BLOCK 842 LOT 28 QUALIFICATION CODE C10-001591 ADDRESS (SITE) _____ PERMIT NO. 10-1415

732 539-1557

CONSTRUCTION PERMIT APPLICATION Unit #1

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

I. IDENTIFICATION

1. Proposed Work Site at: 1715 Route 88 West
2. Name of Owner in Fee: Oxford International, LLC
   Tel. ( ) _____ e-mail _____
   Address 1361 Vincenzo DR. Toms River, NJ 08753 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Diana Camoroso Tel. (732) 840-0913
   Address 1416 Princess Cir e-mail _____
   Brick NJ 08724
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 40 ✓		
2. Electrical	40 ✓		
3. Plumbing	100 ✓		
4. Fire Protection	65 ✓		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	26		
10. Subtotal			
11. Cert. of Occupancy	x50		
12. Other			
13. TOTAL	$ 253		

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 ☐ New Building ☐ Addition ☐ Demolition
☐ Repair ☐ Alteration ☐ Renovation ☐ Reconstruction
☐ Asbestos Abat. -Subch. 8 ☐ Lead Hazard Abatement ☐ Radon Remediation ☐ Annual Permit

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building		DD	5/11/10	5/26/10	KA		6/4/10		NA
☐ Electrical					5/27/10	SP			
☐ Plumbing					5-25-10	SW			
☐ Fire Protection					5/21/10	DB			
☐ Elevator									
TOTAL COST									

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:
2. Use Group, Proposed:
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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks

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.ix:

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. 5:23-2.15(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 DIANA AMOROSO

Address 1416 PRINCESS AVE BRICK, NJ 08724

Telephone (____) _____

Signature Diana Amoroso

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

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials
5/19/10	Engineering N/A	MPC

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

IMPORTANT
A.H.B.L. - EXEMPT

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/09/2010
Control Number C-10-001591
Permit Number 10-1415
Permit Issue Date 06/07/2010
Certificate Number 10-1415

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1715 ROUTE 88 UNIT 1 Brick Township, NJ Block: 842 Lot: 28 Qual:

Owner in Fee: OXFORD INTERNATIONAL LLC

Owner Address: 1361 VINCENZO DR TOMS RIVER NJ 08753

Telephone:

Contractor DIANA AMOROSO

Address 1416 PRINCESS AVENUE BRICK NJ 08724

Telephone: (732) 840-0913 Fax:

License Number or Builders Registration Number: Federal Emp. 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: TENANT FIT UP MORTGAGE COMP TO HAIR SALON

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:

David J. Newman Jr

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 07/09/2010 U.C.C. F260 (rev. 08/05)

CONSTRUCTION PERMIT

Date Issued 6/7/10
Control # C-10-001591
Permit # 10-1415

IDENTIFICATION Block: 842 Lot: 28 Qualifier
Work Site Location: 1715 ROUTE 88 UNIT 1 Brick Township, NJ
Owner in Fee: OXFORD INTERNATIONAL LLC
1361 VINCENZO DR TOMS RIVER NJ 08753
Telephone:

Contractor: DIANA AMOROSO
Address: 1416 PRINCESS AVENUE BRICK NJ 08724
Telephone: (732) 840-0913
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP MORTGAGE COMP TO HAIR SALON

Note: If constuction 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 $4,750

Construction Official — Date

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$100
Fire Protection	$65
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$253
Check No.	1011
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)
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.

01/07/10 11:25AM 001558W8528
X01 SERV.001

- [ ] 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.

BUILDING $40.00
ELECTRIC $40.00
PLUMB $100.00
FIRE $65.00
DCA $8.00
253.00

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.

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-1415

Date Issued
Permit # 6/7/10

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

Block 842 Lot 28 Qualification Code _____

Work Site Location 1715 Rt 88 W

Owner in Fee: Oxford Intl, LLC

Tel. (____) e-mail

Address 1361 Vincenzo Dr Toms River NJ 08753
street municipality zip code

Contractor: Diana Amoroso Tel. (732) 840-0913

Address 1416 Princess Ave e-mail

Brick 08724

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

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

Federal Emp. ID No. _____ FAX: (____) _____

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.

