BLOCK 671 LOT 8 QUALIFICATION CODE ADDRESS (SITE) 56 Chambers Bridge Rd 07-2729 PERMIT NO.

Supercuts

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: ~~10 Brick Plaza~~
2. Name of Owner in Fee: Supercuts Tel. ( )
   Address _____ (street) _____ (municipality) _____ (zip code)
3. Ownership in fee: Public _____ Private _____
4. Principal Contractor: TBD Cm northeast Tel. 952 226 3000
   Address _____
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Federal Employee No. _____ FAX: ( ) _____
5. Architect or Engineer _____ Tel. ( ) _____
   Address _____ Contact _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

Called 8/20/07

Kate Blackstone Wayne Effect

P/S call when ready

mail in

COMMERCIAL

V. FEE SUMMARY (for office use only)

			Update	Update
1. Building	$	40		
2. Electrical		48		
3. Plumbing				
4. Fire Protection				
5. Elevator Devices		5		
6. Subtotal	$			
7. Less 20% for State Plan Review				
8. Subtotal	$			
9. State Permit Fee Surcharge				
10. Subtotal	$			
11. Cert. of Occupancy				
12. Other ZA		30		
13. TOTAL	$	155		

VI. BUILDING/SITE CHARACTERISTICS

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

II. PROPOSED WORK

OPTIONAL (for office use only)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
1. ☐ Minor Work									
2. ☐ New Building					5-9-07	Ky	12-11-07		
3. ☐ Addition									
4. ☐ a. Repair									
☐ b. Alteration									
☐ c. Renovation									
☐ d. Reconstruction									
5. ☐ Fire Protection									
6. ☐ Plumbing							9-14-07		
7. ☒ Electrical					8/24/07	MM	9-14-07		
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		Ener	4/30/07		4/20/07				
TOTAL COSTS									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income restricted
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

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
10. ☐ Swimming Pools, Spas and Hot Tubs

LDS BR-B 10678508

CERTIFICATION IN LIEU OF OATH

I. OWNER SECTION (to be completed if the applicant is the owner in fee)

I hereby certify that I am the owner in fee of the property listed on Page 1.

Mark the following applicable boxes:

A. ( ) I further certify that a new home (private residence) will be constructed on this property for my own use and occupancy. This dwelling is to be occupied by myself and is not to be used for any purpose other than single family residential use. I attest that all construction, plumbing, or electrical work will be done, in whole or in part, by me or by subcontractors under my supervision, in accordance with all applicable laws; and, I further acknowledge that said new home is not covered under the New Home Warranty and Builders Registration Act (N.J.S.A. 46:3B-1 et seq.) and that such fact shall be disclosed to any person purchasing this property within ten years of the date of issuance of a certificate of occupancy.

I UNDERSTAND THAT IN MARKING BOX A, I ACKNOWLEDGE THAT I AM ASSUMING RESPONSIBILITY FOR THE WORK DONE ON SAID PROPERTY, THE CONDITION OF THE PROPERTY PRIOR TO, DURING, AND AFTER ANY WORK PERFORMED, AND FOR THE PERFORMANCE OF THE SUBCONTRACTORS I HIRE, EMPLOY, OR OTHERWISE CONTRACT OR WITH WHOM I MAKE AGREEMENTS TO PERFORM WORK. I AM VOLUNTARILY AND KNOWINGLY ASSUMING THIS RESPONSIBILITY.

B. ( ) I further certify the following as required by the New Jersey Uniform Construction Code, N.J.A.C. 5:23-2.15(e)1.vii:

I personally prepared the plans submitted for: 1) the new home referred to in A., or, 2) an addition, alteration, renovation, or repair to an existing single family residence owned and occupied by myself and located on the property listed on Page 1; or, 3) a new structure that will be physically separate from, but that will be deemed part of, an existing single family residence that is owned and occupied by myself and located on the property listed on Page 1.

C. ( ) I further certify that I will perform or supervise the following work:
C.1. ( ) Building C.2. ( ) Fire Protection

I further certify that I will perform the following work:
C.3. ( ) Electrical C.4. ( ) Plumbing

D. ( ) I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county, and local prior approvals have been given, including such certification as the construction official may require.

I understand that if any of the above statements are willfully false, I am subject to punishment.

Signature _____ Date _____

II. AGENT SECTION (to be completed if the applicant is not the owner in fee)

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:32-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

I further certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(a)5: All required State, county and local prior approvals have been given, including such certification as the construction official may require.

I agree to advise all contractors on this project that they are required to be registered with the New Jersey Division of Taxation and to comply with all New Jersey tax laws.

I understand that if any of the above statements are willfully false, I am subject to punishment.

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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

OFFICE DATE RECEIVED: _____

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

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

Name of Code & Edition		Name of Code & Edition			
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. _____	_____	_____	_____	_____

IMPORTANT No fee required 4/30/17 JG
A.H.B.T. - MANDATORY FEE - COMMERCIAL

FOR OFFICE USE ONLY

ANY BUILDING QUESTIONS
CALL 732-262-1027

Constituent Contact Report

Date	Comments	Initials
5/8/17	Called Regis Construction. left message on machine Re: the need of contractors to be changed from Architect to licensed contractor.	AJB

□ Zoning Application deemed complete Initialed: _____ Date: _____

□ Zoning Application approved Initialed: _____ Date: _____

□ Zoning permit updates:

_____

_____

_____

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.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. (X) 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 4/9/07

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.

