BLOCK 352 LOT 1 QUALIFICATION CODE ADDRESS (SITE) 1743 RT 88 W BRICK PERMIT NO. 06-2771

CONSTRUCTION PERMIT APPLICATION

06-103336

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

I. IDENTIFICATION

1. Proposed Work Site at: UNIT 3, 1743 RT 88 W BRICK NJ
2. Name of Owner in Fee: LP APTS LLC % G.B LTD Tel. ( )
   Address TONY MACERI 503 DEWEY AVE CLIFFSIDE PARK, NJ 07010
   street municipality zip code
3. Ownership in fee: Public ____ Private ✓
4. Principal Contractor: TONY MACERI Tel. (201) 233 0476
   Address 503 DEWEY AVE, CLIFFSIDE PARK, NJ 07010
   License No. OR, if new home, Builder Reg. No. B10 6986 Exp. Date ____
   Federal Employee No. ____ FAX: ( )
5. Architect ~~or Engineer~~ R K HOUSEAL-RA Tel. 732 528 6966
   Address BOX 374, BRIELLE, NJ 08730 Contact ____
6. Responsible Person in Charge once Work has Begun TONY MACERI
   Tel. (201) 233 0476 FAX: ( )

Tenant Fit UP

V. FEE SUMMARY (for office use only)

			Update	Update
1.	Building	$	360	40
2.	Electrical		40	
3.	Plumbing			
4.	Fire Protection			
5.	Elevator Devices			
6.	Subtotal	$	21	
7.	Less 20% for State Plan Review			
8.	Subtotal	$		
9.	State Permit Fee Surcharge		2	
10.	Subtotal	$		
11.	Cert. of Occupancy			
12.	Other ZA			
13.	TOTAL	$	423	40

VI. BUILDING/SITE CHARACTERISTICS

			(office use only)
1.	Number of Stories	1 & 2	
2.	Height of Structure	15 FT ft.	
3.	Area — Largest Floor UNIT 3	1440 sq. ft.	
4.	New Building Area	sq. ft.	
5.	Volume of New Structure	11520 cu. ft.	
6.	Construction Classification	2B	
7.	Total Land Area Disturbed	0 sq. ft.	
8.	Flood Hazard Zone	=	
9.	Base Flood Elevation	= ft.	
10.	Wetlands yes	=	
	no	=	
11.	Max. Live Load	FLOOR - CONC SLAB -	
12.	Max. Occupancy Load	25/SUBCH 6 CAL	

II. PROPOSED WORK

OPTIONAL (for office use only)

		Est. Cost	Plans Received	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1.	☐ Minor Work									
2.	☐ New Building									
3.	☐ Addition									
4.	☐ a. Repair									
	☐ b. Alteration									
	☐ c. Renovation									
	☐ d. Reconstruction									
5.	☐ Fire Protection									
6.	☐ Plumbing					8/30/06		11/1/06		
7.	☑ Electrical					8/30/06				
8.	☐ Elevator Devices									
9.	☐ Asbestos Abat. Subch. 8									
10.	☐ Lead Hazard Abatement									
11.	☐ Demolition									
	TOTAL COSTS									

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: B
3. Change in Use Group, Indicate Former: NO

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

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.

X Agent Name Anthony ANTHONY MACERI

Address _____

_____

Telephone (_____) _____

Signature Anthony Macri

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

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

PO problem 8/2/06 Set

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials

☒ Zoning Application deemed complete Initialed: Set Date: 7/17/06

☐ Zoning Application approved Initialed: _____ Date: _____

☐ Zoning permit updates:

_____

_____

_____

CONSTRUCTION PERMIT

Date Issued 08/21/2006
Control # C-06-103336
Permit # 06-2771

IDENTIFICATION Block: 852 Lot: 1 Qualifier
Work Site Location: 1743 ROUTE 88 UNIT 3 Brick Township, NJ
Owner in Fee LP & APTS, LLC%G B LTD - -TONY MACERI
Address 503 DEVEY AVENUE CLIFFSIDE PARK NJ 07010
Telephone:

Contractor LP & APTS, LLC%G B LTD - -TONY MACERI
Address 503 DEVEY AVENUE CLIFFSIDE PARK NJ 07010
Telephone:
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
- [ ] ELECTRICAL
- [ ] FIRE PROTECTION
- [ ] DEMOLITION
- [ ] ELEVATOR DEVICES
- [ ] ASBESTOS ABATEMENT (Subchapter 8 only)
- [ ] OTHER

DESCRIPTION OF WORK:
TENANT FIT UP TENANT FIT UP FOR RETAIL B USE - -PARTITIONS, AH CEILING DEMO

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 $16,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$360
Electrical	$0
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	
Other	$30
Total	$451
Check No.	1067
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 01/05/2007
Control # C-06-104563
Permit # 06-2771+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 ANTHONY MACERI
Address 503 DEWEY AVE CLIFFSIDE PARK NJ 07010-
Telephone: 201/945-0242
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 15-3520511

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 RETAIL B USE - -PARTITIONS, AH CEILING DEMO

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 $1,500

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	$2
CO Fee	
Other	$0
Total	$42
Check No.	1121
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.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/10/2009
Control Number C-06-103336
Permit Number 06-2771
Permit Issue Date 08/21/2006
Certificate Number 06-2771

