BLOCK 852 LOT 1 QUALIFICATION CODE _____ ADDRESS (SITE) 1743 Route 88 West PERMIT NO 06 2423

CONSTRUCTION PERMIT APPLICATION

C06-10424/68

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

I. IDENTIFICATION

1. Proposed Work Site at: 1743 Route 88 West Unit #2
2. Name of Owner in Fee: Lincoln O'Hare Tel. (732) 276-2406
   Address 79 Cedarhurst Rd (street) Brick (municipality) 08723 (zip code)
3. Ownership in fee: Public _____ Private ✓
4. Principal Contractor: KLM Const. LLC Tel. (732) 278-7848
   Address P.O. Box 1288 Pt. Pleasant Beach 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. 22-3682431 FAX: (732) 295-4407
5. Architect or Engineer Barry & Assoc., LLC Tel. (732) _____
   Address 92 Mantoloking Rd Brick Contact Jim Tierney
6. Responsible Person in Charge once Work has Begun Paul Miccio
   Tel. (732) 278-7848 FAX: (732) 295-4407

Tenant Fit-up

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$ 852	40	
2.	Electrical	50		
3.	Plumbing	40		
4.	Fire Protection	75		
5.	Elevator Devices			
6.	Subtotal	$		
7.	Less 20% for State Plan Review	171	43	
8.	Subtotal	$		
9.	State Permit Fee Surcharge			
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA	30		
13.	TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1.	Number of Stories 1	
2.	Height of Structure _____ ft.	
3.	Area — Largest Floor _____ sq. ft.	
4.	New Building Area _____ sq. ft.	
5.	Volume of New Structure 16,018 cu. ft.	
6.	Construction Classification 5B	
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 24	

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	35,000.								
☐ c. Renovation									
☐ d. Reconstruction									
5. ☑ Fire Protection	1,800				7-3-06		8/18/06		
6. ☑ Plumbing	2,500				7-21-06		8/18/06		
7. ☑ Electrical	6,000.				7506		8/25/06		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		CW	6/27/06		6/27/06				
TOTAL COSTS	45,000.								

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL
1. State Specific Use: Retail
2. Use Group: M
3. Change in Use Group, Indicate Former: No change

COMMERCIAL

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

LDS BR-B 10326647

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 KLM Construction, LLC

Address P.O. Box 1283 Pt. Pleasant Beach 08742

Telephone (732) 278-7848

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. _____	_____	_____	_____	_____

IMPORTANT Pd Pvt 6/27/06 KD

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:

_____

_____

_____

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	8/25/2006
Tracking Number	C-06-102468
Permit Number	06-2423
Permit Issue Date	7/21/2006

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 1743 ROUTE 88 Brick Township, NJ Block: 852 Lot: 1 Qual:

Owner in Fee: LP & APTS, LLC%G B LTD

Owner Address: PO BOX 5008 FREEHOLD NJ 07728

Telephone:

Contractor KLM CONSTRUCTION

Address PO BOX 1283 PT PLEASANT BEACH NJ 08742

Telephone: (732) 278-7848 Fax: (732) 295-4487

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

Home Warranty Number: N/A

Type of Warranty Plan: ☑ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 25

Description of Work Use:

TENANT FIT UP TENANT FIT UP FOR NEW SIGN STORE

Certificate Comments:

FASTSIGNS

☑ **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: $0.00

Check Number: 1027

Collected By: Ellen Privett

Date Printed: 8/25/2006

CONSTRUCTION PERMIT

Date Issued 07/21/2006
Control # C-06-102468
Permit # 06-2423

IDENTIFICATION Block: 852 Lot: 1 Qualifier

Work Site Location: 1743 ROUTE 88 Brick Township, NJ

Owner in Fee: LP & APTS, LLC%G B LTD
Address: PO BOX 5008 FREEHOLD NJ 07728
Telephone:

Contractor: KLM CONSTRUCTION
Address: PO BOX 1283 PT PLEASANT BEACH NJ 08742
Telephone: (732) 278-7848
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3682431

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 TENANT FIT UP FOR NEW SIGN STORE

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 $48,000

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$852
Electrical	$50
Plumbing	$40
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$64
CO Fee	
Other	$30
Total	$1,111
Check No.	1027
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.

