BLOCK 842 LOT 28 QUALIFICATION CODE _____ ADDRESS (SITE) 1715 Rt 88 West PERMIT NO. 17-4149

ECC

CONSTRUCTION PERMIT APPLICATION

CN-005035

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

I. IDENTIFICATION

1. Proposed Work Site at: 1715 Rt 88 West #6
2. Name of Owner in Fee: ~~Anthony Pels~~ Sotiris Sergiou
   Tel. (732) 779-9127 e-mail _____
   Address 1715 Rt 88 West Brick NJ 08724 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: BN Construction Co. Tel. (732) 779-9127
   Address 46 N Maplewood Dr e-mail _____
   Brick NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable) 13VH03184100
   Federal Emp. ID No. 133503996 FAX: ( ) _____
5. Architect or Engineer Ron Kachmarsky Contact _____
   Address 370 Mecca Keasbey NJ e-mail _____
   Tel. (732) 766-6330 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Gary Town
   Tel. (732) 779-9127 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 200		
2. Electrical	150		
3. Plumbing	50		
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2		
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other			
13. TOTAL	$ 0		

Waived

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories	1
2. Height of Structure ft.	
3. Area — Largest Floor 868 sq. ft.	
4. New Building Area sq. ft.	
5. Volume of New Structure cu. ft.	
6. Max. Live Load	
7. Max. Occupancy Load 90	
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 ____	

NFPC

Abandon

Canopy Plus

COMMERCIAL

IIa. PROPOSED WORK

- ☑ Minor Work (Tenant fit up)
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☐ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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					12/22/17	KEK			
☑ Electrical		11/14/17			11/22/17	RS			
☐ Plumbing					11-22-17				
☐ Fire Protection									
☐ Elevator		Eng Exempt			11/21/17	ECC			
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: Retail
2. Use Group, Proposed: B
3. Change In Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed 5B

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

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 GARY ROSE

Address 46 N MAPLEWOOD DR.
BRICK NJ 08723

Telephone (732) 779-9127

Signature

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

Hunting Plus Former Dry cleaner

"B" use 868 sq ft (8.6 occup)

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 12/29/17

Date Issued Permit # 17-4149

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

Block 842 Lot 76 Qualification Code

Work Site Location 1715 Rt 88 West #6
Buck NJ 08724

Owner in Fee: ~~Hunting Plus~~ Sotos Sergio

Tel. 732 779-9127 e-mail

Address 1715 Rt 88 West - Buck NJ 08724
street municipality zip code

Contractor: BN Construction Co. Tel. 732 779-9127

Address 46 N Maplewood Dr e-mail
Buck NJ 08723

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 13VH03484100

Federal Emp. ID No. FAX:

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed 5B

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 $ 300-

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible

Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

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

Applicant/Contractor sign here:

Print name here: Gary Rose

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[✓] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)	2	
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		
Fireplace Venting/Metal Chimney		
Other		

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial - Underslab Utilities Approved

Date: Approved by:

[✓] Fire Protection Plans Approved

Date: 12/29/17 Approved by: KD

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 12-29-17

Approved by: CWO

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				

Awning Plus

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 12/29/17
Control #

Date Issued
Permit #

17-4149

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 #6
Brick, NJ 08723

Owner in Fee: ~~[illegible]~~ Sotirios Sergiou

Tel. (732) 779-9127 e-mail

Address 1715 Rt 88 West Brick NJ 08724
street municipality zip code

Contractor: BN Construction Tel. (732) 779-9127

Address 46 N Maplewood Dr e-mail
Brick NJ 08723

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

Home Improvement Contractor Registration No. or Exemption Reason (if applicable) BVH034184100

Federal Emp. ID No. 138503996 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	12/22/17	KEH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 12/22/17
Approved by: KEH

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				

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) $ 5,000

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:

Print name here: Gary Renz

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Retail Fitup
New wall - Minor
Renovation -
COMMERCIAL

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

Awning Plus

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received / Control # 12/29/17

Date Issued / Permit # 17-449

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 Suite 6

Owner in Fee: Sotiris Sotiriou

Tel. 732 779-9127 e-mail

Address 1715 Rt 88 west Brick NJ 08723
street municipality zip code

Contractor: BK Const Co. Tel. 732 779 9127

Address 46 N Maplewood Pl e-mail
Brick NJ 08723

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason 13VH03484100

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

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 sign/Contractor sign and seal here:

Print name here: Gary Stern

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

No Work on Tech.

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

COMMERCIAL

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

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date: 12-29-17
Approved by:

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				
LP Gas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final				

NEW JERSEY UNIFORM CONSTRUCTION CODE

Awning Plus

ELECTRICAL SUBCODE
TECHNICAL SECTION

19 0346

842/28

Date Received 12/29/17
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 175 Rt 88 West
Brick NJ 08724

Owner in Fee: ~~Awning Plus~~ Sotirios Serafeiou

Tel. 732 779-9147 e-mail

Address 175 Rt 88 West Brick NJ 08724
street municipality zip code

Contractor: VTEC ELECTRIC LLC Tel. 732 740-5787

Address 22 HARDWOOD DRIVE e-mail
JACKSON NJ 08527

Contractor License No. 51- Exp. Date 3/2018

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 51-0656217 FAX: 732 833-2015

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 500.00

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.

