SITE LTG.

BLOCK 1170 LOT 10.03 QUALIFICATION CODE _____ ADDRESS (SITE) 150 ALLAIRE AVE PERMIT NO. 16-0337

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Applicant Completes: Sections I, II, III (optional), IV, VI, and VII C-15-000655

I. IDENTIFICATION

1. Proposed Work Site at: 150 ALLAIRE AVE
2. Name of Owner in Fee: MERIDIAN HEALTH REALTY
   Tel. (732) 776 3871 e-mail _____
   Address 81 (street) DAVIS AVE NEPTUNE, NJ (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: PHAROS CONTRACTING Tel. (732) 892 4441
   Address 315-319 HAWTHORNE AVE e-mail _____
   PT PLEASANT BCH, NJ 08742
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 223 402 045 1 000 FAX: (732) _____
5. Architect or Engineer MENLO ENGINEERING Contact MIKE MARINELLI
   Address 261 CLEVELAND AVE, HIGHLAND PARK, NJ
   Tel. (732) 846 8585 FAX: (732) 846-9439 ✓
6. Responsible Person in Charge once Work has Begun GEORGE GIANNAS
   Tel. (908) 309 1894 FAX: (732) 892 4441

V. FEE 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 State Plan Review	$			
8. Subtotal	$			
9. State Permit Surcharge Fee				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other 2P		150		
13. TOTAL	$			

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

- ☐ 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	15 595				02/01/16	KEK			
☑ Electrical	25 280				1/19/16	PDC			
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		EG	1/19/16		1/21/16	AGS			
TOTAL COST	40845								

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*
   - 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): _____

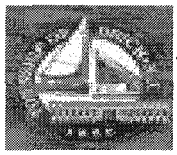
D. Construct. Classification: Present _____ Proposed _____

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



Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/31/2016
Control Number C-15-006515
Permit Number 16-0337
Permit Issue Date 2/2/2016
Certificate Number 16-0337

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 150 ALLAIRE AVE Brick Township, NJ 08724 Block: 1170 Lot: 10.03 Qual:

Owner in Fee: 150 ALLAIRE AVENUE PARTNERS LLC

Owner Address: % 81 DAVIS AVE SUITE 1 NEPTUNE NJ 07753

Telephone: (732) 776-3871

Contractor PHAROS CONTRACTING

Address 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-

Telephone: (732) 892-4441 Fax: (732) 892-4449

License Number or Builders Registration Number: Federal Emp. Number: 22-3402045

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: U Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: SITE LIGHTING

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:

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/31/2016

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

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 _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 2/2/16
Control #
Date Issued
Permit # 16-0337

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

Block 1110 Lot 10.03 Qualification Code

Work Site Location 150 Allaire Ave Brick NJ

Owner in Fee: 150 Allaire Ave Partners LLC

Tel. (732) 776-3871 e-mail

Address 81 Davis Ave, Suite 1 Neptune NJ 07753
street municipality zip code

Contractor: **Wave Electric Company** Tel. (**732**) **684-7656**

Address **26 Rose Street** e-mail
Lincroft, NJ 07738

Contractor License No. **14664** Exp. Date 3/18

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

Federal Emp. ID No. **204242760** FAX: (**732**) **576-5084**

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ #25,250-

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[✓] Electric Plans Approved
Date: 1/19/16 Approved by: PJC

Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1/19/16
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 4/15/16
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other POLE BASES			2/26/16	PJC
Service				
Final			4/15/16	PJC
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

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 sign/Contractor sign and seal here: Vincent Asaro

Print name here: Vincent Asaro

[✓] Licensed Elec. Contractor [ ] Certif'd Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Site Lighting

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		Receptacles	
		Switches	
		Detectors	
20		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 $
State Permit Surcharge Fee $
TOTAL FEE $

INSPECTOR: K Shafer

DATE: 5-5-16

JOB: Meridian Health & Fitness SECTION: Rehab Center (Phase III)

TYPE OF WORK: Temp CO

WEATHER: Rainy

LOCATION: 150 Allaire Rd

TEMPERATURE: 50°s

BLOCK: 1170 LOT: 10.03

Ken, 5/16

Meridian Fitness Site Lighting came to me for final - not sure where you guys are with this one.

-Russ

NG RECOMMENDATIONS FOR FICATE OF OCCUPANCY PECTION CHECK LI

Kurt 5/31/16

Lighting OK

Temp Expiring?

KSS

	COMPLI
	✓
	✓
	✓
6. Clean-up Procedures	✓
7. Note on going construction in immediate area	
8. Safety	✓

COMMENTS REFERENCING ITEM NUMBER: Will require asbuilt verification of ADA compliance & pavement restriping for existing and newly proposed handicap spaces as it pertains to the Rehabilitation Center portion of site.

