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

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

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

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

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

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 549 LOT 5 QUALIFICATION CODE _____ ADDRESS (SITE) 2524 Hooper Ave PERMIT NO. 22-0385

CONSTRUCTION PERMIT APPLICATION

C22-000080

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

I. IDENTIFICATION

1. Proposed Work Site at: 2524 Hooper Ave
2. Name of Owner in Fee: Bottazzi Associates LLC
   Tel. _____ e-mail _____
   Address 45 Seville Dr. Brick NJ 08723 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Goodebody Fitness-Brian Tel. 848-333-0953
   Address → e-mail goodebody@g-mail
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason _____
   Federal Emp. ID No. _____ FAX: _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. _____ FAX: _____
6. Responsible Person in Charge once Work has Begun Brian Goode
   Tel. 848-333-0953 FAX: _____

Goode Body Kids Fitness

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection	100 -✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	1-		
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other	75 ✓		
13. TOTAL	$ 475		

VI. BUILDING/SITE CHARACTERISTICS

(office use only)

1. Number of Stories _____
2. Height of Structure _____ ft.
3. Area — Largest Floor _____ sq. ft.
4. New Building Area _____ sq. ft.
5. Volume of New Structure _____ cu. ft.
6. Max. Live Load _____
7. Max. Occupancy Load _____
8. If Industrialized Building: State Approved ____ HUD ____
9. Total Land Area Disturbed _____ sq. ft.
10. Flood Hazard Zone _____
11. Base Flood Elevation _____ ft.
12. Wetlands yes ____ no ____

IIa. PROPOSED WORK

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

IIb. SUBCODES

(Check all that apply)

	Est. Cost	FOR OFFICE USE ONLY (Optional) Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					02/04/22	MAK			
☐ Electrical									
☐ Plumbing									
☐ Fire Protection					1/25/22	MD			
☐ Elevator		Bldg	Exempt		1/19/22	ecc			
TOTAL COST	$0								

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: _____
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Training Kids
2. Use Group, Proposed: A-3
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Certificate

Construction Code Division
(Certificate of Occupancy)

Date Issued	2/25/2022
Control Number	C-22-000080
Permit Number	22-0385
Permit Issue Date	2/7/2022
Certificate Number	22-0385

Identification

Work Site Location: 2518 HOOPER AVE. Brick Township, NJ Block: 549 Lot: 5 Qual:

Owner in Fee: BOTTAZZI ASSOCIATES LLC

Owner Address: 45 SEVILLE DR BRICK NJ 08723

Telephone: (848) 333-0953

Contractor GOODEBODY FITNESS - BRIAN GOODE

Address 2524 HOOPER AVE BRICK NJ 08723

Telephone: (848) 333-0953 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: 25

Description of Work/Use: TENANT FIT UP - - GOODEBODY KIDS FITNESS

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

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

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Fee: $150.00
Check Number:
Collected By: Christopher Winters

Date Printed: 2/25/2022

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

Occup 25

WW

FIRE PROTECTION SUBCODE
TECHNICAL SECTION "B"

GoodeBody Kids Fitness

Date Received 2/7/22
Control #

Date Issued
Permit # 22-0385

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

Block 549 Lot 5 Qualification Code

Work Site Location 2324 Hooper Ave Brick NJ 08723

Owner in Fee: Boffazzi Associates LLC

Tel. e-mail

Address 45 Seville Dr. Brick NJ 08723
street municipality zip code

Contractor: Brian Goode Tel. 848-333-0953

Address 2528 Hooper Ave Brick, NJ 08723 e-mail goodebody@Gmail

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 1/25/22
Approved by: [illegible] NJSC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [X] CA
Date: 2/14/22
Approved by: [illegible] NJSC

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			2/22	PM
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.