Certificate

Construction Code Division

(Temporary 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 ANTHONY MACERI

Address 503 DEWEY AVE CLIFFSIDE PARK NJ 07010-

Telephone: 201/945-0242 Fax:

License Number or Builders Registration Number: BIO6986 Federal Emp. Number: 15-3520511

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP TENANT FIT UP FOR RETAIL B USE - -PARTITIONS, AH CEILING DEMO

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☑ **Temporary Certificate of Occupancy**
The following conditions must be met no later than: 02/10/2010
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 02/10/2010
Conditions to be met:

Final Affordable Housing must be paid pending State Statute

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/10/2009 U.C.C. F260 (rev. 08/05)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/10/2009
Control Number C-06-103336
Permit Number 06-2771
Permit Issue Date 08/21/2006
Certificate Number 06-2771

Certificate

Construction Code Division

(Temporary 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 ANTHONY MACERI

Address 503 DEWEY AVE CLIFFSIDE PARK NJ 07010-

Telephone: 201/945-0242 Fax:

License Number or Builders Registration Number: BIO6986 Federal Emp. Number: 15-3520511

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP TENANT FIT UP FOR RETAIL B USE - -PARTITIONS, AH CEILING DEMO

Certificate Comments:

☐ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

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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.

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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: 02/10/2010
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 02/10/2010
Conditions to be met:

Final Affordable Housing must be paid pending State Statute

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/10/2009 U.C.C. F260 (rev. 08/05)

OFFICE OF AFFORDABLE HOUSING
MANDATORY DEVELOPMENT FEES

BLOCK: *852.00* LOT: *1*
SITE ADDRESS: *1743 Rt. 88 W. Unit 3*
CONTROL #: *06-103336* WORK TYPE: *Tenant Fit Up*
APPLICANT: *Tony Maceri* PHONE # *201-233-0476*
APPLICANT ADDRESS *503 Dewey Ave.* CITY/STATE/ZIP: *Cliffside Park, NJ 07010*

MANDATORY DEVELOPER FEES

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

The estimated equalized assessed value:

Residential $ -
Commercial $ 28,800.00

07/25/2006
Date

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

Residential $ -
Commercial $0.00

10/28/2009
Date

Prel. Fee (Res) $ -
Prel. Fee (Comm) $ 288.00
Waiver Fee(Res. Only)

Final Fee (Res) $ -
Final Fee (Comm)

Check # *1059*
Date Paid *08/02/2006*

Check #
Date Paid

Total Fee Paid (Res)
Total Fee Paid (Com) $ 288.00

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/21/06
Permit # 06-2771

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 UNIT 3
1743 RT. 88 WEST BRICK
Owner in Fee LP APTS LLC % GB LTD - TONY MACERI
Address TENANT - ROMAN BATH WALK IN TUB, INC.
503 DEWEY AVENUE CLIFFSIDE PK. NJ.
Tel (201) 233-0476 07010
Contractor TONY MACERI
Address 503 DEWEY AVENUE
CLIFFSIDE PK. NJ. 07010
Tel (201) 233-0476 FAX (201) 945-9160
Contractor License No. [redacted]
Federal Emp [redacted]

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed S1
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-17-06
Approved by: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 1-10-07
Approved by: [illegible]

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab			9.18.06	[illegible]
Rough	9.11.06		9.18.06	[illegible]
Water				
Sewer				
Fixtures	1/9/06		1/9/06	[illegible]
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.

Anthony Macerí
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
	Water Closet
	Urinal/Bidet
1	Bath Tub
	Lavatory
	Shower
	Floor Drain
1	Sink
	Dishwasher
	Drinking Fountain
	Washing Machine
	Hose Bibb
	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

FEE (Office Use Only)
$

COMMERCIAL

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

9-11-06
w/ Entry

1/4/08

1. WATER HAMMER —
2. MAX TEMP AT VALVE 110°
3. CK'T. BREAK ROOM — NOT A.D.A

COMMERCIAL

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received update 06-277/1A
Control #
Date Issued 11/5/07
Permit # 06-277/1+A
06-18563

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 UNIT 3 1743 Rt. 88 West
1743 RT. 88 WEST, BRICK NJ.
Owner in Fee LP + APTS, LLC, LANDLORD
Address 63 WEST MAIN STREET
FREEHOLD, NJ. 07728
Tel (732) 780-7780
Contractor ISSA Electrical Contractors Inc
Address 185 Cliff St.
Cliffside Pk N.J. 07010
Tel (201) 943-4543 FAX (201) 943-4543
Contractor License No. 8172
Federal Emp. No. 223436920

call # 201-233-0442

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as _____ Utility Co. _____
Est. Cost of Elec. Work $ 1500.00

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.

Robert [illegible]
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)
31		Lighting Fixtures	
19		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
31		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10/10/06
Approved by: [illegible]

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 1408
Approved by: [illegible]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
			Dates (Month/Day)	
Rough			12/07	[illegible]
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			1/4/08	TO
Barrier-Free				

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

OVER

12-31-07 Locked

1 02 08 Locked

BUILDING SUBCODE
TECHNICAL SECTION

COPY

Date Received 7/21/2006
Control # C-06-103336
Date Issued 8/21/2006
Permit # 06-2771

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 07728

Tel.