Diana Amoroso
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Mtg Comp to Hair Salon Tenant Fit up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	6/4/10	BA

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 7/9/10
Approved by: BA

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	6/30/10		7/7/10	MW
Barrier-Free				

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)
$ 80.00

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

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 _____

EMERG. LIGHT NOT WORKING
Constr. Class Present _____ Proposed _____

If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ _____
3. Total (1+ 2) $ 100.00

U.C.C. F110
(rev. 12/07)

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

D'Amore Haar Soler

Date Received
Control # C10-00159
Date Issued 6/7/10
Permit # 10-1415

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

Block 842 Lot 28 Qualification Code ______

Work Site Location 175 Rt 88 W

Owner in Fee: OXFORD INTL LLC

Tel. ( ) e-mail

Address 1361 VINCENZO DR TOMS RIVER NJ 08753 (street, municipality, zip code)

Contractor: Diana Amoroso Tel. (732) 840-0913

Address 1416 Princess Ave e-mail
Brick

owner

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 (if applicable): ______

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 $ 650 —

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. X Diana Amoroso

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Review

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_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		65
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other: Ferrant Fit-up		

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: ______
[✓] Fire Protection Plans Approved
Date: 5/7/10 Approved by: SB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 5-7-10
Approved by: KW
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 6-28-10
Approved by: KW

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			6/23/10	RJU
Other: Fit-up			6/23/10	RJ

(Dates (Month/Day))

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-1415

Date Issued / Permit # 6/7/10

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

Block 842 Lot 28 Qualification Code ____

Work Site Location 1715 Route 88 West

Owner in Fee Oxford International LLC

Address 1361 Vincenzo Dr Toms River, NJ 08753

Tel (____)

Contractor Oscar's Elect. Svc Inc

Address 753 River Ave Lkwd NJ

Tel (732) 363-6642 FAX (732) 901-0106

Contractor License No. 8019

Federal Emp. No. 223143825

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as ____ Utility Co. ____

Est. Cost of Elec. Work $ $1100

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.

Mark Hanna

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
		Receptacles	
		Switches	
		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	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
		____	
		____	

CHANGE OUT

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ 100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required 5/27/10 Date / Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: ____

Approved by: ____

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 6-24-10

Approved by: DJ

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.	OLD WORK			
TCO				
Other				
Service				
Final			6-22-10	DP
Barrier-Free				

Temp. Cut-in-Card Date Issued ____

Final Cut-in-Card Date Issued ____

Annual Pool Inspection ____

Date of Grounding and Bonding Certification ____

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 10-1415

Date Issued
Permit # 6/7/10

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

Block 842 Lot 28 Qualification Code _____

Work Site Location 1715 Route 88 West

Owner in Fee: Oxford International, LLC

Tel. (____) _____ e-mail _____

Address 1361 Vincenzo Dr Toms River, NJ 08753
(street / municipality / zip code)

Contractor: John Campbell Tel. (____) _____

Address 3240 Windsor Avenue e-mail _____
Toms River NJ

Contractor License No. 10298 Exp. Date 8/11

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

Federal Emp. ID No. 153-66-7852 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 $ 3500.

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 5-25-10
Approved by: BW

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-1-10
Approved by: BW

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough	6/14/10		06-21-10	~~DNB~~
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final	06-28-10		06-29-10	~~DNB~~

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.

John Campbell per

Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks _____	
	Other _____	
	Other _____	

COMMERCIAL

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

6/14/10 - mb

① · NOT READY
06-12-10 PA

① CHECK FOR PIPING SUPPORTS AND VENT OUT OF ROOF-FOR FINAL → 06-29-10 PA

② PROVIDE DRINKING WATER

06-29-10 PA
NOT READY

Receipt

Payment Date 06/07/2010

Transaction # PMT-10-02784

Receipt #

Issued To Diana Amoroso

Description Tenant Fit Up Mortgage Comp to Hair Salon

Date Printed 06/07/2010

Check Number 1011

Cash	$0.00
Check	$50.00
Charge	$0.00
Total Paid	$50.00

06/07/10 11:26AM 00155BM0529
XRD1 SERV.001
#02781
ZP4 $50.00
CHECK $50.00

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control #
Date Issued 10-7-10
Permit # 10-1415

