

BLOCK 671 LOT 8 QUALIFICATION CODE C23-71 ADDRESS (SITE) 60 BRICK BLVD. BRICK NT PERMIT NO. 01-4551



CONSTRUCTION PERMIT APPLICATION

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

I. IDENTIFICATION

1. Proposed Work Site at: 60 BRICK PLAZA BRICK BLVD UNIT 25-B
2. Name of Owner in Fee: John Kearns Tel. ()
Address 115 NORMAN AV LONG BEACH NT. 07740
street municipality zip code
3. Ownership in Fee: Public ☐ Private ☐
4. Principal Contractor: AL CARRINO Tel. (732) 923 9355
Address 184 LAMAR AV ELIZABETH NT. 07740
License No. OR, if new home Builder Reg. No. Exp. Date
Federal Employee No. FAX: ()
5. Architect or Engineer Tel. ()
Address
6. Responsible Person in Charge of Work
Tel. (732) 923 9355 FAX ()

CONTACT # 768 8588
Change in Tenant setup

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	\$ <u>35</u>		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	\$		
7. Less 20% for State Plan Review			
8. Subtotal	\$		
9. DCA Training Fee	<u>1</u>		
10. Subtotal			
11. Cert. of Occupancy	<u>15</u>		
12. Other			
13. TOTAL	\$ <u>51</u>		

VI. BUILDING/SITE CHARACTERISTICS

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

(office use only)

II. PROPOSED WORK

1. ☐ Minor Work
2. ☐ New Building
3. ☐ Addition
4. ☐ Alteration
5. ☐ Fire Protection
6. ☐ Plumbing
7. ☐ Electrical
8. ☐ Elevator Devices
9. ☐ Asbestos Abat. Subch. 8
10. ☐ Lead Hazard Abatement
11. ☐ Demolition

TOTAL COSTS

Est. Cost

OPTIONAL (for office use only)

Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates	Re-viewer
<u>10/22</u>			<u>12-6-01</u>	<u>FM</u>	<u>1/27/02</u>	

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

1. ☐ Elevators/Escalators/Lifts/
Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL

1. ☐ Single-Family (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CAB
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CAB

No. of dwelling units:
Before Construction
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL

1. State Specific Use:
2. Use Group:
M + B
3. Change in Use Group, Indicate Former:

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

10/22/01

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

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

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

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

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

☒ Check if contractor.

Agent Name

AL CARRINO

Address

184 CEDAR AV ELIZABETH NJ 07740

Telephone

(732) 923 9355 (cell) 768 8588

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. _____	_____	_____	_____

**TOWNSHIP OF BRICK
401 CHAMBERS DRIVE RD
DIVISION OF INSPECTIONS**

Date Issued 12/20/2001
Control #
Permit # 01-4551

LET NEW JERSEY
CONSTRUCTION
PERMITS

IDENTIFICATION Block 671 Lot 8

Exa 1

Work Site Location 60 BRICK PLAZA UNIT 539
CHARGE IN TENANT FIT UP
 Owner In Fee KERNER, JOHN
 Address 115 HORNARD AVE
LEWIS BRANCH, NJ 07740-
 Telephone () -

Contractor AL CAR
Address 184 CEDAR AVE
LONG BRANCH, NJ 07740-
Telephone (732) 923-9355
Lic. No. or Bldgs. Reg. No. _____
Federal Emp. No.

Is hereby granted permission to perform the following work:

☐ BUILDINGS	☐ PLUMBING	☐ LEAD
☐ ELECTRICAL	☐ FIRE PROTECTION	☐ RENT
☐ ELEVATOR DEVICES	☐ ASBESTOS ABATEMENT	☐ OTHER

(Subchapter B only)

DESCRIPTION OF WORK:
CHANGE IN TENANT FIT UP UNIT 25-B
BEAUTY SUPPLY STORE TURNING INTO PARTIAL BEAUTY PARLOR

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

Estimated Cost of Work \$ 1,000

Construction Official

U.C.C. §170 (Rev. 3/96)

Index

PAYMENTS (Office Use Only)

Building	35
Electrical	0
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
BEA Training Fee	1
Cert. of Occupancy	0
Other	215
Total	36
Check No.	
Cash	X
Collected By	HR

