BLOCK 835 LOT 21 QUALIFICATION CODE _____ ADDRESS (SITE) 1683 Route 88 PERMIT NO. 19-1728

CONSTRUCTION PERMIT APPLICATION

19-0102174

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

I. IDENTIFICATION

1. Proposed Work Site at: 1683 Route 88 Brick NJ 08724
2. Name of Owner in Fee: Theodore J. Batlas, Psy.D
   Tel. (732) 840-5266 e-mail toxic_neuro@yahoo.com
   Address 1683 Route 88 (street) Brick (municipality) NJ 08724 (zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Jersey Shore Awning Tel. (732) 380-8012
   Address 1007 Memorial Drive e-mail JR@jerseyshoreawning
   Neptune, NJ 07753
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH08642000
   Federal Emp. ID No. 47-4734889 FAX: (732) 380-8011
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (___) _____ FAX: (___) _____
6. Responsible Person in Charge once Work has Begun Wade McClellan
   Tel. (732) 380-8012 FAX: (732) 380-8011

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	2 $ 3		
10. Subtotal	$ 175		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 178		

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. Max. Live Load	
7. Max. Occupancy Load	
8. If Industrialized Building: State Approved ___ HUD ___	
9. Total Land Area Disturbed sq. ft.	
10. Flood Hazard Zone	
11. Base Flood Elevation ft.	
12. Wetlands yes ___ no ___	

IIa. PROPOSED WORK

Awning

- ☐ Minor Work
- ☐ New Building
- ☐ Addition
- ☐ Demolition
- ☐ Repair
- ☐ Alteration
- ☐ Renovation
- ☐ Reconstruction
- ☐ Asbestos Abat. -Subch. 8
- ☐ Lead Hazard Abatement
- ☐ Radon Remediation
- ☐ Annual Permit

IIb. SUBCODES *(Check all that apply)*

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building					06/26/19	KEK			
☐ Electrical		CW	5/15/19						
☐ Plumbing		RT	6/7/19						
☐ Fire Protection									
☐ Elevator		Eng Exempt			6/24/19	KCC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:
4. No. of dwelling units: ~~Total Units Income-restricted~~

COMMERCIAL

	Total Units	Income-restricted
Gained, Sale		
Gained, Rental		
Lost, Sale		
Lost, Rental		

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

C. MIXED USE -List secondary use(s): _____

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
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/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

U.C.C. F100-1 (rev. 8/08)

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(f)1.ix:

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. 5:23-2.15(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 WADE McCLELLAN - Jersey Shore

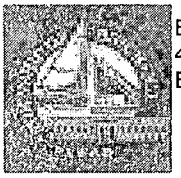
Address 607 Memorial Drive

Neptune, New Jersey 07753

Telephone (732) 380 - 8012

X Signature _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 7/31/2019
Control Number C-19-002174
Permit Number 19-1728
Permit Issue Date 7/2/2019
Certificate Number 19-1728

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 1683 ROUTE 88 Brick Township, NJ Block: 835 Lot: 21 Qual:

Owner in Fee: SHORE NEUROBEHAVIORAL ASSOC LLC

Owner Address: 1683 ROUTE 88 BRICK NJ 08724

Telephone: (732) 840-5266

Contractor JERSEY SHORE AWNINGS

Address 607 MEMORIAL DRIVE NEPTUNE NJ 07753

Telephone: (732) 380-8012 Fax:

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

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: AWNING

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

David J. Newman Jr.
Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 7/31/2019

U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 7/2/19
Control #
Date Issued
Permit # 19-1728

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

Block 835 Lot 21 Qualification Code

Work Site Location 1683 Route 88 Brick NJ 08724

Owner in Fee: Theodore J. Batlas, Psy.D

Tel. 732-840-5266 e-mail

Address 1683 Route 88 Brick NJ 08724.
street municipality zip code

Contractor: Jersey Shore Awning Tel. 732-380-8012

Address 607 Memorial Drive e-mail
Neptune, NJ 07753

Contractor License No. or Builder Registration No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH08642000

Federal Emp. ID No. 47-4734889 FAX: 732-380-8011

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[✓] All	06/26/19	ICC
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 06/26/19
Approved by: ICC

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 07/23/19
Approved by: ICC

INSPECTIONS Type:	Dates (Month/Day) 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	7/17/19		7/23/19	ICC
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____
No. of Stories _____
Height of Structure _____ ft.
Area — Largest Floor _____ sq. ft.
New Bldg. Area/All Floors _____ sq. ft.
Volume of New Structure _____ cu. ft.
Max. Live Load _____
Max. Occupancy Load _____

Constr. Class Present _____ Proposed _____
If Industrialized Building:
State Approved _____ HUD _____

Est. Cost of Bldg. Work:
1. New Bldg. $ _____
2. Rehabilitation $ 1785
3. Total (1+ 2) $ _____

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.