RECOMMENDATIONS:

☒ TEMP. C.O. until 6-1-16

☐ FINAL C.O.

☐ DETAILED REINSPECTION

☐ HOLD INSPECTION UNTIL LOT ELEVATION FIELD VERIFIED

PLANNING BOARD ENGINEER

MUNICIPAL ENGINEER

I _____, Authorized representative of _____, hereby acknowledge the above deficiencies, and further realize that the Certificate of Occupancy will be conditioned upon the acceptable resolution thereof within _____ days of the issuance of Certificate of Occupancy.

4/26/16 — PASS 20 POLE BASES.
NEED TO CHECK GROUND ROD CONNECTIONS

3/2/16 — PASS PARTIAL TRENCH.

3/4/16 — PASS PARTIAL TRENCH.

3/8/16 — PASS FINAL TRENCH.

PSC

@Tech

BUILDING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received / Control # 2/2/16

Date Issued / Permit # 16-0337

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

Block 1110 Lot 10.03 Qualification Code

Work Site Location 150 Allaire Ave
Brick, NJ

Owner in Fee: 150 Allaire Ave Partners LLC

Tel. (732) 776-3871 e-mail

Address 81 Davis Ave (street) Neptune (municipality) NJ 07758 (zip code)

Contractor: Pharos Contracting Tel. (732) 892-4441

Address PO Box 1802 e-mail
Point Pleasant Beach, NJ 08742

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

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

Federal Emp. ID No. 223 402 845 000 FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	02/01/16	KRH
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 02/01/16
Approved by: KRH

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 04/26/16
Approved by: KRH

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing *2-26-16	2/26		*2/29/16	
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final * 4/15/16 PM			4/25/16	
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. $ 15,595
2. Rehabilitation $
3. Total (1+ 2) $ 15,595

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

SITE LIGHTING

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 $

U.C.C. F110
(rev. 12/07)

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

2-2-16 Spk w/ Crystal of Pharos Contr. & pk w/ Ann of 150 Allaire to inform permit is ready for pu. GMR

CONSTRUCTION PERMIT

Date Issued 2/2/16
Control # C-15-006515
Permit # 16-0337

IDENTIFICATION Block: 1170 Lot: 10.03 Qualifier

Work Site Location: 150 ALLAIRE AVE Brick Township, NJ 08724

Owner in Fee: 150 ALLAIRE AVENUE PARTNERS LLC
% 81 DAVIS AVE SUITE 1 NEPTUNE NJ 07753

Telephone: (732) 776-3871

Contractor: PHAROS CONTRACTING
Address: 315-321 HAWTHORNE AVENUE PT PLEASANT NJ 08742-
Telephone: (732) 892-4441
Lic. No. or Bldrs. Reg. No.
Federal Employee. No. 22-3402045

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
SITE LIGHTING

Note: If constuction 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 $40,845

Construction Official

Date 2/2/16

PAYMENTS (Office Use Only)

Building	$702
Electrical	$100
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$78
CO Fee	
Other	$150
Total	$1,030
Check No.	21106
Cash	$0
Credit	$0
Collected By	

30
1060

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.

- [x] 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:

- [x] 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".

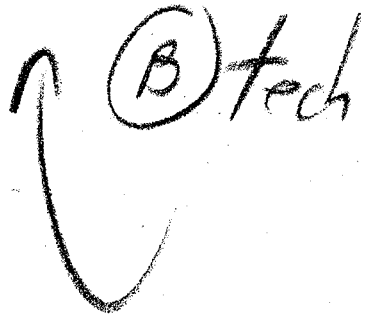
- [ ] A complete copy of released plans must be kept on the job site.

If you do not understand any of this information, please ask.

* 2/25/16 Plans not showing depth of posts? letter from Engineer.

+ 2/27/16 BO - light post footings o.k.

* 4/15/16 JM - S.H. lighting base may need to be plastered very rough



RECEIVING CLERK _____
DATE REC'D _____

ZONING PERMIT APPLICATION

PERMIT # ZR16-003
DATE ISSUED 2/2/16

BLOCK: 1170 LOT: 10.03 QUALIFIER: _____ SITE ADDRESS: 150 ALLAIRE AVE

IDENTIFICATION:

1. NAME OF OWNER IN FEE: MERIDIAN HEALTH REALTY
   COMPLETE ADDRESS: 81 DAVIS AVE
   NEPTUNE, NJ
   PHONE # 732 776 3871 EMAIL: _____

2. NAME OF APPLICANT: PHAROS CONTRACTING CO
   APPLICANT ADDRESS: 315-319 HAWTHORNE AVE
   PT PLEASANT BCH, NJ 08742
   PHONE # 732 892 4441 EMAIL: _____