12/20/01 2:20PM 00000046760

~~SECRET~~

三

44551	119
BUILDING	\$35.00

11-00

ZPA \$15.00

~~TOTAL~~ #51 - 00

CASH	\$51.00
------	---------

CHANGE \$0.00

12/20/01 2:20PM 000000H8760

~~TOTAL~~ **\$51.00**

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TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/22/2001
Date Issued 10/20/01
Control # C23-71
Permit # 01-4551

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 Qual
Work Site Location 60 BRICK PLAZA UNIT 25B
CHANGE IN TENANT FIT UP

Owner in Pee KEARNS, JOHN
Address 115 MORWOOD AVE
LONG BRANCH, NJ 07740-

Contractor AL CAR
Address 184 CEDAR AVE
LONG BRANCH, NJ 07740-

Tele. ()
Lic. No. or Bldgs. Reg. No.
Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial	INSPECTIONS	Dates (Month/Day)
☐ No Plans Req.			Type	Failure Failure Approval Initial
☒ All	10-20-01	AK	Footings	
☐ Footing			Foundation	
☐ Foundation			Slab	
☐ Frame			Frame	
☐ Other			BarrierFree	
Joint Plan Review Required:			Insulation	
☐ Elect ☐ Plumb ☐ Fire			Finishes	
SUBCODE APPROVAL ☐ Elev			Energy	
☐ CO ☐ CQ ☐ CA			Mechanical	
Date: 10-20-01			TCO	
Approved By: [Signature]			Final	10-20-01

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

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

CHANGE IN TENANT FIT UP UNIT 25-B
BEAUTY SUPPLY STORE TURNING INTO PARTIAL BEAUTY PARLOR

Rear Exit must be Functional
Not blocked, locked, or Gated

TYPE OF WORK	FEE (Office Use Only)
☐ New Building	\$
☐ Addition	
☒ Alteration	35
☐ Roofing	
☐ Siding	
☐ Fence	0
☐ Sign	0
☐ Pool	
☐ Asbestos Abatement Subchapter 8	
☐ Lead Haz. Abatement NJAC 5:17	
☐ Other	
☐ Demolition	

Est. Cost of Bldg. Work:
1. New Bldg. \$
2. Alteration \$ 1,000
3. Total (1+2) \$ 1,000
Paid ☐ Check \$
Collected by: DCA Training Fee
Administrative Surcharge \$
Minimum Fee \$
TOTAL FEE \$ 35

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 10/22/2001
Date Issued 10/24/01
Control # C23-91
Permit # 01-4551

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
Worst Site Location 60 BRICK PLAZA UNIT 25B
CHANGE IN TENANT FIT UP

Owner in Fee KEARNS, JOHN
Address 115 MORROD AVE
LONG BRANCH, NJ 07740-

Tele. ()
Contractor AL CAR
Address 184 CEDAR AVE
LONG BRANCH, NJ 07740-

Tele. (732) 923-9355 Fax ()
Lic. No. of Bldgs. Rev. No.
Federal Emp. No. [REDACTED]

JOB SUMMARY (Office Use Only)

PLN REVIEW Date Initial
☒ No Plans Req.
☒ All *18-1001*
☒ Footing
☐ Foundation
☐ Frame
☐ Other
Joint Plan Review Required:
☐ Elect ☐ Plumb ☐ Fire
SUBCODE APPROVAL ☐ Elev
☐ CO ☐ CCO ☐ CA
Date: _____
Approved By: _____

INSPECTIONS
Type _____
Failure Failure Approval Initial
Type _____
Footing _____
Foundation _____
Slab _____
Frame _____
BarrierFree _____
Insulation _____
Finishes _____
Energy _____
Mechanical _____
TCO _____
Other _____
Final _____
BarrierFree _____

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

Est. Cost of Bldg. Work:
1. New Bldg. \$ 0
2. Alteration \$ 1,000
3. Total (1+2) \$ 1,000
Industrialized Building:
[] State Approved
[] BDD

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

CHANGE IN TENANT FIT UP UNIT 25-B
BEAUTY SUPPLY STORE TURNING INTO PARTIAL BEAUTY PARLOR

*Rear Exit must be Functional
Not Blocked, Locked, or Gated*

TYPE OF WORK
☐ New Building
☐ Addition
☒ Alteration
☐ Roofing
☐ Siding
☐ Fence 0 Height (exceeds 6')
☐ Sign 0 Sq. Ft.
☐ Pool
☐ Asbestos Abatement Subchapter 8
☐ Lead Haz. Abatement NJAC 5:17
☐ Other
Other
[] Demolition