PERMIT UPDATE

Date Update Issued 08/25/2006
Control # C-06-103898
Permit # 06-2423+C

IDENTIFICATION Block: 852 Lot: 1 Qualifier
Work Site Location: 1743 ROUTE 88 Brick Township, NJ
Owner in Fee LP & APTS, LLC%G B LTD
Address PO BOX 5008 FREEHOLD NJ 07728
Telephone:

Contractor KLM CONSTRUCTION
Address PO BOX 1283 PT PLEASANT BEACH NJ 08742
Telephone: (732) 278-7848
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3682431

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

HOT WATER HEATER TENANT FIT UP FOR NEW SIGN STORE
update +c is for electric hwh,

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 $100

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$40
Check No.	1044
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

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.

PERMIT UPDATE

Date Update Issued 8/17/2006
Control # C-06-103850
Permit # 06-2423+B

IDENTIFICATION Block: 852 Lot: 1 Qualifier

Work Site Location: 1743 ROUTE 88 Brick Township, NJ

Owner in Fee: LP & APTS, LLC%G B LTD
Address: PO BOX 5008 FREEHOLD NJ 07728
Telephone:

Contractor: KLM CONSTRUCTION
Address: PO BOX 1283 PT PLEASANT BEACH NJ 08742
Telephone: (732) 278-7848
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3682431

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☑ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

HOT WATER HEATER TENANT FIT UP FOR NEW SIGN STORE

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 $400

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
Check No.	1043
Cash	$0
Credit	$0
Collected By	Inspection Account

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.

PERMIT UPDATE

Date Update Issued 07/21/2006
Control # C-06-102468+A
Permit # 06-2423+A

IDENTIFICATION Block: 852 Lot: 1 Qualifier
Work Site Location: 1743 ROUTE 88 Brick Township, NJ
Owner in Fee LP & APTS, LLC%G B LTD
Address PO BOX 5008 FREEHOLD NJ 07728
Telephone:

Contractor KLM CONSTRUCTION
Address PO BOX 1283 PT PLEASANT BEACH NJ 08742
Telephone: (732) 278-7848
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3682431

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ELECTRICAL ALTERATIONS TENANT FIT UP FOR NEW SIGN STORE

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 $2,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$43
Check No.	1027
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 # 7-21-06

Date Issued / Permit # 06-2423

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

Block 852 Lot 1 Qualification Code

Work Site Location 1743 Route 88 West Unit #2
Fastsigns

Owner in Fee Lincoln O'Hare

Address 79 Cedarhurst Rd.
Brick 08723

Tel. (732) 276-2400

Contractor HLM Const., LLC

Address P.O. Box 1283
Ft. Pleasant Beach 08742

Tel. (732) 228-7548 FAX (732) 295-4407

Contractor License No. or Builder Registration No.

Federal Emp. No 22-3682431

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

Tenant Fit-out For
New Sign Store

OC insp req'd
Many Penetrations at
Both Tenant separation
assemblies —
OL Stated @ 25

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	7-26-06	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-24-06
Approved by: FM

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			8/2/06	
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO			*ct 18/06	M
Other				
Final			8/23/06	M
Barrier-Free				

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
[X] Other Alteration
[X] Demolition

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group	Present M	Proposed M	
Constr. Class	Present 5B	Proposed 5B	
No. of Stories	1		
Height of Structure			Ft.
Area — Largest Floor	2001		Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure	18,018		Cu. Ft.
Total Land Area Disturbed	0		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ ~~45,000~~ 35,500

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

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued
Control #
Permit #

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

Block _____ Lot _____
Work Site Location 1743 ROUTE 88
BRICK NJ 08724
Owner in Fee/Occupant FAST SIGNS
Address 1743 ROUTE 88
BRICK NJ 08724
Tele. (_____)
Contractor ADVANTAGE FIRE & SECURITY, INC
Address PO BOX 7379
SHREWSBURY NJ 07702
Tele. (877) 843 2527 Fax (609) 259 2433
Lic. No. 34BA00077700
Federal Emp. No. 22 3583389

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed ✓
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 2000

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 Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Temp. Cut-in-Card Date Issued _____
Final Cut-in-Card Date Issued _____

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.

Bill Bader
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
12		Communications Points DATA LINES	
9		Alarm Devices/F.A.C. Panel	
		.....	
21		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	$
DCA Training Fee	$
TOTAL FEE	$

Paul Miccio
(732) 278-7848

U.C.C. F120
(rev. 3/96)

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 07/07/2006 7-27-06
Date Issued
Control # C-06-102468+A
Permit # +A 06 2423+A

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

Block 852 Lot 1 Qualification Code

Work Site Location: 1743 ROUTE 88 Brick Township, NJ

Owner in Fee: LP & APTS, LLC%G B LTD

Address PO BOX 5008 FREEHOLD NJ

Tel.

