



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 1743 ROUTE 88 WEST, BRICK, NJ
2. Name of Owner in Fee: LP 4 APTS LLC Tel. ()
Address 1743 ROUTE 88 WEST, BRICK, NJ street municipality zip code
3. Ownership in Fee: Public Private ☒
4. Principal Contractor: Professional Workman Tel. (732) 458-1122
Address 1743 ROUTE 88 BRICK, NJ
License No. OR, if new home, Builder Reg. No. Exp. Date
Federal Employee No. 82-3390666 FAX: ()
5. Architect or Engineer Tel. ()
Address
6. Responsible Person in Charge of Work Peter Daniele
Tel. (732) 458-1122 FAX (732) 785-0306

tenant/interior alt.

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
2. Electrical	\$ <u>35</u>		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee			
10. Subtotal			
11. General Occupancy	<u>70</u>		
12. TOTAL	\$		

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

II. PROPOSED WORK

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

Est. Cost
500.00

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Rejection	Re-viewer
<u>TC</u>	<u>8/2</u>		<u>8/20/1</u>	<u>FG</u>			
			<u>9/5/1</u>	<u>MM</u>			
<u>Em</u>	<u>8/8/1</u>	<u>8/8/1</u>	<u>8/8/1</u>	<u>KSS</u>			

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

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. ☐ Three-Family (R-3) BOCA
6. ☐ Four-Family (R-4) CABO

No. of dwelling units:

Before Construction

After Construction

Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:

2. Use Group:

3. Change in Use Group, Indicate Former:

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

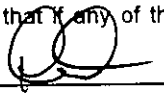
I further certify that I will perform the following work:

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

8/2/01

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. _____	_____	_____	_____

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
CONSTRUCTION
PERMITS

Date Issued 09/07/2001
Control #
Permit # 01-3312

IDENTIFICATION Block BR2 Lot 1 Subl 1

Work Site Location 1743 ROUTE 88 WEST

Owner in Fee LEO & ASSS LLC

Address BRICK, NJ

Telephone () -

Contractor PROFESSIONAL INSPECTION

Address 1743 ROUTE 88

Telephone BRICK, NJ

Telephone (732) 458-1122

Lic. No. or Bldg. Reg. No.

Federal Exp. No. 28-3390666

Is hereby granted permission to perform the following work:

(X) BUILDING ☐ PLUMBING ☐ LEAD HAZARD ABATEMENT

(X) ELECTRICAL ☐ FIRE PROTECTION ☐ DEMOLITION

() ELEVATOR DEVICES ☐ ASBESTOS ABATEMENT ☐ OTHER

(Subchapter B only)

DESCRIPTION OF WORK:

REPAIR FIT UP - REMOVED ROOF DIVIDER ADDED NEW 12' WALL W/ ONE 36" DOOR
REPLACED DECORS WITH FRENCH DOORS
HAS THE CARD GIVE FOR PROFESSIONAL INSPECTION

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 \$ 700

Construction Official

09/07/2001

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

Date

PAYMENT (Office Use Only)

Building 32

Electrical 35

Plumbing 0

Fire Protection 0

Elevator Devices 0

Other 0

BCA Training Fee 0

Cert. of Occupancy 0

Total 70

Check No. 1978

Cash

Collected By KAR

09/07/01 12:21PM 000000#6675
X02 SERV.002
#3312
BUILDING \$35.00
ELECTRIC \$35.00
CHECK \$70.00

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 08/02/2001
Date Issued 9/17/01
Control # C3-58
Permit # 01-3312

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 Qual
Work Site Location 1743 ROUTE 88 WEST

TENANT FIT UP

Owner in fee L P & APTIS LLC

Address SAME

BRICK, NJ

Tele. ()

Contractor PROFESSIONAL INSPECTION

Address 1743 ROUTE 88

BRICK, NJ

Tele. (332) 458-1122 Fax ()

Lic. No. or Bldrs. Reg. No.