PAID { } Check \$
Collected by: _____
Administrative Surcharge \$ 0
Minimum Fee \$ 0
TOTAL FEE \$ 35
DCA Training Fee \$ 1
U.C.C. F110 (rev. 3/96)

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TOWNSHIP OF BRICK ZONING PERMIT

Approved: October 23, 2001

No. 1.1594

Block: 671

Lot: 8

Zone: B-3, Highway Development

Property Address: 60 Brick Boulevard; Brick Plaza

Applicant: Al Carrino; Beauty Supply Store

Property Owner: John Kearns

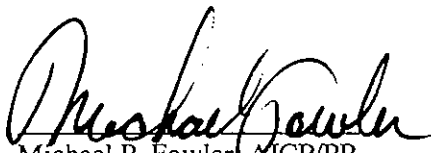
Existing Use: Beauty supply store.

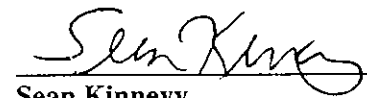
Proposed Use: Beauty supply store and hair salon.

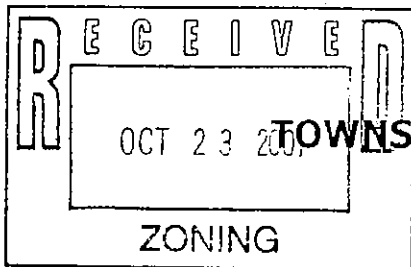
Proposed Construction: Interior alterations for tenant fit-up.

Conditions: Interior work only.

**This permit shall be null, void and of no effect if any of the facts contained in the application upon the basis that this permit was granted are false or untrue in any material respect.
This permit shall expire one (1) year after the date of issuance if the use or substantial construction has not been commenced.**


Michael P. Fowler, AICP/PP
Municipal Planner


Sean Kinnevy
Zoning Officer



20

OCT 23 2001

ZONING

TOWNSHIP OF BRICK ZONING PERMIT APPLICATION

(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 671 Lot 8 Qualifier _____

PROPERTY ADDRESS 60 BACK BLVD UNIT 25-B BRICK MT,

PERSONAL NAME OF APPLICANT ~~JOHN KEARNS~~ AL CARRINO

BUSINESS NAME OF APPLICANT BEAUTY Supply STORE

PROPERTY OWNER John KEARNS

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) BEAUTY Supply STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please describe) BEAUTY Supply Store / Salon

PROPOSED CONSTRUCTION (check all that apply)