3. RESPONSIBLE PERSON FOR WORK: GEORGE GAZONAS
   PHONE# 908-309-1844 FAX# 732-892-4449

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 30
OTHER: $ _____
TOTAL: $ 30

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL: ✓
EXISTING USE: Retail
PROPOSED USE: Fitness Center

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

PROJECT DESCRIPTION: (PLEASE CHECK APPLICABLE WORK & DESCRIBE)
*NEW BUILDING: X *ADDITION _____ *ALTERATION _____ *PORCH _____ *DECK _____

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

HEIGHT: 22.5' (*IF APPLICABLE)

OTHER LIGHT POLES & BASES

DESCRIPTION: INSTALLATION OF NEW CONCRETE BASES & LIGHT POLES

ZONING REVIEW:
DATE REVIEWED: _____ DATE DENIED: _____ DATE APPROVED: 12-23-15 INTLS: _____

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
DEC 2 8 2015
ZONING NGR

ZONING REVIEW:

DATE REVIEWED: 12/28/15 DATE DENIED: — DATE APPROVED: 12/28/15 INTLS: NGR

DATE:	COMMENTS:	INITIALS:
12/28/15	SENT TO CS	NGR

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-15-01808
Application Date: 12/23/2015
Project Number:
Permit Number:
Fee: $30

Zoning Permit

Worksite Location: **150 ALLAIRE AVE**
Brick Township, NJ 08724

Block: **1170**
Lot: **10.03**
Qualifier:
Zone: **B-3**

Owner: **150 ALLAIRE AVENUE PARTNERS LLC**
Address: **% 81 DAVIS AVE SUITE 1**
NEPTUNE, NJ 07753

Applicant: **Pharos Contracting**
Address: **315-319 Hawthorne Ave.**
Point Pleasant, NJ 08742

Application Approved Date: 12/23/2015

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

Use is: Fitness Center (Meridian Fitness)
Nonconforming Use is:

Work Description:

Site Lighting - Installation of a 20 lite poles and bases located in the parking areas.

Resolution of Approval from the Brick Twp. Planning Board. R-10-15 / Site Plan signed-12/21/15

Additional Zoning permit is required for additional work.

Upon review it was determined that the Zoning Permit:

- ☑ Permitted by Ordinance
- ☐ Permitted by Variance approved on: _____
- ☐ Valid Nonconforming Use is established by
  - ☐ Zoning Board of Adjustment
  - ☐ Zoning Officer

Christopher J. Romano, Office of Zoning — 12/23/2015 Date

Sean Kinnevy, Zoning Officer — 12/23/15 **Date**

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: KSS
PERMIT #: Rev-14-00541-A

BLOCK: 1170 LOT: 10.03 ADDRESS: 150 ALLAIRE AVE

IDENTIFICATION:

1. WORK SITE ADDRESS: 150 ALLAIRE AVE
2. NAME OF OWNER IN FEE: MERIDIAN HEALTH REALTY
   ADDRESS: 81 DAVIS AVE PHONE #: (732) 776 3871
   NEPTUNE, NJ FAX #: ( )
3. PRINCIPAL CONTRACTOR: PHAROS CONTRACTING CO
   ADDRESS: 315-319 HAWTHORNE PHONE #: (732) 892 4441
   PT PLEASANT BCH, NJ FAX #: (732) 892 4449
4. ARCHITECT OR ENGINEER: MENLO ENGINEERING
   ADDRESS: 261 CLEVELAND AVE PHONE: # (732)
5. RESPONSIBLE PERSON FOR WORK: GEORGE GAZONAS
   ADDRESS: 315-319 HAWTHORNE AVE PT PLEASANT BCH, NJ
   PHONE #: (908) 309 1844 FAX #: (732) 892 4441 E-MAIL: ggazonas@gmail.com

FEE SUMMARY:

APPLICATION FEE:	$ 150.00
REVIEW FEE:	$
INSPECTION FEE:	$
OTHER:	$
BOND(S):	$
TOTAL:	$ 150.00

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING
☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL
☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL
☐ OTHER LIGHT POLES/ BASES
LENGTH: WIDTH: HEIGHT: 22.5'

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS:
DRAINAGE EASEMENTS:
UTILITY EASEMENTS:
CONSERVATION EASEMENTS:
FEMA REQUIREMENTS:
D.E.P. PERMITS:
BOARD APPROVAL: ☐ PB ☐ ZB
APPLICATION NUMBER:
APPROVED DATE:

ENGINEERING REVIEW:

DATE RECEIVED: 1/11/16 DATE REJECTED: DATE APPROVED: 1/11/16 INITIALS: KSS

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	JC	12/28/10							24-10-01808
☐ 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.				