only; For connection, new dryer duct and power cord required; manufacturers recommend semi-rigid ducts

# OVERVIEW

At GE Appliances, we bring good things to life. Our goal is to help people improve their lives at home by providing quality appliances that were made for real life. Whether it's enjoying the tradition of making meals from scratch or tackling a mountain of muddy jeans and soccer jerseys, GE Appliances are crafted to support any and every task in the home.

- **Stainless steel drum** - enjoy premium durability with a drum that resists rust and helps protect clothes
- **Washer Link** - wirelessly links your washer to your dryer so you only choose a setting once
- **PowerSteam** - refresh small loads and dewrinkle larger loads with the power of steam
- **Built-in WiFi** - start, stop and monitor your laundry from anywhere while receiving real-time notifications and updates
- **Quick Dry** - quickly dries items and small loads for families on the go
- **Reduce Static** - helps remove static cling by spraying a gentle mist of steam near the end of the cycle
- **Sanitize Cycle** - allows for a deeper clean with elevated temperatures designed to kill common household bacteria
- **Wrinkle Care** - prevents wrinkles by extending the tumble without heat
- **Damp Alert** - signals when delicate clothes reach the ideal dampness level for ironing or final air drying



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**CA Prop 65**  
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**Use and  
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CA Residents:  **Prop 65 Warning(s)** 

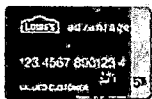
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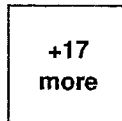
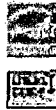
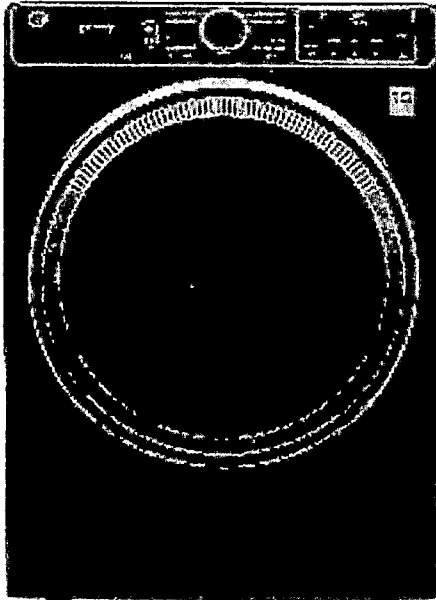
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**GE UltraFresh Vent System 5-cu ft Stackable Steam Cycle Front-Load Washer (Sapphire Blue) ENERGY STAR**

Item #1601388 Model #GFW850SPNRS

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UltraFresh Vent System With OdorBlock™ - UltraFresh Vent Syste...  
Microban™ - Microban Antimicrobial technology delivers durable protection...  
SmartDispense™ Technology - save time and make laundry effortless with ...

**Manufacturer Color/Finish:**

Sapphire Blue



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## OVERVIEW

At GE Appliances, we bring good things to life. Our goal is to help people improve their lives at home by providing quality appliances that were made for real life. Whether it's enjoying the tradition of making meals from scratch or tackling a mountain of muddy jeans and soccer jerseys, GE Appliances are crafted to support any and every task in the home.

- with OdorBlock™ eliminates excess moisture to help prevent odors ensuring your washer stays fresh and clean
- Microban™ - Microban Antimicrobial technology delivers durable protection that lives on load after load
  - SmartDispense™ Technology - save time and make laundry effortless with an intelligent dispenser that holds up to 32 loads of detergent and automatically dispenses the right amount each time
  - 1 Step Wash and Dry - wash and dry a small load eliminating the need to transfer clothes to the dryer
  - Sanitize + Allergen - sanitizes fabrics to kill 99% of common bacteria and allergens such as dust mites
  - Built-in WiFi - start, stop and monitor your laundry from anywhere while receiving real-time notifications and updates
  - Dynamic Balancing Technology (dBT™) - our patented, time saving technology senses and rebalances uneven loads during the spin cycle, providing a quiet wash
  - Reversible Door - for superior installation flexibility, both our washer and dryer doors can be easily reversed
  - PowerSteam - safely penetrates deep into fabric fibers, loosening stains to deliver enhanced cleaning performance

|                                                                                                                     |                                                                                                                   |
|---------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------|
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|  <b>Energy Guide</b><br>PDF      |  <b>CA Prop 65</b><br>PDF      |

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|                             |                                                       |                                                       |
|-----------------------------|-------------------------------------------------------|-------------------------------------------------------|
| Fill and Drain Hoses Inc... | Drain hoses included;<br>fill hose sold<br>separately | Drain hoses included;<br>fill hose sold<br>separately |
| Size                        | Large (4.6 - 5.2-cu ft)                               | Large (4.6 - 5.2-cu ft)                               |
| Stackable                   | ✓                                                     | ✓                                                     |
| Whites Cycle                | ✓                                                     | ✓                                                     |

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