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

CHECKLIST

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

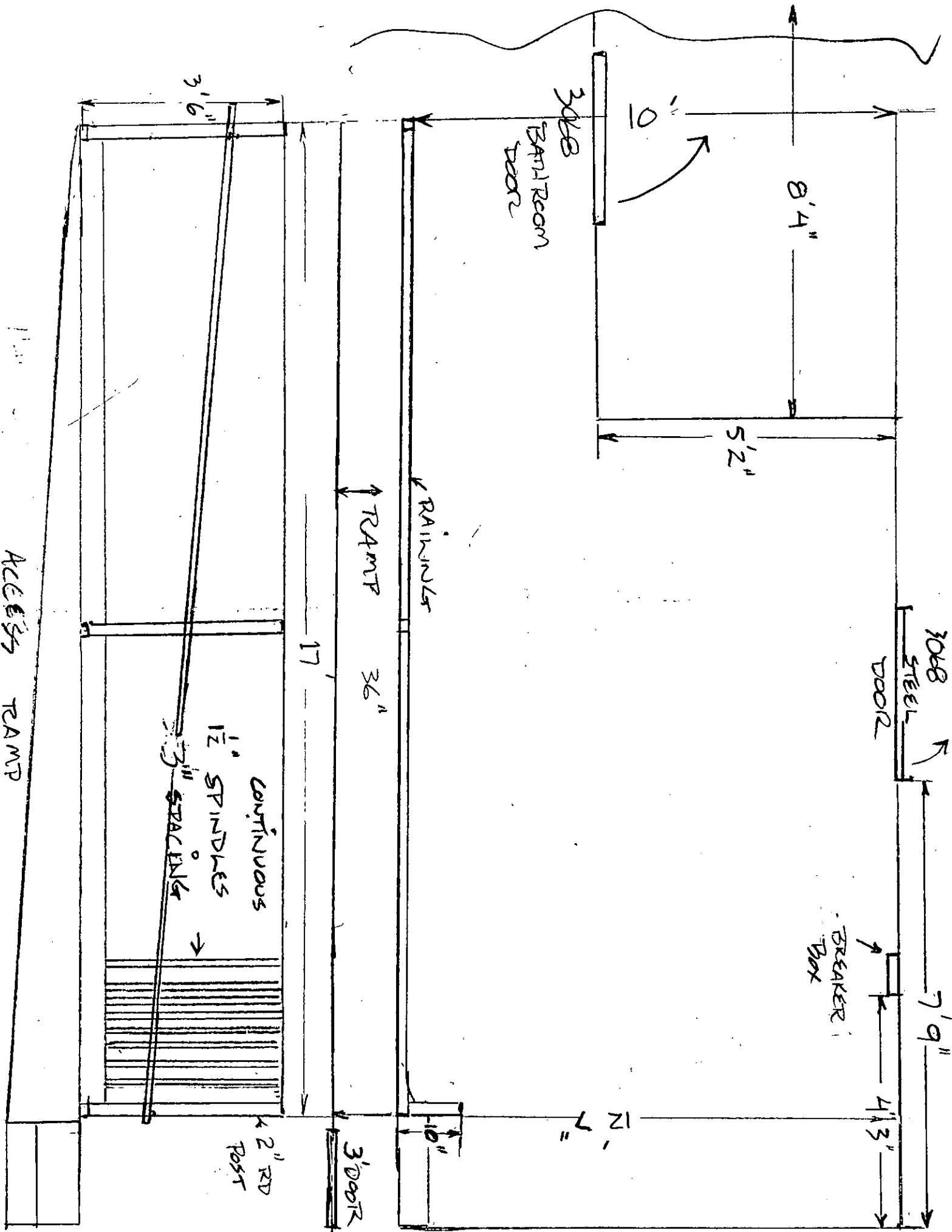
Note: No partial, taped, faxed, reduced or enlarged copies can be accepted.

The applicant certifies that all statements and information made and provided as part of this application are true to the best of the applicant's knowledge, information and belief. The applicant further states that the applicant will comply with all other Municipal approvals and ordinances, and all County, State, and Federal Regulations.