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. _____	_____	_____	_____	_____

BLOCK 671 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 16 Brick Plaza PERMIT NO. _____

CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 16 Brick Plaza
2. Name of Owner in Fee: Regis Corporation
   Tel. (952) 947-7777 e-mail _____
   Address 7201 Metro Blvd (street) Minneapolis, MN (municipality) 55439 (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: TBD Tel. ( ) _____
   Address _____ e-mail _____
   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. _____ FAX: ( ) _____
5. Architect or Engineer Bruce Johnson Contact _____
   Address 7201 Metro Blvd, Minneapolis e-mail _____
   Tel. (952) 947-7777 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. ( ) _____ FAX: ( ) _____

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			
13. TOTAL	$		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure _____ ft.	
3. Area — Largest Floor 1200 sq. ft.	
4. New Building Area _____ sq. ft.	
5. Volume of New Structure _____ cu. ft.	
6. Construction Classification II	
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 12	

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									
☑ Electrical									
☑ Plumbing									
☐ Fire Protection									
☐ Elevator									

TOTAL COSTS 45000.00

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*

1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:
4. No. of dwelling units:

	All Units	Income-restricted
Before Construction		
After Construction		
Net Gain or Loss		

B. NON-RESIDENTIAL *(primary use)*

1. State Specific Use: Mall-Mercantile
2. Use Group: Business
3. Change in Use Group, Indicate Former: N/A

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

III. PLAN REVIEW (optional)

DO YOU WANT:

1. ☐ Partial Releases
2. ☐ Prototype Processing

IV. DOES OR WILL YOUR BUILDING CONTAIN ANY OF THE FOLLOWING? N/A

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
10. ☐ Swimming Pools, Spas and Hot Tubs

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued	12/12/2007
Control Number	C-07-001607
Permit Number	07-2729
Permit Issue Date	08/31/2007
Certificate Number	07-2729

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 56 CHAMBERS BRIDGE RD. 16 BRICK PLAZA Block: 671 Lot: 8 Qual:
Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Owner Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Contractor FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone: 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 Used: TENANT FIT UP INTERIOR RENOVATION OF EXISTING HAIR SALON & PAINTING, FLOORING,NEW CEILING TILES, ETC.

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: 12/12/2007

CONSTRUCTION PERMIT

Date Issued 08/31/2007
Control # C-07-001607
Permit # 07-2729

IDENTIFICATION Block: 671 Lot: 8 Qualifier

Work Site Location: 56 CHAMBERS BRIDGE RD. 16 BRICK PLAZA
Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST
1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Contractor: FEDERAL REALTY INVESTMENT TRUST
Address: 1626 EAST JEFFERSON ST ROCKVILLE MD 20852

Telephone:

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP INTERIOR RENOVATION OF EXISTING HAIR SALON & PAINTING, FLOORING,NEW CEILING TILES, ETC.

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

Estimated Cost of Work $4,500

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$40
Electrical	$40
Plumbing	$40
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$30
Total	$155
Check No.	86265
Cash	$0
Credit	$0
Collected By	Stephanie Capozzi

U.C.C. F170
equiv (rev 8/03)

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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 677 Lot 8 Qualification Code

Work Site Location 11e Brick Plaza Brick, NJ 08723

Owner in Fee: Regis Corporation

Tel. (952) 947-7777 e-mail

Address 7201 Metro Blvd Minneapolis, MN 55439
street municipality zip code

TBD
Contractor: Tel. ( )

Address e-mail

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Business Proposed Business
Constr. Class Present Proposed II
No. of Stories 1
Height of Structure Ft.
Area — Largest Floor 1200 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Interior renovation of existing hair salon; painting, flooring, relocate lights, new track lighting, new ceiling tiles, replace shampoo sinks and balance HVAC supply diffusers

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 Renovation
[ ] Demolition

FEE (Office Use Only)
$

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 04/16/2007
Control # C-07-001607
Date Issued 5/31/07
Permit # 07-2729

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

Block 671 Lot 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. 16 BRICK PLAZA Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD

Tel. 477-7349

Contractor: BRUCE JOHNSON

Address 7201 METRO BLVD MINNEAPOLIS MN

Tel. (952) 947-7777 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

SuperCuts
Arc, Test needs
change of Contractor
Before issuance
Air Ballance Test Required
At Final Inspection

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

- ☐ No Plan Required
- ☒ All — 5-9-07 PM
- ☐ Footing
- ☐ Foundation
- ☐ Frame
- ☐ Other

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date: 12-11-07
Approved by:

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final		*9/14/07 MV	12/10/07 MV	
Barrier-Free		*11/21/07 MV		

B. BUILDING CHARACTERISTICS

Use Group Present 0 Proposed B
Constr. Class Present 0 Proposed 0
Number of Stories
Height of Structure Ft.
Area - Largest Floor Sq. Ft.
New Bldg. Area / All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $0
2. Rehabilitation $1,000
3. Total (1+2) $1,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP, INTERIOR RENOVATION OF EXISTING HAIR SALON & PAINTING, FLOORING,NEW CEILING TILES, ETC.

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☑ Rehabilitation	$24
☐ Roofing	$0
☐ Siding	$0
☐ Fence ____ Height (exceeds 6')	$0
☐ Sign ____ Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0
Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

9/14/07 MW – Final Reg
1) Close up Penetrations @ Tenant Separation Assembly
2) Air Balance Cert Reqd –
10/16/07 MW Final Reg.
Same as 9/14
*11/21/07 MW
Same as 9/14

BUILDING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 04/16/2007
Control # C-07-001607
Date Issued
Permit #

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

Block 671 Lot 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. 16 BRICK PLAZA Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD

Tel.

Contractor: BRUCE JOHNSON

Address 7201 METRO BLVD MINNEAPOLIS MN

Tel. (952) 947-7777 Fax.

Contractor License No. or, if new home, Bldrs Reg. No.

Federal Employee No.

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
☐ No Plan Required		
☑ All	5-9-07	Fim
☐ Footing		
☐ Foundation		
☐ Frame		
☐ Other		

Joint Plan Review Required
☐ Elec. ☐ Plumb. ☐ Fire ☐ Elevator

SUBCODE APPROVAL
☐ CO ☐ CCO ☐ CA
Date:
Approved by:

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes-Base Layer				
Finishes-Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present 0 Proposed B

Constr. Class Present 0 Proposed 0

Number of Stories

Height of Structure Ft.

Area - Largest Floor Sq. Ft.

New Bldg. Area / All Floors Sq. Ft.

Volume of New Structure Cu. Ft.

Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:

1. New Bldg. $0
2. Rehabilitation $1,000
3. Total (1+2) $1,000

C. CERTIFICATION IN LIEU OF OATH

I hereby certifiy that I am the (agent of) owner of the record and am authorized to make this application.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

TENANT FIT UP, INTERIOR RENOVATION OF EXISTING HAIR SALON & PAINTING, FLOORING,NEW CEILING TILES, ETC.