Contractor: LP & APTS, LLC%G B LTD - -TONY MACERI

Address 503 DEVEY AVENUE CLIFFSIDE PARK NJ 07010

Tel. Fax

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP, TENANT FIT UP FOR RETAIL B USE - -PARTITIONS, AH CEILING DEMO

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☐ All		
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 5-15-08
Approved by: M

INSPECTIONS	Dates (Month/Day)			
Type.	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final Barrier-Free		5/19/08	5/19/08	

5/15/08 MD entry

B. BUILDING CHARACTERISTICS

Use Group	Present 0	Proposed B	
Constr. Class	Present 0	Proposed 0	
Number of Stories			
Height of Structure			Ft.
Area - Largest Floor			Sq. Ft.
New Bldg. Area / All Floors			Sq. Ft.
Volume of New Structure			Cu. Ft.
Total Land Area Disturbed			Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg.	$0
2. Rehabilitation	$15,000
3. Total (1+2)	$15,000

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☑ Rehabilitation	$360
☐ Roofing	$0
☐ Siding	$0
☐ Fence ____ Height (exceeds 6')	$0
☐ Sign ____ Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0

Administrative Surcharge	$0
Minimum Fee	$0
State Permit Surcharge Fee	$20
TOTAL FEE	$380

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 update 06-277/A
Control #
Date Issued 11/5/07
Permit # 277/A
(786-18463)

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 UNIT 3 1743 Rt. 88 West
1743 RT. 88 WEST, BRICK N.J
Owner in Fee LP + APTS, LLC, LANDLORD
Address 63 WEST MAIN STREET
FREEHOLD, N.J. 07728
Tel (732) 780 7780
Contractor ISSA Electrical Contractors Inc
Address 185 Cliff St.
Cliffside PK N.J. 07010
Tel (201) 943 4543 FAX (201) 943 4543
Contractor License No. 8172
Federal Emp. No. 223436920

call 201-233-0474

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500.00

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'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)
382		Lighting Fixtures	
19		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
31		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[X] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10/10/06
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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received update 06-0277/17
Control #
Date Issued 1/5/17
Permit # 06-0277/17

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 UNIT 3 1743 Rt. 88 West
1743 RT. 88 WEST, BRICK N.J.
Owner in Fee LP APTS, LLC, LANDLORD
Address 63 WEST MAIN STREET
FREEHOLD, N.J. 07728.
Tel (732) 780-7780
Contractor ISSA Electrical Contractors Inc
Address 185 Clifton St.
Clifton NJ N.J. 07010
Tel (201) 943-4543 FAX (201) 943-4543
Contractor License No. 8172
Federal Emp. No. 223136920

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 1500.00

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'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)
382		Lighting Fixtures	
19		Receptacles	
6		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
71		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	
1	1	HP Motors 1/+ HP	
1	1	KW Transformer/Generator	
1		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 10/10/16
Approved by:

SUBCODE APPROVAL
[ ] 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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/21/06
Permit # 06-2771

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 UNIT 3
1743 RT. 88 WEST BRICK
Owner in Fee LP ARTS LLC % GB LTD - TONY MACORI
Address TENANT - ROMAN BATH WALK IN TUB INC.
503 DEWEY AVENUE CLIFFSIDE PK. NJ. 07010
Tel (201) 233-0476
Contractor TONY MACORI
Address 503 DEWEY AVENUE
CLIFFSIDE PK. NJ. 07010
Tel (201) 233-0476 FAX (201) 945-9160
Contractor Licens [redacted]
Federal Emp. No.

B. PLUMBING CI
Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8-17-06
Approved by: AK

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

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

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.

Anthony Macori

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	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
1	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	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	

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/21/06
Permit # 06-2771

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 UNIT 3
1743 RT 88 WEST BRICK
Owner in Fee LP ARTS LLC % KB LTD - TONY MACRIS
Address TENANT - ROMAN BATH WALK IN TUB INC.
503 DEWEY AVENUE CLIFFSIDE PK. NJ. 07010
Tel (201) 233-0476
Contractor TONY MACRIS
Address 503 DEWEY AVENUE
CLIFFSIDE PK. NJ. 07010
Tel (201) 233-0476 FAX (201) 945-9160
Contractor License No. [redacted]
Federal Emp. No.

B. PLUMBING CHARAC

Use Group Present Proposed
Building Sewer Size Public Sewer Private Septic
Water Service Size Public Water Private Well
Est. Cost of Plumbing Work $ 1,000.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[ ] Plumbing Plans Approved
Date: 8/21/06
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

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

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Closet	$
	Urinal/Bidet	
1	Bath Tub	
	Lavatory	
	Shower	
	Floor Drain	
	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	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	