Applicant/Contractor sign here:

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

COMMERCIAL

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		
Administrative Surcharge $		
Minimum Fee $		
State Permit Surcharge Fee $		
TOTAL FEE $		

Extins ✓

CO alarm ✓

U.C.C. F140 (rev. 02/11) Internet version

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/7/22
Control #
Date Issued
Permit # 22-0385

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

Block 549 Lot 5 Qualification Code

Work Site Location 2524 Hooper Ave Brick NJ 08723

Owner in Fee: Bottazzi Associates

Tel. ( ) e-mail

Address 45 Seville Dr. Brick NJ 08723
(street, municipality, zip code)

Contractor: Brian Goode Tel. (848) 333-0953

Address 2528 Hooper Ave Brick NJ 08723 e-mail goodebody@Gmail

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All — 02/09/22 KM
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 02/09/22
Approved by: KM

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

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories
If Industrialized Building:
State Approved HUD
Height of Structure ft.
Area — Largest Floor sq. ft.
New Bldg. Area/All Floors sq. ft.
Volume of New Structure cu. ft.
Max. Live Load
Max. Occupancy Load

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 0

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Sign here:
Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit Up
No Work
Change of Use
COMMERCIAL

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

FEE (Office Use Only)
$

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

UCC F110
(rev. 11/09)

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/7/22
Control #

Date Issued
Permit # 22 0385

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

Block 549 Lot 3 Qualification Code

Work Site Location 2524 Hooper Ave
Brick NJ 08723

Owner in Fee: Bottazzi Associates

Tel. ( ) e-mail

Address 45 Seville Dr. Brick NJ 08723
street municipality zip code

Contractor: Brian Goode Tel. (848) 333-0953

Address 2528 Hooper Ave e-mail goodebody@Gmail
Brick NJ 08723

Contractor License No. or Builder Registration No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	02/04/22	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/09/22
Approved by: [illegible]

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 02/11/22
Approved by: MCK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			02/11/22	MCK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 0

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: Brian Goode

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit Up
No Work
Change of Use
COMMERCIAL

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

FEE (Office Use Only)

$

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

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

U.C.C. F110
(rev. 11/09)

Occup 25 "B"

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Good Body Kids Fitness

Date Received 2/7/22
Control #

Date Issued
Permit # 22-0385

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

Block 529 Lot 5 Qualification Code

Work Site Location 2524 Hooper Ave Brick NJ 08723

Owner in Fee: Boffazzi Associates LLC

Tel. e-mail

Address 45 Seville Dr. Brick NJ 08723
street municipality zip code

Contractor: Brian Goode Tel. 848-333-0953

Address 2528 Hooper Ave Brick, NJ 08723 e-mail goodebody@Gmail

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

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

Fire Alarm Contractor No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here:

[ ] Certified Contractor [ ] Exempt Applicant

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	0	
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

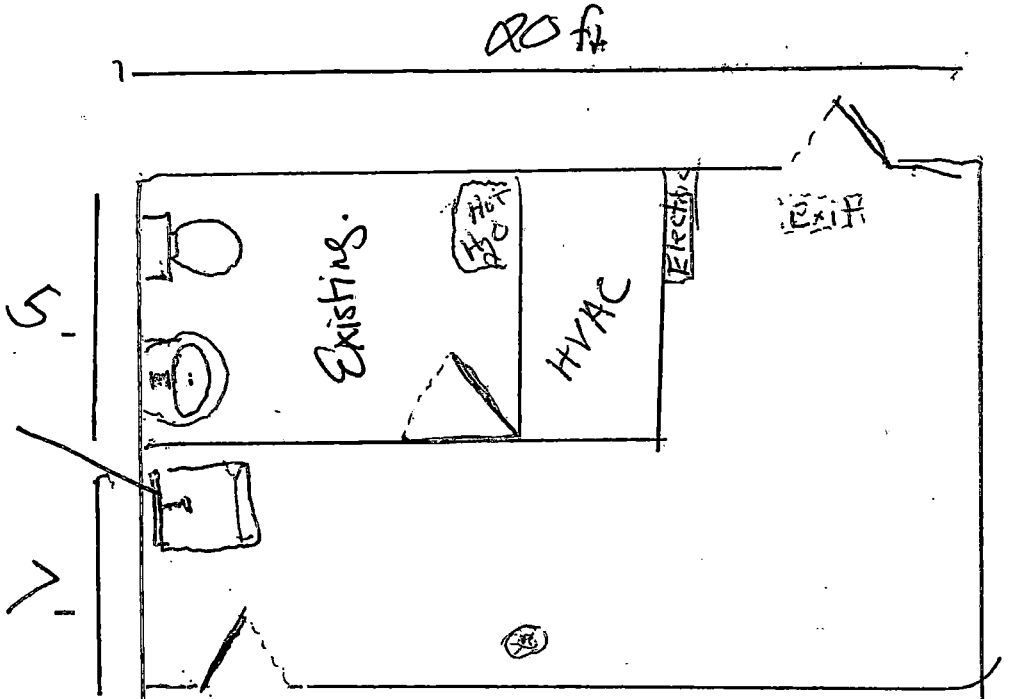
PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[X] Fire Protection Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/25/22
Approved by: NJFSC

