

BLOCK 85 LOT 1 QUALIFICATION CODE C4-852 ADDRESS (SITE) 01-1493



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1743 H 88 N #8

2. Name of Owner in Fee: LINDA HORNGER
Address: _____ street _____ municipality _____ zip code _____

3. Ownership in Fee: Public ☒ Private ☐

4. Principal Contractor: LINDA HORNGER
Address: _____
License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
Federal Employee No. _____ FAX: (_____) _____
5. Architect or Engineer: _____ Tel. (_____) _____
Address: _____
6. Responsible Person in Charge of Work: _____
Tel. (_____) _____ FAX (_____) _____

V. SUMMARY (for office use only)

		Update	Update
1. Building	\$		
2. Electrical	\$		
3. Plumbing	\$		
4. Fire Protection	\$		
5. Elevator Devices	\$		
6. Subtotal	\$		
7. Less 20% for	\$		
8. State Plan Review	\$		
9. Subtotal	\$		
10. DCA Training Fee	\$		
11. Subtotal	\$		
12. of Occupancy	\$		
13. AL	\$		

VI. BUILDING/SITE CHARACTERISTICS (office use only)

1. Number of Stories	_____
2. Height of Structure	_____ ft.
3. Area — Largest Floor	_____ sq. ft.
4. New Building Area	_____ sq. ft.
5. Volume of New Structure	_____ cu. ft.
6. Construction Classification	_____
7. Total Land Area Disturbed	_____ sq. ft.
8. Flood Hazard Zone	_____
9. Base Flood Elevation	_____ ft.
10. Wetlands	yes _____ no _____
11. Max. Live Load	_____
12. Max. Occupancy Load	_____

*tenant fit-up
no interior alterations*

II. PROPOSED WORK

	Est. Cost	OPTIONAL (for office use only)							
		Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical									
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition									
TOTAL COSTS	<u>0</u>								

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	5. ☐ Cross-Connections/Backflow Preventers
2. ☐ High Pressure Boilers	6. ☐ Hazardous Uses/Places of Assembly
3. ☐ Pressure Vessels	7. ☐ Sprinklers
4. ☐ Refrigeration Systems	8. ☐ Smoke Control Systems in Open Wells
	9. ☐ Underground Storage Tanks

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Hotels (R-1)

2. ☐ Multi-Family (R-2)

3. ☐ Two-Family (R-3) BOCA

4. ☐ Two-Family (R-4) CABO

5. ☐ One-Family (R-3) BOCA

6. ☐ One-Family (R-4) CABO

No. of dwelling units:

Before Construction _____

After Construction _____

Net Gain or Loss _____

B. NON-RESIDENTIAL

1. State Specific Use: mail Salon

2. Use Group: B Nat

3. Change in Use Group, Indicate Former: _____

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 _____

Address _____

Telephone (_____) _____

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	Other
Building _____	Energy _____	
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. _____	_____	_____	_____

C38
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/22/2002
Control #
Permit # 01-1493

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 852 Lot 1 Qual
Work Site Location 1743 RT 88 W - HOLLYWOOD HALL
TENANT PIT UP
Owner In-Pee/Occupant PARTNERSHIP ONE
Address 63 W MAIN ST
FREEHOLD, NJ 07728-
Telephone
Contractor PIRLAND PLUMBING
Address 807 MANTONKING RD
Telephone
Fax
Lic. No. of Buid. Reg. No. 1722 43610
Federal Reg. No. 22-1833417C

None Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
ONE SINK

☐ 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 CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NAC 5:17, 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 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 OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____ or the owner will be subject to fine or order to vacate:

☐ 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 _____.

W. Adams 8/26/02

Fee \$ 0
Paid ☒ Check No. _____ Cash
Collected by: _____

C3E
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 08/22/2002
Control #
Permit # 01-1493

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 052 Lot 1 Qual
Work site location 1743 RT. 98 Y - HOLLYWOOD HALL
PERMIT PVT 02
Owner In-Peer/occupant PARTNERSHIP ONE
Address 63 H. KATH ST
Telephone
Contractor PIRABAND PLUMBING
Address 807 MARITIMOKING RD
BORER NJ 08773
Telephone
Lic. No. of Bldgs. Reg. No. 1722 43610
Federal Emp. No. 22-18534176

Hone Warranty No.
Type of Warranty Plan: ☐ State ☐ Private
Use Group B
Maximum live load 0
Construction classification
Maximum occupancy load 0
Description of Work/Use:

ONE SINK

☐ 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 CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per N.J.A.C. 5:17, to the following extent:
☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (____ years); see files

☒ 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 OCCUPANCY/COMPLIANCE ☐ CERTIFICATE OF COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, or the owner will be subject to fine or order to vacate:

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 _____.