Federal Emp. No. 22-3390666

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
			Type	Failure Failure Approval Initial
☒ No Plans Req.			Footings	
☒ All <i>8 2001 EQ</i>			Foundation	
☐ Footings			Slab	
☐ Foundation			Frame	
☐ Frame			Barrierfree	
☐ Other			Insulation	
Joint Plan Review Required:			Finishes	
☐ Elect ☐ Plumb ☐ Fire			Energy	
SUBCODE APPROVAL ☐ Elev			Mechanical	
☐ CO ☐ CCD ☐ CA			TCO	
Date:			Other	
Approved By:			Final	
			Barrierfree	

B. BUILDING CHARACTERISTICS

Use Group	Present	Proposed	Est. Cost of Bldg. Work:
Constr. Class Present			1. New Bldg. \$
No. of Stories	0		2. Alteration \$ 500
Height of Structure	0 ft.		3. Total (1+2) \$ 500
Area largest floor	0 Sq. Ft.		
New Bldg. Area/All floors	0 Sq. Ft.		Industrialized Building:
Volume of New Structure	0 Cu. Ft.		☐ State Approved
Total Land Area Disturbed	0 Sq. Ft.		☐ HUD

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 UP - REMOVED ROOM DIVIDER ADDED NEW 12' WALL W/ ONE 36" DOOR
REPLACED DOORS WITH FRENCH DOORS
WAS "THE CARD GUY" NOW "PROFESSIONAL INSPECTION"

Exit Signs must be in place

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$
☐ Addition	0
☒ Alteration	18
☐ Roofing	0
☐ Siding	0
☐ Fence	0
☐ Sign	0
☐ Pool	0
☐ Asbestos Abatement Subchapter 8	0
☐ Lead Haz. Abatement NJAC 5:17	0
☐ Other	0
Other	0
☐ Demolition	0

PAID BY	ADMINISTRATIVE SURCHARGE	MINIMUM FEE	TOTAL FEE
Paid ☐ Check #	\$	\$ 17	\$
Collected by: DCA Training Fee	\$	\$ 35	\$

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 08/31/2001
Date Issued 9/17/01
Control # C3-58
Permit # 01-3312

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 852 Lot 1 Qual
Work Site Location 1743 ROUTE 88 WEST
TENANT FIT UP
Owner in fee L P & APIS LLC
Address SAME
BRICK, NJ
Tele. (352) 736-1177 Fax ()
Contractor KUIPERS ELECTRIC
Address 551 SIGNAL LN
TOMS RIVER, NJ 08755-
Tele. (352) 736-1177
Lic. No. or Bldrs. Reg. No. 10979
Federal Emp. No. 22-324679

COMMERCIAL

8. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

INSPECTIONS

Dates (Month/Day)

Initial

[] No Plans Required
Joint Plan Review Required:
Type Failure Failure Approval Initial

[] Bldg [] Plumb
[] Fire [] Elevator
Date: 9/30/01
Elect Plans Approved

Approved By: [Signature]
SUSCODE APPROVAL
[] CO [] CCO [] CA
Date: 10/4/01
Approved By: [Signature]

NO.	SIZE	ITEM	
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	35
0		Pool Permit/With UM Lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elect Range/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elect Water Heater	
0		KW Elect Dryer/Receptacle	
0		KW Dishwasher	
0		HP Garbage Disposal	
0		KW Central A/C Unit	
0		HP/KW Space Heater/Air Handler	
0		Baseboard Heat	
0		HP Motors 1/+ HP	
0		KW Transformer/Generator	
0		AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elect Sign/Outline Light	
0		Other	
0		Other	

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.