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

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

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



Block: 549

Lot: 5

Use B
Occup 25

JOB COPY

2524 Hooper Ave
Brick, N.J. 08723

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode Reviewer	KAK	02/04/22
Plumbing Subcode Reviewer		
Fire Subcode Reviewer		
Electrical Subcode Reviewer		

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

Date Issued: 2/7/22
Application Number: ZA-22-00027
Application Date: 1/18/2022
Project Number:
Permit Number: ZP-22-00159
Fee: $75.00

Zoning Permit

Worksite **2518 HOOPER AVE.**
Location: **Brick Township, NJ 08723**

Owner: **BOTTAZZI ASSOCIATES LLC**
Address: **45 SEVILLE DR**
BRICK, NJ 08723

Applicant: **Goode Body Kids**
Address: **2528 Hooper Ave.**
Toms River , NJ 08723

Block: **549** Lot: **5** Qualifier: Zone: **B-2**

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

Present Use: **Professional Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Fitness Center (Goode Body Kids)**

Work Description:

Tenant Fit-Up - Interior alterations for new tenant. "Goode Body Kids Fitness." No work being done to unit.

Personal training classes for children. Class sizes will range from 1-6 children per class.

Resolution of Approval R-86-86 / July 9, 1986
Parking requirement as per approved site plan (78 spaces)

Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 1/18/2022

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 — 1/18/2022 Date

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # 22-22-00159
DATE ISSUED 2/7/22

BLOCK: 549 LOT: 5 QUALIFIER: _____ SITE ADDRESS: 2524 Hooper Ave

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Bottazzi Associates LLC
   COMPLETE ADDRESS: 45 Seville Dr.
   Brick, NJ 08723
   PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: Brian Goode / Goodebody Fitness
   APPLICANT ADDRESS: 2528 Hooper Ave
   Brick, NJ 08723
   PHONE # 848-333-8953 EMAIL: goodebody@gmail.com

3. RESPONSIBLE PERSON FOR WORK: _____
   PHONE# _____ FAX# _____

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ _____
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Allstate
PROPOSED USE: GoodeBody Kids

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: _____ *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

DESCRIPTION: Tenant Fit Up GoodeBody Kids

ZONING REVIEW:
DATE REVIEWED: 1-18-22 DATE DENIED: _____ DATE APPROVED: 1-18-22 INTLS: _____

(SEE BACK PAGE)

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

Date Issued:
Application Number: ZA-22-00027
Application Date: 1/18/2022
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite **2518 HOOPER AVE.**
Location: **Brick Township, NJ 08723**

Owner: **BOTTAZZI ASSOCIATES LLC**
Address: **45 SEVILLE DR**
BRICK, NJ 08723

Applicant: **Goode Body Kids**
Address: **2528 Hooper Ave.**
Toms River , NJ 08723

Block: **549** Lot: **5** Qualifier: Zone: **B-2**

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

Present Use: **Professional Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Fitness Center (Goode Body Kids)**

Work Description:

Tenant Fit-Up - Interior alterations for new tenant. "Goode Body Kids Fitness." No work being done to unit.

Personal training classes for children. Class sizes will range from 1-6 children per class.

Resolution of Approval R-86-86 / July 9, 1986
Parking requirement as per approved site plan (78 spaces)

