BLOCK 842 LOT 28 QUALIFICATION CODE ✓ ADDRESS (SITE) 1715 Route 88 PERMIT NO. 052544

CONSTRUCTION PERMIT APPLICATION

C05-134542

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

I. IDENTIFICATION

1. Proposed Work Site at: 1715 ROUTE 88 PRIOR TOWNSHIP
2. Name of Owner in Fee: OXFORD INT Tel. ( )
   Address 1361 VINCENNES DR TOMS RIVER NJ 08753
   street municipality zip code
3. Ownership in fee: Public ____ Private ____
4. Principal Contractor: GUY NORTHRUP Tel. (952) 226-3050
   Address 15950 FRANKLIN TRAIL SE PRIOR LAKE MN
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. 41-1565415 FAX: (952) 226-3091
5. Architect or Engineer AXIS ARCHITECTURAL Tel. (201) 816-1818
   Address 202 SOUTH DEAN ST. ENGLEWOOD NJ Contact STEVEN LAZARUS
6. Responsible Person in Charge once Work has Begun JERRY STARK
   Tel. (952) 215-8503 FAX: ( )

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	1560 40		
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		168		
10. Subtotal	$			
11. Cert. of Occupancy 2/7 EW		30 30		
12. Other				
13. TOTAL	$	1768		

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. 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		

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	Resubmission Dates 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	70,000								

4C 4/26 — 6-9-05 Pg — 7-13-07

Affordable Housing pd 3/20/07

6150 5-W — 7/29/05

EW 5/13/05 — 5/13/05

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 NEXTEL
   After Construction NEXTEL
   Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

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

A.H.S.I. MAILING - FILE - COMMERCIAL

LDS BR-B 10428038

U.C.C. F100-1 (rev. 04/03)

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 [signature] C-H HOMETHRUP CORP.

Address 15950 FRANKLIN TRAIL SE

ORION LAKE MN 55372

Telephone ( ) _____

Signature [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
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. 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			
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.				

732- 262-1024
Breading
8.04.'00

IMPORTANT
A.H.B.T. - MANDATORY FEE - COMMERCIAL

FOR OFFICE USE ONLY

Constituent Contact Report

Date	Comments	Initials

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 06/29/2005
Control # C-05-134542
Permit # 05-2544

IDENTIFICATION Block: 842 Lot: 28 Qualifier

Work Site Location: 1715 ROUTE 88 Brick Township, NJ

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

Contractor: G H NORTHRUP
Address: 15950 FRANKLIN TRAIL PRIOR LAKE MN 55372
Telephone: (952) 226-3090
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP

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

Estimated Cost of Work $80,000

Construction Official

06/29/2005
Date

PAYMENTS (Office Use Only)

Building	$1,560
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$108
CO Fee	
Other	$60
Total	$1,768
Check No.	80118
Cash	$0
Credit	$0
Collected By	Ellen Privett

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.

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

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

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

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

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 6/29/05

Date Issued / Permit # 052544

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
BRICK TOWNSHIP NJ

Owner in Fee OXFORD INT. LLC

Address 1361 VINCENZO DR
TOMS RIVER 08753

Tel. ( )

Contractor G.Y. NORTHRUP CORP.

Address 15950 FRANKLIN TRAIL SE
PRIOR LAKE MN 55372

Tel. (952) 226 3090 FAX (952) 226 3091

Contractor License No. or Builder Registration No.

Federal Emp. No 41-1565415

CONVERSION

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [X] All — 6/30/05 — FM
- [ ] Footing
- [ ] Foundation
- [ ] Frame
- [ ] Other

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 7-12-05
Approved by: FM

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			7/7/05	FM
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			7/20/05	FM
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

Constr. Class 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.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 70,000
3. Total (1+ 2) $ 70,000

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

REMOVE EXISTING PARTITION WALL BETWEEN EXISTING HEALTH SOUTH SPACE & EMPTY SPACE ON RH SIDE 3 NEW ROOM PLAN & DRAWING NEW CARPET & PAINT.