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

Applicant's Signature/Contractor's Seal and Signature
[] Licensed Electrical Contractor [] Exempt Applicant

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE

TECHNICAL SECTION

Date Received 08/31/2001
Date Issued 9/17/01
Control # C3-58
Permit # 01-3312

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

D. TECHNICAL SITE DATA

FEE (Office Use Only)

Block 852 Lot 1 Qual
Work Site Location 1743 ROUTE 88 WEST
TENANT FIT UP
Owner in Fee L P & APTS LLC
Address SAME
BRICK, NJ
Tele. (732) 736-1177 Fax ()
Contractor KUIPERS ELECTRIC
Address 551 SIGNAL LN
TOMS RIVER, NJ 08755-
Tele. (732) 736-1177
Lic. No. or Bldgs. Reg. No. 10979
Federal Emp. No. 22-324679

B. ELECTRICAL CHARACTERISTICS

Use Group - Present Proposed B
[] Pole/Pad # [] Temporary [] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work \$ 200

JOB SUMMARY (Office Use Only)

PLAN REVIEW

INSPECTIONS

Dates (Month/Day)

Type Failure Failure Approval Initial

Rough

Temp Serv

Const Serv

TCO

Other

Service

Final

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

NO.	SITE	ITEM	
0		Lighting fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-fraction HP	
0		Emergency & Exit lights	
0		Communications Points	
0		Alarm Devices/F.A.C. Panel	
2		TOTAL NUMBERS	35
0		Pool Permit/with UM lights	
0		Storable Pool/Spa/Hot Tub	
0		KW Elect Range/Receptacle	
0		KW Oven/Surface Unit	
0		KW Elect Water Heater	
0		KW Elect Dryer/Receptacle	
0		KW Dishwasher	
0		HP Garbage Disposal	
0		KW Central A/C Unit	
0		HP/KW Space Heater/Air Handler	
0		Baseboard Heat	
0		HP Motors 1/4 HP	
0		KW Transformer/Generator	
0		AMP Service	
0		AMP Subpanels	
0		AMP Motor Control Center	
0		KW Elect Sign/Outline light	
0		Other	
0		Other	

Approved By: 9/30/01
SUBCODE APPROVAL
[] CO [] CCO [] CA
Date: 9/30/01
Approved By: MP

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
[] licensed Electrical Contractor [] Exempt Applicant

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

TOWNSHIP OF BRICK ZONING PERMIT

Approved: August 3, 2001

No. 1.1257

Block: 852

Lot: 1

Zone: B3, Highway Development

Property Address: 1743 Route 88

Applicant: Peter Daniel; Professional Inspection

Property Owner: LP & Apts, LLC

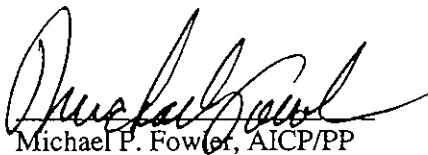
Existing Use: Vacant unit (former card store).

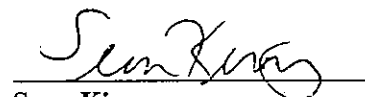
Proposed Use: Professional Inspection office.

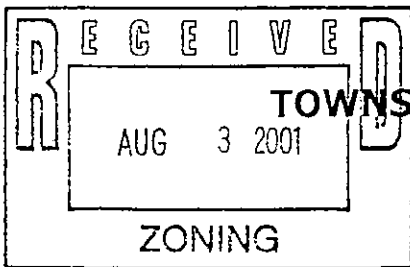
Proposed Construction: Interior alterations for tenant fit-up.

Conditions: Interior work only.

**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
Municipal Planner


Sean Kinnevy
Zoning Officer



TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

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

COMMERCIAL

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

Block 852 Lot 1 Qualifier _____

PROPERTY ADDRESS 1743 Route 88, BRICK, NJ

PERSONAL NAME OF APPLICANT PETER DANIELE

BUSINESS NAME OF APPLICANT PROFESSIONAL INSTRUCTION

PROPERTY OWNER LP & ARTS, LLC

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) OFFICE SPACE OR RETAIL

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) OFFICE SPACE

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____
☐ Addition
☒ Alteration
☐ Porch or deck (state heights) _____
☐ Shed (state height) _____
☐ Fence (state type & height) _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☐ Other (please describe) _____

CHECKLIST

☐ All information completed above
☐ Two (2) copies of a plot plan containing:
☐ All existing and proposed structures
☐ All dimensions of the lot and structures
☐ All setbacks from the structures to the property lines
☐ All adjacent streets and waterways
☐ If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

