BLOCK 852 C17-52 LOT 1 QUALIFICATION CODE ____ ADDRESS (SITE) Lawrence Plaza 743 Rt 88W PERMIT NO. 98-1152

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Propsed Work Site at: 1743 Rt 88 W. unit 8
2. Name of Owner in Fee: Partnership one Tel. (732) 462-7770
   Address PO Box 5008 63 w. Main st Freehold NJ
   street municipality zip code
3. Ownership in Fee: Public ____ Private ✓
4. Principal Contractor: Self- Maria Marcusis Tel. (732) 206-1261
   Address 51 Albert Cucci DR Brick
   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 Maria Marcusis / Connie Certa
   Tel. (732) 206-1261 FAX/ Shop - 206-1060

Tenant fit-up

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$	35.-	
2. Electrical			35.-
3. Plumbing		35.-	
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee			
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$	70.-	35.-

NO FEE REQUIRED

APPROVED BY KT DATE 5-4-98

VI. BUILDING/SITE CHARACTERISTICS

		(office use only)
1. Number of Stories	1	
2. Height of Structure	16 ft.	
3. Area — Largest Floor	1400 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	NO	
9. Base Flood Elevation	ft.	
10. Wetlands yes		
no	✓	
11. Max. Live Load		
12. Max. Occupancy Load		

II. PROPOSED WORK

	Est. Cost	Plans Recd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building									
3. ☐ Addition									
4. ☑ Alteration		CWS	3/16/98		4/15/98		10/30/98		
5. ☐ Fire Protection									
6. ☐ Plumbing					4/16/98				
7. ☑ Electrical					4-29-98		10/21/98		MR
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		CWS	4/8/98		4/8/98				
TOTAL COSTS	1000.00								

OPTIONAL (for office use only)

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

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:
2. Use Group: B nails/ hair
3. Change in Use Group, Indicate Former:

IMPORTANT - MANDATORY FEE COLLECTION

LDS BR 10103512

U.C.C. F100-1 (rev. 3/96)

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.

X Signature Maria Marcus Date 3/13/98

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 Maria Marcus

Address 57 ALBERT CUCCI DR.
BUICK, NJ 08724

Telephone (732) 206-1261

Signature Maria Marcus

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☐ Zoning Officer									
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition			
Building		Energy		Other	
Electrical		Barrier Free			
Plumbing		Flood Hazard			
Fire Protection		As Built Elevation Cert.			
Mechanical		Other			

X. CERTIFICATES ISSUED (office use only)

		DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy	No.				
☐ Temporary Certificate of Compliance	No.				
☐ Continued Certificate of Occupancy	No.				
☐ Certificate of Compliance	No.				
☐ Certificate of Occupancy	No.				
☐ Certificate of Approval	No.				
☐ Lead Abatement Clearance Certificate	No.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/27/98
Control #
Permit # 98-1152

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 852 Lot 1

Work Site Location 1743 RT 88 W
TENANT FIT UP
Owner in Fee PARTNERSHIP ONE
Address 63 W MAIN ST
FREEHOLD, NJ -
Telephone (732)462-7770

Contractor MARIA MAROUSIS
Address 51 ALBERT CUCCI DR
BRICK, NJ 08723-
Telephone (732)206-7861
Lic. No. or Bldrs. Reg. No. Exp. Date / /
Federal Emp. No. 14-2525154
or Social Security No. 142-52-5154

Is hereby granted permission to perform the following work:
[X] BUILDING [ ] PLUMBING [ ] OTHER
[ ] ELECTRICAL [X] FIRE PROTECTION
[ ] ELEVATOR DEVICES

DESCRIPTION OF WORK:
TENANT FIT UP
THE METRO HAIR, NAILS, TANNING

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 $ 1,010

J Cuccuzza /cas
CONSTRUCTION OFFICIAL

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	35
Elevator Devices	0
Other	
DCA Training Fee	1
Cert. of Occ.	0
Other ZPA	15
Total	71
Check No.	568
Cash	
Collected By:	CS

0002
98115Z*# 0.00
BLOCK 852 # 0.00
LOT 1 # 35.00
ELETRIC* 35.00
TOTAL 35.00
CASH 0.00
CHANGE 13:07
08/07/98 NO. 5 0025A005

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 08/07/98
Control #
Permit # 98-1152+A
Permit Issued 04/27/98