Fee \$
Paid ☒ Check No. _____ Cash
Collected by: _____ TL

CONSTRUCTION OFFICIAL

U.C.C. F260 (rev. 3/96)

C3H
TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 09/22/2002
Control #
Permit # 01-1493

OCC NEW JERSEY
CERTIFICATES

IDENTIFICATION

Block 852 Lot 1 Subd
Work Site Location 1141 BR 88 N - HOLLYWOOD MAIL
OWNER In, Fee/occupant PARTNERSHIP ONE
Address 63 N MAIN ST
PO BOX 111 07728-0111
Telephone [REDACTED]
Contractor PIRLAND PLUMBING
Address 807 BRIDGEMAN RD
Telephone [REDACTED]
L.C. No. of owner REG. NO. 1722 63610
Federal Reg. No. 22-18334176

Home Warranty No.
Type of Warranty Plan: [] State [] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:
ONE SINK

[] 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 CLEARANCE - LEAD ABATEMENT 5:17

This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, to the following extent:
[] Total removal of lead-based paint hazards in scope of work
[] Partial or limited time period [] years; see file

[X] 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 COMPLETED 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 OCCUPANCY/COMPLIANCE

If this is a temporary certificate of occupancy or compliance, the following conditions must be met no later than [] or the owner will be subject to fine or order to vacate:

[] 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 [] [] M

CONSTRUCTION OFFICIAL

Fee \$ 0
Paid [X] Check No. CASH
Collected by: [] TL

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

NEW JERSEY
CONSTRUCTION
PERMIT

Date Issued: 05/15/01 2:42PM
Control # 000000#3663
Permit # 001149
PLUMBING
XXXTOTAL \$35.00
CASH \$35.00
CHANGE \$0.00

05/15/01 2:42PM 000000#3663
XXXTOTAL \$35.00

IDENTIFICATION Block 932 Lot 1

Work Site Location 1743 RT 68 N - HOLLYWOOD HALL

Owner In Fee PARTNERSHIP ONE

Address 63 N MAIN ST
FREEHOLD, NJ 07728-

Telephone [REDACTED]

Contractor FINELAND PLUMBING

Address 507 HANTELONLINE RD
BRICK, NJ 08723-

Telephone (732) 477-6853

Lic. No. or 31hrs. Reg. No. 1722 83616

Federal Emp. No. 22-1653417

Is hereby granted permission to perform the following work:

☐ BUILDINGS ☐ LEAD HAZARD ABATEMENT

☐ ELECTRICAL ☐ FINE PROTECTION ☐ DEMOLITION

☐ ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter 8 only)

DESCRIPTION OF WORK:

ONE SINK

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

Estimated Cost of Work \$ 200

Construction Official 05/15/2001

Date

PAYMENTS (Office Use Only)	
Building	0
Electrical	0
Plumbing	35
Fire Protection	0
Elevator Devices	0
Other	0
BCA Training Fee	0
Cert. of Occupancy	0
Other	0
Total	35
Check No.	
Cash	X
Collected By	TL

1743 Rt 88 W
Opp Jersey Padden

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
PLUMBING
SUBCODE
TECHNICAL SECTION
Date Received 05/15/2001
Date Issued 05/15/2001
Permit # 01-1493

A. IDENTIFICATION-APPLICANT: COMPLETE ALL APPLICANT INFORMATION, WHEN CHANGING
CONTRACTORS, NOTIFY THIS OFFICE
Biller, Dlg NO: 1-800-272-1000

Block 952 Lot 1
Work Site Location 1743 RT 88 W - HOLLYWOOD MAIL
TENANT FIT UP

Owner in Fee PARTNERSHIP ONE
Address 63 W MAIN ST
FREDRICK NJ 07728-
Tel. () Fax ()

Contractor PINELAND PLUMBING
Address 807 MARTEL DR RD
BRICK NJ 08723-
Tel. () No. 1722 43410
Lic. No. 1722 43410
Federal Exp. No. 22-1853417

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed
Building Sewer Size [] Public Sewer [] Private Septic
Water Sewer Size [] Public Water [] Private Well
Estimated Cost of Plumbing Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[] No Plans Required
Joint Plan Review Required:
[] Bldg [] Elect
[] Fire [] Elevator
[] Plumb. Plans Approved
Date: 8/16/02