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

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 [Signature] Date 8/2/01

Reviewed by Zoning Office [Signature] Date 8/3/01 ☒ Approved () Denied

Tenant Fit-ups

Different use than previous proprietor:

- Zoning Application
- Building Permit (any structural work)
- 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

Same use as previous proprietor w/ interior renovations:

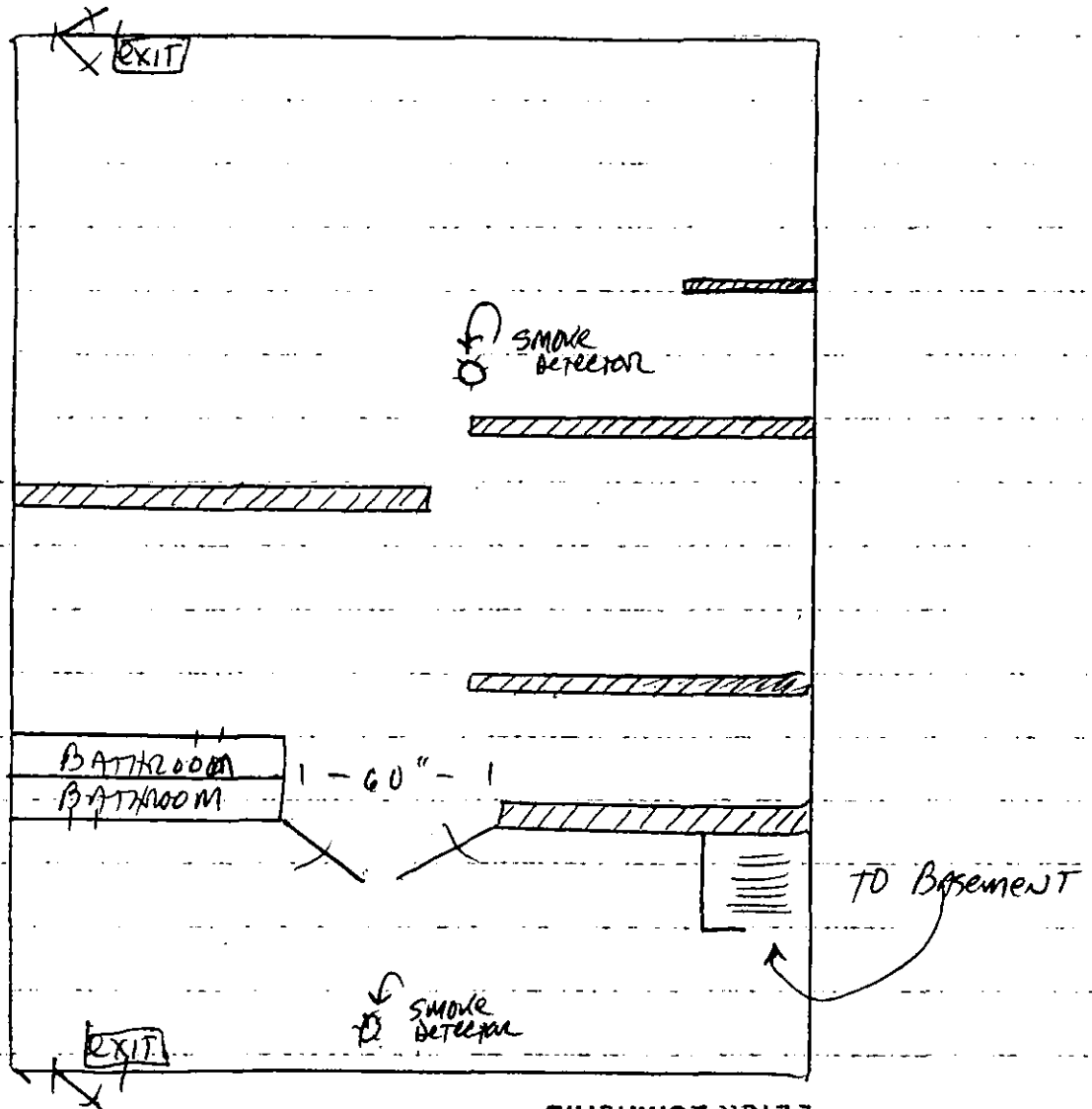
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new fixtures/receptacles)
- Plumbing Permit (adding/deleting/changing plumbing fixtures)
- Drawings of layout before and after--- signed

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.