Contractor: ADVANTAGE FIRE & SECURITY INC

Address PO BOX 7379 SHREWSBURY NJ

Tel. (877) 843-2527 Fax. (609) 259-2433

Lic No. 34BA00077700

Federal Employee No. 22-3583389

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed M

☐ Pole/Pad # ☐ Temporary ☐ Other

Building Occupied as Utility Co.

Estimated Cost of Electrical Work $2,000

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)
0		Lighting Fixtures	
0		Recepticles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors - Fract. HP	
0		Emergency & Exit Lights	
12		Communication Points	
9		Alarm Devices/F.A.C. Panel	
0			
21		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

Incomplete

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$3
TOTAL FEE	$43

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
☑ No Plan Required		

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

Date: 7 7 06
Approved by: MM

SUBCODE APPROVAL
☐ CO ☐ CCO ☑ CA

Date: 8 2 4 06
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final		8 18 06 MM	8 24 06	
Barrier-Free				

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

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 / Control # 7-21-06

Date Issued / Permit # 062423

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

Block 852 Lot 1 Qualification Code

Work Site Location 1743 Rt 88 West Unit #1

Owner in Fee Lincoln O'Hare

Address 79 Cedarhurst Rd Brick NJ 08723

Tel (732) 276-2400

Contractor Kelly Kilowatt Electric Co Inc. COMM 5.10

Address POB 336

Lakewood NJ 08701

Tel (732) 367-3030 FAX (732) 363-3878

Contractor License No. 5918

Federal Emp. No. 22-2735701

B. ELECTRICAL CHARACTERISTICS

Use Group Present M Proposed M

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

Building Occupied as Commercial Utility Co. JCP&L

Est. Cost of Elec. Work $ ~~10,000.~~ 9,000.00

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.

Edward P Kelly

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
41		Lighting Fixtures
42		Receptacles
15		Switches
4		Detectors
		Light Poles
		Motors—Fract. HP
8		Emergency & Exit Lights
		Communications Points
		Alarm Devices/F.A.C. Panel
110		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

FEE (Office Use Only)

COMMERCIAL

$

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

[X] Elec. Plans Approved

Date: 7 5 06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 8 24 06

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			8 1 06	
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final 8 18 06			8 24 06	
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

Incomplete

Phone line Run No

Rough Must see above Ceiling

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

UPDATE 06-2423+BC
DATE
INITIALED BY
OR

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/25/06
Permit # 06-2423
06-10389

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

Block 852 Lot / Qualification Code
Work Site Location 1743 Rt 88 West Unit #2

Owner in Fee Lincoln O'Hare
Address 29 Cedarhurst Rd
Brick NJ 08724
Tel (732) 276-2400
Contractor Kelly Kilowatt
Address Kelly Kilowatt Electric Co. Inc.
POB 886 Lakewood NJ 08701
Tel (732) 367-3080 FAX (732) 363-3878
Contractor License No. 5918
Federal Emp. No. 22-2235701

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 100.00

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.

X Edward P Kelly
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)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
1		KW Oven/Surface Unit	
1	3	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

[1] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 8/25/06
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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received 7-21-06
Control #
Date Issued
Permit # 06 2423

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

Block 852 Lot 1 Qualification Code ______
Work Site Location 1743 Route 88 West unit 2
Brick 08723
Owner in Fee Lincoln O'Hare – owner
Address 75 Cedarhurst Rd
Brick 08723
Tel (732) 276-2400 hm.
Contractor ______
Address ______

Tel ( ) ______ FAX ( ) ______
Fire Protection Equipment, NJ Div of Fire Safety Permit No. ______
Fire Protection Equipment, NJ Div of Fire Safety Installer No. ______
Fire Alarm Contractor No. ______
Federal Emp. No. ______

B. FIRE PROTECTION CHARACTERISTICS
Use Group: Present M Proposed M
Constr. Class: Present 5B Proposed 5B
Heating System: [ ] New OR [✓] Existing [✓] HVAC
Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar
[ ] Other ______
Location: ______
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel: ______
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve: ______

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible Capacity ______
Total Cost of Fire Protection Work $ 1000.00

JOB SUMMARY (Office Use Only)
PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Electric [ ] Elevator
[✓] Fire Plans Approved
Date: 7-3-06
Approved by: [signature]
SUBCODE APPROVAL
[ ] CO [ ] CCO [✓] CA
Date: 8-18-06
Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			8/18/06	[initials]
Other				