Approved By: [Signature]
SUBCODE APPROVAL
[] CO [] ECO [] CA
Approved By: [Signature]
Date: 8/16/02

D. TECHNICAL SITE DATA (List all fixtures.)

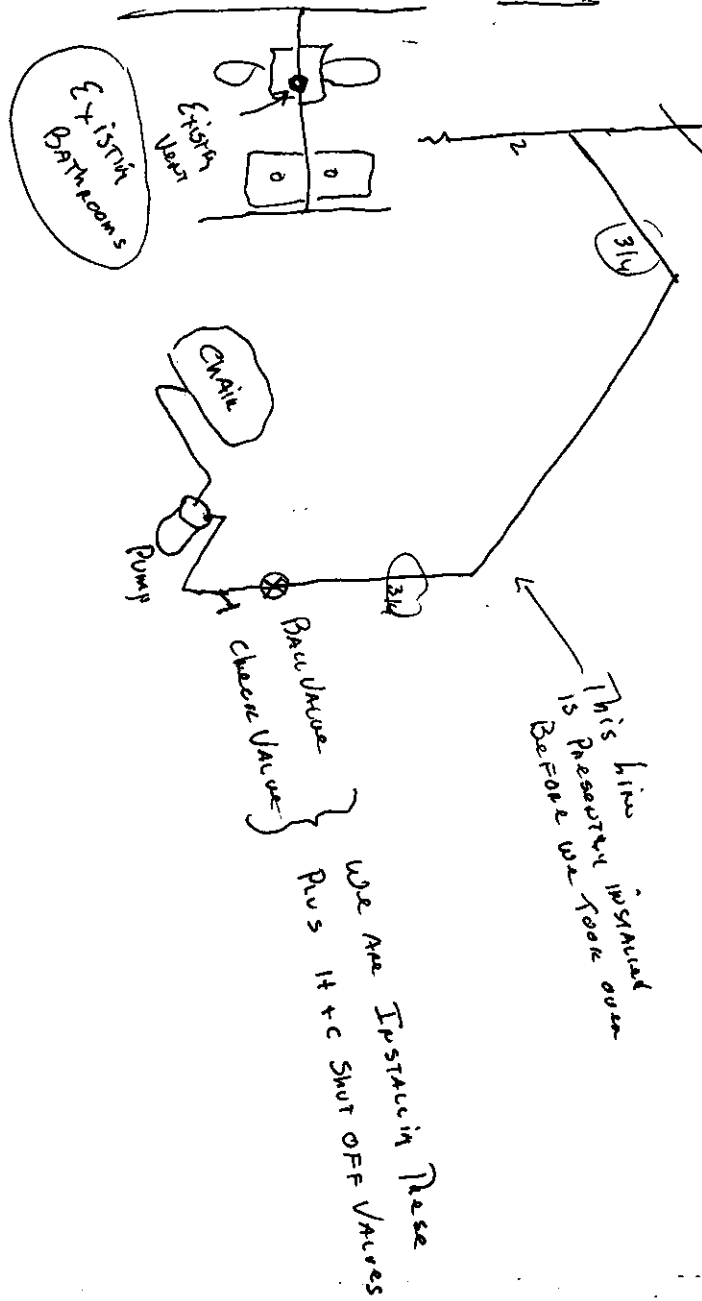
NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
0	Water Closet	0
0	Urinal / Bidet	0
0	Bath Tub	0
0	Lavatory	0
0	Shower	0
0	Floor Drain	0
0	Sink	0
0	Dishwasher	0
0	Drinking Fountain	0
0	Washing Machine	0
0	Hose Bib	0
0	Water Heater	0
0	Fuel Oil Piping	0
0	Gas Piping	0
0	Steam Boiler	0
0	Hot Water Boiler	0
0	Sewer Pump	0
0	Interceptor / Separator	0
0	Backflow Preventer	0
0	GreaseTrap	0
0	Sewer Connection	0
0	Water Service Connection	0
0	Stacks	0
0	Other 1 SINK	35
0	Other	0

Paid [] Check #
Collected by: [Signature]
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE 35
DCA Training Fee \$

C. CERTIFICATION IN LIEU OF OATH
I hereby certify that I as the (agent of) owner of record and am authorized
to make this application and perform the work listed on this application.

Signature/Contractor Seal

REAR of Bldg.