1743 ROUTE 88 BRICK, NJ
 PROFESSIONAL INSPECTION
 ORIGINAL FLOOR PLAN



ELIEN TOWNSHIP

NOT TO SCALE

Existing

_____ Zoning
 _____ Plumbing
 _____ Building
 _____ Fire
 _____ Energy
 _____ Electrical

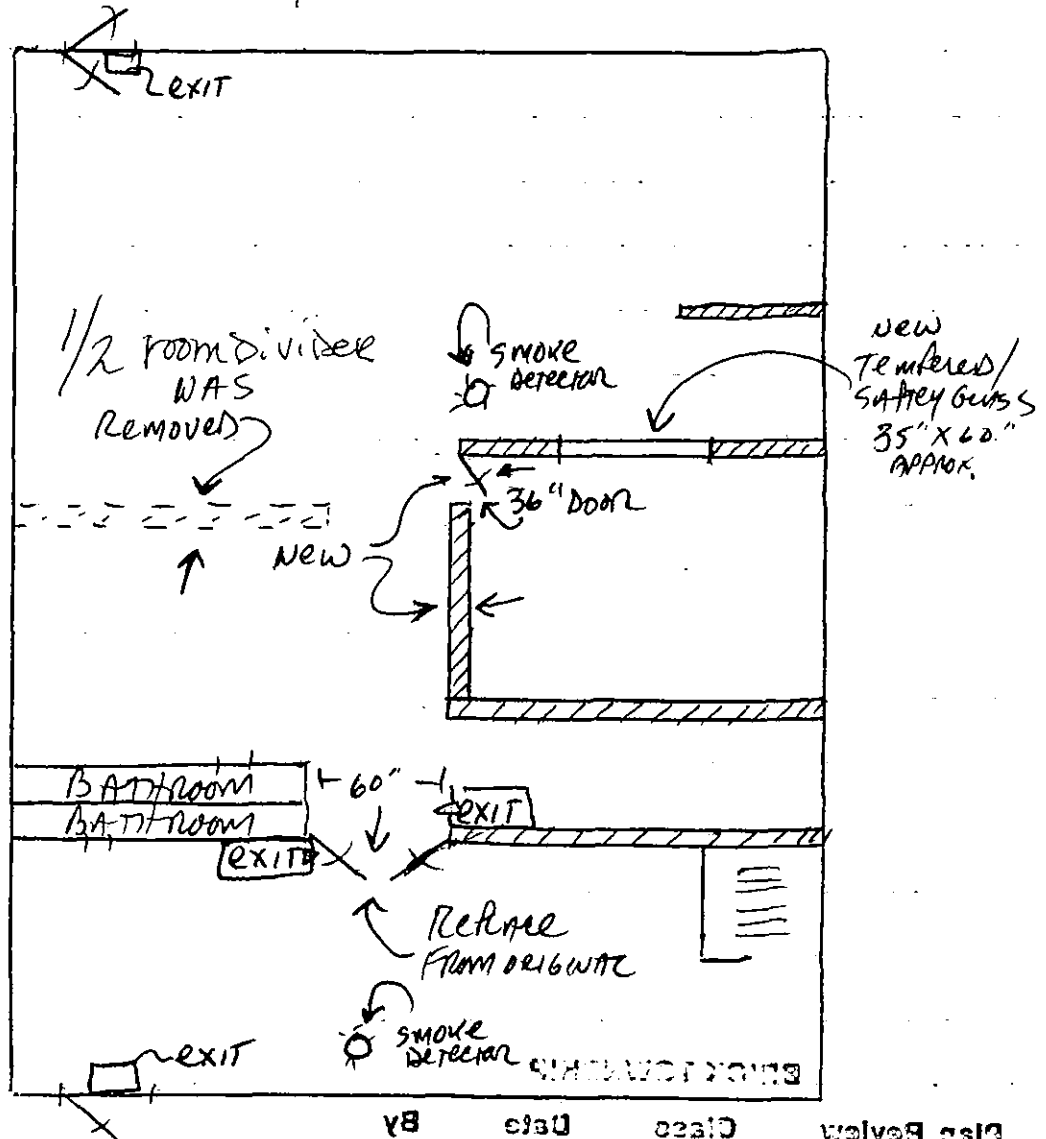
BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		8-9-01	1-11
Fire			
Energy			
Electrical			