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

☐ Building ☐ Electrical ☐ Fire ☒ Plumbing

CONTROL NUMBER 103336

TOWNSHIP of BRICK
APPLICATION REVIEW PROCESS

Resubmit 8/17/06

ADDRESS OF APPLICATION: 1743 Rt 88 W Roman Bath

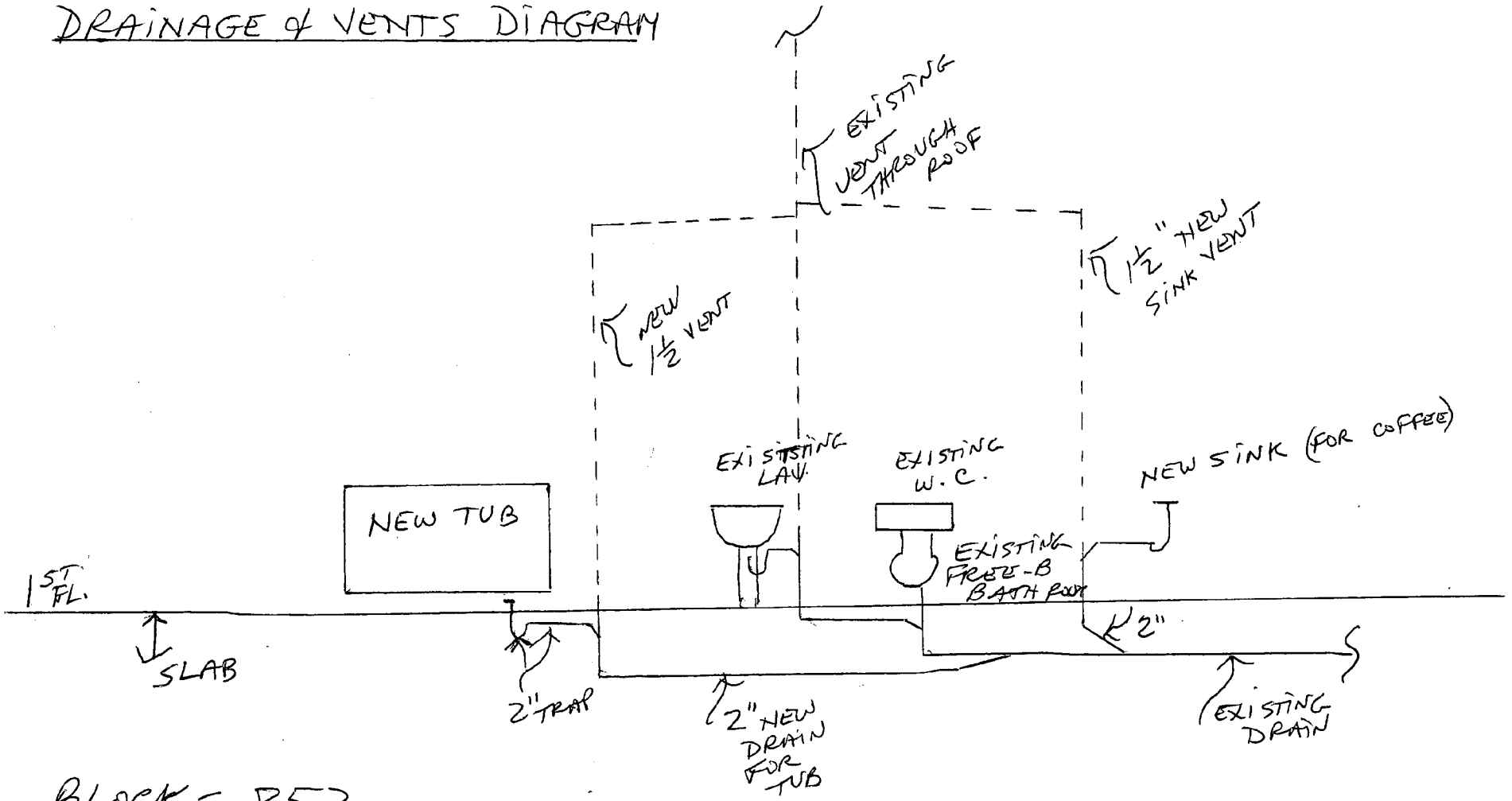
DATE REVIEWED: 8-15-06

REVIEWED BY: BERNIE

CONTACT CALLED/FAXED: 732-528-6566

Scope of work unclear.