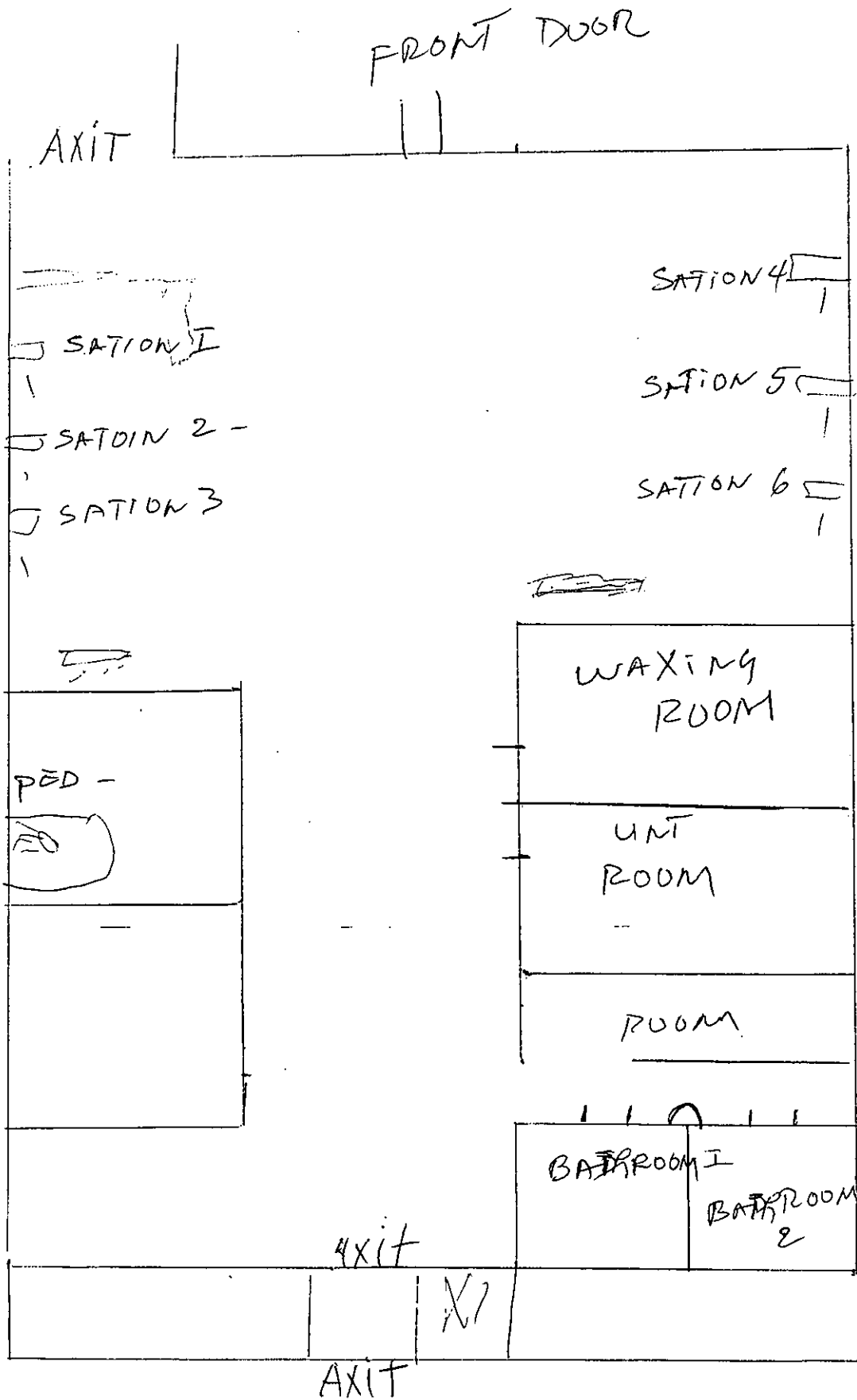


8/2/2 Ped low installed

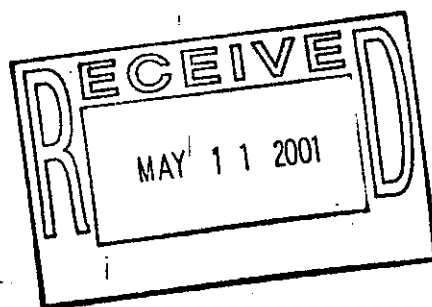
No evidence of rgh insp approval

① Sink must be secured to wall
Spoke to Buddy

OK 8/16



Township of Brick
Counter Form
(PLEASE PRINT)



Site Location: 1743 Rt. 88 W Unit 8 Briar NJ
Block: _____ Lot: _____
Owner's Name: Hollywood Nails
Owner's Mailing Address: Same as Above
Phone: (732) 785 8590