TYPE OF WORK:

- [ ] New Building
- [ ] Addition
- [X] Rehabilitation
- [ ] Roofing
- [ ] Siding
- [ ] Fence _____ Height (exceeds 6')
- [ ] Sign _____ Sq. Ft.
- [ ] Pool
- [ ] Asbestos Abatement Subchapter 8
- [ ] Lead Haz. Abatement NJAC 5:17
- [ ] Other _____
- [ ] Demolition

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

U.C.C. F110 (rev. 07/03)

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 6/30/05

Date Issued Permit # 05 3544

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

Owner in Fee OXFORD INIT. LLC

Address 1361 VINCENZO DR

TOMS RIVER 08753

Tel. ( )

Contractor

Address

Tel. ( ) FAX ( )

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	6/30/05	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] 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				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class 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.
Total Land Area Disturbed Sq. Ft.

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 07/03)

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

Brick.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

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 ROUTE 88
BRICK TOWNSHIP NJ.

Owner in Fee OXFORD INT LLC

Address 1361 VINCENTA DR
TOMS RIVER NJ. 08753

Tel ( )

Contractor G.E. Smith Electric Inc

Address 5407 Browning Rd
Pennsauken NJ 08109

Tel (856) 665-6376 FAX ( )

Contractor License No. 14300

Federal Emp. No. 01-0736892

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 10,000.00

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.

Gy E Smith, President
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)
17		Lighting Fixtures	
14		Receptacles	
4		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
5		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 $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved by:

INSPECTIONS — Dates (Month/Day)

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

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/03/2005
Date Issued 12/31/1899
Control # C-05-134542
Permit # US 2544

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

Owner in Fee: OXFORD INTERNATIONAL LLC

Address 1361 VINCENZO DR TOMS RIVER NJ

Tel.

Contractor: G E SMITH ELECTRIC INC

Address 5407 BROWNING ROAD PEANNSAWKEN NJ

Tel. 856-665-6376 Fax.

Lic No. 14300

Federal Employee No.

COMMERCIAL

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed U

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☒ Electrical Plans Approved	6/5/05	

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☒ CA

Date: 7/29/05

Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough w/ LS			7/6/05	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service 7.18.05			7/29/05	
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
17		Lighting Fixtures	
14		Recepticles	
4		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
5		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
40		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$14
TOTAL FEE	$54

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

7-17-05 NO CEILING INSPECTION

ID BREAKERS FOR NEW WORK

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/03/2005
Date Issued 12/31/1899
Control # C-05-134542
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 ROUTE 88

Owner in Fee: OXFORD INTERNATIONAL LLC

Address 1361 VINCENZO DR TOMS RIVER NJ

Tel.

Contractor: G E SMITH ELECTRIC INC

Address 5407 BROWNING ROAD PEANNSAWKEN NJ

Tel. 856-665-6376 Fax.

Lic No. 14300

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed U

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		
Joint Plan Review Required		
☐ Building ☐ Plumbing		
☐ Fire ☐ Elevator		
☑ Electrical Plans Approved		
Date: 6/1/05		
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

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I am the (agent of) owner of the 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 Elec Cont'r ☐ Certif'd Landscape Irrigation Cont'r ☐ Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
17		Lighting Fixtures	
14		Recepticles	
4		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
5		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
40		TOTAL NUMBERS	$35
0		Pool Permit/with UW Lights	$0
0		Storable Pool/Spa/Hot Tub	$0
0	0	KW Elec. Range/Receptical	$0
0	0	KW Oven/Surface Unit	$0
0	0	KW Elec. Water Heater	$0
0	0	KW Elec. Dryer/Recepticle	$0
0	0	KW Dishwasher	$0
0	0	HP Garbage Disposal	$0
0	0	KW Central A/C Unit	$0
0	0	HP/KW Space Heater/Air	$0
0	0	KW Baseboard Heat	$0
0	0	HP Motors 1/+ HP	$0
0	0	KW Transformer/Generator	$0
0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$14
TOTAL FEE	$54

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 05/03/2005
Date Issued 12/31/1899
Control # C-05-134542
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 ROUTE 88

Owner in Fee: OXFORD INTERNATIONAL LLC

Address 1361 VINCENZO DR TOMS RIVER NJ

Tel.