UCC NEW JERSEY
PERMIT UPDATE

IDENTIFICATION Block 852 Lot 1 Qual

Work Site Location 1743 RT 88 W UNIT 8
TENANT FIT UP
Owner in Fee PARTNERSHIP ONE
Address 63 W MAIN ST
FREEHOLD, NJ -
Telephone (732)462-7770

Contractor CERTA ELECTRIC
Address 1654 WEST PRINCETON AVE
BRICK, NJ 08724-
Telephone (732)458-4155
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. 22-2048111

Is hereby granted permission to perform the following work:

[ ] BUILDING	[ ] PLUMBING	[ ] LEAD HAZARD ABATEMENT
[X] ELECTRICAL	[ ] FIRE PROTECTION	[ ] DEMOLITION
[ ] ELEVATOR DEVICES	[ ] ASBESTOS ABATEMENT (Subchapter 8 only)	[ ] OTHER

DESCRIPTION OF WORK:
ELECTRICAL

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	
Cash	X
Collected By	WP

Estimated Cost of Work $ 50

Construction Official

08/07/98
Date

U.C.C. #190 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/16/98
Date Issued 4 27 98
Control # C17-52
Permit # 98-1152

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
Work Site Location 1743 RT 88 W
TENANT FIT UP
Owner in Fee PARTNERSHIP ONE
Address 63 W MAIN ST
FREEHOLD, NJ -
Tele.(732)462-7770
Contractor MARIA MAROUSIS
Address 51 ALBERT CUCCI DR
BRICK, NJ 08723-
Tele.(732)206-7861
Lic. No. or Bldrs. Reg. No.
Federal Emp. No.
or Social Secu [redacted]

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
THE METRO HAIR, NAILS, TANNING

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	4/15/98	
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [X] CA
Date: 10/30/98
Approved By:

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type				
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			8/13/98	N/RR

8/15/98

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed B
Constr. Class Present _____ Proposed _____
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	35
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check # _____
Collected by: _____

U.C.C. Form F-110B

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 03/16/98
Date Issued 4 27 98
Control # C10-52
Permit # 98-1152

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
Work Site Location 1743 RT 88 W
TENANT FIT UP
Owner in Fee PARTNERSHIP ONE
Address 63 W MAIN ST
FREEHOLD, NJ -
Tele.(732)462-7770
Contractor MARIA MARQUSIS
Address 51 ALBERT CUCCI DR
BRICK, NJ 08723-
Tele.(732)206-7861
Lic. No. or Bldrs. Reg. No.
Federal Emp. No [redacted]
or Social Se

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
THE METRO HAIR, NAILS, TANNING

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[ ] No Plans Req.
[X] All — 4/15/98
[ ] Footing
[ ] Foundation
[ ] Frame
[ ] Other
Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	35
[ ] Roofing	
[ ] Siding	
[ ] Fence 0 Height (6' or over)	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement	0
[ ] Other	0
Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present Proposed B
Constr. Class Present Proposed
No. of Stories 0
Height of Structure 0 Ft.
Area Largest Floor 0 Sq. Ft.
New Bldg. Area/All Floors 0 Sq. Ft.
Volume of New Structure 0 Cu. Ft.
Total Land Area Disturbed 0 Sq. Ft.

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

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 35
DCA Training Fee	$ 1

Paid [ ] Check #
Collected by:

U.C.C. Form F-1108

206-1261

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 8-7-98
Control #
Permit # 98-1152+a

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

Block 852 Lot 1
Work Site Location 1743 Rt. 88 Brick unit 8
Owner in Fee/Occupant Partnership One GTB LTD.
Address Freehold NJ
Tele. (732) 458-4155
Contractor CERTA ELECTRIC
Address 1624 WEST PRINCETON AVE
Tele. ( ) Fax ( )
Lic. No. 1273
Federal Emp. No. 222-048-111

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial
[✓] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 7 29-98
Approved by:

SUBCODE APPROVAL
[ ] CCO [X] CA
Date: 10 21 98
Approved by:

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			10 21 98	

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

Joseph Certa
Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$	
Minimum Fee	$	
DCA Training Fee	$	35
TOTAL FEE	$	

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

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

206-1261

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 8-7-98
Date Issued
Control #
Permit # 98-1152+a

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

Block 852 Lot ______

Work Site Location 1743 Rt 88 Brick [illegible]

Owner in Fee/Occupant [illegible]

Address [illegible] Freehold NJ

Tele. (732) 458 4155

Contractor [illegible]

Address [illegible] Ave

Tele. ( ) ______ Fax ( ) ______

Lic. No. 1273

Federal Emp. No. 222 [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as ______ Utility Co. ______

Est. Cost of Elec. Work $ ______

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[✓] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 7-29-98

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ______

Final Cut-in-Card Date Issued ______

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: ______

Approved by: ______

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.