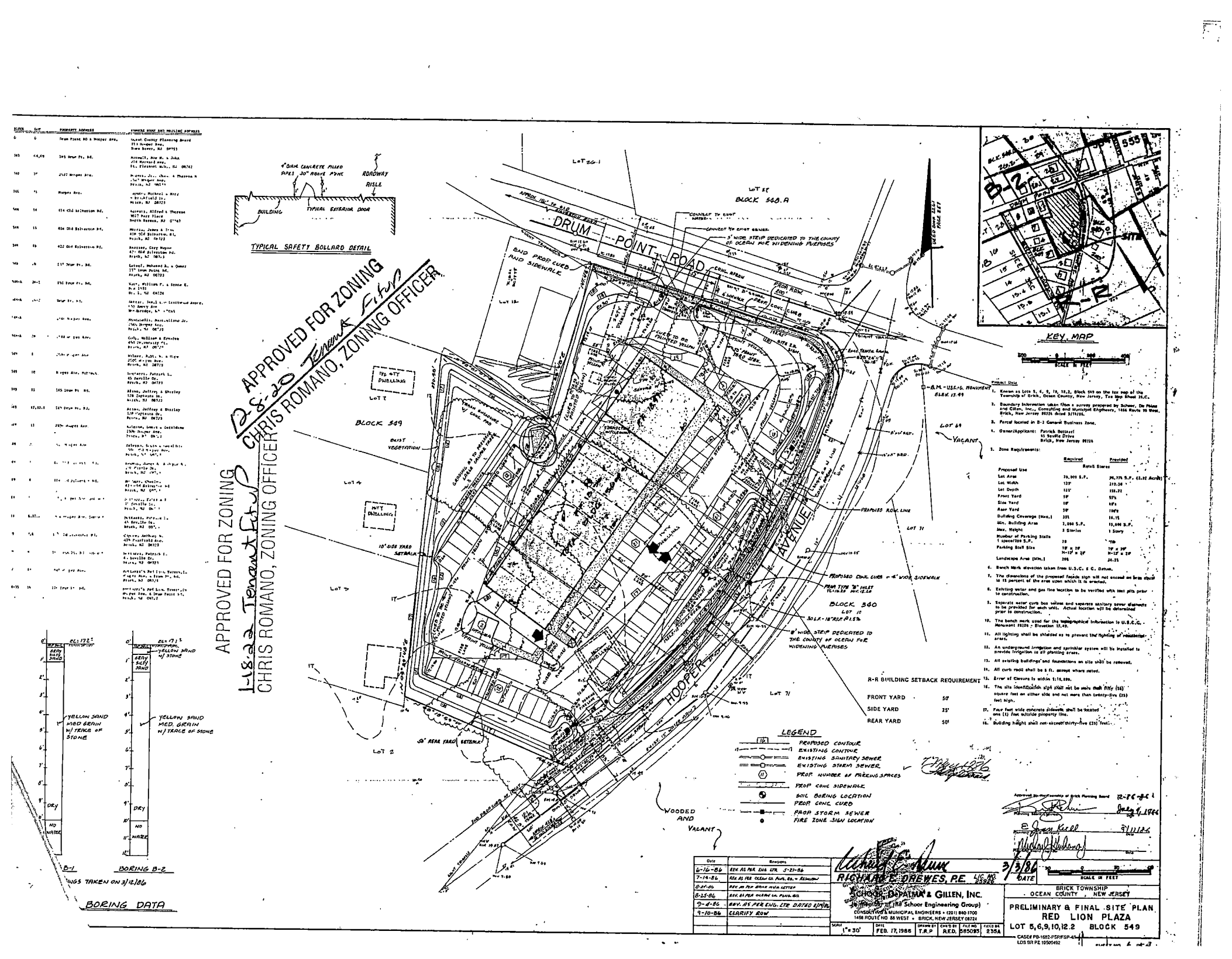
Additional Zoning Permit is required for additional work or signage.

