BLOCK 842 LOT 28 QUALIFICATION CODE — ADDRESS (SITE) 1715 Route 88 West PERMIT NO. 12-1858

CONSTRUCTION PERMIT APPLICATION C12-001967

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

I. IDENTIFICATION

1. Proposed Work Site at: 1715 Rt. 88 West, Unit 7
2. Name of Owner in Fee: Oxford International, LLC
   Tel. (732) 740-6173 e-mail
   Address 1361 Vincenzo Drive (street) Toms River (municipality) NJ 08753 (zip code)
3. Ownership in Fee: Public Private
4. Principal Contractor: Dusko Jovanovski Tel. (609) 276-7148
   Address 401 Cranberry Ct. e-mail
   Forked River, NJ 08731
   License No. OR, if new home, Builder Reg. No. Expiration
   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 Dusko Jovanovski
   Tel. (609) 276-7148 FAX: ( )

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75.-		
2. Electrical			
3. Plumbing			
4. Fire Protection			
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	50.-		
12. Other			
13. TOTAL	$ 126.-		

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		KB	5/31/12	6/14/12			6/26/12 KA		
☐ Electrical							7/3/12		KA
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng.	Exempt		6/13/12	ECO			
TOTAL COST									

CONVENTIONAL

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/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

U.C.C. F100-1 (rev. 8/08)

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(f)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 Deesko Jovanovski

Address 401 Cranberry Ct. Forked River NJ

Telephone (609) 276-7149

Signature Deesko Jovanovski

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
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer		6/13/12							ZA-12-00592
☐ 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		
Building		Energy		Other
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.				

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
06/21/12	LM for Mr. Jovanoski Re: Tenant F/U	LS
06/21/12	Spouse, Nade Jovanski redirected calls to John Ecclesiny	LS

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/17/2012
Control Number C-12-001967
Permit Number 12-1858
Permit Issue Date 7/6/2012
Certificate Number 12-1858

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1715 ROUTE 88 Unit 7 Brick Township, NJ Block: 842 Lot: 28 Qual:

Owner in Fee: OXFORD INTERNATIONAL LLC

Owner Address: 1361 VINCENZO DR TOMS RIVER NJ 08753

Telephone: 7327406173

Contractor Dusko Jovanovski

Address 401 Cranberry Ct. Forked River NJ 08731

Telephone: 6092767148 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 100 Maximum Occupancy Load: 32

Description of Work/Use: TENANT FIT UP Jo's Deli and Produce

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: $50.00
Check Number: 923246
Collected By: Christopher Romano

Date Printed: 7/17/2012

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

7-6-12

CONSTRUCTION PERMIT

Date Issued 12-12558
Control # C-12-001967
Permit #

IDENTIFICATION Block: 842 Lot: 28 Qualifier

Work Site Location: 1715 ROUTE 88 Unit 7 Brick Township, NJ

Owner in Fee: OXFORD INTERNATIONAL LLC
1361 VINCENZO DR TOMS RIVER NJ 08753

Telephone: (732) 740-6173

Contractor: Dusko Jovanovski
Address: 401 Cranberry Ct. Forked River NJ 08731

Telephone: (609) 276-7148
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
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:

TENANT FIT UP Deli/produce

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 $250

Construction Official

7-3-12
Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	$50.00
Other	$0
Total	$126
Check No.	
Cash	$0
Credit	$0
Collected By	

150
126

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.15:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

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

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

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

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

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

- [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.

Jo's Deli + Produce

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 32
LIVE LOAD 100 P. S. F.
FIRE GRADING 2B HOURS
USE GROUP M

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7-6-12
Control # 12-1858
Date Issued
Permit #

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 West Unit 7

Owner in Fee: Oxford International, LLC

Tel. (732) 740-6173 e-mail _____

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

Contractor: Dusko Jovanovski Tel. (609) 276-7148

Address 401 Cranberry Ct. e-mail _____
Forked River NJ 08731

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		
[X] Exterior	7/3/12	MA
[X] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: _____
Approved by: _____

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 7-17-12
Approved by: MA/JC

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			7/11/12	MA
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) $ 250.00

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

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 Sign here: Dusko Jovanovski

X Print name here: Dusko Jovanovski

D. TECHNICAL SITE DATA

X DESCRIPTION OF WORK

Open deli produce store put in table

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
[X] Other COMMERCIAL
[ ] 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

7-6-12

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00592
Application Date: 06/12/2012
Project Number:
Permit Number: 12-00632
Fee: $50

Zoning Permit

Worksite Location: **1715 ROUTE 88**
Oxford Plaza - Unit No. 7
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: **Dusko Jovanovski**
Address: **401 Cranberry Court**
Forked River, NJ 08731

Application Approved Date: 06/12/2012

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

Use is: Delicatessen -Produce and deli store.
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations to Unit No. 7 for a tenant fit-up for a new business, changing from a convenience store to a produce deli.