[signature]

Applicant's Signature/Contractor's Seal and Signature

[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

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

Administrative Surcharge	$
Minimum Fee	$
DCA Training Fee	$
TOTAL FEE	$ 35.—

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
FIRE PROTECTION
SUBCODE
TECHNICAL SECTION

Date Received 04/16/98
Date Issued 4/27/98
Control # C17-52
Permit # 98-1152

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
Work Site Location 1743 RT 88 W
TENANT FIT UP
Owner in Fee PARTNERSHIP ONE
Address 63 W MAIN ST
FREEHOLD, NJ -
Tele.(732)462-7770
Contractor MARIA MAROUSIS
Address 51 ALBERT CUCCI DR
BRICK, NJ 08723-
Tele.(732)206-7861
Lic. No. or Bldrs. Reg. No.
Federal Emp. N[redacted]
or Social S[redacted]

B. FIRE PROTECTION CHARACTERISTICS

Use Group Present Proposed B
Construction Class Present Proposed
Heating Systems [ ] New [ ] Existing
Type: [ ] Gas [ ] Oil [ ] Electrical [ ] Solar
[ ] Other
Location:
Total Est Cost of Fire Prot. Work $ 10 [ ] Other

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Elect
[ ] Plumb [ ] Elevator
[ ] Fire Plans Approved
Date: 4/16/98
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Suppr Test				
F-Alarm Tst			4/28/98	
Smoke Test				
Mechanical				
TCO				
Other				
Other				
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.

SIGNATURE

D. TECHNICAL SITE DATA

Description of Work

Water Supply Source
Method of Valve Supervision
Local Alarm Supervision
Central Supervision
Proprietary Supervision

Flammable Liquid Storage Tanks	( )	Capacity	0	Fuel
Combustible Liquid Storage Tanks	( )	Capacity	0	Fuel
L.P.G. Storage Tanks	( )	Capacity	0	Fuel
L.N.G. Storage Tanks	( )	Capacity	0	Fuel

	Number	FEE (Office Use Only)
Wet Sprinkler Heads	0	
Dry Sprinkler Heads	0	
TOTAL	0	0
Smoke Detectors	0	
Heat Detectors	0	
TOTAL	0	0
Stand Pipes	0	0
Kitchen Hood Exhaust Systems	0	0
Pre-Engineered Systems		
CO2 Suppression	0	0
Halon Suppression	0	0
Foam Suppression	0	0
Dry Chemical	0	0
Wet Chemical	0	0
Gas or Oil Fired Appliance	0	0
Other EMER LT/EXIT SN		35
Other		0

Administrative Surcharge	$	0
Minimum Fee	$	0
TOTAL FEE	$	35
DCA Training Fee	$	0

Paid [ ] Check #
Collected by:

U.C.C. Form F-140B

TOWNSHIP OF BRICK

ZONING PERMIT

Date of Issue: April 2, 1998 1998 - 0350

Block 852 Lot 1 Zone B-3, H.D.

Property Address: 1743 Route 88

Owner: Partnership One; GB Ltd. (Phone): (732) 780-8888

Applicant: Maria Marousis (Phone): (732) 206-1261

Existing Use: Vacant (former video store and hair salon).

Proposed Use: Hair, nail and tanning salon.

Proposed Construction (if any): Interior alterations.

Conditions: Interior work only.

An additional zoning permit is required for any sign.

This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis of which 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

OCEAN COUNTY, NEW JERSEY

401 CHAMBERS BRIDGE ROAD, BRICK, N.J. 08723

Office of Affordable Housing
Carol A. Wolfe
Affordable Housing Administrator
(732) 262-1048

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 4-9-13

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

RE: BLOCK 502 LOT 1 SITE ADDRESS 1943 RT 35 SB

TYPE OF SITE Commercial (Residential/Commercial) TYPE OF BUSINESS Pet Therapy One Tenant F.T.E.