Applicant sign/Contractor sign and seal here: Vincent Tuero

Print name here: VINCENT TUERO

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Contr. [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

QTY.	SIZE	ITEMS	FEE (Office Use Only)
1		Lighting Fixtures	
3		Receptacles	
1		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
6		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
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 12/22/17 Approved by: ATC
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 12/22/17
Approved by:
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date:
Approved by:

INSPECTIONS Type:	Dates (Month/Day) 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				

COMMERCIAL

CONSTRUCTION PERMIT

Date Issued 12/29/17
Control # C-17-005035
Permit # 17-4149

IDENTIFICATION Block: 842 Lot: 28 Qualifier
Work Site Location: 1715 ROUTE 88 Brick Township, NJ
Owner in Fee: OXFORD INTERNATIONAL LLC
1361 VINCENZO DR TOMS RIVER NJ 08753
Telephone: (732) 779-9127

Contractor: BN CONSTRUCTION CO
Address: 46 N MAPLEWOOD DR BRICK NJ 08723
Telephone: (732) 779-9127
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 - AWNING PLUS

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

Estimated Cost of Work $5,801

D. Newman for MP — Construction Official
12/26/17 — Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$12
CO Fee	$0.00
Other	$0
Total	$12
Check No.	(illegible)
Cash	$0
Credit	$0
Collected By	

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

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

REQUIRED INSPECTIONS

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

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

12/29/17 9:20AM 001558847S
XX10 SERV.010
DCA $12.00
TOTAL $12.00
CHECK $12.00
$0.00

- [ ] 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.

RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZP-17-01498
DATE ISSUED 12/28/17

*BLOCK: 842 LOT: 28 QUALIFIER: — SITE ADDRESS: 1715 Rt 88 West #6

IDENTIFICATION: *

1. NAME OF OWNER IN FEE: ~~Edward Hoffman Estate~~
   COMPLETE ADDRESS: 1715 Rt 88 West #6
   Brick, NJ 08724
   PHONE # 732 779-9177 EMAIL: _____

2. NAME OF APPLICANT: Gary Renz
   APPLICANT ADDRESS: 46 N Maplewood Dr
   Brick NJ 08723
   PHONE # 732 779-9177 EMAIL: garyrenz@comcast.net

3. RESPONSIBLE PERSON FOR WORK: Gary Renz
   PHONE# 732 779-9177 FAX# _____

4. SIGNATURE OF APPLICANT: X

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ ~~75~~ 0
OTHER: $ _____
TOTAL: $ ~~75~~ 0

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: ✓
EXISTING USE: Dry Cleaner
PROPOSED USE: Awning Store

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

* PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

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

HEIGHT: _____ (*IF APPLICABLE)

OTHER _____

* DESCRIPTION: Retail Fit Up - New Wall

ZONING REVIEW:
DATE REVIEWED: 11-17-17 DATE DENIED: _____ DATE APPROVED: 11-17-17 INTLS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
NOV 17 2017
ZONING

ZONING REVIEW:

DATE REVIEWED: 11/17/17 DATE DENIED: — DATE APPROVED: 11/17/17 INTLS:

DATE:	COMMENTS:	INITIALS:
11/17/17	SENT TO Comm	

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]

	Minimum Lot Size						Minimum Required Yard Depth							Maximum Building Height					
	Interior Lots			Corner Lots			Principal Building				Accessory Building		Maximum Lot Coverage by Building					Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
Zone	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.

SOTIRIS SERGIOU <ssergiou@comcast.net> 11/28/2017 3:56 AM

Vacant Unit at Oxford Plaza - 1715 Route 88, Brick

To garyrenz@comcast.net Copy Sotiris Sergiou <ssergiou@comcast.net>

To Whom It May Concern:

As the owner of the above referenced plaza located on 1715 Route 88 West, Brick (Block 842, Lot 28), I confirm that the unit previously rented to Future Cleaners has been vacant since December 2015. A current agreement with Mr. Gary Renz is in place to rent this unit and renovate for his business.

Please do not hesitate to contact me should you have any questions.