Signature of applicant [Signature] Date 10/22/01

Reviewed by Zoning Office [Signature] Date 10/22/01 () Approved () Denied

COMMERCIAL

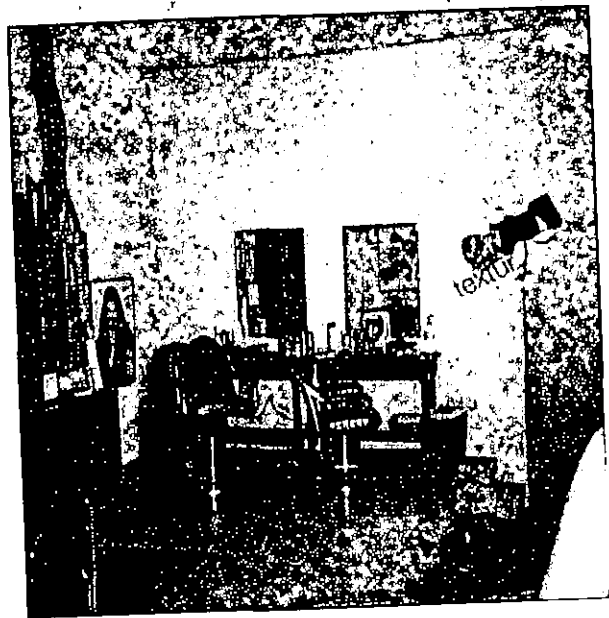


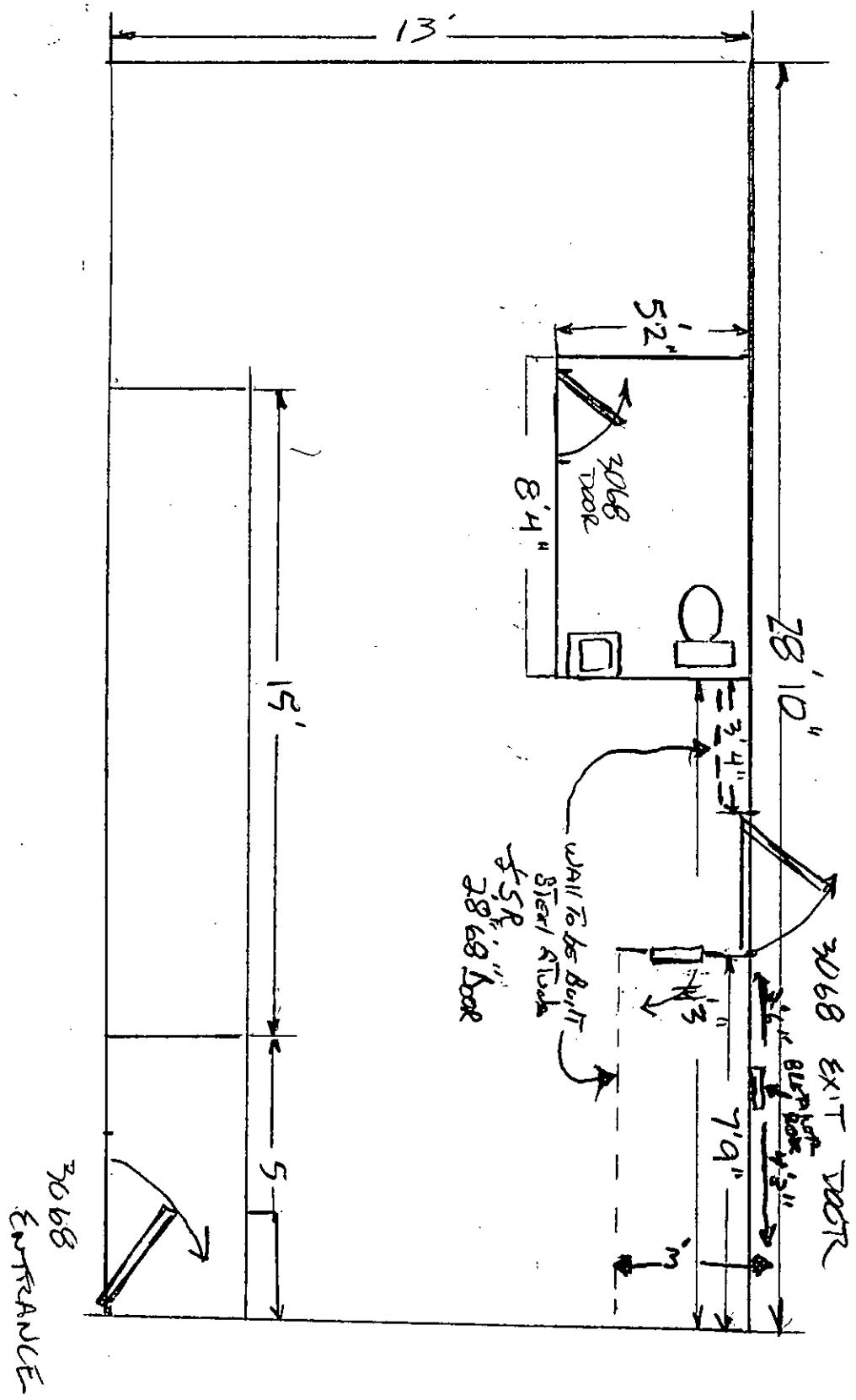
Numerals indicated in parenthesis are applicable code sections of the 1993 *BOCA National Building Code*. The organization of this Plan Review Record follows the common Building Code format implemented in the 1993 *BOCA National Building Code*. The plan review accomplished as indicated in this record is limited to those code sections specifically identified herein. This record references commonly applicable code sections. It does not reference all code provisions which may be applicable to specific buildings. This record is designed to be used only by those who are knowledgeable and capable of exercising competent judgement in evaluating construction documents for code compliance.