APPLICANT Marie Marinos CITY & STATE Brick NJ

☒ Please review the attached application for an **estimated** assessed value for the proposed construction.

The **estimated** assessed value for the construction at the above referenced site is:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

☐ Please review the attached application for a final assessed value for the construction at the above referenced site:

$ _____

_____
Frederick R. Millman, CTA, Tax Assessor

_____
Date

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 4932 LOT 1 SITE ADDRESS 1714 1st Ave
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS Retail

APPLICANT [illegible] PHONE NUMBER 266 1261
APPLICANT ADDRESS 411 Alhambra Dr. CITY & STATE Miami, FL
PERMIT # NAME OF BUSINESS Footlocker Inc. Dba
(Foot Locker Training Shoes)

INCLUSIONARY DEVELOPMENT

◊ Affordable
- Fee Required _____ Date _____
- Down Payment _____ Date _____
- Balance _____ Date _____
- Paid In Full _____ Date _____

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

☒ Commercial is .01 %

Estimated Assessment $ [illegible] Date [illegible]

Estimated Required Fee $ [illegible]

Required Deposit on Estimate $ _____ Date 4-9-98

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

Fees Imposed To Date _____
Fees Reached $15,000 _____ Date

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.

NO FEE REQUIRED

Carol A. Wolfe
Affordable Housing Administrator

APPROVED BY KT DATE 4-1-98

Affordable Housing-White Affordable Housing-Blue Engineering-Green Tax Assessor-Yellow Engineering-Pink Tax Assessor-Gold

G.B., LTD. OPER. CO., INC.
REAL ESTATE INVESTMENTS/MANAGEMENT

63 WEST MAIN STREET, BOX 5008, FREEHOLD, NEW JERSEY 07728
TEL. (732) 780-8888 FAX (732) 577-0129

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

Superintendent of Properties:
Robert Malkoff
Don McAnney, Asst

Executive Coordinator:
Mary J. Thwaites

Controller:
Rebecca B. Collins
Stephen Thompson, Asst.

Property Managers:
Eilene Fein Kim M. Burrell
Diane Hnyda Ruthanne Meyer
Evelyn Johanson

March 30, 1998

Brick Township Office of Land Use Management
401 Chambers Bridge Road
Brick, NJ 08723

Attention: Sean Kinnevy, Zoning Officer

Re: Laurelton Plaza Shopping Center
Block 852, Lot 1
1743 Route 88

Dear Mr. Kinnevy:

As you know, a new tenant will be occupying a portion of the Laurelton Plaza Shopping Center for purposes of operating a hair, nail and tanning salon business. You wrote to the tenant last week, indicating that an abridged site plan application had to be filed because this is a change of use.

I have checked my records, and I was correct in my recollection that there was a prior hair salon business at this location. It was operated by Frank Michaels t/a Hair Escape.

Accordingly, it is requested that the site plan application requirement be waived on this basis, since the same use has been operated at the property previously. Your prompt determination in this regard will be greatly appreciated, as the tenants are very eager to open their business as quickly as possible.

Very truly yours,

Robert Malkoff (RM)
ROBERT MALKOFF
Superintendent of Properties

cc: Carl P. Gross
Chet Bar
Maria Marousis

G.B., LTD. OPER. CO., INC.
REAL ESTATE INVESTMENTS/MANAGEMENT

63 WEST MAIN STREET, BOX 5008, FREEHOLD, NEW JERSEY 07728
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Stephen Thompson, Asst.

Property Managers:
Ellene Fein Kim M. Barrett
Diane Hryda Ruthanne Meyer
Evelyn Johansen

FAX TRANSMITTAL FORM

DATE: March 30, 1998 TIME: _____

TO: Sean Kinnevy/Brick Township Office of Land Use Management
FAX NO 1-732-262-8954

FROM: Robert Malkoff FAX NO: 577-0129

RE: Building Entry Agreement for 185 Monmouth Parkway, West Long Branch, NJ

MESSAGE _____

This transmission contains 3 pages that includes this cover page. If all of these pages are not received by you, please contact _____ of this office at (908) 780-8888.

Thank you.