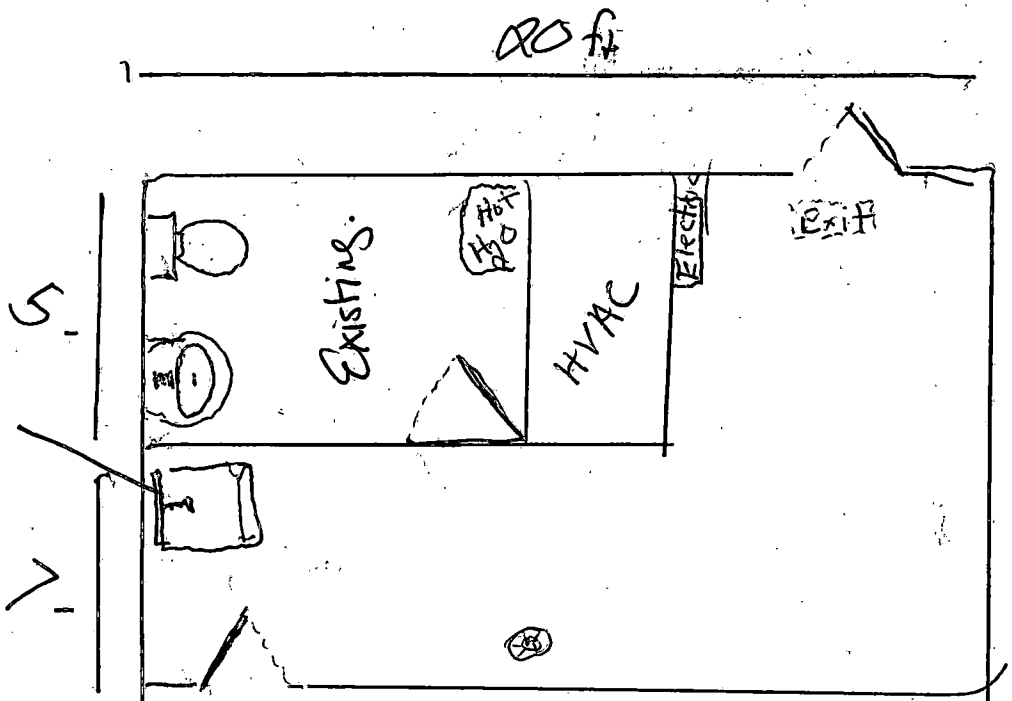
Application Approved Date: 1/18/2022

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 — 1/18/2022 Date


APPROVED FOR ZONING
2-8-86 Tenant Fitup
CHRIS ROMANO, ZONING OFFICER
APPROVED FOR ZONING
1-18-22 Tenant Fitup
CHRIS ROMANO, ZONING OFFICER
DRUM POINT ROAD
HOOPER AVENUE
BLOCK 549
BLOCK 548.A
BLOCK 540
LOT 69
VACANT
WOODED AND VACANT
KEY MAP
SCALE IN FEET
TYPICAL SAFETY BOLLARD DETAIL
4" DIAM. CONCRETE FILLED PIPES 30" ABOVE PVMT.
ROADWAY
AISLE
BUILDING
TYPICAL EXTERIOR DOOR
BORING B-1
BORING B-2
YELLOW SAND MED GRAIN W/ TRACE OF STONE
YELLOW SAND MED. GRAIN W/ TRACE OF STONE
DRY
NO WATER
BORINGS TAKEN ON 3/12/86
BORING DATA
LEGEND
PROPOSED CONTOUR
EXISTING CONTOUR
EXISTING SANITARY SEWER
EXISTING STORM SEWER
PROP. NUMBER OF PARKING SPACES
PROP. CONC. SIDEWALK
SOIL BORING LOCATION
PROP. CONC. CURB
PROP. STORM SEWER
FIRE ZONE SIGN LOCATION
R-R BUILDING SETBACK REQUIREMENT
FRONT YARD 50'
SIDE YARD 25'
REAR YARD 50'
Project Data
1. Known as Lots 5, 6, 9, 10, 12.2, Block 549 on the tax map of the Township of Brick, Ocean County, New Jersey, Tax Map Sheet 35.C.
2. Boundary information taken from a survey prepared by Schoor, De Palma and Gillen, Inc., Consulting and Municipal Engineers, 1456 Route 88 West, Brick, New Jersey 08724 dated 3/11/86.
3. Parcel located in B-2 General Business Zone.
4. Owner/Applicant: Patrick Bottarel 43 Seville Drive Brick, New Jersey 08724
5. Zone Requirements:
Proposed Use: Retail Stores
Lot Area: Required 20,000 S.F. Provided 89,775 S.F. (2.32 Acres)
Lot Width: 125' 219.38'
Lot Depth: 125' 152.72'
Front Yard: 50' 55'
Side Yard: 10' 10'
Rear Yard: 50' 106'
Building Coverage (Max.): 35% 16.1%
Min. Building Area: 2,000 S.F. 15,000 S.F.
Max. Height: 3 Stories 1 Story
Number of Parking Stalls 1 space/200 S.F.: 78 *78
Parking Stall Size: 10' x 20' H=12' x 18' 10' x 20' H=12' x 18'
Landscape Area (Min.): 20% 24.2%
6. Bench Mark elevation taken from U.S.C.G. & G. Datum.
7. The dimensions of the proposed facade sign will not exceed an area equal to 15 percent of the area upon which it is erected.
8. Existing water and gas line location to be verified with test pits prior to construction.
9. Separate water curb box valves and separate sanitary sewer cleanouts to be provided for each unit. Actual location will be determined prior to construction.
10. The bench mark used for the topographical information is U.S.C.G. - Monument 78126 - Elevation 17.49.
11. All lighting shall be shielded as to prevent the lighting of residential areas.
12. An underground irrigation and sprinkler system will be installed to provide irrigation to all planting areas.
13. All existing buildings and foundations on site shall be removed.
14. All curb radii shall be 5 ft. except where noted.
15. Error of Closure to within 1:10,000.
16. The site identification sign shall not be more than fifty (50) square feet on either side and not more than twenty-five (25) feet high.
17. Four foot wide concrete sidewalk shall be located one (1) foot outside property line.
18. Building height shall not exceed thirty-five (35) feet.
Approved by the Township of Brick Planning Board 12-16-86
July 4, 1986
8/11/86
RICHARD E. DREWES, P.E. 46,08 3/3/86
DATE
SCALE IN FEET
Revisions
6-16-86 REV. AS PER ENG. LTR. 5-21-86
7-14-86 REV. AS PER OCEAN CO. PLAN. BD. + ALIGNMENT
8-21-86 REV. AS PER BRICK MUA LETTER
8-25-86 REV. AS PER OCEAN CO. PLANN. BD.
9-4-86 REV. AS PER ENG. LTR. DATED 8/19/86
9-10-86 CLARIFY ROW
SCHOOR DEPALMA & GILLEN, INC.
(a division of the Schoor Engineering Group)
CONSULTING & MUNICIPAL ENGINEERS • (201) 840-1700
1456 ROUTE NO. 88 WEST • BRICK, NEW JERSEY 08724
SCALE 1" = 30'
DATE FEB. 17, 1986
DRAWN BY T.M.P.
CHK'D BY R.E.D.
FILE NO. 8650193
FIELD BK 235A
BRICK TOWNSHIP
OCEAN COUNTY, NEW JERSEY
PRELIMINARY & FINAL SITE PLAN
RED LION PLAZA
LOT 5, 6, 9, 10, 12.2 BLOCK 549
CASE# PB-1682-PSP/FSP-87
LDS SR PZ 10500492