Dates (Month/Day)

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's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK: Tenant Fit-out for New sign Store
Water Supply Source ______
Method of Alarm/Suppression System Supervision ______

COMMERCIAL

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[✓] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fired Appliances [ ] Gas or [ ] Oil		
Fireplace Venting/Metal Chimney		85.00
Other Tenant fit up / Bill Bldg		

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

U.C.C. F140
(rev. 1/04)
1 White = Inspector Copy
3 Pink = Office Copy
2 Canary = Office Copy
4 Gold = Applicant Copy

PLUMBING SUBCODE
TECHNICAL SECTION

UPDATE 06-2423+B
DATE
INITIALED BY
FOR

Date Received
Control # 06-2423+B

Date Issued
Permit # 8-17-06

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

Block 852 Lot 1 Qualification Code
Work Site Location 1743 Rt 38 West Unit #2

Owner in Fee Lincoln O'HARE LPL Apts. LLC
Address 79 Clearwater Rd P.O. Box 5008
Batch, NJ 08724 Freehold, NJ

Tel (732) 276-2400
Contractor Bon-Fide Mech, LLC
Address 1037 Shelia Dr
Tms River

Tel ( ) FAX (732) 818-7766
Contractor License No. 12307
Federal Emp. No. 20-3927471

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M
Building Sewer Size Public Sewer X Private Septic
Water Service Size Public Water X Private Well
Est. Cost of Plumbing Work $ 400.

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-16-06
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 8-18-06
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
W.H			8/18/06	

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.

X Richard L. Bonfide
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only) $
	Water Closet	
	Urinal/Bidet	
	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
1	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	
		40
	Administrative Surcharge $	
	Minimum Fee $	1
	State Permit Surcharge Fee $	
	TOTAL FEE $	41

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received Control # 7-21-06

Date Issued Permit # 06 2423

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

Block 852 Lot 6 Qualification Code

Work Site Location 1743 Rt 88 West UNit #2

Owner in Fee: Lincoln Tract

Tel. (732) 276-2400 e-mail

Address 79 Cedarcrest Rd Brick 08723
street municipality zip code

Contractor: Boni-Fide Mechanical LLC Tel. (732) 759-9138

Address 1037 Sheila Dr Tomsriver NJ 08753 e-mail

Contractor License No. NJMASTERPLUMB Lic #12307 Exp. Date 6/07

Federal Employee No. 20-3927471 FAX: (732) 818-7146

B. PLUMBING CHARACTERISTICS

Use Group Present M Proposed M

Building Sewer Size Public Sewer X Private Septic

Water Service Size Public Water X Private Well

Est. Cost of Plumbing Work $ 2500.

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 7-21-06

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 8-18-06

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			X	
Rough	7/31/06		8/1/06	
Water				
Sewer				
Fixtures			8/18/06	
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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.

Richard J Bonifacio

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

NO.	FIXTURE/EQUIPMENT	
6	Water Closet	
	Urinal/Bidet	
1	Bath Tub	Replacement
	Lavatory	Of fixtures
	Shower	
	Floor Drain	
	Sink	Relocate Lav.
	Dishwasher	
	Drinking Fountain	
	Washing Machine	Replace (1)
	Hose Bibb	
	Water Heater	Toilet
	Fuel Oil Piping	w/Floor Sink
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
1	Other	Floor Sink
	Other	

FEE (Office Use Only)

$

COMMERCIAL

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

U.C.C. F130
(rev. 05/05)

Reorder from OCS Printing (609) 398-4375

7/31/06

NOT READY

8/1/06

① UPDATE FOR U.W.C.

Township of Brick
Zoning Permit

Approved: Tuesday, June 20, 2006 **Number:** 787

Block 852 **Lot** 1 **Zone:** B-3, Highway Dev.

Property Address: 1743 Route 88; Laurelton Plaza

Applicant: Lincoln O'Hare; TLO Enterprises, Inc./Fast Signs

Property Owner LP & Apts., LLC

Existing Use: Vacant Unit No. 2 (former Insurance Inspectors office)

Proposed Use: Sign store.

Proposed Construction: Interior alterations.