Air Ballance Test Required At Final Inspection

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	$0
☐ Addition	$0
☑ Rehabilitation	$24
☐ Roofing	$0
☐ Siding	$0
☐ Fence Height (exceeds 6')	$0
☐ Sign Sq. Ft.	$0
☐ Pool	$0
☐ Asbestos Abatement Subchapter 8	$0
☐ Lead Haz Abatement NJAC 5:17	$0
☐ Other	$0
☐ Demolition	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 8/31/07
Permit # 07-2729

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

Block 671 Lot 8 Qualification Code

Work Site Location 56 Chambers Bridge Rd

Owner in Fee Federal Realty Investment Trust

Address 1626 East Jefferson St., Rockville MD

Tel. (952) 226 3090

Contractor GM Northrup Co.

Address 15950 Franklin Trail SE
Prior Lake, MN 55372

Tel. ( ) FAX (952) 226 3091

Contractor License No. or Builder Registration No.

Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	9/20/07	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories Single
Height of Structure 9 Ft.
Area — Largest Floor 720 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 15 000
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.

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Relocate electr. CUts to new location of Styling Station and Lights
New Floor, Wallpaper, Paint
Relocate existing Water + Drain-pipes to new location
AIR Ballance Test Required
Also See Tech Signed 5-9-07

COMMERCIAL

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

FEE (Office Use Only)
$

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued 7/1/07
Permit # 7-2721

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

Block 671 Lot 8 Qualification Code
Work Site Location 56 Chambers Bridge Rd.

Owner in Fee Federal Realty Investment Trust
Address 1626 East Jefferson St. Rockville MD

Tel. (952) 226 3090
Contractor GM Northrup Co.
Address 15950 Franklin Trail St.
Prior lake MN 55372

Tel. ( ) FAX (952) 226 3091
Contractor License No. or Builder Registration No.
Federal Emp. No

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[X] No Plans Required	5-20-07	
[ ] All		
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

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

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

INSPECTIONS Type:	Failure	Dates (Month/Day) 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				
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed
Constr. Class Present Proposed
No. of Stories n/c
Height of Structure 9 Ft.
Area — Largest Floor 720 Sq. Ft.
New Bldg. Area/All Floors Sq. Ft.
Volume of New Structure Cu. Ft.
Total Land Area Disturbed Sq. Ft.

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $ 15 000
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.
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Relocate electric [illegible] for wall lights
Install for wall lights
New floor wallpaper paint
Relocate existing water drain pipes to new location
Air Ballance Test Required
Also See Tech Signed 5-9-07

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

FEE (Office Use Only)
$

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

U.C.C. F110 (rev. 07/03)
1 White = Inspector Copy
2 Canary = Office Copy
3 Pink = Office Copy
4 Gold = Applicant Copy

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 677 Lot 8 Qualification Code ____

Work Site Location 16 Brick Plaza, Brick, NJ 08723

Owner in Fee: Regis Corporation

Tel. (952) 949-7777 e-mail ____

Address 7201 Metro Blvd, Minneapolis, MN 55439
street municipality zip code

Contractor: TBD Tel. ( ) ____

Address ____ e-mail ____

Contractor License No. ____ Exp. Date ____

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

Federal Emp. ID No. ____ FAX: ( ) ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present Business Proposed Business

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

Building Occupied as Hair Salon 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: ____

Approved by: ____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
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's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install + relocate electrical outlets, new track lighting, remove eyeball lights & boxes

QTY.	SIZE	ITEMS	FEE (Office Use Only)
____		Lighting Fixtures	
____		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 $ ____
State Permit Surcharge Fee $ ____
TOTAL FEE $ ____

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Super Cuts

ELECTRICAL SUBCODE
TECHNICAL SECTION

UPDATE 8/21/07
DATE
INITIALED BY
FOR

Date Received
Control # C07-001607
Date Issued 8/31/07
Permit # 07-2729

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

Block 671 Lot 8 Qualification Code
Work Site Location 56 Chambers bridge Rd.
Block 671 Lot 8 Brick, NJ
Owner in Fee Federal Realty Investment Trust
Address 1626 E. Jefferson St. Rockville, MD

Tel ( )
Contractor MEC Electric Cont.
Address 555 Gotts Rd. Suite 212
Ridgewood NJ
Tel (201) 612-0265 FAX ( )
Contractor License No. 12151
Federal Emp. No. 154743776

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Est. Cost of Elec. Work $ 2,500

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS
54	25	Lighting Fixtures 5 TRAC 1 Strip
8	16	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

FEE (Office Use Only)

COMMERCIAL

$

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 8-24-07
Approved by: UM

SUBCODE APPROVAL
[ ] CO [ ] CCO [X] CA
Date: 9/4/07
Approved by: UM

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final	9/20		9/4/07	EJ
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

9-6-07 CONCERN

9-12-07 SUPPORT MC TO TRUCKS

ELECTRICAL SUBCODE
TECHNICAL SECTION

8/21/17 C

Date Received
Control # C17-00164

Date Issued 8/31/17
Permit # C17-2729

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

Block 671 Lot 8 Qualification Code

Work Site Location 56 Chambers Bridge Rd.
Block 671 Lot 8 Brick, NJ

Owner in Fee Federal Realty Investment Trust

Address 1626 E Jefferson St. Rockville, MD

Tel ( )

Contractor MFC Electric Const.

Address 555 Cattle Rd. Suite 712
Kilgarbinad NJ

Tel (201) 612-0265 FAX ( )

Contractor License No. 17151

Federal Emp. No. 154743776

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,500

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
~~54~~ 5	25	Lighting Fixtures 5 TRAC 1 Strip	
~~8~~ 16		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 $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date: 8/21/17

Approved by: VM

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 671 Lot 8 Qualification Code

Work Site Location 56 Chambers Bridge Rd. (16 Brick Plaza)
Block 671 LOT 8 BRICK, NJ

Owner in Fee Federal Realty Investment Trust

Address 1626 East Jefferson St Rockville, MD

Tel ( )

Contractor MEC Elect Cont

Address 555 Goffle Rd Suite 212
Ridgewood NJ

Tel 201 670 0265 FAX ( )

Contractor License No. 1915

Federal Emp. No. 154745774

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2,500

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

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
5		Lighting Fixtures	
8		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	

COMMERCIAL

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

MECHANICAL INSPECTOR
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 677 Lot 8 Qualification Code

Work Site Location 16 Brick Rlaza, Brick, NJ 08723

Owner in Fee Regis Corporation

Address 7201 Metro Blvd Minneapolis, MN 55439

Tel (952) 947-7777

TBD Contractor

Address

Tel ( ) FAX ( )

Contractor License No.