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

Block 842 Lot 28 Qualification Code
Work Site Location 175 Rt 88 W
Owner in Fee: Oxford Intl LLC
Tel. ( ) e-mail
Address 1361 Vincenzo Dr Toms River NJ 08753
street municipality zip code
Contractor: Diana Amoroso Tel. (732) 840-0913
Address 1416 Princess Ann e-mail
Brick
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 (if applicable):
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 $ 950

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:
[ ] Fire Protection Plans Approved
Date: 10/15 Approved by: SB
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 10-7-10
Approved by: KLS
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				

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. X Diana Amoroso
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Review

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_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		(0)
Fireplace Venting/Metal Chimney		
Other		

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

U.C.C. F140 (rev. 12/07) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 10-14-15

Date Issued / Permit # 6/7/10

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

Block 842 Lot 28 Qualification Code

Work Site Location 1715 ROUTE 38 WEST

Owner in Fee EXPED LITE INTERNATIONAL LLC

Address 1361 WILLOW AVE. DR. TMS-RIVER, NJ 08753

Tel ( )

Contractor OSCAR'S ELECT. SUG INC

Address 253 RIVER AVE

LKWD NJ

Tel (732) 363-6642 FAX (732) 901-0106

Contractor License No. 9019

Federal Emp. No. 223143825

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ $1100

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.

Mark Oscar

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
7		Lighting Fixtures	
		Receptacles	
		Switches	
		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	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $ 1100

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required — Date 5/27/10 Initial

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit # 10/04/15
6/2/16

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

Block 842 Lot 28 Qualification Code

Work Site Location 1715 Route 88 West

Owner in Fee: Lakeland International, LLC

Tel. ( ) e-mail

Address 1361 Vincenzo De Toms Lacey NJ 08753
street municipality zip code

Contractor: John Campbell Tel. ( )

Address 324 Windsor Avenue e-mail
Toms River NJ

Contractor License No. 10298 Exp. Date 6/11

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

Federal Emp. ID No. 13-61-7852 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 $ 3500.

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 5-25-16
Approved by: AJ

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

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's Signature/Contractor's Seal and Signature

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
1	Water Closet	
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
3	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
1	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received
Control # 10-1415

Date Issued
Permit # 6/7/10

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

Block 84 Lot 20 Qualification Code _____

Work Site Location 1715 Rt 88 W

Owner in Fee: Oxford Intl, LLC

Tel. (____) e-mail

Address 1361 Vincenzo Dr Toms River NJ 08753

Contractor: Diana Cimarusti Tel. (732) 840-0913

Address 1416 Princess Ave Brick 08724 e-mail

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

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

Federal Emp. ID No. _____ FAX: (____) _____

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.

Diana Cimarusti
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Mtg Comp to Hair Salon Tenant Fit up

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	6/4/10	BA

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

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

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 $ _____

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 $ 100
3. Total (1+ 2) $ _____

U.C.C. F110
(rev. 12/07)

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
Control #

Date Issued 10-1415
Permit # 6/7/10

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

Block 649 Lot 20 Qualification Code _____

Work Site Location 1715 Rt 88 W

Owner in Fee: Ford Intl LLC

Tel. (____) _____ e-mail _____

Address 1361 Vinzenzo Dr Toms River NJ 08753

Contractor: Diana (Emarised) Tel. (732) 840-0913
(street) (municipality) (zip code)

Address 1416 Princess Ave e-mail _____
Brick 08724

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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	6/4/10	RA

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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 _____
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) $ 100

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.

Diana Emarised 5-20-10
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Mtg Comp to Main Salon
Tenant
Fit up

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 $ _____

U.C.C. F110
(rev. 12/07)

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

Robert M. Braun, AIA/ARCHITECT
1200 River Avenue - Suite 5C
Lakewood, NJ 08701

Tel. 732-370-8590
Fax 732-370-0822
Email rmb1200@aol.com

June 1, 2010

Brick Township Building Department
401 Chambersbridge Road
Brick Township, NJ 08723

Reference: PROPOSED D'AMORE HAIR SALON
1715 Route 88 - Unit #1

Gentlemen:

In response to the plan review comment received by my client, I offer the following information to supplement our drawings:

1. FRESH AIR SUPPLY - the floor area of the space excluding the rear storage area is 1,203 square feet and the volume of the space is 12,,030 cubic feet. Based on the 2006 International Mechanical Code, Table 403.3, the fresh air ventilation requirement per person is 25 cfm. With a maximum occupancy of fourteen (14) people as indicated on the drawings, a total of 350 cfm is required. If nails will be done, an additional 20 cfm of fresh air per station will be required.