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

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

2006

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

BLOCK 851 852 LOT 1 QUALIFIER

PROPERTY ADDRESS 1749 Route 88 West Unit #2

PERSONAL NAME OF APPLICANT Lincoln O'Hara

BUSINESS NAME OF APPLICANT TLO Ent. Inc. / Fastsigns

MAILING ADDRESS OF APPLICANT 79 Cedarhurst Rd Brick

PROPERTY OWNER'S FULL NAME LP Apts., LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) UP-FRO - Coinsurance Inspections

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) Sign Store

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) Tenant Fit-Out

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 6/6/06

Reviewed by Zoning Office JC Date 6/20/6 (6) ☒ Approved ( ) Denied

March 2003

KB 6/6/06

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER FAST SIGNS DATE 7/21/06

PROPERTY ADDRESS 1743 RT. 88. BLOCK 852 LOT 1

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	1	( )	2.5	( )	
4. LAVATORY	1	( )	1.0	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	1	( )	3.0	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
TOTALS			6.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 3/4"

DATE: 7/21/06 APPROVED BY: MARK HUBBARD

SIZING FOR WATER AND SEWER SERVICES

PROPERTY OWNER FAST SIGNS DATE 7/21/06

PROPERTY ADDRESS 1743 BT. 88 BLOCK 852 LOT 1

ZONING _____ USE GROUP _____

CONTRACTOR _____ LICENSE # REGISTRATION _____

WATER MAIN SIZE _____ WATER PRESSURE _____ SEWER MAIN SIZE _____

PLUMING FIXTURES	NUMBER	(sfu)	WATER UNITS	(dfu)	DRANAGE
1. BATHROOM GROUP		( )		( )	
2. KITCHEN GROUP		( )		( )	
3. WATER CLOSETS	1	( )	2.5	( )	
4. LAVATORY	1	( )	1.0	( )	
5. BATH TUB		( )		( )	
6. SHOWER STALL		( )		( )	
7. KITCHEN SINK		( )		( )	
8. SERVICE SINK	1	( )	3.0	( )	
9. LAUNDRY TRAY		( )		( )	
10. DISHWASHER		( )		( )	
11. WASHING MACHINE		( )		( )	
12. URINAL		( )		( )	
13. FLOOR DRAIN		( )		( )	
14. DRINK FOUNTAIN		( )		( )	
15. AIR CONDITION WATER COOLED		( )		( )	
16. DENTAL UNIT		( )		( )	
17. LAWN SPRINKLE		( )		( )	
18. FIRE SPRINKLE		( )		( )	
19. HOSE BIBS		( )		( )	
	TOTALS		6.5		

GALLONS PER MINUTE _____

SIZE of SERVICE 3/4"

DATE: 7/21/06 APPROVED BY: MARK HUBBARD

THIS DOCUMENT IS PRINTED ON WATE[illegible]RED PAPER WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY [illegible]ATURES. P[illegible]ASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE

Board of Exam. of Master Plumbers

HAS LICENSED

Richard J. Boniface
T/A BONI-FIDE MECHANICAL LLC
1037 Sheila Drive
Toms River NJ 08753

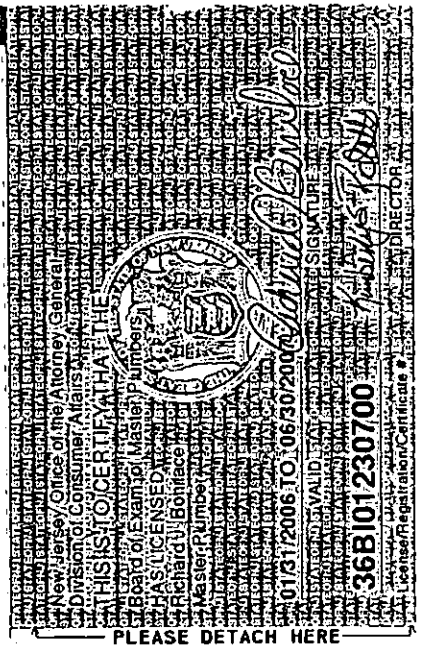
FOR PRACTICE IN NEW JERSEY AS A(N): Master Plumber

01/31/2006 TO 06/30/2007
VALID

Richard J. Boniface
Signature of Licensee/Registrant/Certificate Holder

36BI01230700
LICENSE/REGISTRATION/CERTIFICATION #

Kimberly S. Riccatelli
DIRECTOR



PLEASE DETACH HERE

IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY:

Board of Exam. of Master Plumbers
P.O. Box 45008
Newark, NJ 07101

PLEASE DETACH HERE

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK: *852.00* LOT: *1*
SITE ADDRESS: *1743 Rt. 88 W. unit 2*
CONTROL #: *06-102468* WORK TYPE: *Tenant fit up*
APPLICANT: *KLM Construction LLC* PHONE # *732-278-7848*
APPLICANT ADDRESS *PO Box 1283* CITY/STATE/ZIP: *Pt. Pleasant, NJ 08742*