Federal Emp. No.

B. MECHANICAL CHARACTERISTICS

Use Group R-3, R-4 or R-5

Heating System [ ] Conversion [ ] Replacement existing to remain

Fuel: [ ] Gas [ ] Oil [ ] Electric [ ] Solar

[ ] Other

Type: [ ] Hydronic [ ] Hot Air

Estimated Cost of Mechanical Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW:
[ ] No Plans Required
Joint Plan Review Required
[ ] Bldg. [ ] Plumb.
[ ] Elec. [ ] Elevator
[ ] Fire [ ] Mech.

PLANS APPROVED
Date:
Approved by:

SUBCODE APPROVAL
[ ] CA [ ] CCO
Date:
Approved by:

INSPECTIONS Type:	DATES Failure	Failure	Approval	Initial
Gas Piping				
Appliance				
Chimney/Vent				
Oil Piping				
Oil Tank				
LPG Tank				
Hydronic Piping				
Fireplace				
Chimney Cert.				
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

Existing mechanical system; rebalance diffusers; balance HVAC system.

N/A.

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	Steam Boiler	
	Hot Water Boiler	
	Hot Air Furnace	
	Oil Tank	
	LPG Tank	
	Fireplace	
	Other	

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Change of Contractor

PLUMBING SUBCODE
TECHNICAL SECTION

Supercuts

Date Received 8/31/07
Control #
Date Issued
Permit # 07-2729

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

Block 671 Lot 8 Qualification Code

Work Site Location 56 Chambers Bridge Rd Brick N.J.

Owner in Fee ~~Zach Northrop~~ Federal Realty

Address ~~15950 Franklin Trail South Carolina~~ 1626 East Jefferson Rockville, MD.

Tel (952) 226-3090

Contractor MJF Plumbing

Address 360 Ashwood Dr Brick N.J.

Tel (732) 477-1605 FAX (732) 477-1532

Contractor License No. 10983

Federal Emp. No. 22 376 6690

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size 4" Public Sewer Private Septic

Water Service Size 1" Public Water Private Well

Est. Cost of Plumbing Work $ 1,240.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[X] Plumbing Plans Approved

Date: 7-31-07

Approved by: [signature]

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date: 9.14.07

Approved by: [signature]

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough			9-12-07	[initials]
Water				
Sewer				
Fixtures			9-14-07	[initials]
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

Dates (Month/Day)

D. TECHNICAL SITE DATA (List of all fixtures.)

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

COMMERCIAL

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

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

[X] Licensed Plumbing Contractor [ ] Exempt Applicant

U.C.C. F130 (rev 01/04)

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

Change of Contractor.

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control # 7/21/07
Date Issued
Permit # 07-7729

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

Block 671 Lot 8 Qualification Code ______
Work Site Location 56 Chimney [illegible]
Brick, NJ
Owner in Fee ~~[illegible]~~ Federal Realty
Address ~~[illegible]~~ [illegible] Jefferson
~~[illegible]~~ Rockville, MD.
Tel (95?) 226-5090
Contractor M&F Plumbing
Address 360 Ashwood Dr
Brick NJ.
Tel (732) 477-1605 FAX (732) 477-1332
Contractor License No. 10983
Federal Emp. No. 22 376 6690

B. PLUMBING CHARACTERISTICS

Use Group Present ______ Proposed ______
Building Sewer Size 4" Public Sewer ______ Private Septic ______
Water Service Size 1" Public Water ______ Private Well ______
Est. Cost of Plumbing Work $ 1,240.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Electric
[ ] Fire [ ] Elevator
[✓] Plumbing Plans Approved
Date: 7/26/07
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

Dates (Month/Day)

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures.)

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

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

MICHAEL [illegible] STATE OF NEW JERSEY LICENSED MASTER PLUMBER

U.C.C. F130
(rev. 01/04)

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

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 671 Lot 8 Qualification Code

Work Site Location 16 Brick Plaza, Brick, NJ 08723

Owner in Fee: Regis Corporation

Tel. (952) 947-7777 e-mail

Address 7201 Metro Blvd, Minneapolis, MN 55439
street municipality zip code

TBD
Contractor: Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. PLUMBING CHARACTERISTICS

Use Group Present Business Proposed Business

Building Sewer Size existing Public Sewer Private Septic

Water Service Size existing Public Water Private Well

Est. Cost of Plumbing Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Electric

[ ] Fire [ ] Elevator

[ ] Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				

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 Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Replace 2 existing shampoo sinks with newer sinks, possibly replacing toilet & sink in existing restrooms with new fixtures.

QTY.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$
	Urinal/Bidet	
	Bath Tub	
1	Lavatory	
	Shower	
	Floor Drain	
2	Sink	
	Dishwasher	
	Drinking Fountain	
	Washing Machine	
	Hose Bibb	
	Water Heater	
	Fuel Oil Piping	
	Gas Piping	
	LPGas Tank	
	Steam Boiler	
	Hot Water Boiler	
	Sewer Pump	
	Interceptor/Separator	
	Backflow Preventer	
	Greasetrap	
	Sewer Connection	
	Water Service Connection	
	Stacks	
	Other	
	Other	

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

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

Township of Brick
Zoning Permit

Approved: Friday, April 20, 2007 **Number:** 427

Block 671 **Lot** 8 **Zone:** B-3, Highway Dev.

Property Address: 56 Chambers Bridge Road; 16 Brick Plaza

Applicant: Suzie Preidt; Regis Corporation/Supercuts

Property Owner: Federal Realty Investment Trust

Existing Use: "Supercuts" hair salon.

Proposed Use: "Supercuts" hair salon.

Proposed Construction: Interior alterations for remodeling existing business.

Conditions: An additional zoning permit is required for any sign or banner, or any other additional work.