Sign here: _____

Print name here: Wade McClellan

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Awning over front Door

COMMERCIAL

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

FEE (Office Use Only)
$

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

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

CONSTRUCTION PERMIT

Date Issued 7/2/19
Control # C-19-002174
Permit # 19-1738

IDENTIFICATION Block: 835 Lot: 21 Qualifier
Work Site Location: 1683 ROUTE 88 Brick Township, NJ
Owner in Fee: SHORE NEUROBEHAVIORAL ASSOC LLC
1683 ROUTE 88 BRICK NJ 08724
Telephone: (732) 840-5266

Contractor: JERSEY SHORE AWNINGS
Address: 607 MEMORIAL DRIVE NEPTUNE NJ 07753
Telephone: (732) 380-8012
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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:
AWNING

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$153
Check No.	31101
Cash	$0
Credit	$0
Collected By	

+175
22

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 $1,785

D. Newman K. ... Construction Official
Date 6/27/19

U.C.C. F170
equiv (rev 1/04)

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.

RECEIVING CLERK [illegible]
DATE REC'D 5/9/19

ZONING PERMIT APPLICATION

PERMIT # ZP19-00738
DATE ISSUED 7/2/19

BLOCK: 835 LOT: 21 QUALIFIER: _____ SITE ADDRESS: 1683 Route 88 Brick NJ 08724

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Theodore J. Bathas, Psy.D
   COMPLETE ADDRESS: 1683 Route 88
   Brick NJ 08724
   PHONE # 732-840-5264 EMAIL: toxie_neuro@yahoo.com

2. NAME OF APPLICANT: Theodore J. Bathas, Psy.D
   APPLICANT ADDRESS: 1683 Route 88
   Brick NJ 08724
   PHONE # 732-840-5264 EMAIL: toxie_neuro@yahoo.com

3. RESPONSIBLE PERSON FOR WORK: Wade McClellan
   PHONE# 732-380-8012 FAX# 732-380-8011

4. SIGNATURE OF APPLICANT: _____

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 75-
OTHER: $ _____
TOTAL: $ 75-

REQUIRED BY APPLICANT

RESIDENTIAL: _____
COMMERCIAL: X
EXISTING USE: _____
PROPOSED USE: Dr. Office

BOARD APPROVAL: ___ PB ___ ZB
RESOLUTION#: _____
APPROVAL DATE: _____

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE) Awning over Front Door.

*NEW BUILDING: _____ *ADDITION _____ *ALTERATION ✓ *PORCH _____ *DECK _____

POOL: ABOVE GROUND _____ IN GROUND _____ FENCE: HEIGHT _____ TYPE _____ MATERIAL _____

COMMERCIAL

HEIGHT: _____ (*IF APPLICABLE)

OTHER Awning over Front Door

DESCRIPTION: _____

ZONING REVIEW:
DATE REVIEWED: 6-20-19 DATE DENIED: _____ DATE APPROVED: 6-2019 INTLS: _____

(SEE BACK PAGE)

Brick Township
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1041

Date Issued:
Application Number: ZA-19-00745
Application Date: 6/19/2019
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **1683 ROUTE 88**
Brick Township, NJ 08724

Owner: **Theodore J Batlas**
Address: **1683 ROUTE 88**
BRICK, NJ 08724

Applicant: **Theodore J Batlas**
Address: **1683 ROUTE 88**
BRICK, NJ 08724

Block: **835** Lot: **21** Qualifier: Zone: **B-1**

This Certifies that an application for the issuance of a Zoning Permit has been examined.