DRAINAGE & VENTS DIAGRAM



BLOCK - 852

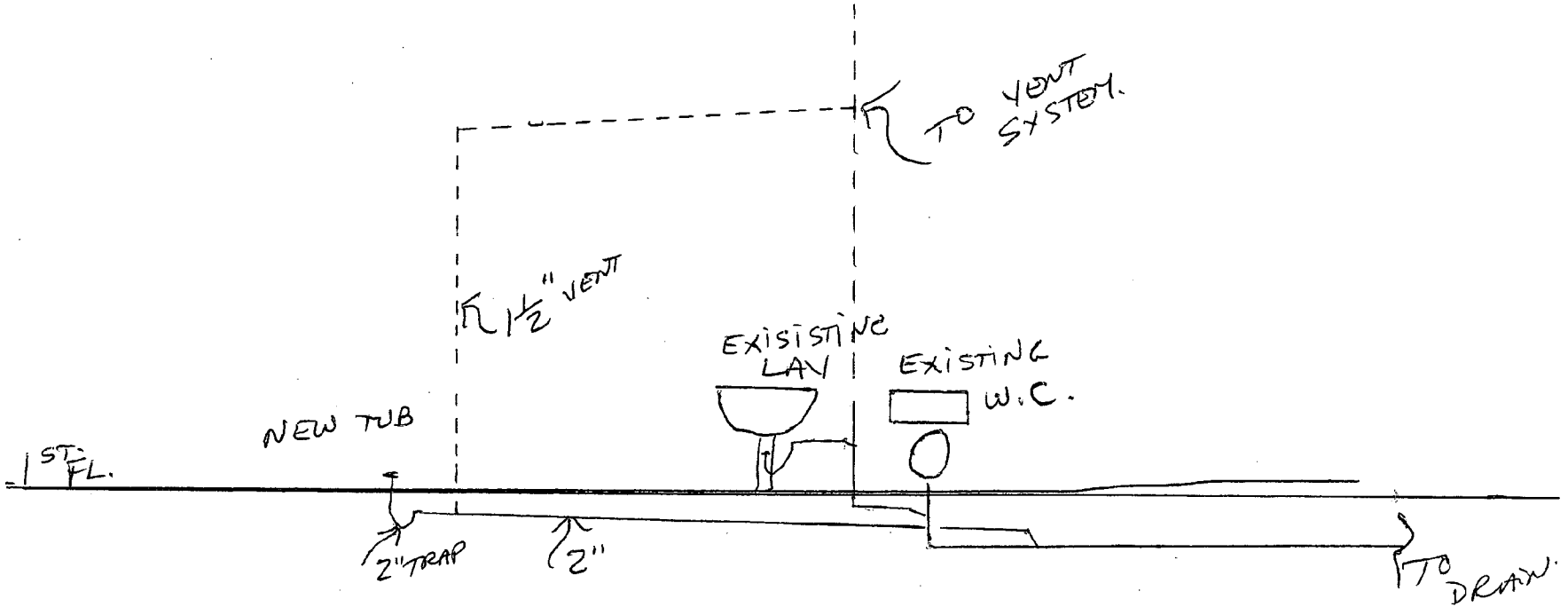
LOT - 1

1743 RT. 88 WEST, UNIT-3

Anthony Macri

ANTHONY MACERI

DRAINAGE AND VENT FOR NEW TUB



BLOCK - 852

LOT - 1

ADDRESS - 1743 RT. 88 WEST, BRICK UNIT 3

Anthony Macri

ANTHONY MACERI

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 103336

resubmit 9/8/06 mg

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: 1743 RT 88

DATE REVIEWED: 8-8-06

REVIEWED BY: FM

CONTACT CALLED/FAXED: 201-233-0476 @ 8:35 Fax 201 945-9160

(1) Supply 20% ADA Requirement (work sheet Attached)

(2) Indicate Required CFM per Occupant Load Each Area.

Frank/plan review template

ROBERT K. HOUSEAL AIA
PRESIDENT

BOX 374
BRIELLE, NJ 08730
732-528-6566

CONSTRUCTION CONTROL SERVICES, INC.

TO Mr. HOUSEAL - ARCHITECT

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project:
   - i. Windows, hardware, operating controls, electrical outlets and signage;
   - ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   - iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project ▶	$ 5,500 -
1. Deduct windows, hardware, operating controls, electrical outlets and signage. ▶	$- 2,900 -
2. Deduct mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials. ▶	$- 2,000 -
3. Deduct the repair or installation of siding, roofing or other exterior wall treatment. ▶	$- 0
Remaining total cost of the project deducting 1., 2., & 3. above. ▶	$ 1000 -
Calculate **20%** of the remaining total cost. ▶	$ 200 -

This 20% amount is the dollar amount of money that is to be spent to make improvements in the **"Path of Travel to the Primary Function Space."** These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