Block: 549

Lot: 5

FILE COPY

2524 Hooper Ave

Brick, N.J. 08723

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode Reviewer	KEH	02/04/22
Plumbing Subcode Reviewer		
Fire Subcode Reviewer		
Electrical Subcode Reviewer		

Exit

Use Group B
Occup. 25

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

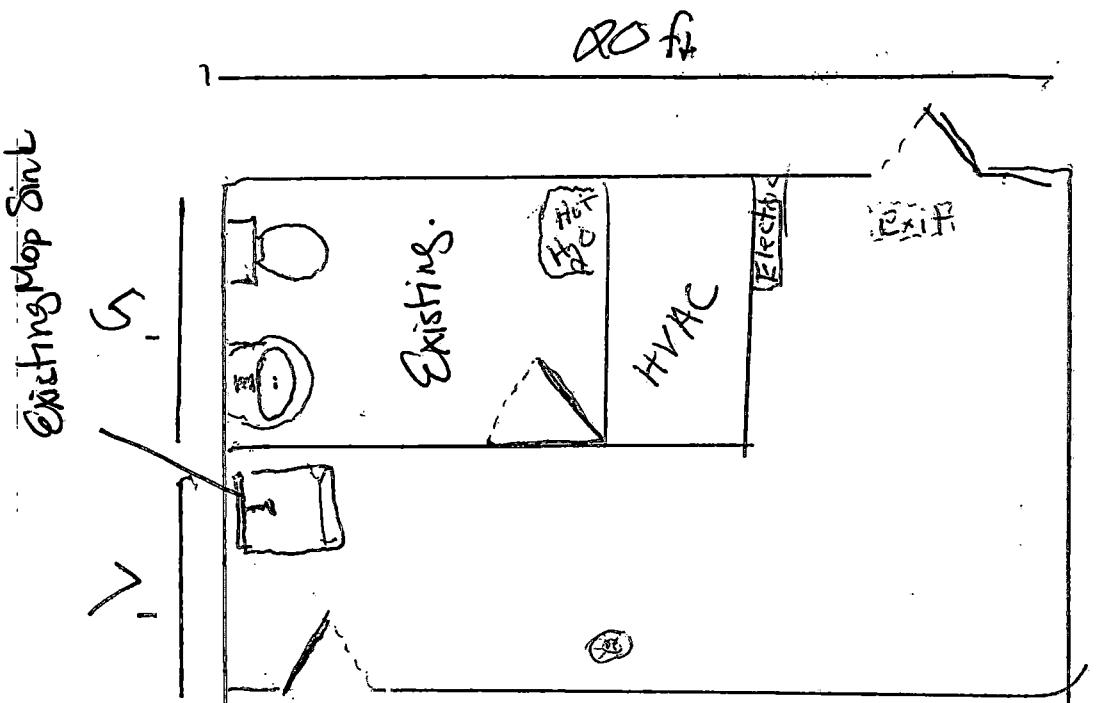
UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☐	☑
Approved Final Plumbing Inspection	comment	☐	☑
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 2/16/22 MFF Ok per MUA on 2/24/22 MFF			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☑	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)