[illegible]

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BUILDING OFFICIALS AND CODE ADMINISTRATORS INTERNATIONAL, INC.
4051 W. FLOSSMOOR ROAD COUNTRY CLUB HILLS, ILLINOIS 60478-5795





**OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE**

BLOCK 671 LOT 8 SITE ADDRESS 100 BRICK AVE. UNIT 25B
TYPE OF SITE Residential (~~Commercial~~) NAME OF BUSINESS BEAUTY SUPPLY
APPLICANT DE HANNA, DUE PHONE NUMBER 939-9955
APPLICANT ADDRESS 184 HANNA, DUE CITY & STATE FLORIDA 3310740

INCLUSIONARY DEVELOPMENT

Affordable	Fee Required _____	Date _____
	Down Payment _____	Date _____
	Balance _____	Date _____
	Paid In Full _____	Date _____
Market Rate	No Fee Required	

MANDATORY DEVELOPER FEES

NO FEE REQUIRED

☐ Residential is .005 %

☒ Commercial is .01%

☒ The estimated equalized assessed value of the proposed construction is

\$ 0

Frederick R. Millman
Frederick R. Millman, CTA, Tax Assessor

APPROVED BY [Signature] DATE 10/23/01

10/26/01
Date

☐ The final equalized assessed value of the construction at the above referenced site is:

\$ _____

Frederick R. Millman, CTA, Tax Assessor

Date

Preliminary Fee Required _____

Preliminary Paid _____

Final Total Fee Required _____

Preliminary Paid _____

Final Paid _____

Balance Due _____

Date _____

Check # _____

Receipt # _____

Date _____

Check# _____

Receipt # _____

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

I hereby certify that the above applicant has complied with all rules and regulations of the Office of Affordable Housing and has paid all required fees and charges.

10/25/01 - Ta [Signature]

[Signature]
Office of Affordable Housing

TOWNSHIP OF BRICK

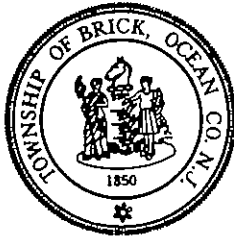
OCEAN COUNTY, NEW JERSEY

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

Joseph C. Scarpelli, Mayor

Township Council:

Helen Fayad - President
Martin J. Anton
Victor Cantillo
Gregory S. Kavanagh
Mary Lou Powner
Kathy M. Russell
Frederick J. Underwood, Sr.



Department of Administration & Finance

Division of Inspections

Joseph Curiazza
Construction Official
(732) 262-1030
Fax (732) 262-8954
<http://www.gbshost.com/brick>
<http://www.twp.brick.nj.us>

U N I F O R M C O N S T R U C T I O N C O D E

Construction Permits Application

5:23-2.15(e) (viii) (1x)

Owner/Agent: AL CARRINO
Property Address: 60 BRICK BLVD UNIT 25-B BRICK PLAZA
Town: BRICK TOWN NJ Zip: 077
Block: 671 Lot: 8

☒ Waive architecturals for commercial interior work

☐ Other _____

OWNER/AGENT PROCEED AT OWN RISK ☐

Signature: AL CARRINO

Owner/Agent: AL CARRINO

Building Sub-code Official: _____

Frank Mizer

Construction Official: _____

Joseph Curiazza

(e) Plans, plan review, plan approval:

1. Plans and specifications: The application for the permit shall be accompanied by no fewer than two copies of specifications and of plans drawn to scale, with sufficient clarity and detail dimensions to show the nature and character of the work to be performed. Plans submitted shall only be required to show such detail and include such information as shall be reasonably necessary to assure compliance with the requirements of the code and these regulations. When quality of materials is essential for conformity to the regulations, specific information shall be given to establish such quality; and this code shall not be cited, or the term "legal" or its equivalent be used, as a substitute for specific information.

i. Site diagram: There shall also be filed a site plan showing to scale the size and location of all the new construction and all existing structures on the site, distances from lot lines and the established street grades; accessible route(s) for buildings required by N.J.A.C. 5:23-7.1 to be accessible; and it shall be drawn in accordance with an accurate boundary line survey. In the case of demolition, the site plan shall show all construction to be demolished and the location and size of all existing structures and construction that are to remain on the site or plot.

ii. Building plans and specifications shall contain: Foundation, floor, roof and structural plans; door, window and finish schedules; sections, details, connections and material designations.

iii. Electrical plans and specifications shall contain: Floor and ceiling plans; lighting, receptacles, motors and equipment; service entry location, line diagram and wire, conduit and breaker sizes.

iv. Plumbing plans and specifications shall contain: Floor plan; fixtures, pipe sizes and other equipment and materials; isometric with pipe sizes, fixture schedule and sewage disposal.

v. Mechanical plans and specifications shall contain: Floor or ceiling plans; equipment, distribution location, size and flow; location of dampers and safeguards; and all materials.

vi. Engineering details and specifications: The construction official and appropriate subcode official may require adequate details of structural, mechanical, plumbing and electrical work, including computations, stress diagrams and other essential technical data to be filed. All engineering plans and computations shall bear the seal and signature of the licensed engineer or registered architect responsible for the design. Plans for buildings shall indicate how required structural and fire-resistance rating will be maintained for penetrations made for electrical, mechanical, plumbing and communication conduits, pipes and systems.