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
Principal Planner

Sean Kinnevy
Zoning Officer

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

APR 16 2007

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

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

BLOCK 6071 LOT 8 QUALIFIER —

PROPERTY ADDRESS 116 Brick Plaza (new address)

PERSONAL NAME OF APPLICANT Suzi Preidt

BUSINESS NAME OF APPLICANT Regis Corporation / Supercuts

MAILING ADDRESS OF APPLICANT 7201 Metro Blvd, Minneapolis, MN 55439

PROPERTY OWNER'S FULL NAME Federal Realty Investment Trust

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☑ Commercial (please describe) Mall space - hair salon

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☑ Commercial (please describe) Mall space - hair salon

PROPOSED CONSTRUCTION (check all that apply)

☐ New Building (please describe) _____ Height _____
☐ Addition - Height _____
☐ Alteration
☐ Porch or deck - Height _____
☐ Shed - Height _____
☐ Fence - Type _____ Height _____
☐ Swimming Pool ☐ in-ground ☐ above-ground
☑ Other (please describe) interior remodel

COMMERCIAL

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 Suzi Preidt Date 3/26/07

Reviewed by Zoning Office SK Date 4/20/07 (X) Approved ( ) Denied

86265

G.M. NORTHRUP CORPORATION

CHECK DATE 07/17/2007 CHECK NO. 86265

INVOICE	INV DATE	DESCRIPTION	GROSS AMOUNT	ADJUSTMENTS	NET AMOUNT
07/13/07	07/13/2007	070240 SC BRICK,NJ	112.00		112.00

VENDOR NO.	VENDOR NAME	TOTAL GROSS	TOTAL ADJ.	TOTAL NET
BRIC	TOWNSHIP OF BRICK	112.00		112.00

Marcell.

There Are 5 pieces of Trac Lighting Totaling 29 Fixtures
There is Also (1) 2X4 Drop in Troffer Added in Rear of Styling Area.
There Are (8) Junction Boxes Located in Ceiling Above Stations to Power the (8) Stations
Each Station Has 2 Receptacles Each.
All Exit. Em fixtures, and Light Switch's Are Existing

Thanks Lenny Hayes

Mec Electric

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 1607

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: Super Cuts 56 Chambers Bridge Rd

DATE REVIEWED: 8/4/07

REVIEWED BY: [illegible]

CONTACT CALLED/FAXED:

Kate B

permit Doesn't match Plan

952 226 3090

Frank/plan review template

Bldg Elect Fire Plumbing (Please mark subcode)

CONTROL NUMBER 107-001607

See enclosure tab-file notes

TOWNSHIP OF BRICK
APPLICATION REVIEW PROCESS

ADDRESS OF APPLICATION: Superants -56 Chambers bridge (16 Brick Plaza)

DATE REVIEWED: Allison

REVIEWED BY:

CONTACT CALLED/FAXED: Kate 732-226-3090 7.13.07

8/2/07

Need licensed contractors for both Building and Plumbing Subcode. She will mail them in. -Charge in Compute + have each inspector sign the new "tech" -Upon issuance mail permit back to her company.

Frank/plan review template

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 04/16/2007
Control # C-07-001607
Date Issued
Permit #

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

Block 671 Lot 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. 16 BRICK PLAZA Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD

Tel.

Contractor: BRUCE JOHNSON

Address 7201 METRO BLVD MINNEAPOLIS MN

Tel. (952) 947-7777 Fax.

Contractor License No.

Federal Employee No.

Architect needs change of contractor before issuance

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☐ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS

Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
0	Urinal/Bidet	$0
0	Bath Tub	$0
1	Lavatory	$10
0	Shower	$0
0	Floor Drain	$0
2	Sink	$20
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

PLUMBING SUBCODE
TECHNICAL SECTION

COMMERCIAL

Date Received 04/16/2007
Control # C-07-001607
Date Issued
Permit #

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

Block 671 Lot 8 Qualification Code

Work Site Location: 56 CHAMBERS BRIDGE RD. 16 BRICK PLAZA Brick Township, NJ

Owner in Fee: FEDERAL REALTY INVESTMENT TRUST

Address 1626 EAST JEFFERSON ST ROCKVILLE MD

Tel.

Contractor: BRUCE JOHNSON

Address 7201 METRO BLVD MINNEAPOLIS MN

Tel. (952) 947-7777 Fax.

Contractor License No.

Federal Employee No.

Architect needs change of contractor before issuance.

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed B

Building Sewer Size 0 ☐ Public Sewer ☐ Private Septic

Water Service Size 0 ☐ Public Water ☐ Private Well

Estimated Cost of Plumbing Work $1,000

JOB SUMMARY (Office Use Only)

PLAN REVIEW

☑ No Plan Required

Joint Plan Review Required

☐ Building ☐ Electrical

☐ Fire ☐ Elevator

☐ Plumbing Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

☐ CO ☐ CCO ☐ CA

Date:

Approved by:

INSPECTIONS Type:	Failure	Dates (Month/Day) Failure	Approval	Initial
Slab			5/9/01	KV
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
Solar				
TCO				

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of the 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 Plumbing Contractor ☐ Exempt Applicant

D. TECHNICAL SITE DATA (List of all fixtures)

NO.	FIXTURE/EQUIPMENT	FEE (Office Use Only)
1	Water Closet	$10
0	Urinal/Bidet	$0
0	Bath Tub	$0
1	Lavatory	$10
0	Shower	$0
0	Floor Drain	$0
2	Sink	$20
0	Dishwasher	$0
0	Drinking Fountain	$0
0	Washing Machine	$0
0	Hose Bibb	$0
0	Water Heater	$0
0	Fuel Oil Piping	$0
0	Gas Piping	$0
0	LP Gas Tank	$0
0	Steam Boiler	$0
0	Hot Water Boiler	$0
0	Sewer Pump	$0
0	Interceptor/Separator	$0
0	Backflow Preventor	$0
0	Greasetrap	$0
0	Sewer Connector	$0
0	Water Service Connection	$0
0	Stacks	$0
0	Other	$0
0	Other	$0
0	Other	$0
0	Other	$0

Administrative Surcharge	$0
Minimum Fee	$40
State Permit Surcharge Fee	$1
TOTAL FEE	$41

Applicant: When submitting this form to your Local Construction Code Enforcement Office, please provide one original plus three photocopies.

2828 Queen City Drive, Suite C
Charlotte, NC 28208
704-398-7352 office
704-398-2723 fax

Permits Unlimited, Inc.

Memo

To: Brick Township Building Department

From: Suzie Preidt

CC:

Date: April 10, 2007

Re: Supercuts @ 16 Brick Plaza

We are submitting plans for review of an interior renovation of an existing Supercuts Hair Salon @ 16 Brick Plaza.