MUST UPDATE PERMIT →

The use of an economizer to provide fresh air is not acceptable for this use since the louvers would have to remain open all year, this would violate the energy code. To supply the fresh air requirements for the salon, a rooftop mounted energy recovery unit must be installed. The specs for this unit will be furnished by the Mechanical Contractor doing the installation.

I trust this additional information will be acceptable and will allow the release of the necessary permits so construction can begin. If you have any questions or concerns please do not hesitate to contact my office directly.

Respectfully submitted,

Robert M. Braun, AIA
NJ Cert. No. 07940

cc: Diana Amoroso

TOWNSHIP OF
RELEASED FOR PERMIT
Building Subcode
Plumbing Subcode
Fire Subcode
Electrical Subcode
Plan Reviewer
Plans Released
Construction Official

5/27/10 called Contractor. will come in and p/u rejections

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 1361 VINCENZO DR TOMS RIVER, NJ 08753 CC:

RE: Building Subcode
Block: 842 Lot: 28 Qual:
1715 ROUTE 88
Permit Number: Control Number: C-10-001591
Last Submit Date: Tuesday, May 25, 2010

Date: Wednesday, May 26, 2010

Dear OXFORD INTERNATIONAL LLC,

The following comments were made during the Plan Review process:

Special ventilation required @ beauty salon. Provide calculation and method of fresh air provisions as required by this occupancy. By architect or mechanical engineer.

06-01-10 resubmit see attached letter. from architect dtd 6-1-10

Sincerely,

K R Anderson 5/26/10

Kenneth Anderson, Subcode Official

RECEIVING CLERK: UP
DATE REC'D: 5/10/10

ZONING PERMIT APPLICATION

PERMIT # ZP-10-00330
DATE ISSUED 6/7/10

BLOCK: 842 LOT: 28 QUALIFIER: — SITE ADDRESS: 1915 Route 88 - Unit 1

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Oxford Enter.
COMPLETE ADDRESS: 1361 Virginia Dr. Toms River NJ
PHONE # _____ EMAIL: _____

2. NAME OF APPLICANT: DIANA AMOROSO
APPLICANT ADDRESS: 1416 PRINCESS AVE BRICK, NJ 08724
PHONE # 732 8400913 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: DIANA AMOROSO
PHONE# 7328400913 FAX# _____

4. SIGNATURE OF APPLICANT: X Diana Amoroso

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ _____
TOTAL: $ _____

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Mtg Comp.
PROPOSED USE Hair Salon

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

Certificate of Occupancy

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

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

HEIGHT: _____ (*APPLICABLE)

OTHER "D'Amore Hair Salon" (former "Select Mortgage" offices)

DESCRIPTION: Tenant Fit up.

ZONING REVIEW:
DATE REVIEWED: 5-17-10 DATE DENIED: — DATE APPROVED: 5-17-10 INTLS: SG 20

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
MAY 17 2010
SK/20

ZONING REVIEW:

DATE REVIEWED: 5-17-10 DATE DENIED: — DATE APPROVED: 5-17-10 INTLS: SK/20

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-00402
Application Date: 05/17/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1715 ROUTE 88**
Oxford Plaza - Unit No. 1
Brick Township, NJ 08724

Block: **842**
Lot: **28**
Qualifier:
Zone: **B-1**

Owner: **OXFORD INTERNATIONAL LLC**
Address: **1361 VINCENZO DR**
TOMS RIVER, NJ 08753

Applicant: **Diana Amoroso**
Address: **1416 Princess Avenue**
Brick, NJ 08724

Application Approved Date: 05/17/2010

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

Use is: Hair Salon --"D'Amore Hair Salon" (former "Select Mortgage" offices).
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alteration for a tenant fit-up for a new business in Unit No. 1, "D'Amore Hair Salon".

An additional zoning permit is required for any sign or any other additional work.

Upon review it was determined that:

- ☑ Use is permitted by Ordinance
- ☐ Use is permitted by Variance approved on:_____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Sean Kinnevy

Sean Kinnevy, Zoning Officer — 05/18/2010 Date

Michael P. Fowler, Township Planner — 5/19/10 **Date**