ROBERT K. HOUSEAL AIA
P.O. BOX 374
BRIELLE, NJ 08730

8/8/06

1. SIGN FOR TOILET ROOM.
2. SIGN FOR EXTERIOR ENTRY. AT REAR.

ROBERT K. HOUSEAL AIA
P.O. BOX 374
BRIELLE, NJ 08730

5:23 6.12 (L) 2 ii

AREA = 150 SQ.FT.
1 PERSON/15 ☐ = 150/15 = 10 PERSONS

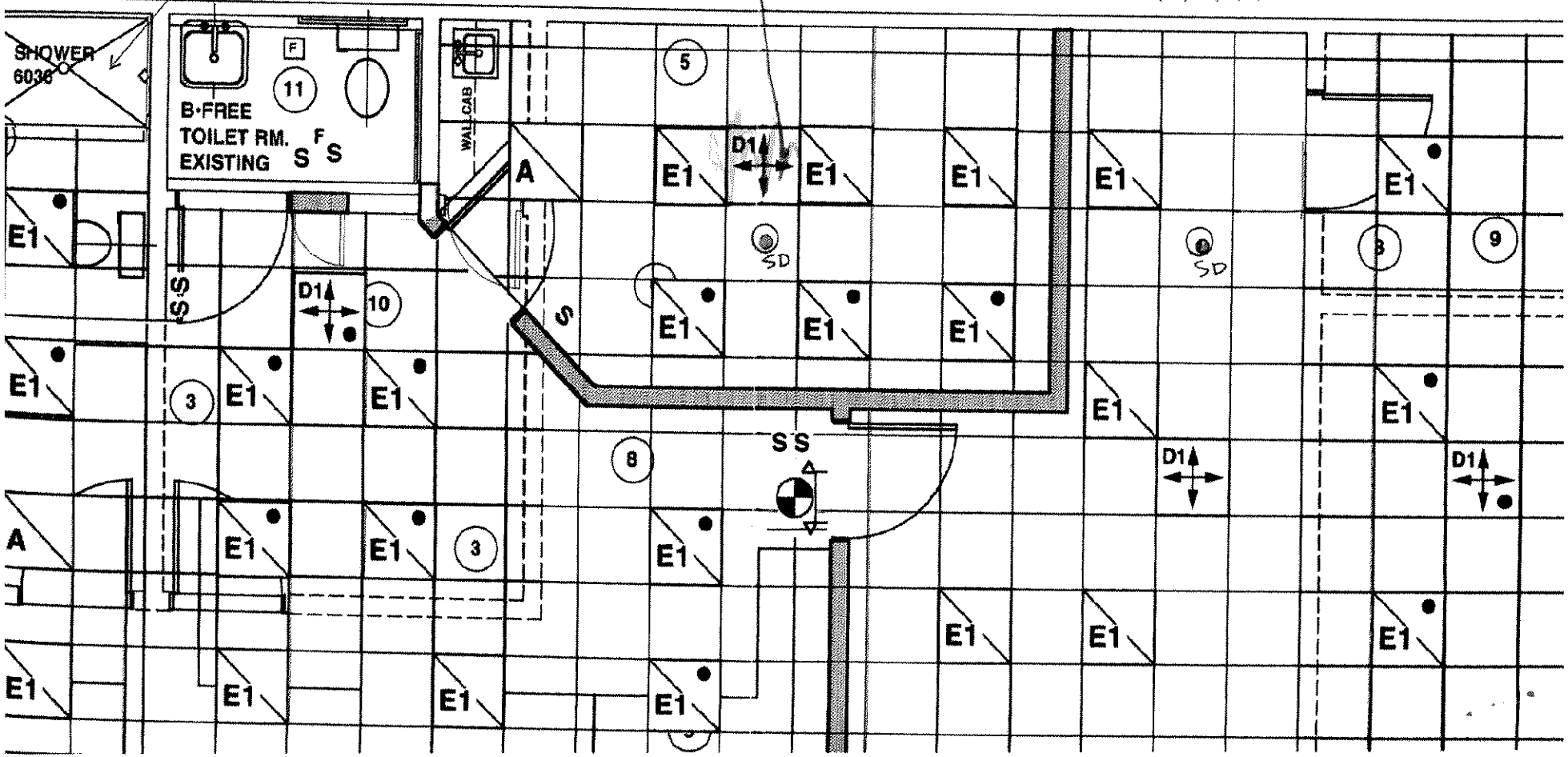
10 × 5 CFM = 50 CFM OUTSIDE AIR
10 × 15 CFM = 150 CFM VENT AIR

D1 HVAC SUPPLY DIFFUSER EXISTING

D1 HVAC SUPPLY DIFFUSER EXISTING RELOCATED.

SUPPLY — 200 CFM VENTILATION AIR TO CONF RM.

ILE CEILING



BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/21/06
Permit # 06-2771

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 UNIT #3
1743 RT 88 WEST, BRICK

Owner in Fee LP APTS LLC % GB LTD TONY MACERI

Address TENANT: ROMAN WALK. INTUB INC
503 DEWEY AVE, CLIFFSIDE PARK, NJ 07010

Tel. ( )

Contractor TONY MACERI

Address 503 DEWEY AVE CLIFFSIDE PARK, NJ 07010

Tel. (201) 233 0476 FAX ( )

Contractor License No. or Builder Registration No. BIO 69986

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-10-06	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

Use Group	Present B	Proposed B	
Constr. Class	Present 2C	Proposed 2C	
No. of Stories	1 & 2		
Height of Structure	15 FT.		Ft.
Area — Largest Floor	UNIT = 1440		Sq. Ft.
New Bldg. Area/All Floors			Sq. Ft.
Volume of New Structure	11520		Cu. Ft.
Total Land Area Disturbed	0		Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Rehabilitation $ 15,000
3. Total (1+ 2) $ 15,000

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT UPFIT FOR RETAIL BUSE.
PARTITIONS
AH CEILING
DETNO.

Air Ballance Test Req For C.O.

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

FEE (Office Use Only)
$

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

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued 8/21/06
Permit # 06-2771

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 UNIT #3
1743 RT 88 WEST, BRICK

Owner in Fee LPF APTS LLC % GB LTD TONY MACERI

Address TENANT: ROMAN WALK. INTUB INC
503 DEWEY AVE, CLIFFSIDE PARK, NJ 07010

Tel. ( )

Contractor TONY MACERI

Address 503 DEWEY AVE CLIFFSIDE PARK, NJ 07010

Tel. (201) 233 0476 FAX ( )

Contractor License No. or Builder Registration No. BI0 6986

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[X] All	8-10-06	FM
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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

B. BUILDING CHARACTERISTICS

	Present	Proposed
Use Group	B	B
Constr. Class	2C	2C
No. of Stories	1 & 2	
Height of Structure	15 FT. Ft.	
Area — Largest Floor	UNIT = 1440 Sq. Ft.	
New Bldg. Area/All Floors	Sq. Ft.	
Volume of New Structure	11520 Cu. Ft.	
Total Land Area Disturbed	0 Sq. Ft.	

Est. Cost of Bldg. Work:
1. New Bldg. $ 0
2. Rehabilitation $ 15,000
3. Total (1+ 2) $ 15,000

C. CERTIFICATION IN LIEU OF OATH

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

X
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
TENANT UPFIT FOR RETAIL B USE.
PARTITIONS
A H CEILING
DEMO.

Air Ballance Test Req For C.O.

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

FEE (Office Use Only)
$

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

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

1 White = Inspector Copy
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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: 17 JULY 06

PLOT PLAN EXEMPT FORM

Block: 852 Lot: 1

Property Address: 1743 RT 88 WEST UNIT #3 BRICK

I, ANTHONY MACERI (name) of 503 DEWEY AVE CLIFFSIDE PARK, NJ 07010 (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.