The following items are enclosed:

2 sets of plans with the landlord approval letter attached

Permit application

Zoning application

If you have any questions feel free to contact me at 704-398-7352 at ext. 3 and please forward all review comments to my attention as well.

TOWNSHIP OF BRICK

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

Department of Engineering

Office of the Municipal Engineer
732-262-1040
Fax: 732-262-8954
www.twp.brick.nj.us

Date: _____

PLOT PLAN EXEMPT FORM

Block: 671 Lot: 8

Property Address: 16 BRICK PLAZA

I, _____ of _____
(name) (address)

request to be exempt from the plot plan requirement for an addition, fence, shed, deck, pool, retaining wall, etc. as outlined in the Brick Land Use Book, Chapter 190.31, Part B.

_____
Applicant's Signature

The following shall be submitted with this request: COMMERCIAL

1. Submit surveys locating existing dwelling and proposed addition. Dimensions of the addition should be included.

2. Proof that the property is not located in a Flood Hazard Area.

Note: Prior to approval a site inspection by the Engineering Department will be performed to verify that the proposed addition will not create a drainage problem.

FOR OFFICE USE ONLY

Approved on: _____ Signed: _____

Rejected on: _____ Signed: _____

Comments:

311 ACCESS BRICK TOWNSHIP

STATE OF NEW JERSEY
DEPARTMENT OF COMMUNITY AFFAIRS
BUREAU OF CONSTRUCTION PROJECT REVIEW

PROJECT REVIEW APPLICATION

Application Date: 3/26/07 DCA Project Number: _____

1. Project Name Supercuts
Street Address 16 Brick Plaza Brick, NJ 08723
Municipality Brick Township County Ocean Block 671 Lot 8

Note: Do not use mailing address for the above information.

2. Project Type: ☐ New Construction ☐ Addition ☐ Change of Use ☐ Repair ☑ Renovation ☐ Alteration ☐ Reconstruction
Filing Type: ☐ Variation ☑ Complete Plan Release ☐ Partial Plan Release (see Section 4, below)

3. Project Specifications:
Use Group Business
Area of largest floor 1200
Gross area of bldg. 1200
Total volume _____
No. of stories 1
Maximum height _____
Construction type II
Elevator? ☐ Yes ☑ No

Total Project Cost—all disciplines:
$ 45,000.00
Cost of Barrier Free Renov./Alt. Work
$ _____

4. Partial releases requested:

Release Type	Expected Submission Date
☐ Footings and foundations	
☐ Underslab utilities	
☐ Structural framework	
☐ Exterior building	
☐ Interior building	
☐ Plumbing	
☐ Mechanical	
☐ Electrical	
☐ Fire protection	
☐ Elevator	

5. Applicant information: comments/releases will be sent to architect/engineer and either owner or owner's designated agent. Indicate which by checking appropriate box.
Note: do not list architect/engineer of record as owner's designated agent.

☐ Owner Name: _____
Address: _____
City: _____ State: ____ Zip: _____ Phone: ( ) _____

☑ Owner's Designated Agent Name: Permits Unlimited, Inc. Suzie Preidt
Address: 2828 Queen City Drive, Ste C
City: Charlotte State: NC Zip: 28208 Phone: 704 398-7352 (3)

Architect/Engineer Name: _____
Address: _____
City: _____ State: ____ Zip: _____ Phone: ( ) _____

For office use only:

Plan review fee: $_____
Permit fee: $_____
Training fee: $_____
CO/CCO fee $_____
Elevator review $_____
Elevator T & I $_____
Total fees $_____

Rec'd from _____
Check cash amt $_____
Check number _____
Rec'd by/date _____/_____

Owner's or Designated Agent's Signature:
Suzie Preidt

G. M. Northrup GMN Corporation

FAX TRANSMITTAL

DATE: 7-23-07 PAGES (W/COVER): 2

TO: Allison

FIRM:

FAX NUMBER: 732-262-8954

FROM: Kate Blackstone

REGARDING: C07-001607

15950 Franklin Trail SE
Prior Lake, MN 55372
Tel (952) 226-3090 • FAX (952) 226-3091

SUPERCUTS
7201 Metro Boulevard
Minneapolis, Minnesota 55439
(952) 947-7777
(952) 918-4602 fax

July 19, 2007

Township of Brick, NJ
401 Chambers Bridge Road
Brick Township, NJ 08723

RE: Supercuts #9374 – Brick, NJ

To Whom It May Concern:
Please be advised that my Contractor for this Supercuts remodel project will now be G.M. Northrup Corporation. Please feel free to contact me with any questions.

Cordially,

Pete Storlie
Project Manager
Design & Construction

15950 FRANKLIN TRAIL S.E.
PRIOR LAKE, MN 55372
Phone: 952-226-3090
Fax: 952-226-3091

G.M. NORTHRUP CORPORATION

Fax

To:	Township of Brick NJ ~ Allison	**From:**	Kate Blackstone
Fax:	732-262-8954	**Date:**	July 27, 2007
Phone:	732-262-1031	**Pages:**	1 Total
Firm:		**Re:**	

☐ **Urgent** X **For Review** ☐ **Please Comment** ☐ **Please Reply** ☐ **Please Recycle**

•Comments:

Electrician Information: MEC Electric

585-865-1562 Phone License number #12151

Plumber Information: MJF Plumbing

732-477-1605 Phone License number #10983

THIS DOCUMENT IS PRINTED ON WATERMARKED PAPER, WITH A MULTI-COLORED BACKGROUND AND MULTIPLE SECURITY FEATURES. PLEASE VERIFY AUTHENTICITY.