Present Use: **Medical/Professional Offices**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Medical/Professional Offices**

Work Description:
Rehabilitation, Awning - Installation of a 3' X 16' metal tube frame awning over front doorway. (Fabric)

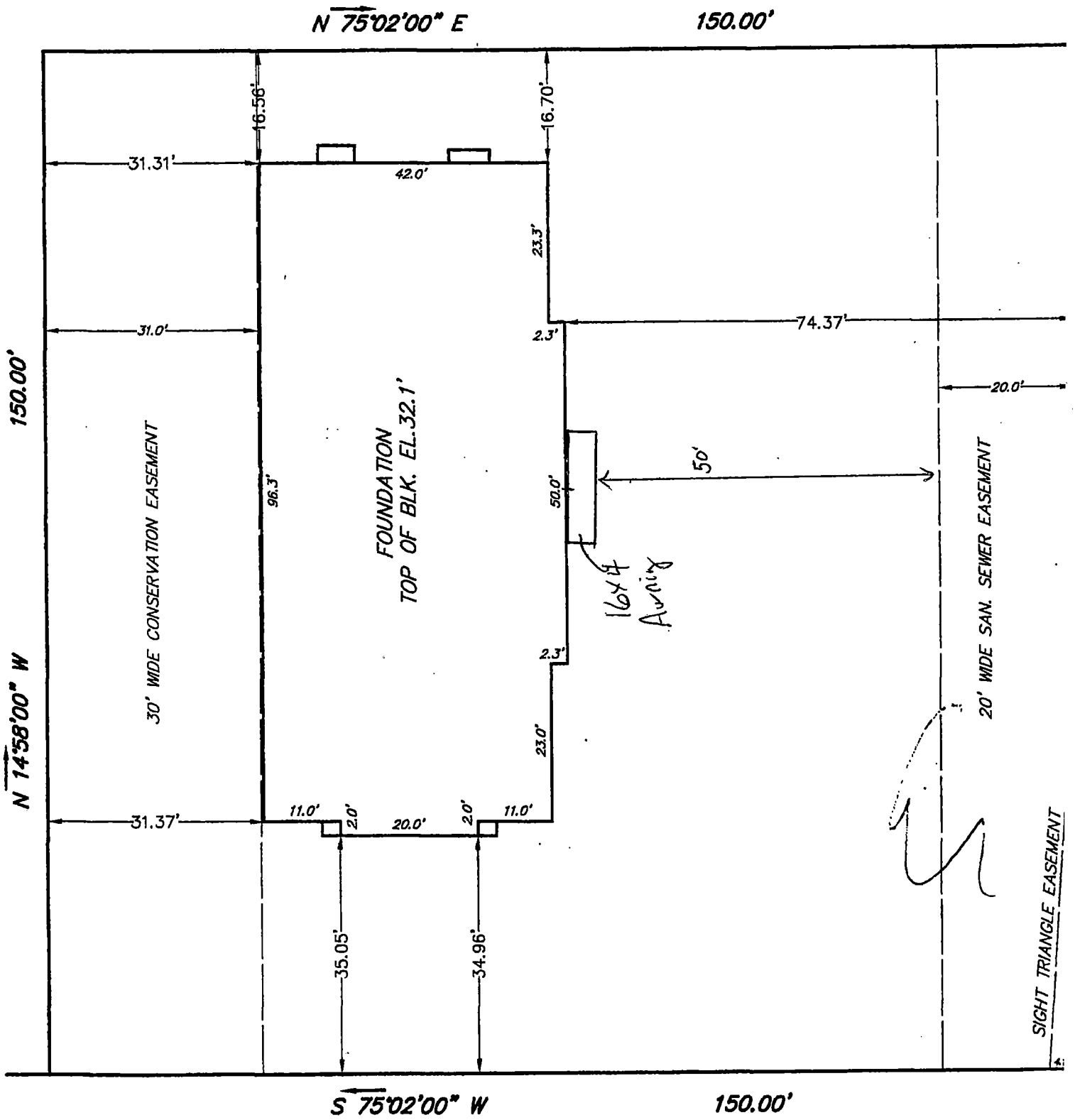
Additional Zoning Permit is required for additional work or signage.

Application Approved Date: 6/20/2019

Upon review it was determined that the Zoning Permit:

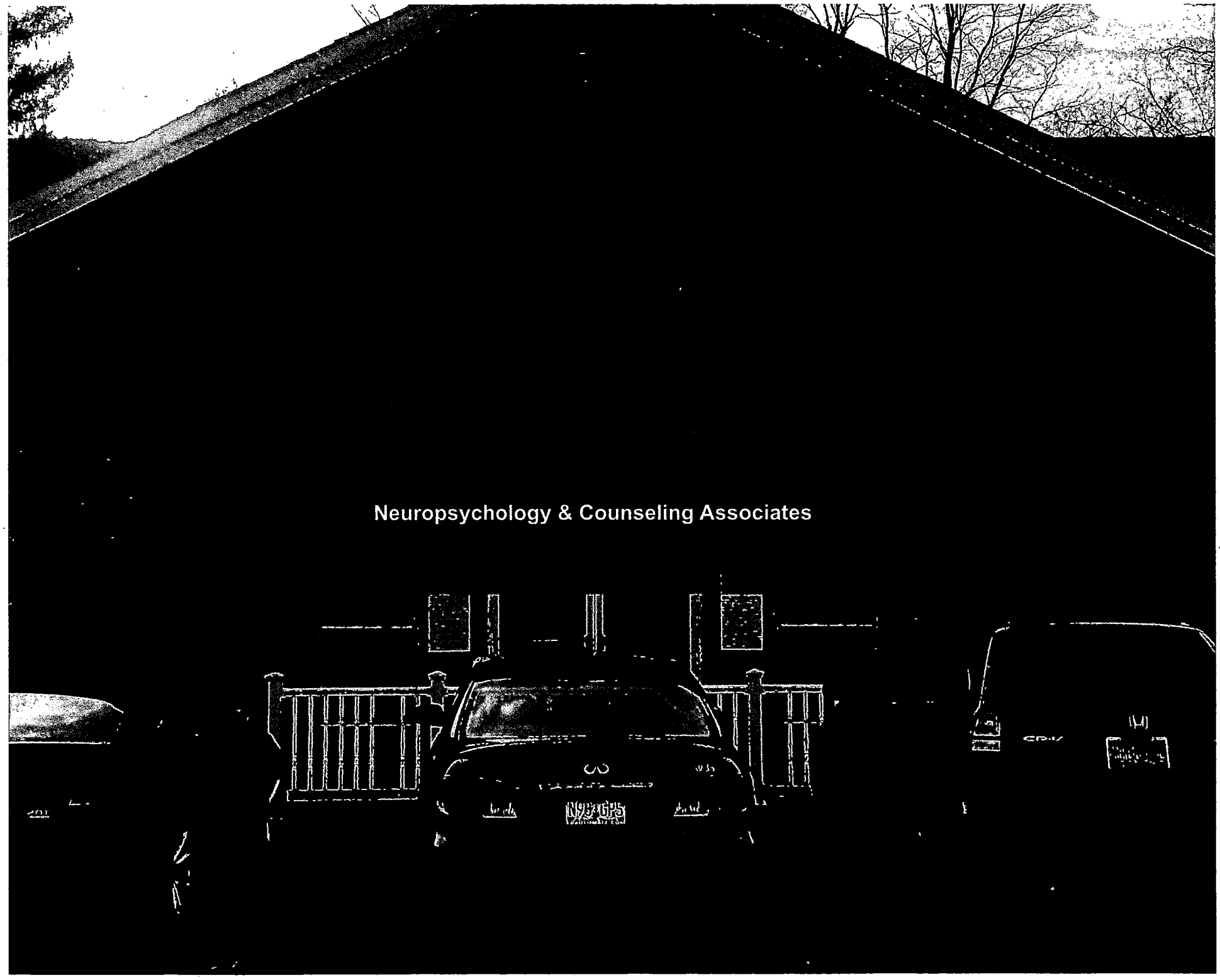
☑ Permitted by Ordinance
☐ Permitted by Variance approved on:
☐ Approved with Conditions
☐ Valid Nonconforming Use/Structure is established by
☐ Zoning Board of Adjustment ☐ Zoning Officer

Christopher J. Romano, Zoning Officer — 6/20/2019 Date



LAURELTON STREET

50' WIDE


Neuropsychology & Counseling Associates

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 835 LOT: 21 ADDRESS: 1683 Route 88 Brick NJ 08724

IDENTIFICATION:

1. WORK SITE ADDRESS: 1683 Route 88 Brick NJ 08724
2. NAME OF OWNER IN FEE: Theodore J. Batlas

   ADDRESS: 1683 Route 88 PHONE #: (732) 840-5266

   Brick NJ 08724 FAX #: (732-840-7840
3. PRINCIPAL CONTRACTOR: _____

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Wade McClellan

   ADDRESS: 607 Memorial Dr. Neptune, NJ 07753

PHONE #: (732) 380-8012 FAX #: (732) 380-8011 E-MAIL: JV@JerseyShorequotes.com

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

COAH REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

COMMERCIAL

APPLICATION NUMBER: _____

APPROVED DATE: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☑ OTHER Awning on Front over Front Door

LENGTH: _____ WIDTH: _____ HEIGHT: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____