(1) Plumbing plans for class III structures may be prepared by persons licensed pursuant to "The Mas-

ter Plumber Licensing Act", N.J.S.A. 45:14C-1 et seq. Electrical plans for class III structures may be prepared by persons licensed pursuant to "The Electrical Contractors Licensing Act", N.J.S.A. 45:5A-1 et seq.;

(2) Whenever the licensing board pursuant to either of the above Acts shall provide for a seal evidencing that the holder is licensed, such shall be acceptable to the enforcing agency in lieu of affidavit;

(3) Mechanical plans for class III structures may be prepared by mechanical contractors.

vii. Work area: For reconstruction work in an existing structure, the work area shall be clearly delineated on the plans.

viii. Architect's or engineer's seal: The seal and signature of the registered architect or licensed engineer who prepared the plans shall be affixed to each sheet of each copy of the plans submitted and on the first or title sheet of the specifications and any additional supportive information submitted. The construction official shall waive the requirement for sealed plans in the case of a single family home owner who had prepared his own plans for the construction, alteration or repair of a structure used or intended to be used exclusively as his private residence, and to be constructed by himself, providing that the owner shall submit an affidavit attesting to the fact that he has prepared the plans and provided further that said plans are in the opinion of the construction official, and appropriate subcode official, legible and complete for purposes of ensuring compliance with the regulations.

ix. The construction official upon the advice of the appropriate subcode official may waive the requirement for plans when the work is of a minor nature.

x. Building, electrical, plumbing and mechanical work required to be shown may be shown on a single set of plans or a single drawing so long as the drawings are clear and legible.

2. Examination of plans: All plans submitted and any amendments thereto accompanied by the required documentation and application, and upon payment of the fee established by the enforcing agency, shall be numbered, docketed and examined promptly after their submission for compliance with the provisions of the regulations.

3. Plan review:

i. Department or other State agency review: When a review and release of plans by the Department or other State agency designated by the Department pursuant to N.J.A.C. 5:23-3 is required, the owner or agent of the owner shall file an application for construction plan release for each project, along with three sets of plans, specifications and such other supporting information as the Department or other designated reviewing agency may require on forms obtained from the Department or such reviewing agency. The plans, specifications and other supporting information shall conform to the requirements of (e) above.

Tenant Fit-ups

Different use than previous proprietor:

- Zoning Application
- Building Permit (any structural work)
- Fire Permit (smoke detectors, exit lights)
- Electrical Permit (exit lights and any new/replacement electric)
- Plumbing Permit (adding/deleting/changing fixtures)
- Floor plan of before and after---signed



Same use as previous proprietor w/ interior renovations:

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

Same use as previous proprietor w/ no interior changes:

- Tenant Occupancy Verification Form
- Detailed floor plan showing dimension of room, location and size of doors, exit lights, smoke detectors, sprinkler heads, aisle widths, counters, ect...

***Based on the evaluation of the application submitted, a permit and fee may not be necessary. The office will contact the tenant when such a determination has been made.

Existing
Bath Rm

EXISTING
CLOS

SINK
EXISTING

Refr. Door
Exit Sign

← Proposed Railing →

RAMP

Station

Station

Beauty
Supply

Exit Sign
Door

EXIT SIGNS
DOORS

BRICK TOWNSHIP		
Plan Review	Class	Date
Zoning	_____	_____
Plumbing	_____	_____
Building	_____	_____
Fire	_____	_____
Energy	_____	_____
Electrical	_____	_____

