

7/20



CONSTRUCTION PERMIT APPLICATION

C89.91

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

I. IDENTIFICATION

1. Proposed Work Site at: 1751 Rt 88W Brick, NJ 08724

2. Name of Owner in Fee: HUY D HOANG Tel. (732) 206 0991

Address 1740 West Princeton Ave HPT HGA Brick, NJ 08724

3. Ownership in fee: Public _____ Private _____

4. Principal Contractor: _____ Tel. (____) _____

Address _____

License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____

Federal Employee No. _____ FAX: (____) _____

5. Architect or Engineer _____ Tel. (____) _____

Address _____ Contact _____

6. Responsible Person in Charge once Work has Begun _____

Tel. (____) _____ FAX: (____) _____

Nail Salon / Nail Salon

OPTIONAL (for office use only)

II. PROPOSED WORK	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS									

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

V. FEE SUMMARY (for office use only)

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

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____
4. No. of dwelling units:
Before Construction _____
After Construction _____
Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: _____
2. Use Group: _____
3. Change in Use Group, Indicate Former: _____

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

- A. ☐ I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

- B. ☐ I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A.; or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

- C. ☐ I further certify that I will perform or supervise the following work:

C.1. ☐ Building C.2. ☐ Fire Protection

I further certify that I will perform the following work:

C.3. ☐ Electrical C.4. ☐ Plumbing

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

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

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

Signature _____

Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

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

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

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

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

☐ Check if contractor.

Agent Name _____

Address _____

Telephone (_____) _____

Signature _____

III. ☐ LEAD HAZARD ABATEMENT: Include Homeowner or Building Owner Affidavit as per N.J.A.C. 5:17.

OFFICE DATE RECEIVED: _____

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

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

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

X. CERTIFICATES ISSUED (office use only)

	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No. _____	_____	_____	_____
☐ Temporary Certificate of Compliance	No. _____	_____	_____	_____
☐ Continued Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Compliance	No. _____	_____	_____	_____
☐ Certificate of Occupancy	No. _____	_____	_____	_____
☐ Certificate of Approval	No. _____	_____	_____	_____
☐ Lead Abatement Clearance Certificate	No. _____	_____	_____	_____

Constituent Contact Report

[illegible]

☐ Zoning Application deemed complete

Initialed: _____ Date: _____

☐ Zoning Application approved

Initialed: _____ Date: _____

☐ Zoning permit updates:

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMITE

Date Issued 07/21/2004
Control #
Permit # 04-3013

IDENTIFICATION Block 852 Lot 4

Work Site Location 1751 ROUTE 88
MAIL SALON TO MAIL SALON

Owner in Fee HDAMS, HWY D
Address 1740 WEST PRINCETON AVE STE10A
BRICK, NJ 08724-
Telephone 17321206-0991

Contractor HWY D HDAMS
Address 1740 WEST PRINCETON AVE
BRICK, NJ 08724-
Telephone 17321206-0991
Lic. No. or Bldgs. Reg. No.
Federal Exp. No. 20-60991

Is hereby granted permission to perform the following work:

- ☐ BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT
☐ ELECTRICAL ☒ FIRE PROTECTION ☐ DEMOLITION
☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER
(Subchapter 8 only)
- DESCRIPTION OF WORK:
MAIL SALON TO MAIL SALON

NOTE: If construction does not commence within one (1) year of date of issuance,
or if construction ceases for a period of six (6) months, this permit is void.

Estimated Cost of Work \$ 10

Construction Official

07/21/2004

U.C.C. F170 (rev. 3/96) NJ UCCARS 5.24E

Date

PAYMENTS (Office Use Only)

Building 0
Electrical 0
Plumbing 0
Fire Protection 35
Elevator Devices 0
Other 0
BCA State Permit Fee 0
Cert. of Occupancy 0
Other 0
Total 35
Check No. 1
Cash 1
Collected By MR

07/21/04 8:51AM 001558#1231

XX02 SERV.002

#3013

FIRE

XXXTOTAL

\$35.00

CASH

\$35.00

CHANGE

\$0.00

07/21/04 8:51AM 001558#1231

XXXTOTAL \$35.00

NJ UCCARS 5.24E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 07/15/2004
Date Issued 7/21/04
Control # C89-91
Permit # 04-3013

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

Block 852 Lot 4 Qual
Work Site Location 1751 ROUTE 88

MAIL SALON TO MAIL SALON

Owner in Fee HOANG, HUY D
Address 1740 WEST PRINCETON AVE STE16A

BRICK, NJ 08724-

Tele. (732)206-0991

Contractor HOY D HOANG

Address 1740 WEST PRINCETON AVE

BRICK, NJ 08724-

Tele. (732)206-0991

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 20-60991

COMMERCIAL
Spec to

D. TECHNICAL SITE DATA

Description of Work:

Water Supply Source

Method of Alarm/Suppr Sys Superv

Storage Tanks

Type: ☐ Flammable Liquid ☐ Combust Liquid

☐ LPG ☐ LNG Capacity 0 Fuel

Alarm Systems ☐ 110V Interconnected NUMBER

☐ System

Alarm Devices (smoke, heat, pulls, water/flow)

Supervisory Devices (tamper, low/high air)

Signalling Devices (horn/strobes, bells)

Other Devices

TOTAL

Suppression Systems

Fire Pump 0 GPM Type

Dry Pipe/Alarm Valves

Pre-action Valves

Sprinkler Heads (Dry and Wet)

Standpipes

Pre-Engineered Systems

Wet Chemical

Dry Chemical

CO2 Suppression

Foam Suppression

Halon Suppression

Other

Kitchen Hood Exhaust System

Smoke Control System

Gas ☐ or Oil ☐ Fired Appliances

Other ~~PERMIT FEE~~

Other ~~PERMIT FEE~~

FEE (Office Use Only)

JOB SUMMARY (Office Use Only)
PLAN REVIEW
☐ No Plans Required
Joint Plan Review Required:
☐ Bid ☐ Elect
☐ Plumb ☐ Elevator
☒ Fire Plans Approved
Date: 7-15-04
Approved By: [Signature]
SUBCODE APPROVAL
☐ CO ☐ CCO
Date: 7-26-04
Approved By: [Signature]

INSPECTIONS
Type Failure Dates (Month/Day)
Alarm Sys
Suppr Test
Standpipe
Fire Pump
PreEng Sys
Mechanical
Smoke Ctl
TCO
Final
Other

Paid ☐ Check #
Collected by: TOTAL FEE
DCA State Permit Fee

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

Signature

U.C.C. F140 (rev. 3/96)

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: ORIENTAL NAILS II

Site Address: 1751 Rt 88 W BRICK, NJ 08724

Block: 852 Lot: 4

Owner's Name: GEORGE KEEZKEMETHY

Owner's Address: 1751 Rt 88 West

City: BRICK State: NJ Zip Code: 08724

Tenant's Name: HUY D HOANG

Tenant's Address: 1740 West Princeton Ave APT 6A

City: BRICK State: NJ Zip Code: 08724

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

x [Signature] (Signature) 07/15/04 (Date)

Sworn and subscribed before me on this 15th day of July 2004

Deborah A. Alwin
(Notary's Signature)

DEBORAH A. ALWIN
NOTARY PUBLIC-State of New Jersey
My Comm. Expires June 4, 2008

Please attach a floor plan showing the dimensions of the room(s), location and widths of doorways, exit lights, aisle widths, counters, wall racks, and all existing equipment such as smoke detectors and sprinkler heads.

ORIENTAL NAILS II
1751 RT 88 WEST BRICK, NJ 08724

FLOOR PLAN