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

The unit number must be displayed on the front and the back doors.

Upon review it was determined that the Development Application:

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

Sean Kinnevy, Zoning Officer — 06/12/2012 Date

Michael P. Fowler, Township Planner — 6/12/12 **Date**

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7-6-12
Control # 12-1858
Date Issued
Permit #

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 West Unit 7

Owner in Fee: Oxford International, LLC

Tel. (732) 740-0173 e-mail _____

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

Contractor: Dusko Jovanovski Tel. (848) 271 7148

Address 401 Cranberry Ct e-mail _____
Forked River, NJ 08731

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	7/7/12	

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		7/11/12		
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) $ 250.00

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

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: Dusko Jovanovski

Print name here: Dusko Jovanovski

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Open deficiency
Stove [illegible]

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 1-6-12
Control # 12-1852

Date Issued
Permit #

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

Block 842 Lot 25 Qualification Code

Work Site Location 1715 21st Ave

Owner in Fee:

Tel. ( ) e-mail

Address
street municipality zip code

Contractor: Tel. ( )

Address 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: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior	1	
[ ] Interior	1-4	

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 Dates (Month/Day)	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) $

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

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. 11/09)

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

RECEIVING CLERK VP
DATE REC'D 5/31/12

ZONING PERMIT APPLICATION

PERMIT # 12-00632
DATE ISSUED 7-6-12

BLOCK: 842 LOT: 28 QUALIFIER: ____ SITE ADDRESS: 1715 Rt 88 West Unit 7
OXFORD PLAZA

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Oxford International, LLC
   COMPLETE ADDRESS: 1361 Vincenzo Drive
   Toms River NJ 08753
   PHONE # 732-740-6173 EMAIL: ____

2. NAME OF APPLICANT: Dusko Jovanovski
   APPLICANT ADDRESS: 401 Cranberry Ct.
   Forked River, NJ 08731
   PHONE # 609-276-7148 EMAIL: ____

3. RESPONSIBLE PERSON FOR WORK: Dusko Jovanovski
   PHONE# 609-276-7148 FAX# Deesko Jovanevski

4. SIGNATURE OF APPLICANT: X Deesko Jovanovski

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50,00
OTHER: $ ____
TOTAL: $ ____

REQUIRED BY APPLICANT

RESIDENTIAL: ____
COMMERCIAL: ✓
EXISTING USE: Deli
PROPOSED USE Produce Deli

BOARD APPROVAL: ____ PB ____ ZB
RESOLUTION#: ____
APPROVAL DATE: ____

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

COMMERCIAL

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

HEIGHT: ____ (*APPLICABLE)

(OTHER) Tenant Fit up -

DESCRIPTION: Made movable tables plan attached

ZONING REVIEW:
DATE REVIEWED: 6-12-12 DATE DENIED: ____ DATE APPROVED: 6-12-12 INTLS: DGP

(SEE BACK PAGE)

TOWNSHIP OF BRICK ZONING CHECKLIST

1) **Two (2) copies of plot plan containing:**

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) **Two copies of the plans with dimensions and heights noted:**

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) **Plot plans and building plans must match for complete review**

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

01/2010

245 Attachment 5

Township of Brick

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Lot Coverage by Building	Maximum Building Height				Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building				Accessory Building								
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

NOTES:

1. If adjacent to residential zone or use.
2. The maximum lot coverage shall refer only to that percentage of an affected lot which is suitable for building.
3. For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.

OFFICE USE ONLY

RECEIVED
JUN 12 2012

ZONING REVIEW:

DATE REVIEWED: 6-12-12 DATE DENIED: — DATE APPROVED: 6-12-12 INTLS: SES

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-12-00592
Application Date: 06/12/2012
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **1715 ROUTE 88**
Oxford Plaza - Unit No. 7
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: **Dusko Jovanovski**
Address: **401 Cranberry Court**
Forked River, NJ 08731

Application Approved Date: 06/12/2012

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

Use is: Delicatessen -Produce and deli store.
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations to Unit No. 7 for a tenant fit-up for a new business, changing from a convenience store to a produce deli.

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

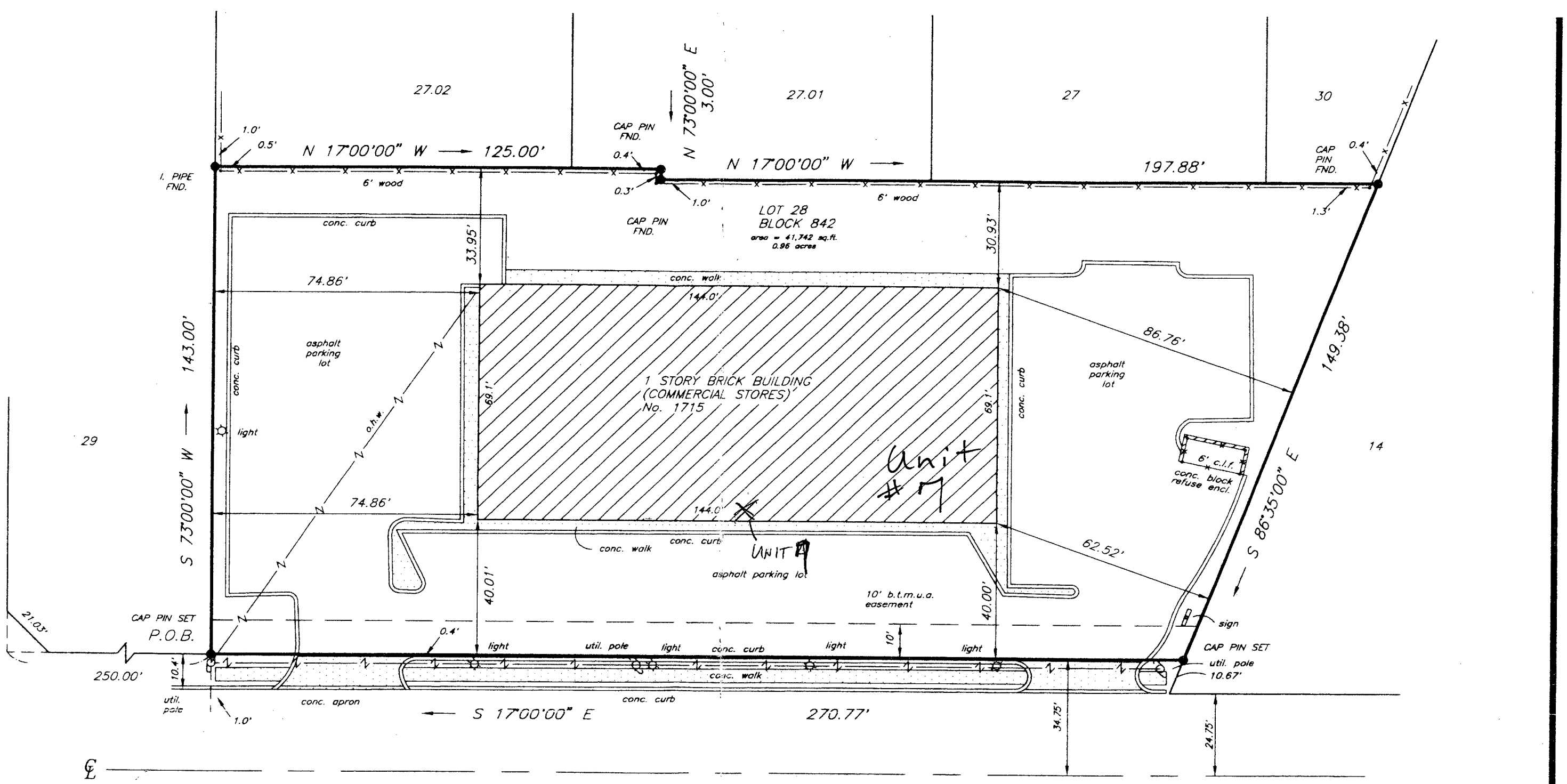
The unit number must be displayed on the front and the back doors.

Upon review it was determined that the Development Application:

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

Sean Kinnevy, Zoning Officer — 06/12/2012 Date

Michael P. Fowler, Township Planner — 6/12/12 **Date**

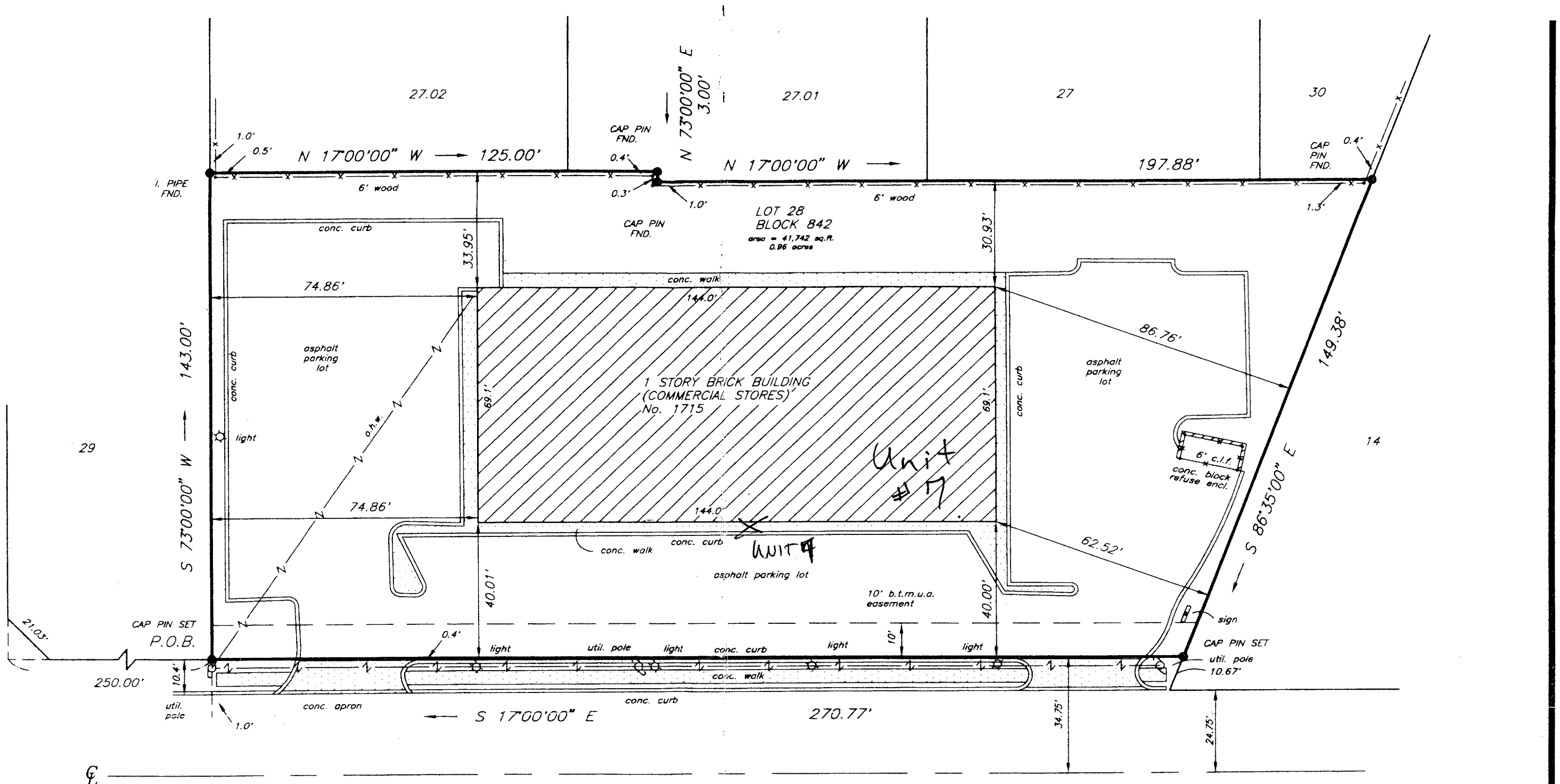


NEW JERSEY STATE HIGHWAY ROUTE 88

(OCEAN AVENUE)
(65' R.O.W.)

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2012
TFH-deli

Scale 1:30



OLDEN STREET

(FIRST STREET)
(OLDED STREET)
(70' R.O.W.)

NEW JERSEY STATE HIGHWAY ROUTE 88

(OCEAN AVENUE)
(65' R.O.W.)

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2012

Scale 1:30

6/14/12 - Call 609-276-7148 Dusko told of rejection

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

6/21/12 Lm for m. Dusko

Spoke w/ Nada Spouse 6/21/12

Subcode Official Review

Date: Thursday, June 14, 2012

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

RE: Building Subcode
Block: 842 Lot: 28 Qual:
1715 ROUTE 88 Unit 7
Permit Number: Control Number: C-12-001967
Last Submit Date: Wednesday, June 13, 2012

Dear OXFORD INTERNATIONAL LLC,

The following comments were made during the Plan Review process:

Provide 2 sets of sealed plans prepared by a n.j. licensed design professional.

Sincerely,

John Gerrity, Subcode Official

Rec'd 6/20/12

INVESTIGATION REPORT

DATE: 6/2/12 INVESTIGATION #: A

BLOCK: 842 LOT: 28 SUB-DIVISION: _____

STREET & NO.: 1715 Route 88 Unit 4 - P12-1334

OWNER'S NAME: Oxford International LLC

NATURE OF THE COMPLAINT: Tenant Dean's Cuisine

Permit 12-1334 is Unit 4, not Unit 7 - C-12-001967 LS 6/20/12

Application 5/31/12 Unit 7 failed (DOT) plan review

DATE OF INVESTIGATION: 5/30/12 INSPECTOR: MT

CONDITION FOUND: Stumbled upon a Store owner who was renovating a store w/o A permit. Although he stated that he was not changing anything,

INITIAL ACTION TAKEN: all racking for merchandise was changed - Counters and other furnishing were being constructed - Attached is the

FOLLOW-UP/ DATE: 6/21/12 ACTION TAKEN: Address and Unit

Permit Application made 05/31/12 - Rejected 06/13/12

Spoke w/ Spouse Nadel (she called back) Read off SDR x40

John Gerrity - x 124)

FOLLOW-UP/ DATE: _____ ACTION TAKEN: _____

FOLLOW-UP/ DATE: _____ ACTION TAKEN: _____

RESOLUTION/ DATE: _____ OUTCOME: _____

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION 1715-4 Rt 88 W PERMIT # 12-1334

ISSUED TO Unit 7 BLOCK _____ LOT _____

~~PERMIT HOLDER AND/OR~~ ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO _____

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction:

1) Plans require update for New layout.
2) Install all exit Knockouts —
Complete Re-insp- req'd —

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

DATE 5/30/12 BY _____
INSPECTOR

White - Original Yellow - Field Copy

4/0 6/26/12 Does not understand Eng.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Thursday, June 14, 2012

To: 1361 VINCENZO DR TOMS RIVER, NJ 08753

CC:

made

RE: Building Subcode
Block: 842 Lot: 28 Qual:
1715 ROUTE 88 Unit 7
Permit Number: Control Number: C-12-001967
Last Submit Date: Wednesday, June 13, 2012

Dear OXFORD INTERNATIONAL LLC,

The following comments were made during the Plan Review process:

Provide 2 sets of sealed plans prepared by a n.j. licensed design professional.

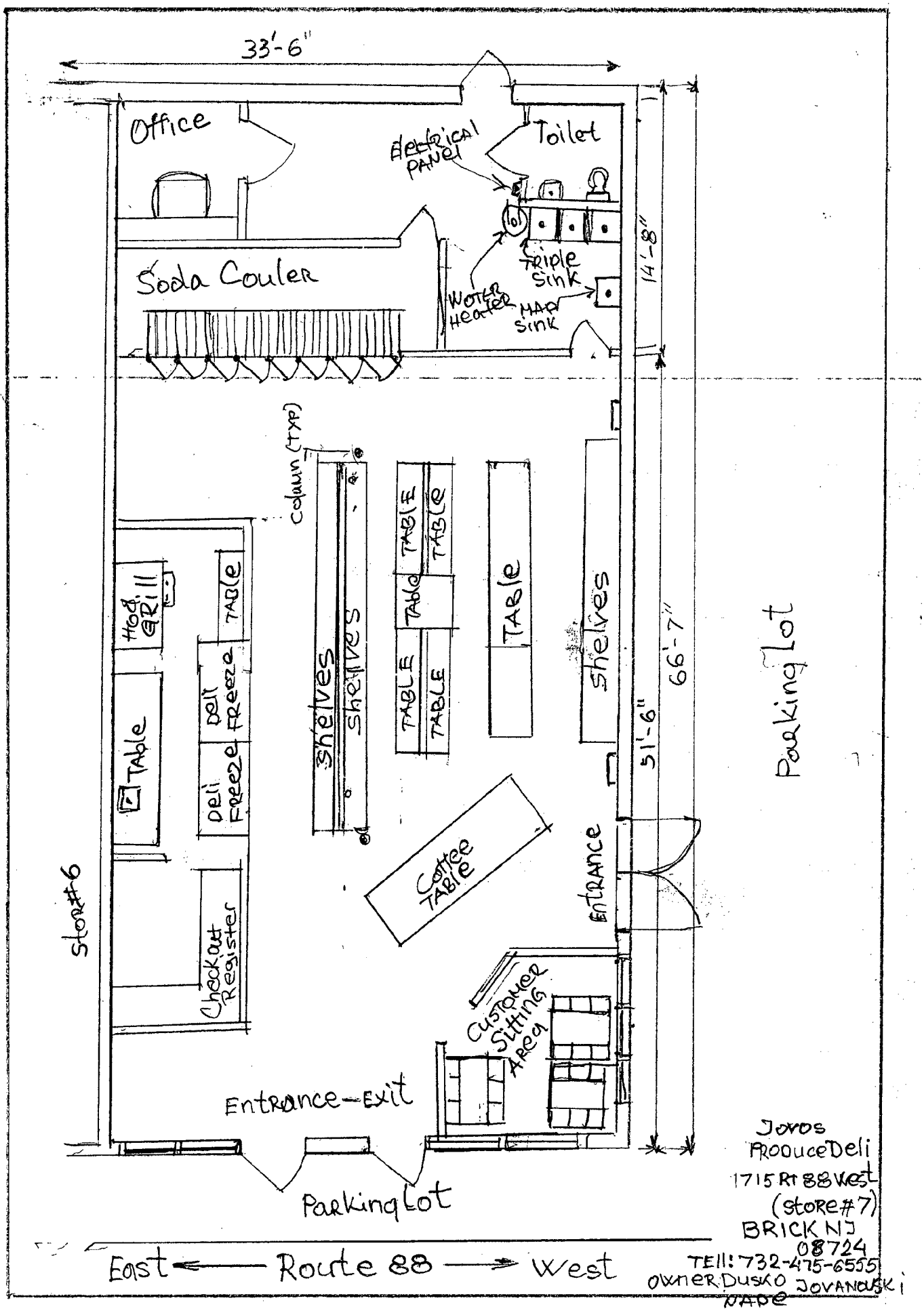
6/26/12

Above not provided. For exemption of architect plans, provide listing of newly installed equipment. Provide listing of existing equipment. Previous occupant load, proposed occupant load. Previous number of seats, proposed number of seats. Dimensions of all spaces. Exit and emergency light locations.

Sincerely,

John Gerrity, Subcode Official

609-276-7148
or 609-[redacted] 618 5555


33'-6"
Office
Electrical Panel
Toilet
Soda Couler
Triple Sink
Water Heater
Hand Sink
14'-8"
Column (typ)
Shelves
Shelves
Table
Table
Table
Table
Table
Table
Shelves
51'-6"
66'-7"
Parking Lot
Hot Grill
Table
Deli Freeze
Deli Freeze
Table
Store #6
Coffee Table
Entrance
Checkout Register
Customer Sitting Area
Entrance-Exit
Parking Lot
East ← Route 88 → West
Jovos
Produce Deli
1715 Rt 88 West
(store #7)
BRICK NJ
08724
TEL: 732-475-6555
Owner Dusko Jovanoski
MADE

B: 842 L: 28

OXFORD INTERNATIONAL LLC 732-740-6173

1715 Rte 88 (UNIT 4)

Permit 12-1334
ISSUED 5/16/12

Tenant DEANE'S CUISINE

* Permit 12-1334 is Unit 4, not UNIT 7

(B)(E)(P)+(F)

Failed (F) 6/18/12

1715 ~~Rte~~ 88 (UNIT 7)

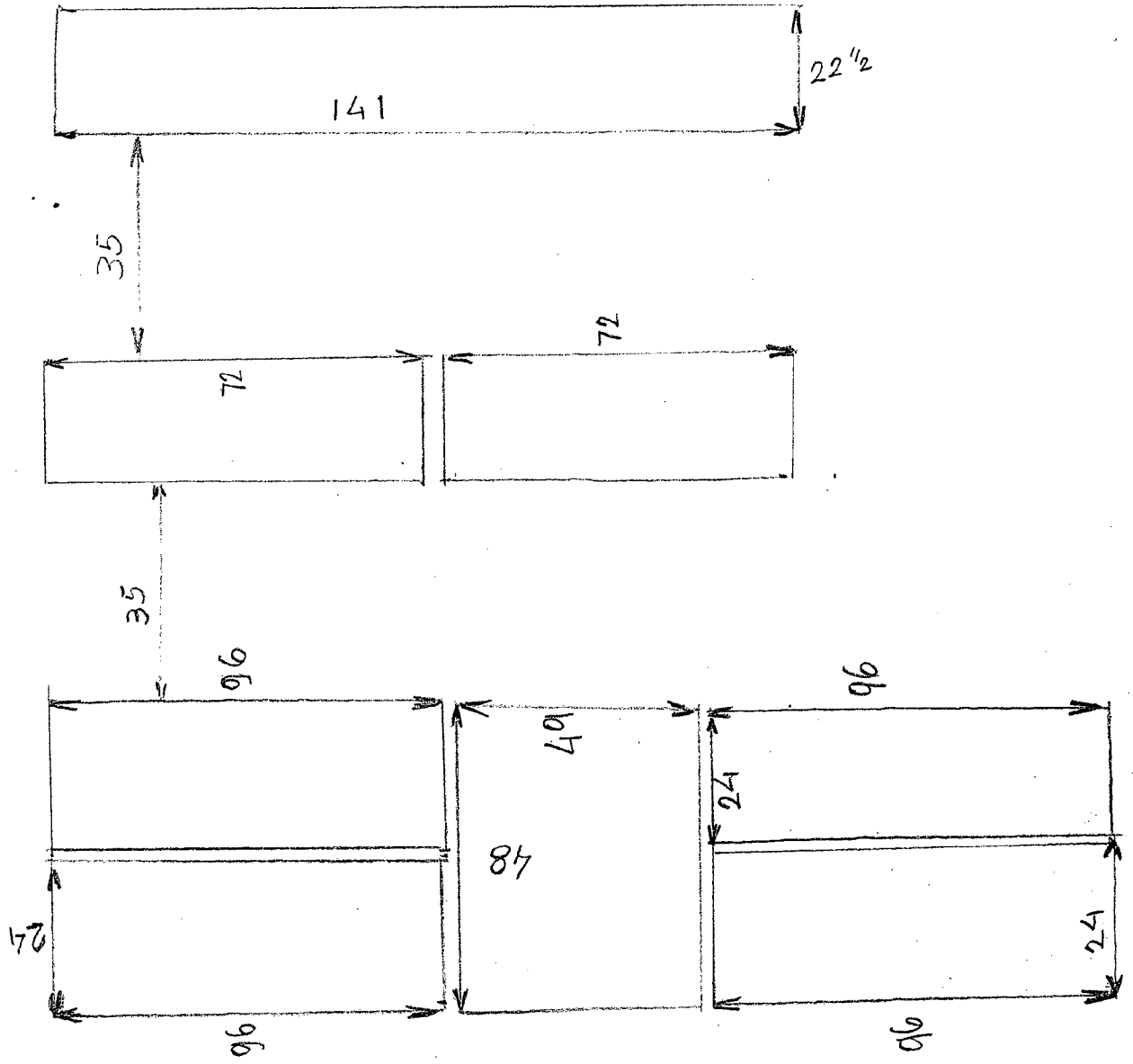
C-12-001967
Applied: 5/31/12

PRODUCE/DELI

Failed Plan Review
Building: 6/14/12

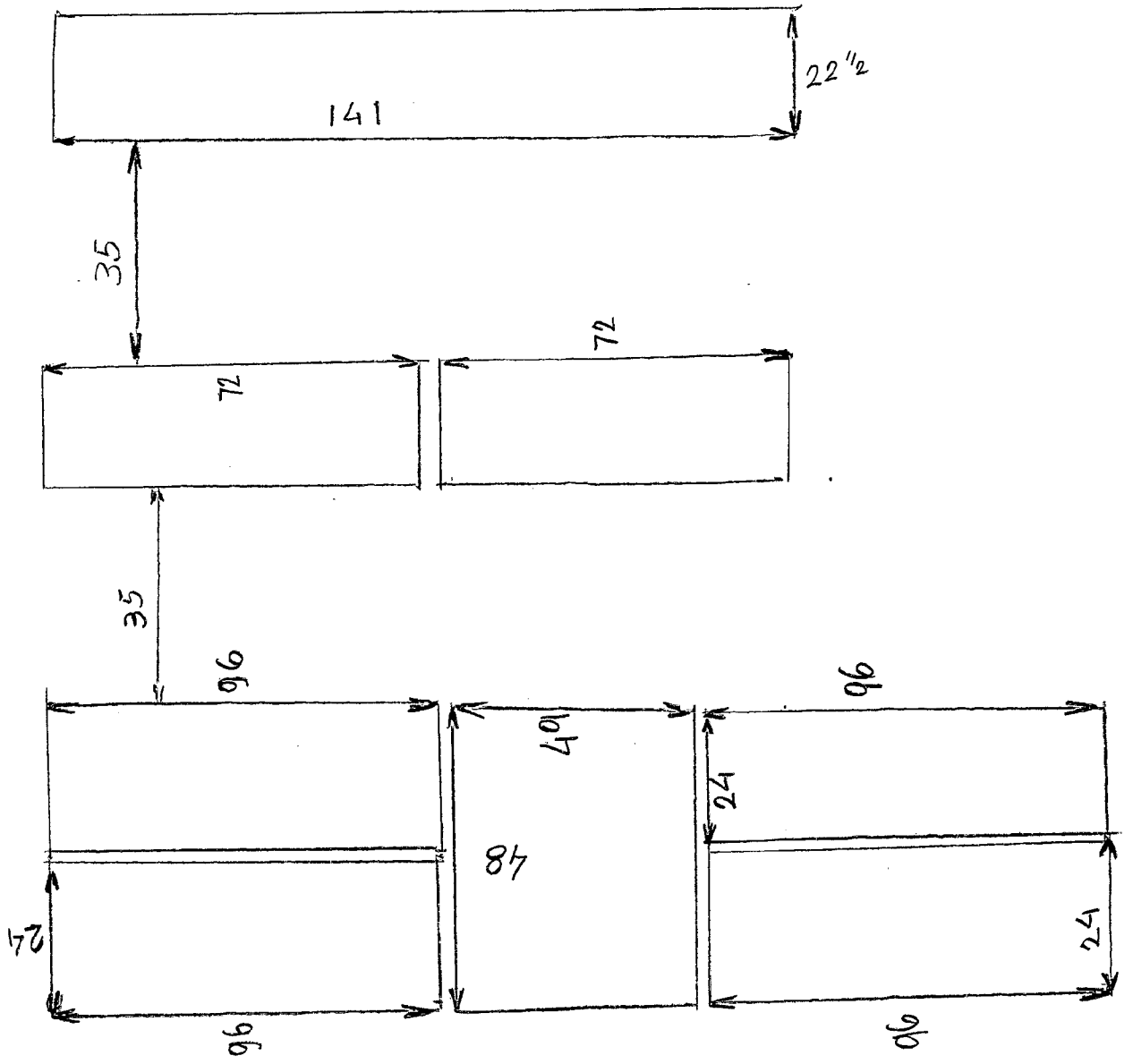
Provide 2 sets of Sealed Plans prepared by a NJ licensed design Professional

H-34"



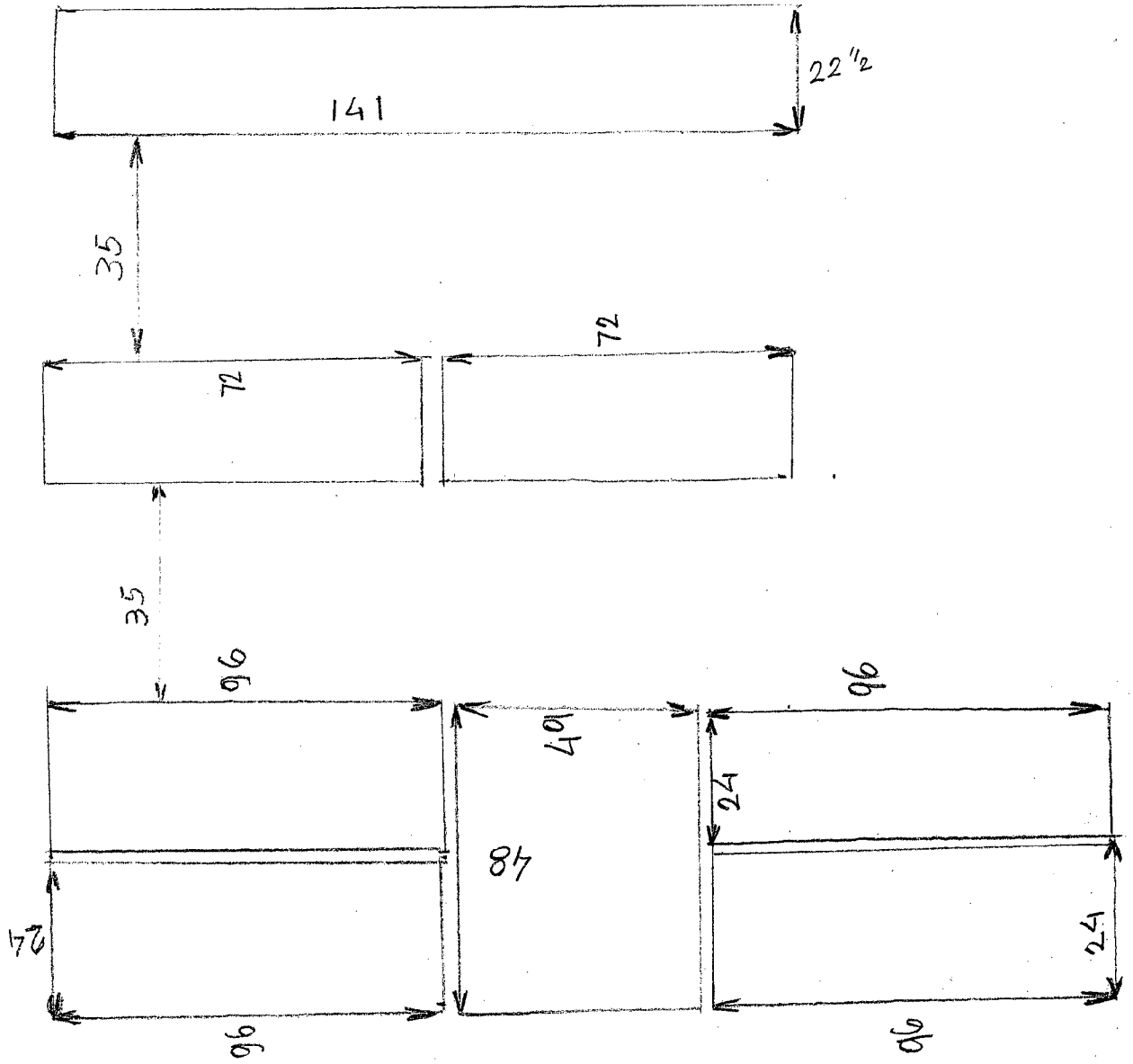
APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2012

H-34"



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER

JUN 12 2012



APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
JUN 12 2012
SGK