State Of New Jersey
New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam of Master Plumbers

HAS LICENSED

MICHAEL B COSENTINO
T/A MJF PLUMBING & HEATING INC
260 ASHWOOD DRIVE
BRICK NJ 08723-3304

FOR PRACTICE IN NEW JERSEY AS A(N) Master Plumber

05/11/2007 TO 06/30/2009
VALID

36BI01098300
LICENSE/REGISTRATION/CERTIFICATION #

Signature of Licensee/Registrant/Certificate Holder

ACTING DIRECTOR

New Jersey Office of the Attorney General
Division of Consumer Affairs

THIS IS TO CERTIFY THAT THE
Board of Exam of Master Plumbers
HAS LICENSED
MICHAEL B COSENTINO
Master Plumber

05/11/2007 TO 06/30/2009
VALID
SIGNATURE
ACTING DIRECTOR
36BI01098300
License/Registration/Certificate #

PLEASE DETACH HERE

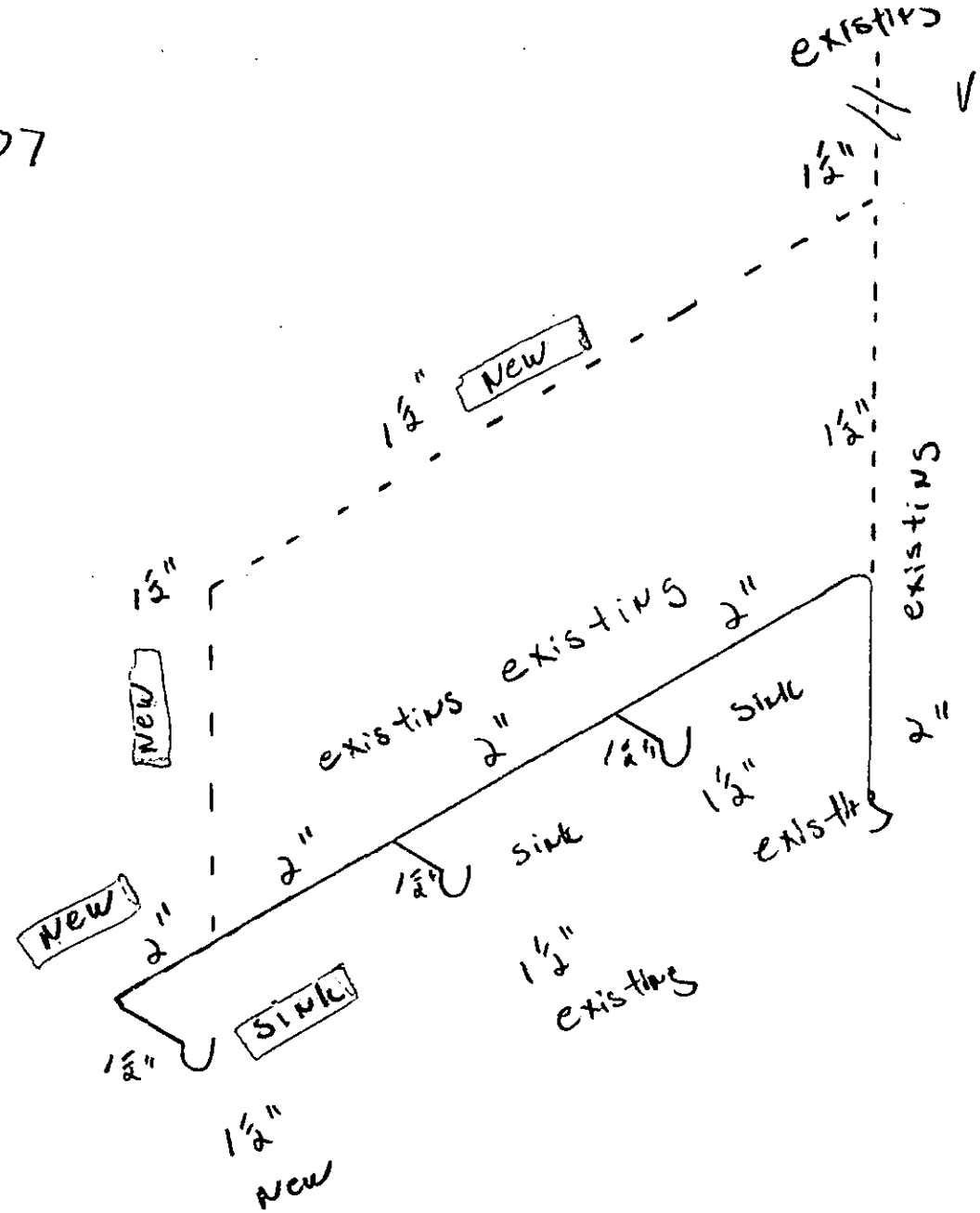
IF YOUR LICENSE/REGISTRATION/ CERTIFICATE ID CARD IS LOST PLEASE NOTIFY

Board of Exam of Master Plumbers
P O Box 45008
New rk NJ 07101

PLEASE DETACH HERE

Super Cuts
Brick Plaza
Building Permit # C07 001607

2 Sinks are existing 1 New Sink to be added At end.



MJF Plumbing
260 Ashwood Dr
Brick N.J. 08723
732 477-1605

Super cuts
Brick Plaza
Building Permit # C07 001607

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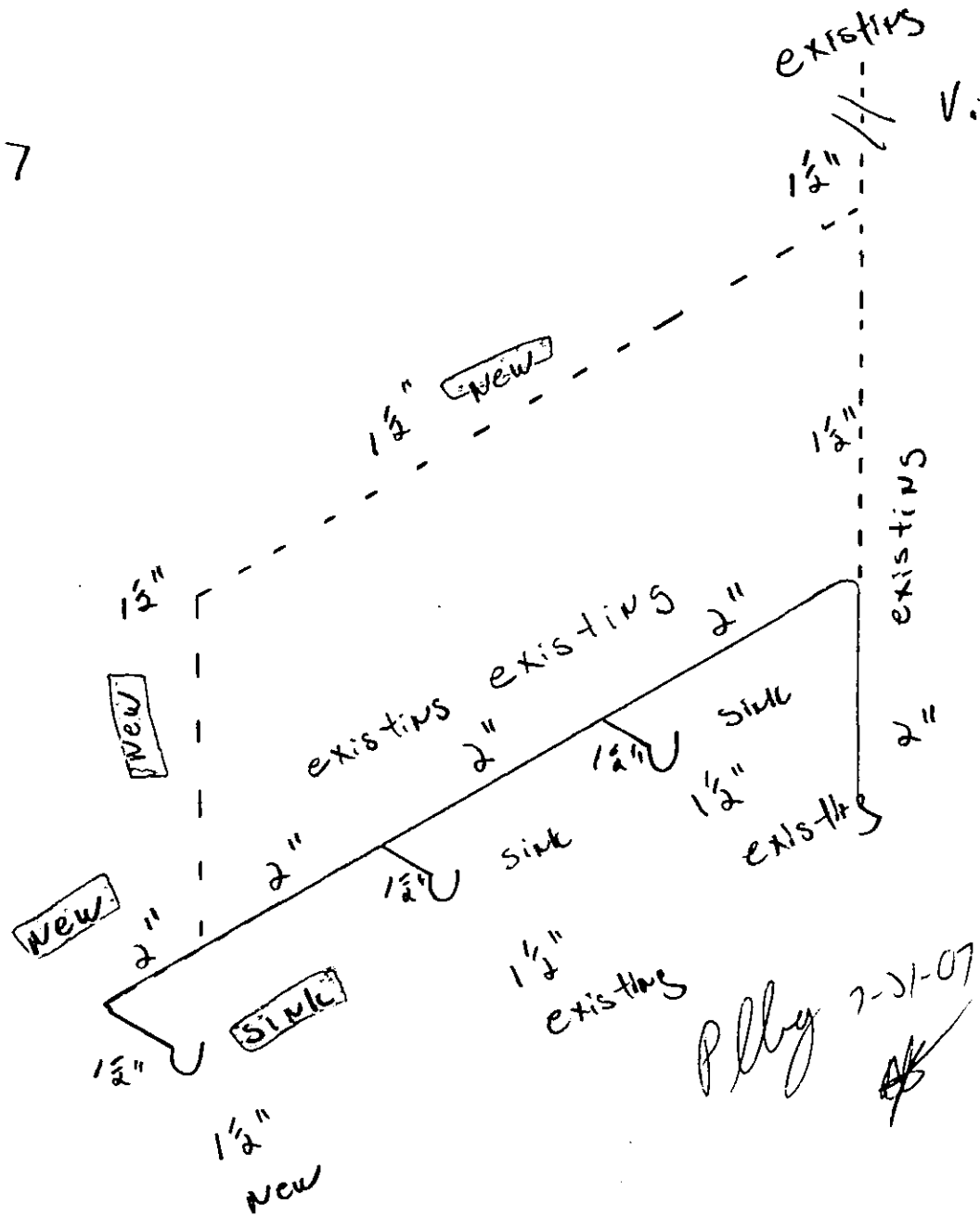

MJF Plumbing
260 Ashwood dr
Brick N.J. 08723
732 477-1605

G. M. Northrup GMN Corporation

July 17, 2007

Attn: Allison
Township of Brick NJ
Municipal Building
401 Chambers Bridge Road
Brick Township, NJ 08723

Re: Supercuts Remodel
16 Brick Plaza/56 Chambersburg Road
Brick, NJ

Attention Allison,

Enclosed is a check for $112.00 you requested for the permit application C07-00107 that I spoke to you about the other day. Please mail the permit to the address below.

If you have any questions or need any additional information feel free to contact me at 952-226-3090.

Sincerely,

Kate Blackstone
Project Coordinator

15950 Franklin Trail SE
Prior Lake, MN 55372
Tel (952) 226-3090 • FAX (952) 226-3091

Pro Air Balancing LLP
1510 Roosevelt Ave
Suite F
Carteret, NJ 07008
Ph. 732-802-0002
Fax: 732-802-0007
Email: ProAirBalancing@hotmail.com

Date: 11/9/2007
Job# 1171