MANDATORY DEVELOPER FEES

___ Residential is 1%
_X__ Commercial is 2%
___ Waiver Signed for estimated Mandatory Development Fee

Business Name: *Sign Store*

The estimated equalized assessed value:

Residential $ -
Commercial *$20,000.00*

06/27/2006
Date

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

Residential
Commercial *$ 20,000.00*

08/10/2006
Date

Prel. Fee (Res)	$ -	Final Fee (Res)	$ -
Prel. Fee (Comm)	$ *200.00*	Final Fee (Comm)	$ *200.00*
Waiver Fee(Res. Only)			
Check #	*1009*	Check #	*1041*
Date Paid	*06/27/2006*	Date Paid	*08/15/2006*

Total Fee Paid (Res) $ -
Total Fee Paid (Com) $ *400.00*

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.

Authorized Signature – Township of Brick

Barlo &
Assoc. L.L.C.

Architecture · Planning
92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax:732-477-6788
E-mail: barloassoc@aol.com

July 17, 2006

Mr. Frank Mizer
Building Sub-Code Official
Township of Brick Building Department
401 Chambers Bridge Road
Brick, NJ 08723

RE: Proposed Tenant Fit-Up for:
Fast Signs
Laurelton Plaza
1743 Route No. 88 West
Brick, NJ 08724

Dear Mr. Mizer,

As per our discussion and your plan review comment, this letter is for your records and to notify you of the following corrections/revisions to the above referenced project.

Revise Occupant Load section of "Project Data" on TS-1.

- The actual number of occupants the space was designed for is a maximum of 25 and will be posted to indicate this. This number includes a maximum of 15 employees.

Should you have any questions or require additional information, please do not hesitate to contact our office.

Very truly yours,
Barlo & Associates

Paul L. Barlo, AIA, P.P.
NJ Lic. No. C-7498

cc: L. O'Hare – Fast Signs
P. Miccio – KLM Construction
Arch. File 2624

Barlo & Assoc.

Architecture - Planning
92 Mantoloking Road
Brick, NJ 08723
Tel: 732-477-7751
Fax:732-477-6788
E-mail: barloassoc@aol.com

FAX TRANSMITTAL

DATE: 7/17/06

TO: MR. FRANK MIZER

COMPANY: T.O. BRICK BLDG. DEPT.

FAX NO. 732-262-8954

FROM: JIM TIERNEY

RE: FAST SIGNS

MESSAGE:

AS DISCUSSED, ATTACHED PLEASE FIND LETTER REGARDING YOUR PLAN REVIEW COMMENTS.
SEALED ORIGINAL TO FOLLOW BY MAIL.

NUMBER OF PAGES INCLUDING COVER SHEET: 2

(Bldg) Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 102468

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: ~~102468~~ 1743 Rt 88

DATE REVIEWED: 7-17-06

REVIEWED BY: FM

CONTACT CALLED/(FAXED) 732-295 4487

TS-1 Quotes Occupancy load = Does NOT Meet 1003.2.2.2
Code only Allows Reduction For Storage Area

fax from Barb on 7/17/06 Regarding occupancy issues.

Frank/plan review template

STATE OF NEW JERSEY
WILLIAM R. BADER
34BA00077700
BURGLAR ALARM LICENSE

Expiration Date: 8/31/2007

DOB:2/29/1960

STATE OF NEW JERSEY
WILLIAM R. BADER
34FA00064300
FIRE ALARM LICENSE

Expiration Date: 8/31/2007

DOB:2/29/1960

Bldg (Elect) Fire Plumbing (Please mark subcode)

CONTROL NUMBER 102469

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1743 Rt 88

DATE REVIEWED: 6-30 06

REVIEWED BY: MR

CONTACT CALLED/FAXED: (1) permit all work Data etc...

(2) Service Size? How load printing equip ???

Paul Main

732 295 4487

TOWNSHIP OF BRICK

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

Department of Engineering
Office of the Municipal Engineer
(732) 262-1040
Fax: (732) 262-8954
http://www.twp.brick.nj.us

Date: 6/6/06

PLOT PLAN EXEMPT FORM

Block: 851 Lot: 1

Property Address: 1743 Route 88 West Unit #2

I, Lincoln O'Hare (name) of 79 Cedarcrest Rd. (address)
request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. 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: 6/27/06 Signed:

Rejected on: Signed:

Comments:

COMMERCIAL