Block: 549

Lot: 5

Use B
Occup. 25

JOB COPY

2524 Hooper Ave
Brick, N.J. 08723

TOWNSHIP OF BRICK

RELEASED FOR PERMIT	INITIAL	DATE
Building Subcode Reviewer	KAK	02/04/22
Plumbing Subcode Reviewer		
Fire Subcode Reviewer		
Electrical Subcode Reviewer		

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Thursday, February 24, 2022 11:55 AM
To: Matthew Fagen
Cc: Susan Stanisz; Bev O'Neill
Subject: 2524 HOOPER AVE

Hi Matt. 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

APPLICATION FOR CERTIFICATE

Date Received 01/10/2022
Date Permit Issued 02/07/2022
Control # C-22-000080
Permit # 22-0385
Date Issued

IDENTIFICATION

Block 549 Lot 5 Qualifier

Work Site Location 2518 HOOPER AVE. Brick Township, NJ
Owner in Fee BOTTAZZI ASSOCIATES LLC
45 SEVILLE DR BRICK NJ 08723
Telephone (848) 333-0953

Contractor GOODEBODY FITNESS - BRIAN GOODE
Address 2524 HOOPER AVE BRICK NJ 08723
Telephone (848) 333-0953
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP B Previous B Current

FINAL COST OF CONSTRUCTION: $ 2
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - GOODEBODY KIDS FITNESS

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

UCC F270 equiv.

CONSTRUCTION PERMIT

Date Issued 2/7/22
Control # C-22-000080
Permit # 22-0385

IDENTIFICATION Block: 549 Lot: 5 Qualifier
Work Site Location: 2518 HOOPER AVE. Brick Township, NJ
Owner in Fee BOTTAZZI ASSOCIATES LLC
45 SEVILLE DR BRICK NJ 08723
Telephone: (848) 333-0953

Contractor GOODEBODY FITNESS - BRIAN GOODE
Address 2524 HOOPER AVE BRICK NJ 08723
Telephone: (848) 333-0953
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- [x] BUILDING
- [ ] PLUMBING
- [ ] LEAD HAZARD ABATEMENT
- [ ] ELECTRICAL
- [x] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP - GOODEBODY KIDS FITNESS

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$100
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	$150.00
Other	$0
Total	$401
Check No.	
Cash	$0
Credit	$0
Collected By	

+75
476

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 $2

D F Kirkman Jr
Construction Official

2/7/22
Date

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

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

REQUIRED INSPECTIONS

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

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

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

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

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

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

- [x] A complete copy of released plans must be kept on the job site.

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

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 549 **LOT** 5 **ADDRESS** 2524 Hooper Ave

IDENTIFICATION:

1. WORK SITE ADDRESS 2524 Hoopers Ave Brick NJ 08723
2. APPLICANT Brian Goode - Goodebody Fitness
3. NAME OF OWNER IN FEE Bottazzi Associates LLC
   ADDRESS 45 Seville Dr. Brick, NJ, 08723
   PHONE _____ EMAIL _____
4. PRINCIPAL CONTRACTOR _____
   ADDRESS _____
   PHONE _____ EMAIL _____
5. ARCHITECT OR ENGINEER _____
   ADDRESS _____
   PHONE _____ EMAIL _____
6. RESPONSIBLE PERSON FOR WORK _____
   ADDRESS _____
   PHONE _____ EMAIL _____

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 _____

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____