11/1/01

11/1/01

1743 ROUTE 88 BRICK, NJ
 PROFESSIONAL INSPECTION
 REVISED / PROPOSES FROM PLAN



NOT TO SCALE

_____ Zoning
 _____ Plumbing
 _____ Building
 _____ Fire
 _____ Energy
 _____ Electrical

Proposed

BRICK TOWNSHIP

Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		8-9-01	FM
Fire			
Energy			
Electrical			

1019

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 1743 Route 88, Brick, NJ 08724
Block: 852 Lot: 1
Owner's Name: LP+APB LLC
Owner's Mailing Address: 63 WEST MAIN ST, FRIEDLAND, NJ 07728
TENANT: PROFESSIONAL INSPECTION - PETER DANIELLE
Phone: (734) 458-1122

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: _____

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

Signature: _____

Please Print Name _____

ELECTRICAL

Contractor: Kuipers Electric
Address: 551 Signal Lane
Toms River NJ 08755
Phone#: 732 736-1177
Lis #: 10979
Federal Emp # or SSN 22-304679

Technical Data

Item	Quantity
Lighting Fixtures	_____
Receptacles	_____
Switches	_____
Detectors	_____
Light Poles	_____
Motors w/ Fract. HP	_____
Emergency & Exit Lights	<u>2 (two)</u>
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: 200.⁰⁰

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

Signature: James Kuipers

Please Print Name James Kuipers

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
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 _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

FIRE

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

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 _____

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

Signature: _____

Print Name: _____

Township of Brick

Counter Form

(PLEASE PRINT)

COMMERCIAL

Site Location: 1743 ROUTE 88, BRICK, NJ 08724

Block: 852

Lot: 1

Owner's Name: LP + APTS, LLC

Owner's Mailing Address: 1743 ROUTE 88, BRICK, NJ 08724

Phone: ()

BUILDING

Contractor: Professional Insulation

Address: 1743 ROUTE 88
BRICK, NJ 08724

Phone#: 732-458-1121

Lis #

Federal Emp # or SSN 22-3390666

Technical Data

Description of Work:

removed
room divider
added new 12' wall
w/ one 36" door
replaced doors w/ french

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: 500.00

Cost of New Building:

Total Cost of Building Work:

Signature: [Signature]

Please Print Name Peter Daniele

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:

No Charges

Estimated Cost of Electrical Work:

Signature:

Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

JAIOFEMMOO
PLUMBING

FIRE

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

Contractor: Professional Inspection
Address: 1743 ROUTE 88
BRICK NJ 08724
Phone #: 732-458-1122
Lis #: _____
Federal Emp # or SSN 22-3390666

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
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:	_____

no changes

Estimated Cost of Plumbing Work _____
Signature: _____
Please Print Name: _____

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	<u>2</u>
Heat Detectors	_____
Total	_____
Stand Pipes	_____
Kitchen Hood Exhaust System	_____
Pre-Engineered Systems:	
CO2 Suppression	_____
Haloh 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: _____

EXISTING FROM PREVIOUS TENANT

Estimated Cost of Fire Work -0-
Signature: Peter Dawick
Print Name: Peter Dawick