BUILDING

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Description of Work: _____

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☐ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign _____ sq ft

Building Characteristics

Use Group Present: _____ Proposed: _____
No of Stories: _____
Height of Structure: _____
Area of the largest floor: _____
Area of New Building: _____
Volume of Structure: _____
Total Land Disturbed: _____

Cost of Alteration: _____

Cost of New Building: _____

Total Cost of Building Work: _____

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: _____
Address: _____
Phone#: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	_____
Communication Points	_____
Alarm Devices/FAC Panel	_____
Total	_____

Pool	_____
Spa/Hot Tub/Storable Pool	_____
Electric Range	_____ KW
Oven/Surface Unit	_____ KW
Electric Water Heater	_____ KW
Electric Dryer	_____ KW
Dishwasher	_____ KW
Garbage Disposal	_____ HP
A/C Unit - Central Air	_____ KW
Space Heater/Air Handler	_____ KW
Baseboard Heating	_____ KW
Motors 1+ HP	_____
Transformer/Generator	_____ KW
Light Stander	_____ AMP
Service	_____ AMP
Subpanel	_____ AMP
Motor Control Center	_____ AMP
Sign/Outline Light	_____ KW
Furnace	_____
Steam Boiler	_____
Other:	_____

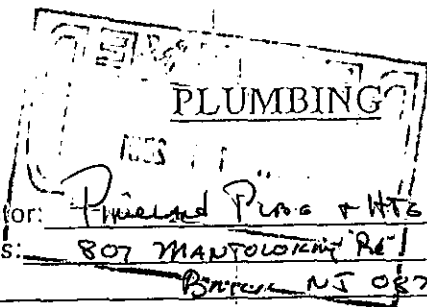
Estimated Cost of Electrical Work: _____

Signature: _____

Please Print Name _____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT



Contractor: Philand Pina & HTS Inc
Address: 807 MANTOLOKING RD
BRANCH NJ 08723
Phone #: 732 477 0854
Lis #: 1722
Federal Emp # 22-1853417

FIRE

Contractor: _____
Address: _____
Phone #: _____
Lis #: _____
Federal Emp # or SSN _____

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	<u>(1)</u>
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Estimated Cost of Plumbing Work: 200
Signature: William R. Duggan
Please Print Name: William R. Duggan

CONTRACTOR'S SEAL

Technical Data
Description of Work:

Heating Type: Gas Oil Electric Solar
Heating System is New Existing
Location of Furnace/Boiler: _____
Water Supply Source _____
Method of Valve Supervision _____
Local Alarm Supervision _____
Central Supervision: _____
Proprietary Supervision: _____

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
Heat Detectors	_____
Total	_____

Stand Pipes _____
Kitchen Hood Exhaust System _____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

Signature: _____
Print Name: _____

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD • BRICK, NJ 08723

Joseph C. Scarpelli, Mayor



DEPARTMENT OF ADMINISTRATION & FINANCE

Township Council:

Kathy M. Russell - President
Stephen C. Acropolis
Kimberley S. Casten
Steven N. Cucci
Gregory S. Kavanagh
Tony R. Shupin
Frederick J. Underwood, Sr.

DIVISION OF INSPECTIONS

Joseph Curiazza
Construction Official
(732) 262-1030
Fax: (732) 262-8954
<http://www.twp.brick.nj.us>

COMMERCIAL TENANT OCCUPANCY VERIFICATION

Name of Store: HOLLYWOOD NAIL
Site Address: 1743 ROUTE 88 WEST #8 BRICK N.J
Block: 852 Lot: 1
Owner's Name: LINDA HOANG + DONG KHOA NGUYEN
Owner's Address: 1410 8th AVE
City: NEPTUNE State: N.J Zip Code: 07753
Tenant's Name: _____
Tenant's Address: _____
City: _____ State: _____ Zip Code: _____

Pursuant to NJS 52:27D-119 et seq. :

The above tenant hereby certifies that they intend to occupy the said space without any change of use and that no Building, Electrical, Plumbing or Fire work will be done.

Linda Hoang (Signature) 5-4-01 (Date)

Sworn and subscribed before me on this 4 day of May 2001.

Despina K. Lines (Notary's Signature)

DESPINA K. LINES
Notary Public of New Jersey
Commission Expires March 12, 2004

Please attach a floor plan showing the dimensions of the room(s), location and widths of doorways, exit lights, aisle widths, counters, wall racks, and all existing equipment such as smoke detectors and sprinkler heads.