TENANT UPFIT TO EXIST BUILDING

X Anthony Maceri
Applicant's Signature

COMMERCIAL

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: 8/2/06 Signed:

Rejected on: Signed:

Comments: Interior Only

Township of Brick
Zoning Permit

Approved: Friday, July 21, 2006 **Number:** 968

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

Property Address: 1743 Route 88; Laurelton Plaza

Applicant: Anthony Maceri; Roman Walk-In Tub, Inc.

Property Owner LP & Apts, LLC

Existing Use: World Med medical supply storeand office; Unit 3.

Proposed Use: Roman Walk-In Tub retail store and office; Unit 3.

Proposed Construction: Alteration of Unit 3 for new business.

Conditions: An additional zoning permit is required for any sign, banner, 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)

JUL 21 2006

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

BLOCK 852 LOT 1 QUALIFIER —

PROPERTY ADDRESS 1743 RT. 88 WEST UNIT #3

PERSONAL NAME OF APPLICANT ANTHONY MACERI

BUSINESS NAME OF APPLICANT ROMAN WALK-IN TUBS INC.

MAILING ADDRESS OF APPLICANT 503 DEWEY AVE., CLIFFSIDE PARK NJ 07010

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) WORLD MED, INC. OFFICE & RETAIL STORE FOR SALE OF MEDICAL SUPPLIES.

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) ROMAN WALK-IN TUBS OFFICE & RETAIL STORE FOR SALE OF BATHTUBS, & RELATED FIXTURES.

COMMERCIAL

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 UP FOR UNIT #3

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.

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 X Anthony Macri Date X JULY 14-06

Reviewed by Zoning Office SC Date 7/21/6 (X) Approved ( ) Denied

March 2003

7/17/06

17 JULY 2006
11 July 2006

Zoning Official
Brick Construction Department
401 Chambersbridge Rd.
Brick, NJ 08723

Construction Code Official
Brick Construction Department
401 Chambersbridge Rd.
Brick, NJ 08723

Subj: Bk 852 Lot 1
Tenant Up Fit for Roman Walk-in Tub Inc.

Enclosed find:
1. Revised Zoning Permit Application (7.17.06)

[ ] 3 copies signed & sealed Construction Plans for the above referenced location.
[ ] Building subcode
[ ] Plumbing subcode with sketch. (7.17.06)
[ ] Plot Plan Exempt Form. (7.17.06)

Should additional information be required please contact me and the Owner.

Truly yours,

ROBERT K. HOUSEAL AIA

copy:
Mr. Tony Maceri
503 Dewey Ave.
Cliffside Park, NJ 07010 201 233 0476

REAL ESTATE INVESTMENTS • MANAGEMENT
63 West Main Street, Box 5008, Freehold, New Jersey 07728
Tel. (732) 780-8888 Fax (732) 577-0129

G.B. LTD. Oper. Co., Inc.
Since 1975

Directors:
Carl F. Gross, Esq.
Henry H. Bloom

Superintendent of Properties:
Robert Malkoff
Howard McAnney, Asst.

Executive Coordinator:
Handri Kadash

Controller:
Rebecca B. Collins

Property Managers:
Eilene Fein
Diane Brooks
Evelyn Johansen
Kim M. Barrett
Ruthanne Meyer

July 12, 2006

Township of Brick
Zoning Office
The Zoning Officer
Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: LAURELTON PLAZA, 1743 ROUTE 88, BRICK, NEW JERSEY
BLOCK 852 LOT 1.00
ROMAN BATH WALK-IN TUB, INC.

Dear Sirs:

LP&APTS., LLC, the Landlord for Laurelton Plaza located at 1743 Route 88, Brick, New Jersey, has entered into a Lease Agreement with Roman Bath Walk-In Tub, Inc. (the Tenant), to operate a retail store for the sale of bathtubs and other associated items in unit #3. In accordance with the Lease Agreement the Landlord permits the Tenant to perform minor interior modifications to the store, which may include the construction of partition walls. The Tenant is responsible for compliance to all applicable building regulations and for obtaining the Certificate of Occupancy from the Township of Brick.

The former tenant for this space was World Med, Inc., a retail store and office for the sale of medical supplies by mail order.

Please contact me with any questions or should you require any further information.

Very truly yours,
G.B., LTD. OPER. CO., INC.

Handri Kadash
Operations Manager

Cc. LP& APTS, LLC.; Attn: Mr. Carl P. Gross, Managing Member
Robert K. Houseal, AIA; Attn: Mr. R. Houseal Tel.732-528-6566
G.B., Ltd. Oper. Co., Inc. Attn: Ms. Diane Brooks & Mr. Kevin Jacobs

17 JULY 2006
11 July 2006

Zoning Official
Brick Construction Department
401 Chambersbridge Rd.
Brick, NJ 08723

Construction Code Official
Brick Construction Department
401 Chambersbridge Rd.
Brick, NJ 08723

Subj: Bk 852 Lot 1
Tenant Up Fit for Roman Walk-in Tub Inc.

Enclosed find:
1. Revised Zoning Permit Application (7.17.06)

[ ] 3 copies signed & sealed Construction Plans for the above referenced location.
[ ] Building subcode
[ ] Plumbing subcode with sketch. (7.17.06)
[ ] Plot Plan Exempt Form. (7.17.06)

Should additional information be required please contact me and the Owner.