Sincerely,

Sotiris Sergiou

Sotiris Sergiou
Managing Parter
Oxford International
Mobile: (732) 740 6173

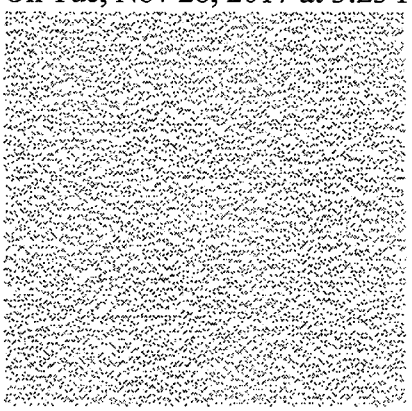
11/28/17 Verified w/ Fire Bureau CMP

Nichol Ponsi

From: Jessica Bergalowski <jbergalowski@brickfire.org>
Sent: Tuesday, November 28, 2017 3:53 PM
To: Nichol Ponsi
Subject: Re: 1715 Rt. 88

As of our 5/11/2016 inspection this space has been vacant.

On Tue, Nov 28, 2017 at 3:23 PM, Nichol Ponsi <nponsi@twp.brick.nj.us> wrote:



Jessica,

Can you please verify how long this space has been vacant? It was previously Future Cleaners.

Thanks

Nichol

Nichol Ponsi

Building Department

Township of Brick

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-17-01440
Application Date: 11/16/2017
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **1715 ROUTE 88**
Unit 6
Brick Township, NJ 08724

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

Owner: **Sotris Sergious**
Address: **1715 Route 88 West #6**
Brick, NJ 08724

Applicant: **B & N Construction Gary Renz**
Address: **46 N. Maplewood Dr.**
Brick, NJ 08723

Application Approved Date: 11/17/2017

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

Use is: Retail Store (Awning Plus)
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from a dry cleaner to a awning store.(Awning Plus)

Additional Zoning Permit is required for additional work or signage.

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Assistant Zoning Officer — 11/17/2017 Date

Sean Kinnevy, Zoning Officer — 11/17/17 **Date**

Township of Brick

ADDITION

REVISED 05/04/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure	Yes X	NO ___
2. Zoning Application completely filled out (All Sections)	Yes X	NO ___
3. Engineering Form completely filled out (All Sections)	Yes X	NO ___
4. Four ~~true size SEALED Plot~~ Site Plans with ~~Topography~~ Landlord.	Yes X	NO ___
5. Bldg/Plmg/Electrical/ Fire Subcode Techs completed. (Plumbing & Electric ~~must~~ be sealed if applicable) → No work on tech.	Yes X	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If ~~Addition & Alteration~~ – must separate costs)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the ~~homeowner as well as the Oath.~~	Yes X	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not architectuals.	Yes ___	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
12. Two gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Drain Waste Vent schematic if adding or changing plumbing	Yes X	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ___	NO ___
15. Completed debris form	Yes X	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes X	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors Exit light	Yes X	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes X	NO ___
19. Heat Loss Calculation	Yes ___	NO ___

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 1715 Rt 88 West #6

BLOCK: 847 **LOT:** 28

CONTRACTOR: BV Construction

CONTRACTOR'S ADDRESS: 46 N Maplewood Dr.

Type of Construction (minor, new home): Minor

Type of Debris (shingles, siding, wood, etc.): Wood - Sht Rock

Party responsible for removal: Marciano Recycling

Dumpster Size: 10 yd.

Destination of Debris: OC Landfill

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

9/28/2017
Date

Gary Perez
Print Name

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: ____________

PERMIT #: ____________

BLOCK: 842 LOT: 28 ADDRESS: 1715 Rt 88 West #6

IDENTIFICATION:

1. WORK SITE ADDRESS: 1715 Rt 88 West
2. NAME OF OWNER IN FEE: Awning Pro Solutions Sergiou
   ADDRESS: Rt 88 West PHONE #: 732 779-9127
   Brick NJ 08724 FAX #: ( ) ____________
3. PRINCIPAL CONTRACTOR: Gary Renz
   ADDRESS: 46 N Maplewood Dr PHONE #: 732 779-9127
   Brick, NJ 08723 FAX #: ( ) ____________
4. ARCHITECT OR ENGINEER: Ron Kacmarsky
   ADDRESS: 370 Mac Ln PHONE: # 732 766-6220
5. RESPONSIBLE PERSON FOR WORK: Gary Renz
   ADDRESS: 46 N. Maplewood Dr
   PHONE #: 732-779-9127 FAX #: ( ) ____________ E-MAIL: garyrenz@comcast

FEE SUMMARY:

APPLICATION FEE:	$ ____________
REVIEW FEE:	$ ____________
INSPECTION FEE:	$ ____________
OTHER ____________:	$ ____________
BOND(S):	$ ____________
TOTAL:	$ ____________

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: ____________

DRAINAGE EASEMENTS: ____________

UTILITY EASEMENTS: ____________

CONSERVATION EASEMENTS: ____________

FEMA REQUIREMENTS: ____________

D.E.P. PERMITS: ____________

BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: ____________

APPROVED DATE: ____________

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL ____________

☐ OTHER ____________

LENGTH: ____________ WIDTH: ____________ HEIGHT: ____________

ENGINEERING REVIEW:

DATE RECEIVED: ____________ DATE REJECTED: ____________ DATE APPROVED: ____________ INITIALS: ____________

[redacted]