(File)

TOWNSHIP OF BRICK

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

Department of Administration & Finance
Office of Land Use Management
Sean Kinnevy
Zoning Officer
(732) 262-1041
Fax (732) 262-8954
http://www.gbshost.com/brick

OK 4/2/98 SK

March 24, 1998

Maria Marousis
51 Albert Cucci Drive
Brick, N.J. 08724

RE: Block 852, Lot 1
1743 Route 88
Zoning Permit Application

Dear Ms. Marousis:

Your zoning permit application for a hair, nail and tanning salon in the section of the building on the referenced property formerly used for a video store is denied because as per Section 190-240 of the Township Code, a site plan must first be approved by the Planning Board prior to any change of use.

Abridged site plan application forms can be obtained from Joan Kull, the Board Secretary.

Very truly yours,

Sean Kinnevy

Sean Kinnevy
Zoning Officer

SK/cas

c: Mayor Joseph C. Scarpelli
Scott R. MacFadden, Business Administrator
Michael P. Fowler, AICP\PP, Municipal Planner
Joseph Curiazza, Construction Officer
E. Joan Kull, Planning Board

SITE LOCATION 743 Rt 88 W Brick BLOCK 852 LOT 1 DESCRIPTION OF WORK Fit-up

OWNER Partnership One GB Ltd Oper Co Inc PHONE 732-462-7770 ADDRESS PO Box 5008 163 W. Main St. STATE NJ ZIP [redacted]
Freehold NJ

BUILDING INSPECTION

Contractor Self

Address _____ Phone (____)

LIC # _____ FEDERAL EMP. NO.(or SSN#) 142-52-5154

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.

SIGNATURE [signature]

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $ 1000.00

ADDITION (3) $_____ TOTAL (1+2+3) $_____

BUILDING CHARACTERISTICS

USE GROUP Strip Mall	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES 1	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR 1400 sq ft		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

FOR OFFICE USE ONLY

TYPE OF WORK	COST	MISC.	COST
NEW BLDG.		FENCE	
ADDITION		SIGN	
ALTERATION		POOL	
ROOFING		ASBESTOS ABATEMENT	
SIDING		DCA	
DEMOLITION		TOTAL	

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

PLUMBING INSPECTION

Contractor _____

Address _____ Phone (____)

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

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.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Plumbing Work: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT	NO.	FIXTURE/EQUIPMENT
	Water Closet		Steam Boiler
	Urinal / Bidet		Hot Water Boiler
	Bath Tub		Sewer Pump
	Lavatory		Interceptor/Separator
	Shower		Backflow Preventer
	Floor Drain		Grease Trap
	Sink		Water Cooled A/C
	Dishwasher		or Refrigeration Unit
	Drinking Fountain		Sewer Connection
	Washing Machine		Water Service Connection
	Hose Bibb		Active Solar System
	Water Heater		Other
	Fuel Oil Piping		Other
	Gas Piping		Other

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

FIRE INSPECTION

Contractor _____

Address _____ Phone (____)

LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

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 LISTE ON THIS APPLICATION.

SIGNATURE (Contractor's Seal) _____

Estimated Cost of Fire Prot. Work: $_____

HEATING TYPE ( ) GAS ( ) OIL ( ) ELECTRICAL ( ) Solar

Location _____ HEATING SYSTEM ( ) NEW ( ) EXISTING

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE _____

METHOD OF VALVE SUPERVISION _____

LOCAL ALARM SUPERVISION _____

CENTRAL SUPERVISION _____

PROPRIETARY SUPERVISION _____

Flammable Liquid Storage Tanks	☐ Capacity _____	Fuel _____
Combustible Liquid Storage Tanks	☐ Capacity _____	Fuel _____
L.P.G. Storage Tanks	☐ Capacity _____	Fuel _____
L.N.G. Storage Tanks	☐ Capacity _____	Fuel _____

NO.	ITEM	NO.	ITEM
_____	Wet Sprinkler Heads	_____	Pre-Engineered System
_____	Dry Sprinkler Heads	_____	CO_2 Suppression
_____	TOTAL	_____	Halon Suppression
		_____	Foam Suppression
_____	Smoke Detectors	_____	Dry Chemical
_____	Heat Detectors	_____	Wet Chemical
_____	TOTAL	_____	Gas or Oil Fired Appliance
		_____	Other _____
_____	Stand Pipes	_____	_____
_____	Kitchen Hood Exhaust System	_____	_____

SUBCODE OFFICIAL: ☐ Approved ☐ Disapproved

COMMENTS _____

BLOCK 852 LOT 1 SITE LOCATION 1743 Rt 88 W. Brick

BUILDING INSPECTION

Contractor _____
Address _____ Phone (____) _____
Town _____ State _____ Zip _____
LIC # _____ FEDERAL EMP. NO.(or SSN#) _____