Truly yours,

ROBERT K. HOUSEAL AIA 7 17 06

copy:
Mr. Tony Maceri
503 Dewey Ave.
Cliffside Park, NJ 07010 201 233 0476

ROMAN WALK-IN TUBS INC
BLOCK 352 LOT 1

Tenant Fit-ups

☒ Different use then previous proprietor:

- ☒ Zoning Application (NO SITE PLAN - EXISTING B.USE BUILDING)
- ☒ Building Permit (any structural work) (PARTIAL PERMIT REQUESTED.)
- ☐ Fire Permit (smoke detectors, exit lights)
- ☐ Electrical Permit (exit lights and any new/replacement electric)
- ☐ Plumbing Permit (adding/deleting/changing fixtures)
- ☐ Floor plan of before and after---signed ENCLOSED 4 SHEETS.

Same use as previous proprietor w/ interior renovations:

- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new fixtures/receptacles)
- Plumbing Permit (adding/deleting/changing plumbing fixtures)
- Drawings of layout before and after--- signed

Same use as previous proprietor w/ no interior changes:

- Tenant Occupancy Verification Form
- Detailed floor plan showing dimension of room, location and size of doors, exit lights, smoke detectors, sprinkler heads, aisle widths, counters, ect…

***Based on the evaluation of the application submitted, a permit and fee may not be necessary. The office will contact the tenant when such a determination has been made.

ARCHITECT :

ROBERT K. HOUSEAL AIA
P.O. BOX 374
BRIELLE, NJ 08730
732.528.6566

TO Mr. HOUSEAL - ARCHITECT

Barrier Free Requirements - 20% Cost

Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.6(k) Alterations;
Reference: New Jersey Rehabilitation Subcode N.J.A.C. 5:23-6.7(k) Reconstruction

"(k) In a building required by the barrier free subcode to be accessible, where the space altered is a primary function space, an accessible path of travel to the altered space shall be provided up to the point at which the cost of providing accessibility is disproportionate to the cost of the overall alteration project; a cost is disproportionate if it exceeds 20 percent of the cost of the alteration work. (Building)"

1. The accessible path of travel shall include, but not be limited to, an accessible parking space, an accessible interior route to the altered area, accessible restrooms, accessible drinking fountains, and accessible telephones serving the altered/reconstructed primary function space. Priority shall be given to providing an accessible entrance or accessible restrooms where possible.
2. In determining disproportionate cost, the following materials may be deducted from the overall cost of the project:
   i. Windows, hardware, operating controls, electrical outlets and signage;
   ii. Mechanical systems, electrical systems, installations or alterations of fire protection systems or abatement of hazardous materials; or
   iii. The repair or installation of roofing, siding or other exterior wall façade
3. Where the work consists solely of the alteration of materials or systems listed in 2.i above, the path of travel requirements shall not apply.
4. Where the alteration work is for the primary purpose of increasing the accessibility of the building or tenancy, the requirement to further improve the path of travel shall not apply.
5. Where it is technically infeasible to comply with the technical standards in the Barrier Free Subcode, the work must comply to the maximum extent feasible.

The Permit applicant is to provide a letterhead worksheet that lists (a) The Cost of the Work, (b) List all Exempt Items. (c) Show the Balance of (a) & (b) and (d) show how 20% of the balance of the work (c) will be spent to improve the accessible route.
This office will review the worksheet to determine compliance with the regulations.

WORKSHEET

Overall cost of the project:	$ 5,500 -
1. Deduct windows, hardware, operating controls, electrical outlets and signage.	$- 1,900 -
2. Deduct mechanical systems, electrical systems, installation or alterations of fire protection systems or abatement of hazardous materials.	$- 2,000 -
3. Deduct the repair or installation of siding, roofing or other exterior wall treatment.	$- 0
Remaining total cost of the project deducting 1., 2., & 3. above.	$ 1000 -
Calculate 20% of the remaining total cost.	$ 200 -

This 20% amount is the dollar amount of money that is to be spent to make improvements in the "Path of Travel to the Primary Function Space." These improvements can include the construction of or the reconstruction of a ramp, the addition of a wheel chair accessible door, installing lever hardware, installing a wheelchair accessible drinking fountain or telephone or the modification of an existing toilet room along the path of travel into one that is accessible. It can also include the installation of a barrier free van or car parking space with a proper loading zone.

Use the back of this sheet to show the cost breakdown of the work to be completed using the remaining total cost.

ROBERT K. HOUSEAL AIA
P.O. BOX 374
BRIELLE, NJ 08730

8/8/06

1. SIGN FOR TOILET ROOM
2. SIGN FOR EXTERIOR ENTRY AT REAR.

ROBERT K. HOUSEAL AIA
P.O. BOX 374
BRIELLE, NJ 08730

5:23 6.12 (L) 2ii

AREA = 150 SQ.FT

1 PERSON/15 ◫ = 150 / 15 = 10 PERSONS

10×5 CFM = 50 CFM OUTSIDE AIR
10×15 CFM = 150 CFM VENT AIR

SUPPLY — 200 CFM VENTILATION AIR TO CONF RM.

D1	HVAC SUPPLY DIFFUSER EXISTING
D1	HVAC SUPPLY DIFFUSER EXISTING RELOCATED.