Existing
Bath Rm

SINK
Existing

Peep Door
Exit Sign

← Proposed

Railing

→

Ramp

- Plan Review
- Sealing
- Plumbing
- Electrical
- Fire
- Energy
- Electrical

Station

Station

Exit Sign

Door

Battery
Supply

	BRICK TOWNSHIP		
Plan Review	Class	Date	By
Zoning _____	_____	_____	_____
Plumbing _____	_____	_____	_____
Building _____	_____	_____	_____
Fire _____	_____	_____	_____
Energy _____	_____	_____	_____
Electrical _____	_____	_____	_____

Township of Brick

Counter Form (PLEASE PRINT)

Site Location: 60 Brick Blvd UNIT 25-B BRICK N.J.
Block: 671 Lot: 8
Owner's Name: John Kearns
Owner's Mailing Address: 115 NORWOOD AV LONG BRANCH NJ 07740
Phone: ()

BUILDING

Contractor: AL CAR
Address: 184 CEDAR AV
LONG BRANCH NJ 07740
Phone#: 923 9355
Lis #
Federal Emp # or SSN

Technical Data

Description of Work:

Hand Rail

Type of Work

☐ New Building ☐ Siding
☐ Addition ☐ Fence
☒ Alteration ☐ Pool
☐ Roofing ☐ Demolition
☐ Asbestos Abatement ☐ Sign sq ft

Building Characteristics

Use Group Present: Proposed:
No of Stories:
Height of Structure:
Area of the largest floor:
Area of New Building:
Volume of Structure:
Total Land Disturbed:
Cost of Alteration:
Cost of New Building:
Total Cost of Building Work: \$1000

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

Signature: AL CARPINO
Please Print Name AL CARPINO

ELECTRICAL

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

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	
Alarm Devices/FAC Panel	
Total	
Pool	
Spa/Hot Tub/Storable Pool	
Electric Range	KW
Oven/Surface Unit	KW
Electric Water Heater	KW
Electric Dryer	KW
Dishwasher	KW
Garbage Disposal	HP
A/C Unit - Central Air	KW
Space Heater/Air Handler	KW
Baseboard Heating	KW
Motors 1+ HP	
Transformer/Generator	KW
Light Stander	AMP
Service	AMP
Subpanel	AMP
Motor Control Center	AMP
Sign/Outline Light	KW
Furnace	
Steam Boiler	
Other:	

Estimated Cost of Electrical Work: \$

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

Signature:
Please Print Name

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

FIRE

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

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

Technical Data

Fixtures	Quantity
Water Closets	_____
Urinals/Bidets	_____
Bath Tub	_____
Lavatory	_____
Shower	_____
Floor Drain	_____
Sink	_____
Dishwasher	_____
Drinking Fountain	_____
Washing Machine	_____
Hose Bib	_____
Gas Piping	_____
Fuel Oil Piping	_____
Water Heater	_____
Steam Boiler	_____
Hot Water Boiler	_____
Sewer Pump	_____
Interceptor/Separator	_____
Backflow Preventer	_____
Greasetrap	_____
Water Cooled A/C or Refrig. Unit	_____
Septic Tank Closure	_____
Sewer Service Connection	_____
Water Service Connection	_____
Active Solar System	_____
Auxiliary Meter	_____
Sprinkler Heads	_____
Sump Pump	_____
Other:	_____

Estimated Cost of Plumbing Work _____

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

Signature: _____

Please Print Name: _____

CONTRACTOR'S SEAL

Technical Data

Description of Work: _____

Heating Type: _____ Gas _____ Oil _____ Electric _____ Solar
Heating System is _____ New _____ Existing
Location of Furnace/Boiler: _____

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

Flammable Storage Tanks _____ capacity _____ fuel
Combustible Storage Tanks _____ capacity _____ fuel
LPG Storage Tanks _____ capacity _____ fuel

Item	Quantity
Wet Sprinkler Heads	_____
Dry Sprinkler Heads	_____
Total	_____
Smoke Detectors	_____
Heat Detectors	_____
Total	_____
Stand Pipes	_____
Kitchen Hood Exhaust System	_____

Pre-Engineered Systems:
CO2 Suppression _____
Halon Suppression _____
Foam Suppression _____
Dry Chemical _____
Wet Chemical _____

Gas/ Oil Fired Appliances:
Number of gas/oil fired appliances _____

Furnace _____
Gas/Wood Fireplace _____
Gas Logs _____
Wood Burning Stove _____
Other: _____

Estimated Cost of Fire Work _____

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

Signature: _____

Print Name: _____