ESTIMATED COST OF BUILDING WORK

NEW BUILDING (1) $_____ ALTERATION (2) $_____
ADDITION (3) $_____ TOTAL (1+2+3) $_____

BUILDING CHARACTERISTICS

ADDITION or SINGLE FAMILY DWELLING

USE GROUP	PRESENT	PROPOSED
CONSTRUCTION CLASS	PRESENT	PROPOSED
NO. OF STORIES	HT. OF STRUCTURE	FT.
AREA: LARGEST FLOOR		SQ. FT.
TOTAL BLDG. AREA: ALL FLOORS		SQ. FT.
VOLUME OF STRUCTURE		CU. FT.
TOTAL LAND AREA DISTURBED		SQ. FT.

TYPE OF WORK

TYPE OF WORK		COST	MISC.		COST
NEW BLDG.			FENCE Ht.		
ADDITION			SIGN Sq. Ft.		
ALTERATION			POOL		
ROOFING			ASBESTOS ABATEMENT		
SIDING			DCA		
DEMOLITION			TOTAL		

DESCRIPTION OF WORK

COMMENTS _____

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.
SEAL &
SIGNATURE _____

PLUMBING INSPECTION

Contractor _____
Address _____ Phone (____) _____
Town _____ State _____ Zip _____
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF PLUMBING WORK: $_____

Sewer Size _____ Water Size _____

TECHNICAL SITE DATA (List all Fixtures)

NO.	FIXTURE/EQUIPMENT		NO.	FIXTURE/EQUIPMENT	
	Water Closet			Steam Boiler	
	Urinal / Bidet			Hot Water Boiler	
	Bath Tub			Sewer Pump	
	Lavatory			Interceptor/Separator	
	Shower			Backflow Preventer	
	Floor Drain			Grease Trap	
	Sink			Water Cooled A/C	
	Dishwasher			or Refrigeration Unit	
	Drinking Fountain			Sewer Connection	
	Washing Machine			Water Service Connection	
	Hose Bibb			Active Solar System	
	Water Heater			Other	
	Fuel Oil Piping			Other	
	Gas Piping			Other	

DESCRIPTION OF WORK

COMMENTS _____

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.
SEAL &
SIGNATURE (Contractor's Seal) _____

FIRE INSPECTION

Contractor Maria Marousis Connie Certa
Address 51 ALBERT CUCCI DR Phone (732) 206-1361
Town Brick State NJ
LIC # _____ FEDERAL EMP. NO. (or SSN#) _____

ESTIMATED COST OF FIRE PROT. WORK: $_____
Heating Type: ☐ Gas ☐ Oil ☐ Electrical ☐ Solar
Heating System: ☐ New ☐ Existing
Location of Furnace / Boiler _____

TECHNICAL SITE DATA (Description of Work)

WATER SUPPLY SOURCE _____
METHOD OF VALVE SUPERVISION _____
LOCAL ALARM SUPERVISION _____
CENTRAL SUPERVISION _____
PROPRIETARY SUPERVISION _____

Flammable Liquid Storage Tanks	☐ Capacity _____		
Combustible Liquid Storage Tanks	☐ Capacity _____		
L.P.G. Storage Tanks	☐ Capacity _____		
L.N.G. Storage Tanks	☐ Capacity _____		

NO.	ITEM	NO.	ITEM
	Wet Sprinkler Heads		Pre-Engineered
	Dry Sprinkler Heads		CO_2 Suppressi
	TOTAL		Halon Suppres
			Foam Suppress
	Smoke Detectors		Dry Chemical
	Heat Detectors		Wet Chemical
	TOTAL		Gas or Oil Fir
			Other
	Stand Pipes		
	Kitchen Hood Exhaust System		

DESCRIPTION OF WORK

COMMENTS Fit up empty space for NAIL SALON - install emerg. lights & exit SIGNS

CERTIFICATION IN LIEU OF OATH

I HEREBY CERTIFY THAT I AM THE (AGENT OF) OWNER OF REC
AUTHORIZED TO MAKE THIS APPLICATION AND PERFORM THE
ON THIS APPLICATION.
SEAL &
SIGNATURE (Contractor's Seal) Maria Marousis