Contractor: G E SMITH ELECTRIC INC

Address 5407 BROWNING ROAD PEANNSAWKEN NJ

Tel. 856-665-6376 Fax.

Lic No. 14300

Federal Employee No.

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed U

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $10,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☐ No Plan Required		

Joint Plan Review Required
☐ Building ☐ Plumbing
☐ Fire ☐ Elevator
☑ Electrical Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
		Dates (Month/Day)		
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

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5		Communication Points	
0		Alarm Devices/F.A.C. Panel	
0			
40		TOTAL NUMBERS	$35
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0	0	AMP Service	$0
0	0	AMP Subpanels	$0
0	0	AMP Motor Control Center	$0
0	0	KW Elec. Sign/Outline Light	$0
0	0		$0
0	0		$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$14
TOTAL FEE	$54

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

Township of Brick
Zoning Permit

Approved: Wednesday, May 11, 2005 **Number:** 590

Block 842 **Lot** 28 **Zone:** B-1, Neighbor.Bus.

Property Address: 1715 Route 88

Applicant: Walter G. Stark; Health South

Property Owner Oxford International, LLC

Existing Use: Vacant unit #3 (former Nextel store).

Proposed Use: Health South physical therapy.

Proposed Construction: Interior alterations to expand facility in Unit 2 to include Unit 3.

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

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect. This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.

Michael P. Fowler, AICP/PP
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

2005

(Please Type or Print Neatly in Ink, Not Pencil)

Applications missing any of the following information will delay processing and may be returned to you.

BLOCK 842 LOT 23 QUALIFIER _____

PROPERTY ADDRESS 1715 RT 88

PERSONAL NAME OF APPLICANT WALTER C STARK

BUSINESS NAME OF APPLICANT HEALTH SOUTH Physical Therary

MAILING ADDRESS OF APPLICANT ~~1613 BEL~~ ONE HEALTH SOUTH PARKWAY BIRMINGHAM AL

PROPERTY OWNER'S FULL NAME OXFORD UNIT, LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) STRIP MALL Nextel Store

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☐ Commercial (please describe) EXPANDING HEALTH SOUTH / Physical Therary

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a 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.

Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

COMMERCIAL

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

SIGNATURE OF APPLICANT _____ Date 4/28/05

Reviewed by Zoning Office JE Date 5/11/5 (✓) Approved ( ) Denied

KB 4/28/05

AXIS Architectural Studio

June 1, 2005

Brick Township Building Department
Construction Official
Mr. Frank Mizer
401 Chambersbridge Road
Brick Twp., NJ 08723

RE: Health South 1715 Route 88

Dear Mr. Mizer:

The construction cost for the Health South project is $54,000 (FIFTY FOUR THOUSAND). ADA improvements require 20% of the construction cost. The following is a break down of ADA costs for the project which exceed 20%

• Carpet w/ Insulation	$7,029.00
• Counters at ADA Height	$2,600.00
• (2) H.C. Doors w/ ADA Handles	$1,300.00
• Install New grab bars in H.C. staff Bathroom	$205.00
TOTAL	**$11,134.00**

If you should have any questions please feel free to call me at 201-8161-1818.

Respectfully

Steven B. Lazarus A.I.A
Lic. # NJ C10807

COS 13452

202 South Dean Street • Englewood, NJ 07631 • 201.816.1818 • fax 201.816.0212

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY
401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Department of Engineering
Office of the Municipal Engineer
(732) 262-1038
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: _____

Block: 842 Lot: 28

Property Address: 1715 RT 88

I, WALTER C STARK (name) of 103 DELAWARE AV TROY N.Y. (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, ect. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

Applicant's Signature

The following shall be submitted with this request:

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: 5/13/05 Signed: _____

Rejected on: _____ Signed: _____

Comments: Interior Only

COMMERCIAL

WELLS FARGO BANK MINNESOTA, N.A. 17-1-910
MINNEAPOLIS, MN 55479

079828

G.M. NORTHRUP CORPORATION
15950 FRANKLIN TRAIL S.E.
PRIOR LAKE, MN 55372
PH (952) 226-3090 FAX (952) 226-3091

32753

DATE	CHECK NO.	AMOUNT
05/24/2005	79828	$270.00

PAY **********TWO HUNDRED SEVENTY AND XX / 100 DOLLARS

TO THE ORDER OF
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE ROAD
BRICK NJ 08723

VOID AFTER 60 DAYS

MP

[redacted]

Re: Affordable Housing Fees

Business/Development: Health South Physical Therapy

Owner/Applicant: G M Northrup Corp.

Property Address: 1715 Rt. 88 Unit #3

Block: 842 Lot: 28

DEPOSIT RECEIVED
Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

DATE: 5/25/05

Check Number 079828

Preliminary Fee Paid $270.00

Final Fee Paid

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature

5/26/05
Date

OFFICE OF AFFORDABLE HOUSING

AMT PRELIMINARY APPROVAL

AXIS Architectural Studio

FAX COVER SHEET

Date: 6/06/05

Faxed To: DAN NEWMAN

Faxed to Number: 732.262.8954

Faxed From: S. LAZAKUS

Number of Sheets: 2

Comments:

202 South Dean Street • Englewood, NJ 07631 • 201.816.1818 • fax 201.816.0212

[redacted]

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER C05-134542

Resubmit DA 6/7

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1715 Rt 88

DATE REVIEWED: 5-31-05

REVIEWED BY: FM.

CONTACT CALLED/FAXED: Jerry Stark - Left Message @ 9:15

20% OF Cost of Building Work Must Be dedicated TO making more ADA Compliant (please Supply)

AXIS Architectural Studio

June 1, 2005

Brick Township Building Department
Electrical Inspector
Mr. Marcel Renson
401 Chambersbridge Road
Brick Twp., NJ 08723

RE: Health South 1715 Route 88

Dear Mr. Renson:

The rooms labeled on the plan Treatment Rooms are Therapy Rooms and the names will be changed. It is our opinion if the rooms are Therapy Rooms hospital grade wiring is not required.

If you should have any questions please feel free to call me at 201-8161-1818.

Respectfully

Steven B. Lazarus A.I.A
Lic. # NJ C10807

C05-134542

202 South Dean Street • Englewood, NJ 07631 • 201.816.1818 • fax 201.816.0212

Bldg (Elect) Fire Plumbing (Please mark subcode)

CONTROL NUMBER COS 134542

Done 6/9/05

BLDG Resubmit 6/7 DA

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1715 Ft 88

DATE REVIEWED: 6-1-05

REVIEWED BY: UK

CONTACT CALLED/FAXED: 952- 215-8503 Jerry Stulc

Resubmit 6/6/05 see Architect letter

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 842 LOT 28 SITE ADDRESS 1715 Ct. 88 Unit + 3
TYPE OF SITE Residential / Commercial NAME OF BUSINESS Healer South Physical Therapy
APPLICANT GM Northrup PHONE NUMBER 952-226-3090
APPLICANT ADDRESS 5950 Trapper Trail SE CITY & STATE Prior Lake, MN 55372

INCLUSIONARY DEVELOPMENT

Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

Market Rate — No Fee Required

Jerry 952-215-8603

Wayne 952-226-3070 or 952-226-3090

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01%

X The estimated equalized assessed value of the proposed construction is

$ 54 000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor — 5/23/05 Date

◊ The final equalized assessed value of the construction at the above referenced site is:

$ 29 500

_____ Frederick R. Millman, CTA, Tax Assessor — _____ Date

Preliminary Fee $270.00 — Date 5/25/05
Check # 14888 — Receipt # 327538

Final Fee $25.00 — Date 3/20/07
Check# 85099 — Reciept # _____

Total Fee Due/Paid ~~$340.00~~ $295.00
Balance Due 0

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

Office of Affordable Housing

5/17/05 - Ta prelim.
5/24/05 - Mailed letter
2/26/07 - Ta final
3/1/07 - called Jerry - LM