H.V.A.C Testing and Balancing Report

JOB NAME: SUPERCUTS Store #9374

ADDRESS: 16 Brick Plaza Brick, NJ 08723

MECHANICAL CONTRACTOR: Northrup Corporation

ENGINEER: Dale J Holland

The system has been completely balanced in accordance with the plans and specifications. The results of the tests are herein recorded.

AIR MOVING EQUIPTMENT TEST SHEET

Page: 1
Date: 11/9/2007

Job Name: SUPERCUTS STORE #9374 Address: 16 BRICK PLAZA BRICK, NJ 08723

Testing & Balancing Agency: PRO AIR BALANCING Job# 1171

Unit No.	EX RTU-1							
Location	ROOF							
Manufacturer	LENNOX							
Model No.	GCS24-653-130-1Y							
Serial No.	5695C06808							
Operating Status	Design	Actual	Design	Actual	Design	Actual	Design	Actual
Supply CFM	1900	1920						
Return CFM	1620	1630						
Outside Air CFM	280	290						
Total SP	N/AV	1.08						
Suction SP	-	-0.6						
Discharge SP	-	0.48						
Fan Sheave	-	6" O.D.						
Motor Sheave	-	4" O.D.						
Sheave Position	-	OP. 90%						
Belts / No.	-	A45						
Motor Frame	-	56						
	Rated	Actual	Rated	Actual	Rated	Actual	Rated	Actual
Motor RPM	1725	1740						
Horse Power	1.5	1.5						
Voltage	208	211						
Phase	3	3						
Amperage	5	2.4						
Fan RPM	N/AV	942						

DIFFUSER &GRILLE TEST SHEET

Page# 2

Project: SUPERCUTS STORE #9374

Date: 11/9/2007

Testing & Balancing Agency: PRO AIR BALANCING

Job# 1171

Unit/Fan No.	Room	Outlet No.	Code	Size	Design CFM	Actual CFM	Notes
	EXISTING SUPPLY RTU-1 DWG.MP1						
EX. RTU-1	SALES FL.	1	S	CD	270	290	
	SALES FL.	2	S	CD	270	265	
	SALES FL.	3	S	CD	270	285	
	SALES FL.	4	S	CD	270	250	
	SALES FL.	5	S	CD	270	270	
	SALES FL.	6	S	CD	270	285	
	OFFICE	7	S	CD	100	100	
	CORRIDOR	8	S	CD	120	115	
	RESTROOM	9	S	CD	60	65	
				TOTAL	1900	1920	
			RETURN				
	SALES FL.	1	R	RR	810	790	
	SALES FL.	1	R	RR	810	840	
					1620	1630	

Remarks:

DIFFUSER &GRILLE TEST SHEET

Page# 3

Project: SUPERCUTS STORE #9374

Date: 11/9/2007

Testing & Balancing Agency: PRO AIR BALANCING

Job# 1171

Unit/Fan No.	Room	Outlet No.	Code	Size	Design CFM	Actual CFM	Notes
-	**EXISTING EXHAUST DWG.MP1**						
EF-1	RESTROOM	1	E	ER	100	95	**DIRECT DRIVE**

Remarks: