BLOCK 671 LOT 8 QUALIFICATION CODE C27-11 ADDRESS (SITE) Chambers Bridge Rd. PERMIT NO. 01-0977

CONSTRUCTION PERMIT APPLICATION

Hollywood Training

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

I. IDENTIFICATION

1. Propsed Work Site at: 56 Chambersbridge Rd Store # 23A Brick Plaza
2. Name of Owner in Fee: Steven Feb't Tel. (609) 870-4044
   Address N Charter Oak Lane (street) Marlton (municipality) NJ 08053 (zip code)
3. Ownership in Fee: --Public ____ Private ____
4. Principal Contractor: Steven A Feb't Tel. (609) 870-4044
   Address 14 Charter Oak Lane
   License No. OR, if new home, Builder Reg. No. ____ Exp. Date ____
   Federal Employee No. ____ FAX: (856) 983-1069
5. Architect or Engineer ____ Tel. ( )
   Address ____
6. Responsible Person in Charge of Work Steven A Feb't
   Tel. (609) 870-4044 FAX (856) 983-1069

RECEIVED FEB 26 2001

Tenant Fit-Up

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 60		
2. Electrical	575	35	
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal	$		
7. Less 20% for State Plan Review			
8. Subtotal	$		
9. DCA Training Fee	3		
10. Subtotal			
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 638	35	

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

	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					2-15-01	FH			
3. ☐ Addition									
4. ☐ Alteration									
5. ☐ Fire Protection									
6. ☐ Plumbing									
7. ☐ Electrical					4/11/01	TO			
8. ☐ Elevator Devices									
9. ☐ Asbestos Abat. Subch. 8									
10. ☐ Lead Hazard Abatement									
11. ☐ Demolition		GM	3/6/01		GM				
TOTAL COSTS	2,000								

OPTIONAL (for office use only)

III. DO YOU WANT: (optional)

1. ☐ Partial Releases
2. ☐ Prototype Processing

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

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

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL
1. ☐ Hotels (R-1)
2. ☐ Multi-Family (R-2)
3. ☐ Two-Family (R-3) BOCA
4. ☐ Two-Family (R-4) CABO
5. ☐ One-Family (R-3) BOCA
6. ☐ One-Family (R-4) CABO

No. of dwelling units:
Before Construction 0
After Construction
Net Gain or Loss

B. NON-RESIDENTIAL
1. State Specific Use:
2. Use Group:
3. Change in Use Group, Indicate Former:

COMMERCIAL

IMPORTANT MANDATORY FEE N.J.S.A. 52:27D-126

LDS BR 10401417

U.C.C. F100-1 (rev 3/98)

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 Feb 26 2001

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.				

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/18/2001
Control #
Permit # 01-0977

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
TENANT FIT UP
Owner in Fee/Occupant FEBT S/HOLLYWOOD TAN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044
Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044 Fax ( )
Lic. No. or Bldr[redacted]
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 141
Collected by: DC

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/18/2001
Control #
Permit # 01-0977

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
TENANT FIT UP
Owner in Fee/Occupant FEBT S/HOLLYWOOD TAN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044
Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044 Fax ( )
Lic. No. or Bldrs Reg No
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS

[ ] CERTIFICATE OF OCCUPANCY
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Fee $ 0
Paid [X] Check No. 141
Collected by: DC

CONSTRUCTION OFFICIAL
U.C.C. F260-(rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/18/2001
Control #
Permit # 01-0977

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
TENANT FIT UP
Owner in Fee/Occupant FEBT S/HOLLYWOOD TAN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044
Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS

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[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 141
Collected by: DC

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 06/18/2001
Control #
Permit # 01-0977

UCC NEW JERSEY
CERTIFICATE

IDENTIFICATION

Block 671 Lot 8 Qual
Work Site Location 56 CHAMBERSBRIDGE RD
TENANT FIT UP
Owner in Fee/Occupant FEBT S/HOLLYWOOD TAN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044
Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044 Fax ( )
Lic. No. or Bldrs
Federal Emp. No. [redacted]

Home Warranty No.
Type of Warranty Plan: [ ] State [ ] Private
Use Group B
Maximum Live Load 0
Construction Classification
Maximum Occupancy Load 0
Description of Work/Use:

TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS

[ ] 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.

[X] 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.

[ ] TEMPORARY CERTIFICATE OF OCCUPANCY/COMPLIANCE
If this is a Temporary Certificate of Occupancy or Compliance, the following conditions must be met no later than _____, ___ or the owner will be subject to fine or order to vacate:

[ ] CERTIFICATE OF CLEARANCE - LEAD ABATEMENT 5:17
This serves notice that based on written certification, lead abatement was performed as per NJAC 5:17, 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 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.

[ ] 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 _____, ___.

Fee $ 0
Paid [X] Check No. 141
Collected by: DC

CONSTRUCTION OFFICIAL
U.C.C. F260 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Date Issued 04/16/2001
Control #
Permit # 01-0977

UCC NEW JERSEY
CONSTRUCTION PERMIT

IDENTIFICATION Block 671 Lot 8 Qual

Work Site Location 56 CHAMBERSBRIDGE RD
TENANT FIT UP
Owner in Fee FEBT S/HOLLYWOOD TAN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044

Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Telephone (609)870-4044
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS
WAS EMPTY STORE NOT HOLLYWOOD TANS-TANNING SALON

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 $ 9,000

Construction Official

04/16/2001
Date

O.C.C. F170 (rev. 3/96)

PAYMENTS (Office Use Only)

Building	60
Electrical	575
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	3
Cert. of Occupancy	0
Other	15
Total	638
Check No.	141
Cash	
Collected By	DC

653

04/16/01 12:04PM 00000#2878
#01 SERV.001
BUILDING #010977 $60.00
ELECTRICAL $575.00
DCA $3.00
2PA $15.00
CHECK $-653.00

C3E

TOWNSHIP OF BRICK
491 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

Update Issued 05/22/2001
Control #
Permit # 01-09774A
Permit Issued 04/16/2001

GCC NEW JERSEY

PERMIT UPDATED

IDENTIFICATION Block 471 Lot 8 Qual

Work Site Location 56 CHAMBERSBRIDGE RD
COMMUNICATION POLES
Owner in Fee PERT S/HOLLYWOOD TRS
Address 14 CHARTER OAK LN
MANALAPAN, NJ 08053-
Telephone (609)870-4044

Contractor ITS ELECTRICAL CORP
Address 566 HIGHLAND PL
BRICK, NJ 08723-
Telephone (732)477-1725
Lic. Co. or Bldrs Reg No 11930
Federal Emp. No. [redacted]

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
COMMUNICATION POLES

PAYMENTS (Office Use Only)

Building	0
Electrical	35
Plumbing	0
Fire Protection	0
Elevator Devices	0
Other	
DCA Training Fee	0
Cert. of Occupancy	0
Other	
Total	35
Check No.	7144
Cash	
Collected By	MB

05/22/01 1:48PM 000000#3903
XX02 SERV.002
#0977
ELECTRIC $35.00
CHECK $35.00

Estimated Cost of Work $ 560

Construction Official 05/22/2001
Date

U.C.C. F190 (rev. 3/96)

F

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2001
Date Issued 4/16 01
Control # C27-71
Permit # 01-0977

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 56 CHAMBERSBRIDGE RD
TENANT FIT UP
Owner in Fee FEBT, STEVEN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(609)870-4044
Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(609)870-4044 Fax ( )
Lic. No. or Bldr. Reg. No.
Federal Emp. No [redacted]

COMMERCIAL

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

old Enchanted Castle Store

TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS
WAS EMPTY STORE NOT HOLLYWOOD TANS-TANNING SALON

All Framing TO meet Code
Coounter TO Be ADA Compliant

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-15-01	FJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6-1-01
Approved By: FJ

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Foundation				
Slab				
Frame				
BarrierFree				
Insulation				
Finishes				
Energy				
Mechanical				
TCO				
Other				
Final			6-1-01	
BarrierFree				

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
[ ] Other	0
[ ] Demolition	0

B. BUILDING CHARACTERISTICS

Use Group Present B 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 $ 2,000
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 60
DCA Training Fee $ 2

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2001
Date Issued 4/16 01
Control # C27-71
Permit # 01-0977

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 56 CHAMBERSBRIDGE RD
TENANT FIT UP
Owner in Fee FEBT, STEVEN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(609)870-4044
Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(609)870-4044 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-15-01	FJ
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire [ ] Elev

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present B 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 $ 2,000
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

old Enchanted Castle store

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS
WAS EMPTY STORE NOT HOLLYWOOD TANS-TANNING SALON

All Framing TO meet Code
Counter TO Be ADA Compliant

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 2

Paid [ ] Check #
Collected by:

U.C.C. F110 (rev. 3/96)

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
BUILDING
SUBCODE
TECHNICAL SECTION

Date Received 02/26/2001
Date Issued 4/10/01
Control # C27-71
Permit # 01-0977

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 56 CHAMBERSBRIDGE RD
TENANT FIT OF
Owner in Fee FEBT, STEVEN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(609)870-4044
Contractor STEVEN FEBT
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(609)870-4044 Fax ( )
Lic. No. or Bldrs. Reg. No.
Federal Emp. No. [redacted]

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Req.		
[X] All	3-15-01	EF
[ ] Footing		
[ ] Foundation		
[ ] Frame		
[ ] Other		

Joint Plan Review Required:
[ ] Elect [ ] Plumb [ ] Fire
SUBCODE APPROVAL [ ] Elev
[ ] CO [ ] CCO [ ] CA
Date:
Approved By:

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

B. BUILDING CHARACTERISTICS

Use Group Present B 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 $ 2,000
3. Total (1+2) $ 2,000

Industrialized Building:
[ ] State Approved
[ ] HUD

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

All Contractors Certificate of Insurance

B. TECHNICAL SITE DATA
DESCRIPTION OF WORK

TENANT FIT UP FOR STORE #23-A
8-8PT PARTITIONS
WAS EMPTY STORE NOT HOLLYWOOD TANS-TANNING SALON

All Framing To meet Code
Counter To Be ADA Compliant

TYPE OF WORK	FEE (Office Use Only)
[ ] New Building	$ 0
[ ] Addition	0
[X] Alteration	60
[ ] Roofing	0
[ ] Siding	0
[ ] Fence 0 Height (exceeds 6')	0
[ ] Sign 0 Sq. Ft.	0
[ ] Pool	0
[ ] Asbestos Abatement Subchapter 8	0
[ ] Lead Haz. Abatement NJAC 5:17	0
[ ] Other	0
Other	0
[ ] Demolition	0

Administrative Surcharge	$ 0
Minimum Fee	$ 0
TOTAL FEE	$ 60
DCA Training Fee	$ 2

Paid [ ] Check # Collected by:

U.C.C. F110 (rev. 3/96)

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 04/16/01
Date Issued
Control #
Permit # 01-0977

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
Work Site Location 56 Chamberbridge Rd. Suite 23A
Brick N.J. 08723
Owner in Fee/Occupant Steve A Fch
Address 141 Chester Oak Lane
Marlton N.J. 08053
Tele. ( )
Contractor ITS Electric
Address 566 Michelle Place
Brick N.J. 08723
Tele. (732) 477-1225 Fax (732) 477-2448
Lic. No. 11930
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 4/16/01
Approved by:

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

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		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	
1	600	AMP Service	
1	225	AMP Subpanels	
		AMP Motor Control Center	
4	6@A	~~KW Elec. Sign/Outline Light~~ TAN Boxes	
4	SP-A	.....	
2	42 M	.....	

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

UCC/PRO F-120 (REV3/96)
Professional Printing
(609) 468-7933

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

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received 04/16/11
Date Issued
Control #
Permit # 01-0977

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

Block 621 Lot 8
Work Site Location 56 Chemberbridge Rd. Suite 23A
Brick NJ 08723
Owner in Fee/Occupant STORE A Fee
Address 101 Chapel OAK Lane
Marlton NJ 08053
Tele. ( )
Contractor TTS Electric
Address 566 Michelle Place
Brick NJ 08723
Tele. (732) 477-2224 Fax (732) 477-9448
Lic. No. 11930
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved
Date: 4/11/01
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		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	
1	600	AMP Service	
1	225	AMP Subpanels	
		AMP Motor Control Center	
4	60 DA	KW Elec. Sign/Outline Light Tan Baths	
4	5 DA	..... " "	
2	42 A	..... " "	

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

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3 Pink = Office Copy
4 Gold = Applicant Copy

DATE	JOB CONDITION / COMMENTS

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 04/16/01
Date Issued
Control #
Permit # 01-0977

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
Work Site Location 56 Chamberbridge Rd. Suite 23A
Brick N.J. 08723
Owner in Fee/Occupant Steve A Feby
Address 14 Charter Oak Lane
Marlton N.J. 08053
Tele. ( )
Contractor ITS Electric
Address 566 Michelle Place
Brick N.J. 08723
Tele. (732) 477-1725 Fax (732) 477-9448
Lic. No. 11920
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

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

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial
[ ] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 4/16/01
Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 4/16/01
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Approval	Initial
Rough	5/16/01		To-Pl
Temp. Serv.		5/21/01	To
Constr. Serv.			
TCO			
Other Ceiling		5/21/01	To
Service	5/16/01	5/21/01	To-Pl
Final		6/1/01	To

Temp. Cut-in-Card Date Issued 5/21/01
Final Cut-in-Card Date Issued

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

[X] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
2		Lighting Fixtures	
4		Receptacles	
2		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
1		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	
1	600	AMP Service	
1	225	AMP Subpanels	
		AMP Motor Control Center	
4	60A	~~KW Elec. Sign/Outline Light~~ TAN BOOTHS	
4	50A		
2	42		

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

60 amp 208V 3 Ø

UCC/PRO F-120 (REV3/96)
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(609) 468-7933

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

5/16/01 (1) SERVICE INCOMPLETE —
MARK ALL EQUIPMENT AND DIRECTORY
SHOW COMPLETE GROUNDING SYSTEM —
STEEL, WATER LINE, H-C JUMP

(2) FINISH OUTSIDE SERVICE —
METERING (AND CT) NOT
INSTALLED

(3) SHOW LISTING FOR ALL EQUIPMENT
W/ CUT " " "

(4) SHOW WIRING FOR R.U. INSPECTION

(5) REROUTE FOR ALL WORK —
CONTROL WIRING TEST.

(6) FINISH CONTROL WIRING AND
SECURE ALL RACEWAY AND
CABLES

7) FLOOR - CONCRETE
PVC IN SLAB NOW. NON VISIBLE TRENCH.
CONCRETE & TILE work before Inspection.

5/24/01

SERVICE — CUT CARD.
ROUGH — WALLS UP.

ELECTRICAL SUBCODE TECHNICAL SECTION

Date Received
Date Issued 4-16-01
Control #
Permit # 01-0980

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
Work Site Location HOLLYWOOD TANS — 56 BRICK PLAZA (SPACE 23A) 56 CHAMBERS BRIDGE RD, BRICK TWSP, OCEAN CO., NJ
Owner in Fee/Occupant FEDERAL REALTY INVESTMENT TRUST
Address 626 EAST JEFFERSON STREET ROCKVILLE, MD 20852
Tele. (301) 998-8100
Contractor ATLANTIC BABBIT MECHANICAL, INC.
Address 1406 STOKES ROAD MEDFORD, NJ 08055
Tele. (609) 265-1858 Fax (609) 265-1073
Lic. No. 12901B
Federal Emp. No. 22-3590440

B. ELECTRICAL CHARACTERISTICS

Use Group Present _____ Proposed _____
[ ] Pole/Pad # _____ [ ] Temporary [ ] Other _____
Building Occupied as COMMERCIAL Utility Co. _____
Est. Cost of Elec. Work $ 50.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[X] No Plans Required
Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved
Date: 5/26/01
Approved by: _____

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA
Date: 6/6/01
Approved by: _____

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			8/10/01	

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

C. CERTIFICATION IN LIEU OF OATH

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

_____
Applicant's Signature/Contractor's Seal and Signature

[✓] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
		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	
1		FACADE SIGN	
		.....	

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

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

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2001
Date Issued ~~01/01/1954~~ 5/22/01
Control #
Permit # 01-0977+A

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 56 CHAMBERSBRIDGE RD
COMMUNICATION POINTS
Owner in Fee FEBT S/HOLLYWOOD TAN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1125
Lic. No. or Bldrs. Reg. No. 11930
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/17/01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
10		Communications Points	
0		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

Administrative Surcharge $ 0
Paid [ ] Check # Minimum Fee $ 0
Collected by: TOTAL FEE $ 35
DCA Training Fee $ 0

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

TOWNSHIP OF BRICK
401 CHAMBERS BRIDGE RD
DIVISION OF INSPECTIONS

UCC NEW JERSEY
ELECTRICAL
SUBCODE
TECHNICAL SECTION

Date Received 05/18/2001
Date Issued ~~01/01/1954~~ 5/22/01
Control #
Permit # 01-0977+A

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 56 CHAMBERSBRIDGE RD
COMMUNICATION POINTS
Owner in Fee FEBT S/HOLLYWOOD TAN
Address 14 CHARTER OAK LN
MARLTON, NJ 08053-
Tele.(732)477-1725 Fax ( )
Contractor ITS ELECTRICAL CONT
Address 566 MICHELLE PL
BRICK, NJ 08723-
Tele.(732)477-1725
Lic. No. or Bldr. Reg. No. 11910
Federal Emp. No. [redacted]

B. ELECTRICAL CHARACTERISTICS

Use Group - Present B Proposed B
[ ] Pole/Pad # [ ] Temporary [ ] Other
Building Occupied as Utility Co.
Estimated Cost of Electrical Work $ 500

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
Joint Plan Review Required:
[ ] Bldg [ ] Plumb
[ ] Fire [ ] Elevator
[ ] Elect Plans Approved
Date: 5/17/01
Approved By:

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

INSPECTIONS Type	Dates (Month/Day) Failure	Failure	Approval	Initial
Rough				
Temp Serv				
Const Serv				
TCO				
Other				
Service				
Final				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature
[ ] Licensed Electrical Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

NO.	SIZE	ITEM	FEE (Office Use Only)
0		Lighting Fixtures	
0		Receptacles	
0		Switches	
0		Detectors	
0		Light Poles	
0		Motors-Fract HP	
0		Emergency & Exit Lights	
10		Communications Points	
0		Alarm Devices/F.A.C. Panel	
10		TOTAL NUMBERS	35
0		Pool Permit/with UW Lights	0
0		Storable Pool/Spa/Hot Tub	0
0	0	KW Elect Range/Receptacle	0
0	0	KW Oven/Surface Unit	0
0	0	KW Elect Water Heater	0
0	0	KW Elect Dryer/Receptacle	0
0	0	KW Dishwasher	0
0	0	HP Garbage Disposal	0
0	0	KW Central A/C Unit	0
0	0	HP/KW Space Heater/Air Handler	0
0	0	Baseboard Heat	0
0	0	HP Motors 1/+ HP	0
0	0	KW Transformer/Generator	0
0	0	AMP Service	0
0	0	AMP Subpanels	0
0	0	AMP Motor Control Center	0
0	0	KW Elect Sign/Outline Light	0
		Other	0
		Other	0

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

Paid [ ] Check # Collected by:

U.C.C. F130 (rev. 3/96)

TOWNSHIP OF BRICK
ZONING PERMIT

Approved: March 5, 2001 **No. 1.0199**

Block: 672 **Lot:** 8 **Zone:** B-3, Highway Development

Property Address: Chambers Bridge Road & Route 70, Brick Plaza

Applicant: Steven A. Fest

Property Owner: Federal Realty Investment Trust

Existing Use: Vacant unit (former Enchanted Castle Toy store).

Proposed Use: Tanning salon, "Hollywood Tans".

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

C27-71

RECEIVED
MAR 5 2001
ZONING

TOWNSHIP OF BRICK
Zoning Permit Application
(Please Type or Print Neatly)

Block 671 Lot 8 Qualifer

PROPERTY ADDRESS BRICK PLAZA - STORE #23A RT. 70 & CHAMBERS BRIDGE Rd

PERSONAL NAME OF APPLICANT STEVEN A FEST

BUSINESS NAME OF APPLICANT STANNING INC. DBA / Hollywood Tans

PROPERTY OWNER FEDERAL REALTY INVESTMENT TRUST

PRESENT USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-family dwelling
☒ Commercial (please describe) SHOPPING CENTER - EMPTY STORE

PROPOSED USE OF PROPERTY (check all that apply)

☐ Vacant Lot ☐ Single-family dwelling ☐ Multi-dwelling
☒ Commercial (please decribe) Hollywood TANS TANNING 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) REMODEL INSIDE OF STORE - FIT-UP

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.

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 Date 2/27/01

Reviewed by Zoning Office Date ( ) Approved ( ) Denied

TOWNSHIP OF BRICK
DEPARTMENT OF INSPECTIONS

OCCUPANCY

OCCUPANT LOAD 28
LIVE LOAD _____ P. S. F.
FIRE GRADING "B" HOURS
USE GROUP _____

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.

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

CASE # ______________________

APPROVAL DATE: ______________________
(Planning Board/BOA)

DATE: 3/7/01

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

"Hollywood Tans" – tan[illegible] [illegible] [illegible]

RE: BLOCK 671 LOT 8 SITE ADDRESS Rt. 70 / Chambers Bridge [illegible]

TYPE OF SITE ______________ (Residential/Commercial)

TYPE OF BUSINESS Tanning salon

APPLICANT Bruce [illegible]

CITY & STATE Tuckerton NJ 08087

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

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

$ 5,000

[signature]
Frederick R. Millman, CTA, Tax Assessor

3/8/01
Date

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

$ ______________________

____
Frederick R. Millman, CTA, Tax Assessor

____
Date

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

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 611 LOT 8 SITE ADDRESS [illegible]
TYPE OF SITE Residential / Commercial TYPE OF BUSINESS _____

APPLICANT Steve Tilt PHONE NUMBER 609-597-4444
APPLICANT ADDRESS [illegible] CITY & STATE [illegible]
PERMIT # 01-11 NAME OF BUSINESS [illegible]

INCLUSIONARY DEVELOPMENT

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

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

◊ Commercial is .01 %

Estimated Assessment $ 5000.00 Date 3/9/01

Estimated Required Fee $ 50.00

Required Deposit on Estimate $ 25.00 Date _____

Check # _____ Receipt # _____

Actual Assessment $ _____ Date _____

Actual Required Fee $ _____

Minus Deposit of Estimate $ _____

Balance Due $ _____ Date _____

Check # _____ Receipt # _____

Amount Paid In Full $ _____

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

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

3/9/01 To pick.
3/9/01 [illegible]

Carol A. Wolfe
Affordable Housing Administrator

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

TOWNSHIP OF BRICK

APPLICATION FOR A VARIATION

Block _____ Lot _____
Subdivision _____

IDENTIFICATION

OWNER:
Name STEVEN FEBY
Address 14 CHARTER OAK LANE
Town/State/Zip HARITON, NJ 08053

CONSTRUCTION LOCATION:
Name SUITE 23A BRICK PLAZA
Address RT 70 & CHANBERS BRIDGE RD
Town/State/Zip BRICK, NJ 08723

FEE

FEE: $ _____
(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).: THAT ONE OF THE STAND UP TANNING BOOTHS IN THIS HOLLYWOOD TANS FRACHISE NEEDS TO BE HANDICAP COMPLIANT

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.: THESE TANNING BOOTHS ARE NOT MANUFACURED BY THE FRANCHISOR, AS WELL AS, ALL BEING STAND UP BOOTHS. IN THE 60 SALONS THAT ARE OPENED, THERE HAS NOT BEEN A NEED OR REQUIREMENT FOR SUCH EQUIPMENT. THE FRANCHISOR WILL NOT MANUFACTURE A BOOTH OF THIS NATURE.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.: THERE ARE NONE BECAUSE THE FRANCHISOR WILL NOT AND DOES NOT SEE THE NEED TO MANUFACTURE SUCH A BOOTH

DATE: 3/14/01 SIGNED: _____ APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days

have reviewed the facts and recommended DENIAL ☐ APPROVAL ☒ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

RESUBMIT

DATE 3/15/01

DATE: 3-15-01

Frank Meyer
SUBCODE OFFICIAL

J Cardazzo
CONSTRUCTION OFFICIAL

BOCA®
NATIONAL BUILDING CODE
PLAN REVIEW RECORD

Valuation: _____ Plan Review # _____

Fee: _____ Date: 3-6-01

JURISDICTION _____
(City, County, Township, etc.)

BUILDING LOCATION Chambers Bridge - Brick Plaza
(Street address)

BUILDING DESCRIPTION _____

REVIEWED BY BM

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.

CORRECTION LIST

No.	DESCRIPTION	Code Section
1	Need Better Drawings (owner states Bathroom NOT To Be changed) Cut sheets on tanning Booths Re-Reject 3/13/01 Handicapped Access (counter + Booths) 3 Different Floor Plans 2839 SQ FT 28 Occupancy load	

Conversation with Larry Rosell NOT Ready Advised -

Call + Spoke To owner 2:30

06/93

TOWNSHIP OF BRICK

FOR A VARIATION

Block _____ Lot _____
Subdivision _____

IDENTIFICATION

OWNER:
Name STEVEN FEBY
Address 14 CHARTER OAK LANE
Town/State/Zip MARLTON, NJ 08053

CONSTRUCTION LOCATION:
Name SUITE 23A BRICK PLAZA
Address RT 70 & CHAMBERS BRIDGE RD
Town/State/Zip BRICK, NJ 08723

FEE

FEE: $ _____
(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:
THAT ONE OF THE STAND UP TANNING BOOTHS IN THIS HOLLYWOOD TANS FRACHISE NEEDS TO BE HANDICAP COMPLIANT

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.: THESE TANNING BOOTHS ARE NOT MANUFACTURED BY THE FRANCHISOR, AS WELL AS, ALL BEING STAND UP BOOTHS. IN THE 80 SALONS THAT ARE OPENED, THERE HAS NOT BEEN A NEED OR REQUIREMENT FOR SUCH EQUIPMENT. THE FRANCHISOR WILL NOT MANUFACTURE A BOOTH OF THIS NATURE.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.:
THERE ARE NONE BECAUSE THE FRANCHISOR WILL NOT AND DOES NOT SEE THE NEED TO MANUFACTURE SUCH A BOOTH

DATE: 3/14/01 SIGNED: _____ APPLICANT

DETERMINATION

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RESUBMIT

DATE 3/15/01

DATE: 3-15-01 _____ SUBCODE OFFICIAL

_____ CONSTRUCTION OFFICIAL

TOWNSHIP OF BRICK

OCEAN COUNTY, NEW JERSEY

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

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

RESUBMIT

DATE 3/16/01

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: STEVEN FEBT

Property Address: RT 73 & CHAMBERS BRIDGE Rd Brick plaza

Town: BRICK Zip: 08753

Block: 671 Lot: 8

☒ Waive architecturals for commercial interior work

☐ Other

OWNER/AGENT PROCEED AT OWN RISK ☐

Signature:

Owner/Agent:

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 Master 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.

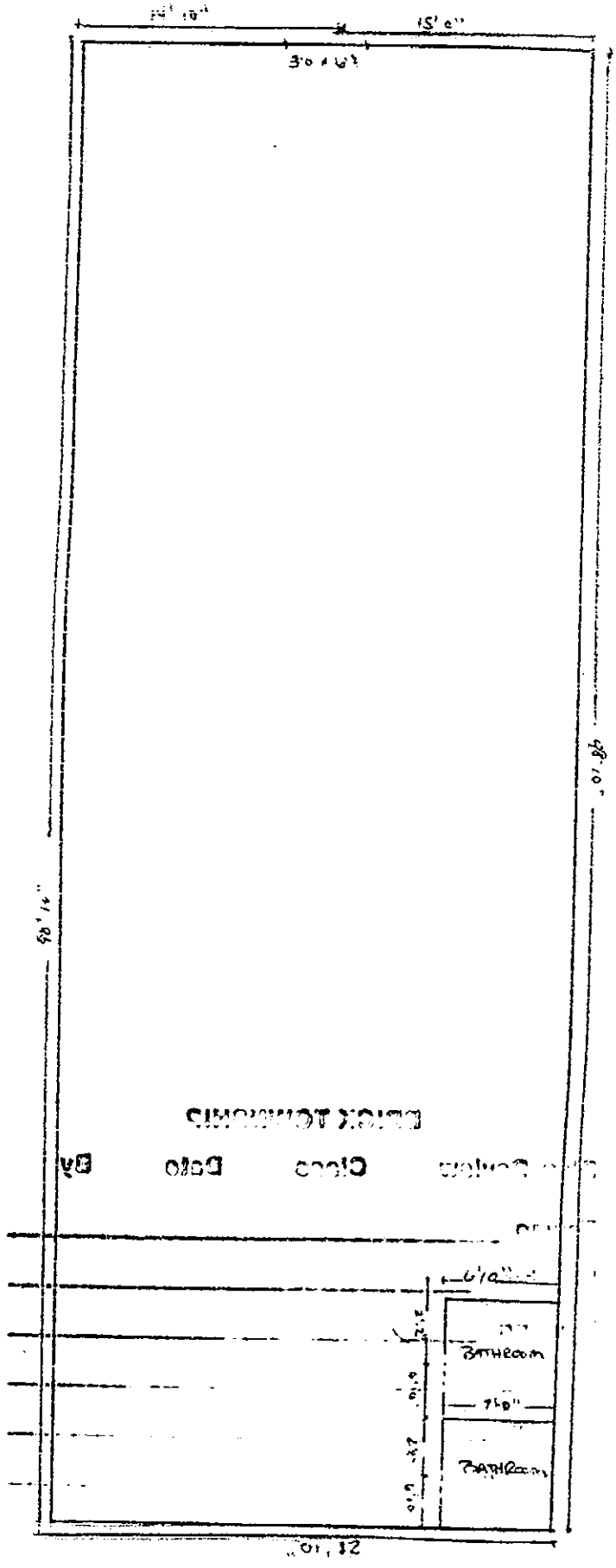
2. Examination of plans: All plans submitted and any amendments thereto accompanied by the required documentation and application, and upon payment of the fee established by the enforcing agency, shall be numbered, docketed and examined promptly after their submission for compliance with the provisions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

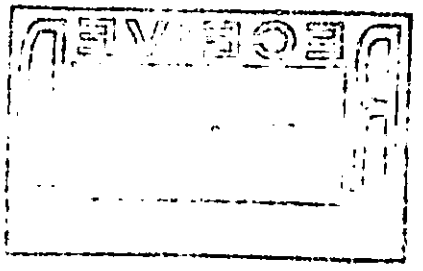
existing

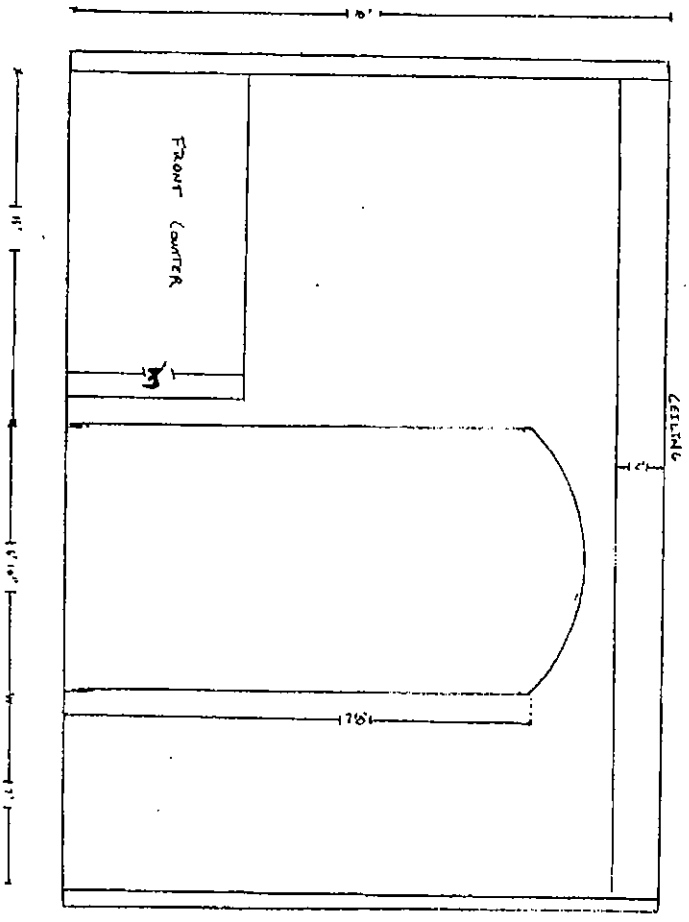
Enchanted
Castle
Toys



BRICK TOWNSHIP

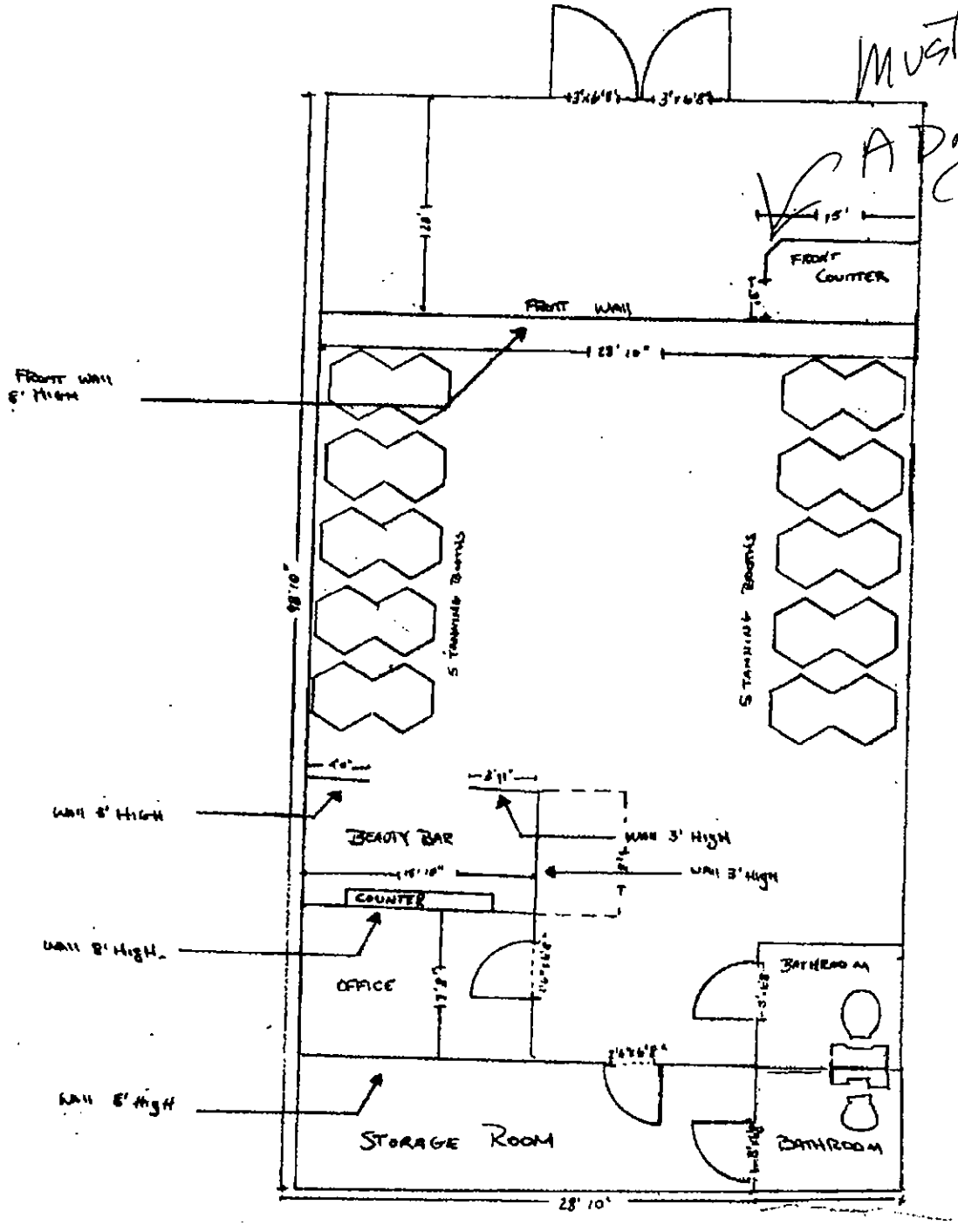
Plan Review	Class	Date	By
Zoning			
Plumbing			
Building		3-15-01	F
Fire			
Energy			
Electrical			




FRONT COUNTER
CEILING
FRONT WALL
Hollywood Trans
Suite 254
Brick Plaza

FLOOR PLAN
Hollywood Tans
Suite 23A
Brick Plaza

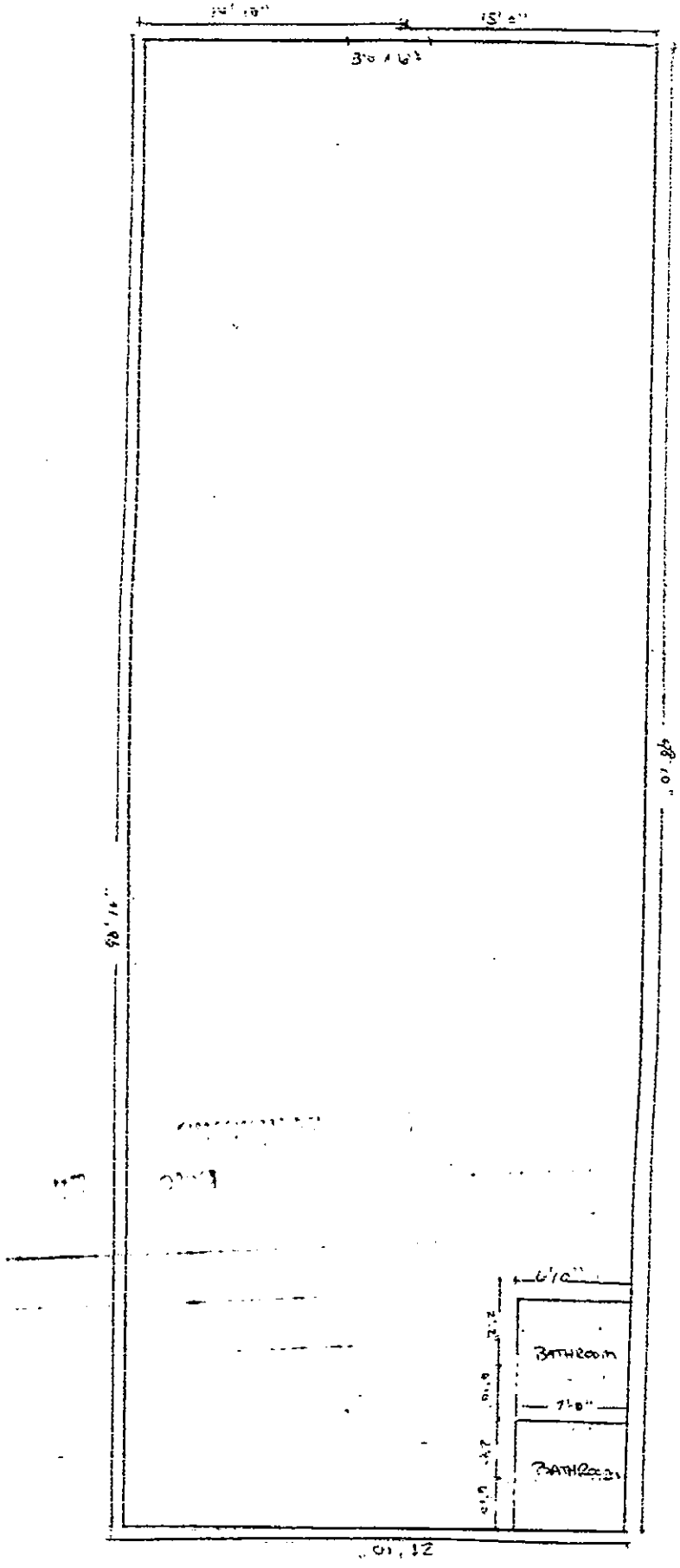
Must Have.
ADA Compliant Height
Fan



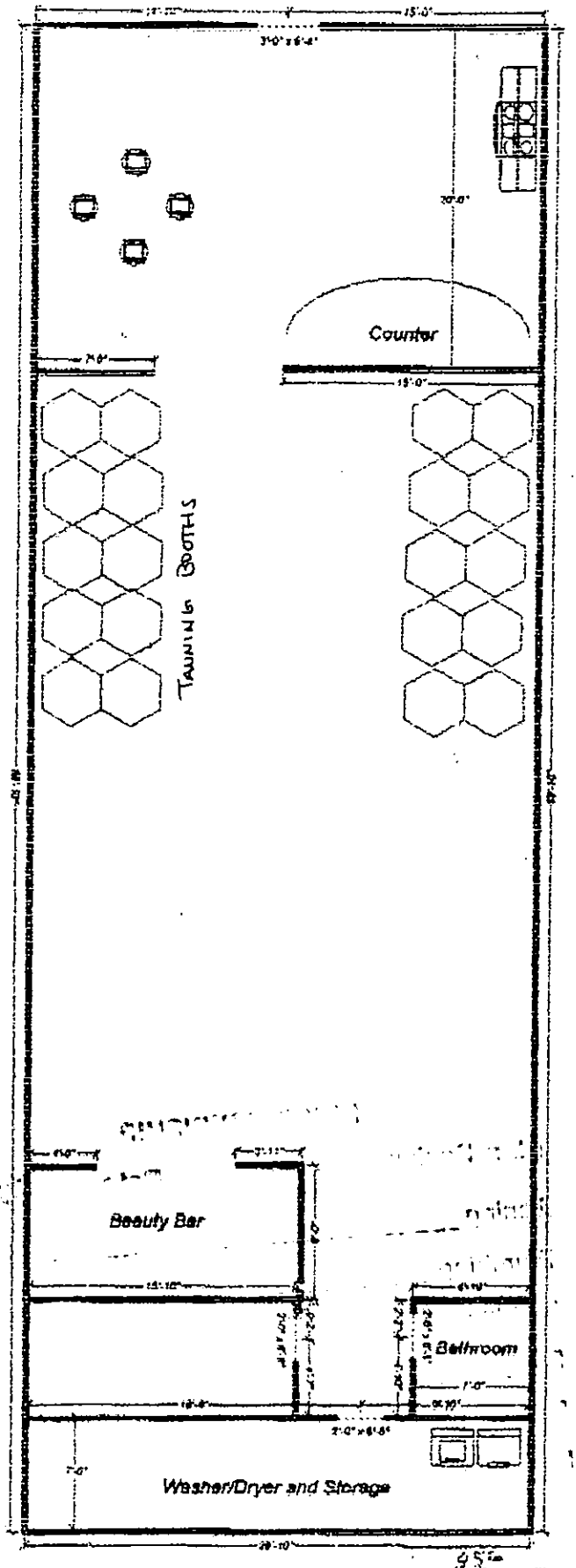
NOTES

Complete Floor covered with ceramic tile
All Tanning Booths are free standing
All walls have with 25 GA steel studs with 16" centers
Bathroom and laundry room steel frame door
Office and storage room wood frame doors
Front counter & Beauty Bar counter made with Formica
Walls are enclosed with ½" drywall

existing
Enchanted
Castle
Toys

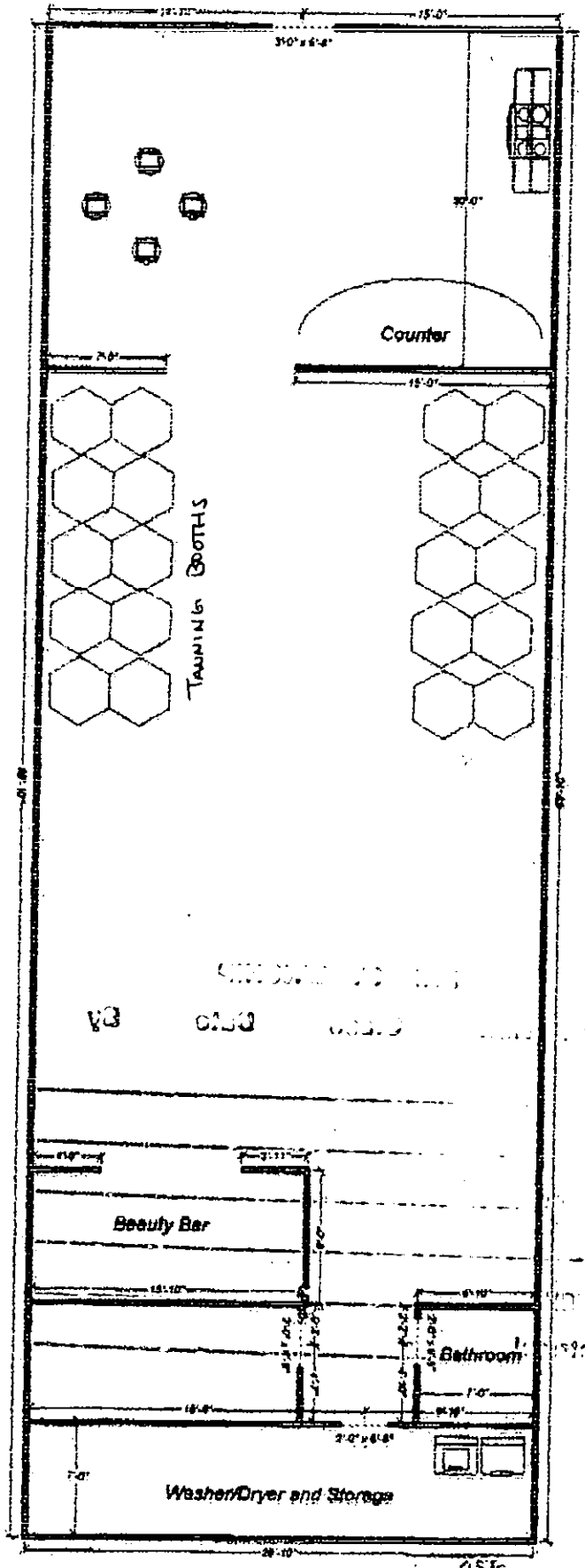


proposed
Tanning Salon



951-783-7664
607-870-4494

proposed
Tanning Salon

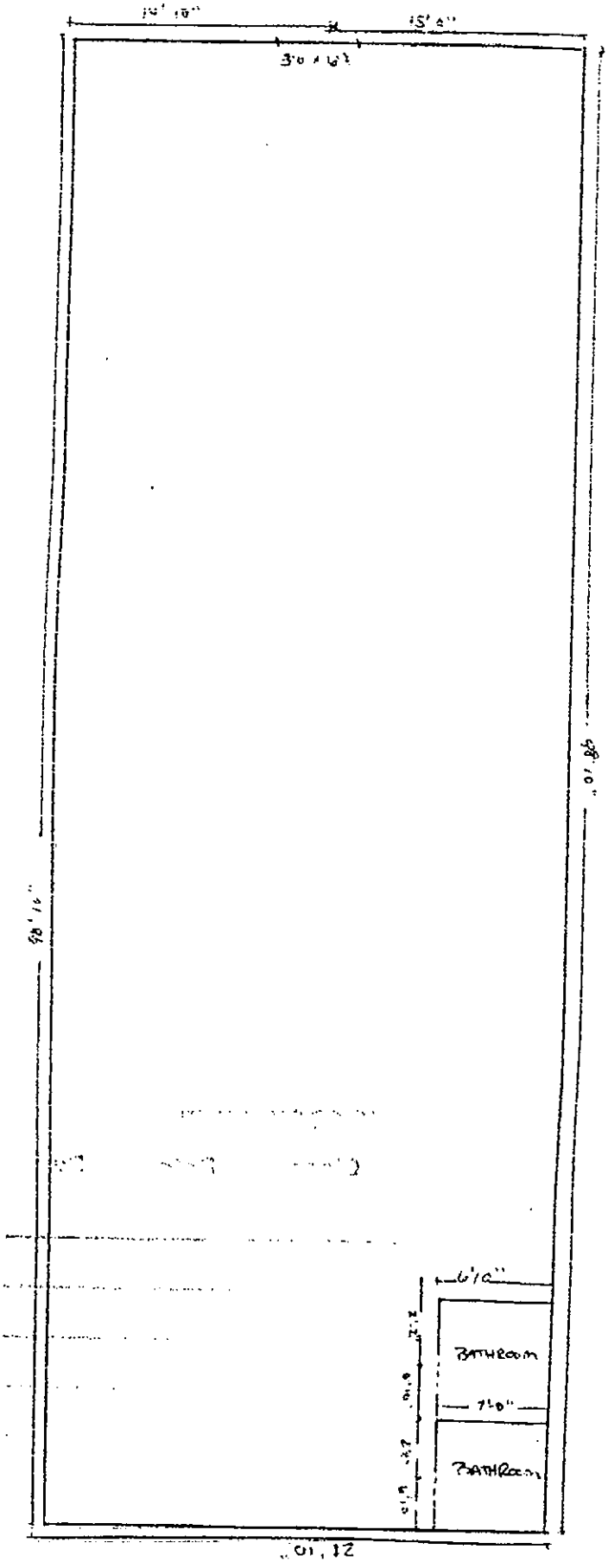


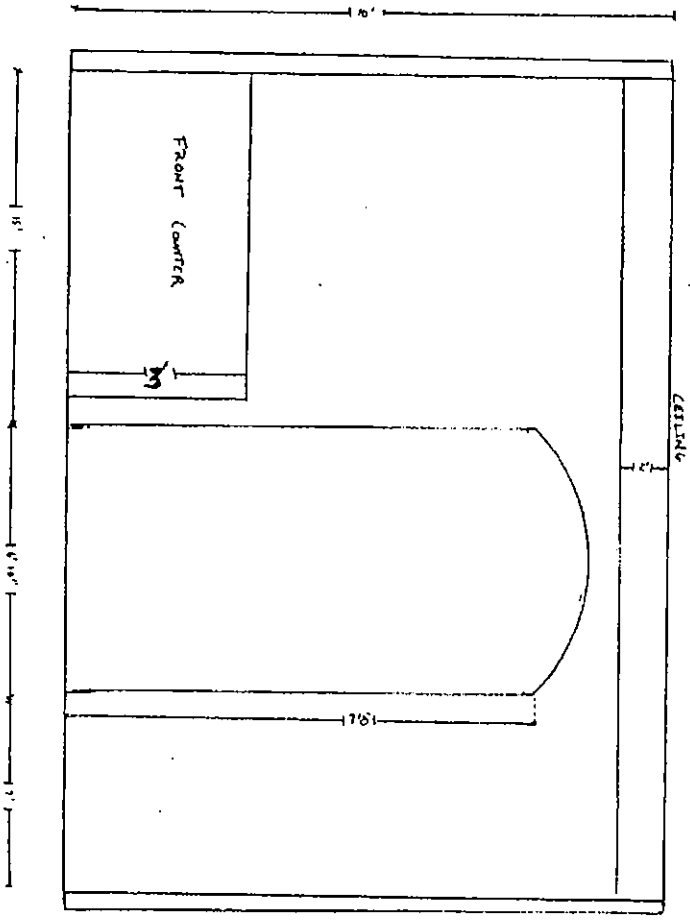
RECEIVED
FEB 26 2001

856-983-7064
609-870-4044

existing

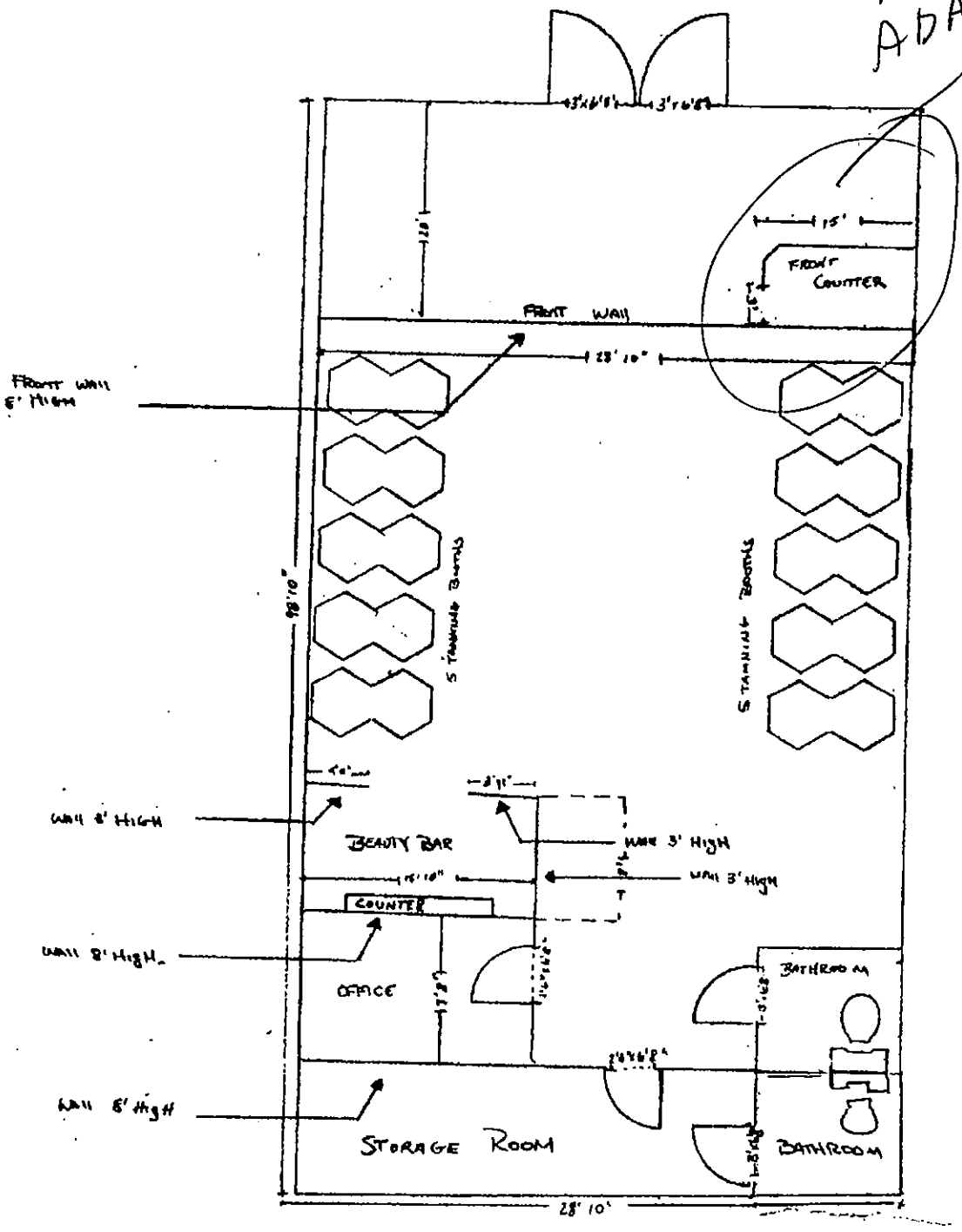
Enchanted Castle Toys




FRONT COUNTER
CEILING
FRONT WALL
Hollywood Trans
suite 254
Brick Plaza

FLOOR PLAN
Hollywood Tans
Suite 23A
Brick Plaza

MUST Have. ADA compliant Height. FM.



NOTES

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Bathroom and laundry room steel frame door
Office and storage room wood frame doors
Front counter & Beauty Bar counter made with Formica
Walls all enclosed with ½" drywall

HOLLYWOOD TANS

CSC PLAZA SUTE 400
1120 ROUTE 73 SOUTH
MT. LAUREL, N.J. 08054

PROTOTYPE
ELECTRICAL DESIGN FOR
LEASED PROPERTIES

FLOOR PLAN, RISER DIAGRAM,
AND PANEL SCHEDULES

LEXINGTON/CAPE, INC.

281 New Brooklyn-Blue Anchor Road
Sicklerville, New Jersey 08081
Telephone: (856) 875-5600
Fax : (856) 875-8020

DRAWN BY: X	CHECKED BY: X
SCALE: X	DATE: X

ISSUE:	SEAL	DRAWING NUMBER
PRELIMINARY 8-28-00		E-1

225A MLO — PANEL TP — 120/208V, 3Φ, 4W

LOCATION	WATTAGE ØA	WATTAGE ØB	WATTAGE ØC	LTG	REC	MIS	CKT	BKR	BKR	CKT	MIS	REC	LTG	WATTAGE ØA	WATTAGE ØB	WATTAGE ØC	LOCATION
LIGHTING	1024			8			1	20/1	20/1	2			8	1024			LIGHTING
LIGHTING		1024		8			3	20/1	20/1	4			14		896		LIGHTING
LIGHTING			900	6			5	20/1	20/1	6			3			450	LIGHTING
SIGN	500			1			7	20/1	20/1	8			5	250			EXITS
RECEPTACLES		720			4		9	20/1	20/1	10		5			900		RECEPTACLES
RECEPTACLES			720		4		11	20/1	20/1	12		4				720	RECEPTACLES
H.W. HEATER	1000					1	13	20/1	20/1	14	1			1000			H.W. HEATER *
EXHAUST FAN		900					15	20/1	20/1	16	1				900		EXHAUST FAN *
EXHAUST FAN			700			1	17	20/1	30/1	18	1					1200	HVAC UNIT
HVAC COMP.	12000					1	19	50/3	20/1	20							SPARE
—		12000					21	—	20/1	22							
—			12000				23	—	20/1	24							
SPARE							25	20/1	20/1	26							
							27	20/1	20/1	28							
							29	20/1	20/1	30							
							31	20/1	20/1	32							
							33	20/1	20/1	34							
							35	20/1	20/1	36							
SPACE							37			38							SPACE
							39			40							
							41			42							
	6524	6644	6320											2274	2696	2310	

CONN LOAD : 26,828 WATTS

FDR AMPS : 75 AMPS

* THESE CIRCUITS TO BE ADDED ONLY IF SECOND TOILET ROOM IS CONSTRUCTED.

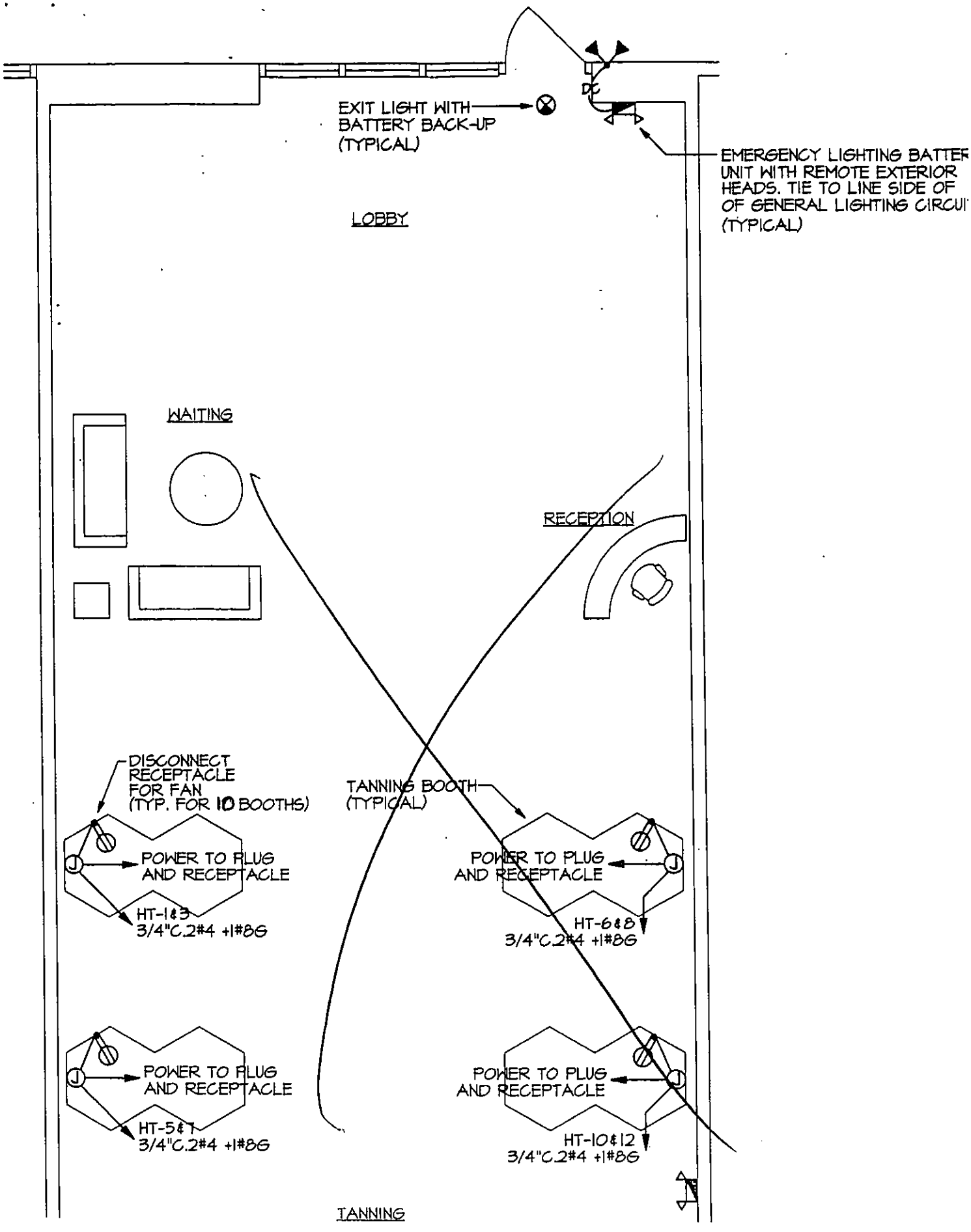
400A MLO — PANEL HT — 208V, 3Φ, 3W

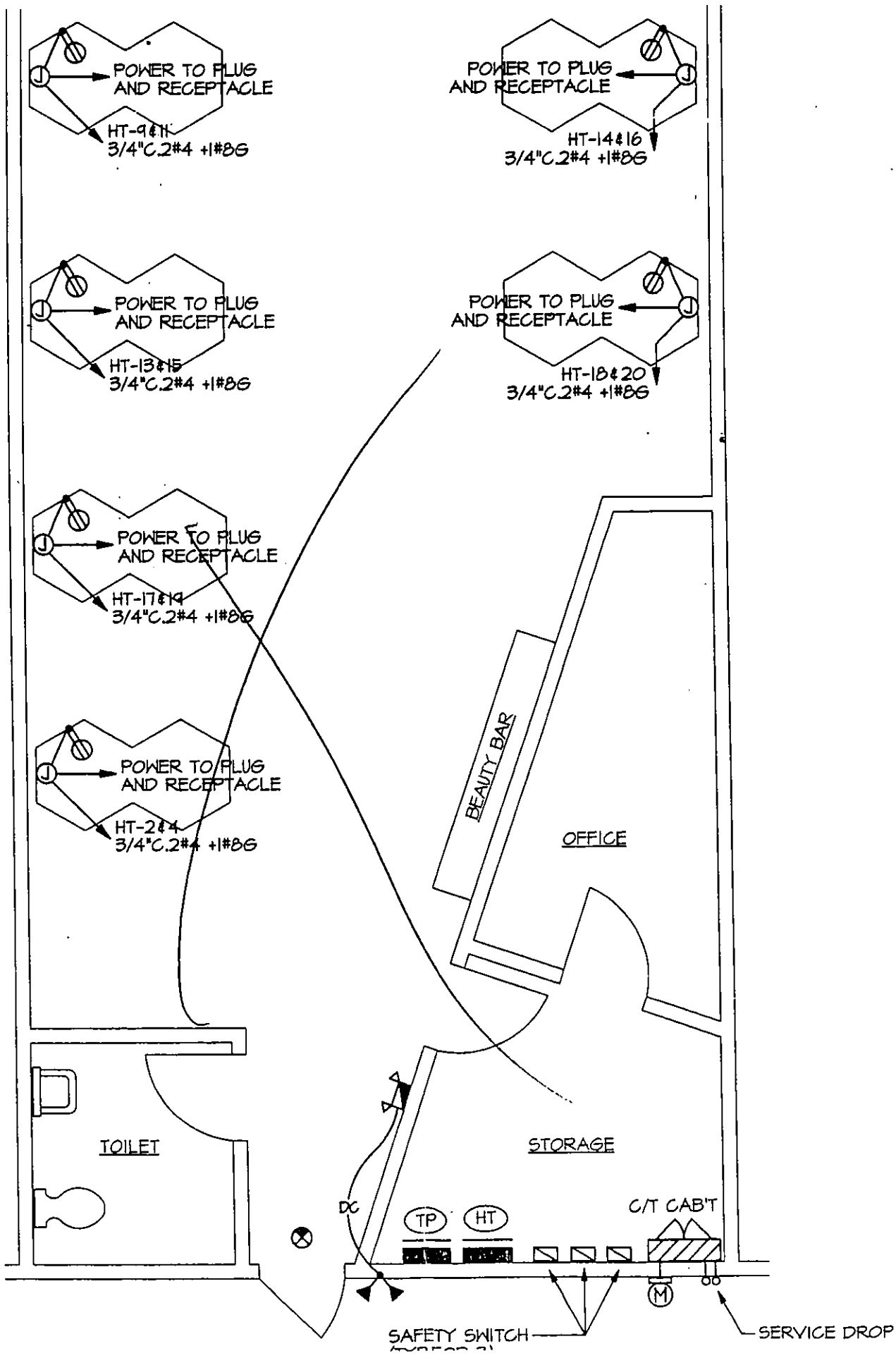
LOCATION	WATTAGE ØA	WATTAGE ØB	WATTAGE ØC	LTG	REC	MIS	CKT	BKR	BKR	CKT	MIS	REC	LTG	WATTAGE ØA	WATTAGE ØB	WATTAGE ØC	LOCATION
TAN BOOTH	8300					1	1	50/2	50/2	2	1			8300			TAN BOOTH
—		8300				—	3	—	—	4	—				8300		—
TAN BOOTH			11200			1	5	60/2	60/2	6	1					11200	TAN BOOTH
—	11200					—	7	—	—	8	—			11200			—
TAN BOOTH		11200				1	9	60/2	60/2	10	1				11200		TAN BOOTH
—			11200			—	11	—	—	12	—					11200	—
TAN BOOTH	12400					1	13	70/2	70/2	14	1			12400			TAN BOOTH
—		12400				—	15	—	—	16	—				12400		—
TAN BOOTH			12400			1	17	70/2	70/2	18	1					12400	TAN BOOTH
—	12400					—	19	—	—	20	—			12400			—
SPARE							21	60/2	60/2	22							SPARE
—							23	—	—	24							—
							25			26							
							27			28							
							29			30							
							31			32							
							33			34							
							35			36							
							37			38							
							39			40							
							41			42							
	22256	16016	17472											22256	16016	17472	

CONN LOAD : 111,488 WATTS

FDR AMPS : 310 AMPS

NOTE:
BRANCH CIRCUITS FOR EACH TANNING BOOTH SHALL BE 2#4 & 1#8 THHN 3/4"CDT.
CIRCUITS #25 TO #42 NOT REQUIRED IN THIS PANEL.

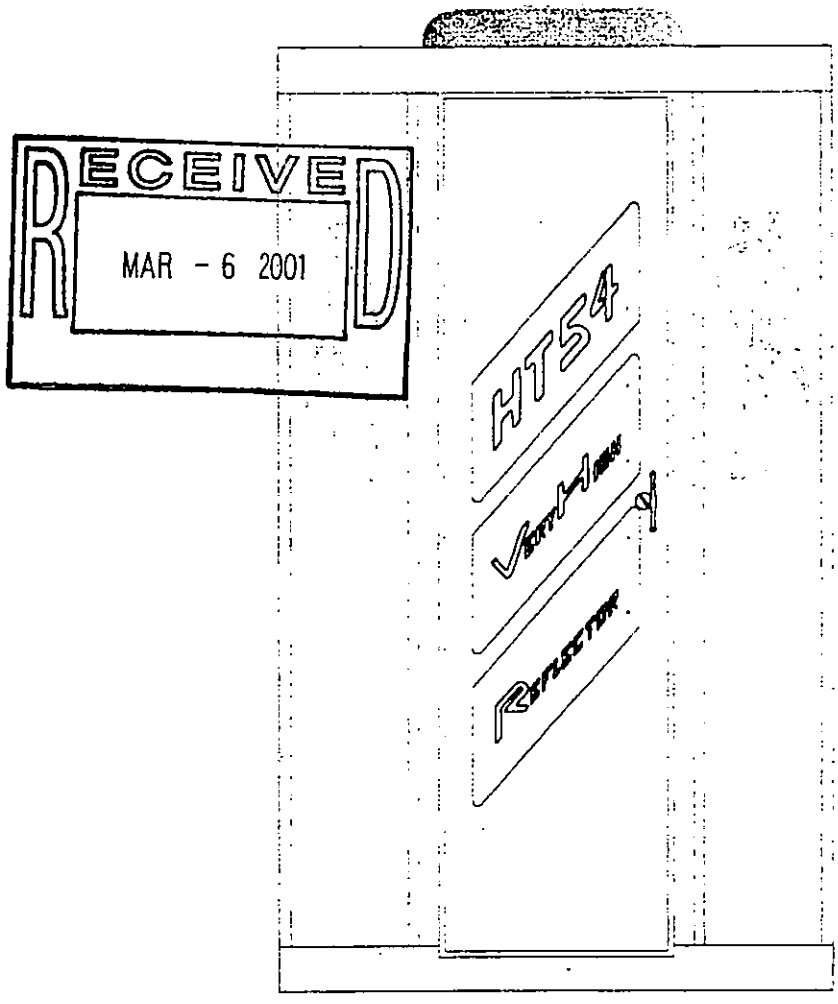

EXIT LIGHT WITH BATTERY BACK-UP (TYPICAL)
EMERGENCY LIGHTING BATTER UNIT WITH REMOTE EXTERIOR HEADS. TIE TO LINE SIDE OF OF GENERAL LIGHTING CIRCUI (TYPICAL)
LOBBY
WAITING
RECEPTION
DISCONNECT RECEPTACLE FOR FAN (TYP. FOR 10 BOOTHS)
TANNING BOOTH (TYPICAL)
POWER TO PLUG AND RECEPTACLE
HT-1&3 3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-6&8 3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-5&7 3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-10&12 3/4"C.2#4 +1#8G
TANNING


POWER TO PLUG AND RECEPTACLE
HT-9¢11
3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-14¢16
3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-13¢15
3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-18¢20
3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-17¢19
3/4"C.2#4 +1#8G
POWER TO PLUG AND RECEPTACLE
HT-2¢4
3/4"C.2#4 +1#8G
BEAUTY BAR
OFFICE
TOILET
STORAGE
DC
TP
HT
C/T CAB'T
M
SAFETY SWITCH
SERVICE DROP

INSTRUCTION MANUAL

FOR THE SUNLIGHT 54, INC.

MODELS HT- 54S, 54D, 42S AND 42D TANNING BOOTHS



SUNLIGHT 54, INCORPORATED
251 SOUTH RAILROAD AVENUE
BLACKWOOD, NJ 08012
PHONE: 609 227 2242

ETL LISTED
9801417

F.D.A. NOTICE

IMPORTANT

It is an F.D.A. requirement that this manual remain in your business at all times.

It must be made available to any F.D.A. official during an inspection of your facility.

Always read and follow all instructions for the proper usage before operating your

SUNLIGHT 54, Inc. Tanning Booth.

THE SUN LIGHT TANNING BOOTH IS <u>NOT</u> DESIGNED FOR USE

BY MORE THAN ONE PERSON AT A TIME.

Always follow the exposure schedule for the individuals skin type.

Failure to do so will result in over exposure.

This manual contains: Instructions for repairs.
Recommended replacement components.
Accessories which are compatible with the product.
Such as: Compatible protective eye wear.
Ultraviolet Lamps and Timers.
Reflectors, which will, if installed and used as instructed, result in continued compliance with the standard.

The manufacturer of the equipment is:

SUNLIGHT 54, INC.
251 SOUTH RAILROAD AVENUE
BLACKWOOD, NJ 08012
Tel: 609 227 2242

DANGER - ULTRAVIOLET RADIATION. FOLLOW INSTRUCTIONS, AVOID OVEREXPOSURE.
As with natural sunlight, overexposure can cause eye and skin injury and allergic reactions. Repeated exposure may cause premature aging of the skin and skin cancer.
FAILURE TO WEAR PROTECTIVE EYEWARE MAY RESULT IN SEVERE BURNS OR LONG TERM INJURY TO THE EYES.
Medications or cosmetics may increase your sensitivity to the ultraviolet radiation.
If you are using medications that have a history of causing skin problems or believe yourself especially sensitive to sunlight, consult a physician before using sun lamps.
If you do not tan in the sun, you are unlikely to tan from the use of this product.

RECOMMENDED EXPOSURE POSITION: The "PLACE HEELS ON CENTERLINE" indicator is placed at 15.5 inches or 39.3 centimeters from the lamp and is indicated to give you the best overall tan in the shortest amount of time. To achieve the recommended exposure position, place your heels anywhere along the centerline. The use of any other position may result in overexposure.

HT-54, 160 WATT Booth, Recommended Exposure Schedule for Skin Types

SKIN TYPE			Week 1 1st-3rd Sessions	Week 2 4th-6th Sessions	Week 3 7th-10th Sessions	Week 4 11th-15th Sessions	Maximum Weekly Subsequent Sessions
			Tanning Time in Minutes				
I	Sensitive Skin	Burns Easily & Severely (Does Not Tan)	*Booth Tanning Not Recommended For Skin Type #1 (Sensitive Skin)*				
II	Light Skin	Burns Easily & Severely (Tans Minimally)	2	4	6	8	10
III	Normal Skin	Burns Moderately (Tans Moderately)	3	5	7	9	10
IV	Dark Skin	Burns Minimally (Tans Well / Above Avg.)	4	6	8	10	10

Tanning sessions to be limited to once every 48 hours. Appearance of tanning normally appears after a few exposures and maximizes after four weeks of exposure following the recommended schedule for your skin type.

Instructions accompanying this product should always be followed to avoid or minimize potential injury.

HT-42, 100 WATT BOOTH, Recommended Exposure Schedule for Skin Types

SKIN TYPE			Week 1 1st-3rd Sessions	Week 2 4th-6th Sessions	Week 3 7th-10th Sessions	Maximum Weekly Subsequent Sessions
			Tanning Time in Minutes			
I	Sensitive Skin	Burns Easily & Severely (Does Not Tan)	*Booth Tanning Not Recommended For Skin Type #1 (Sensitive Skin)*			
II	Light Skin	Burns Easily & Severely (Tans Minimally)	2	4	7	13
III	Normal Skin	Burns Moderately (Tans Moderately)	3	6	10	13
IV	Dark Skin	Burns Minimally (Tans Well / Above Avg.)	5	9	13	13

Tanning sessions to be limited to once every 48 hours. Appearance of tanning normally appears after a few exposures and maximizes after four weeks of exposure following the recommended schedule for your skin type.

Instructions accompanying this product should always be followed to avoid or minimize potential injury.

TANNING SESSIONS SHOULD BE LIMITED TO ONCE EVERY 48 HOURS. AN APPEARANCE OF TANNING NORMALLY APPEARS AFTER A FEW EXPOSURES AND MAXIMIZES AFTER FOUR (4) WEEKS OF EXPOSURE FOLLOWING THE RECOMMENDED SCHEDULE FOR YOUR SKIN TYPE.

INSTRUCTION MANUAL
TABLE OF CONTENTS

NOTE: SHEET METAL PARTS MAY BE FOUND IN THE ASSEMBLY MANUAL.

PHOTOSENSITIVE DRUGS - The following is a partial list of some of the photosensitive drugs on the market. It is the operators responsibility to be aware of any customer using drugs that are considered photosensitive. These individuals, under the influence of this type of drug, can experience adverse effects and should avoid exposure to UV sources of all kinds.
Doctors will advise persons taking these medications of possible adverse effects.

DANGER: **Anyone having been diagnosed by a doctor as being allergic to the sun or are currently taking photosensitive medications, should consult their physician before using the Sunlight 54 Tanning Booth.**

IMPORTANT INFORMATION BEFORE TANNING

Partial Photosensitive Drug List - Certain drugs do not mix well with ultraviolet light, either in its natural source or artificial. Below is a list of drugs, foods, and other substances which could make skin supersensitive to sunlight:

- **-Diuretics:** To aid in water retention, also prescribed for high blood pressure. (For Example: Hydrodiuril)
- **-Diabetes Drugs:** Orinase and Diabenese.
- **-Urinary Tract infection:** Treatments with Phenothiazines.
- **-Tranquilizers:** such as Thorazine.
- **-Antihistamines:** Phenergan and Benadryl, particulary when used on the skin in *ointment form.*
- **-Antibiotics:** Declomycin, Aureomycin, and Griseofulvin, a drug used in the treatment of ringworm.
- **-Coal Tar treatment:** for Psoriasis or chronic Eczema.
- **-Bacterial infection:** treatments using Sulfanilamide.
- **-Compounds known as furocoumarins or psoralens:** which sensitize skin to sunlight. They are prescribed for vitiligo (loss of skin pigmentation) and Psoriasis.

Anesthetics	Declomysin	Griseofulvin	Quinine	Therahistin
Arsenicals	Diabinese	Hydrodiuril	Salicyclate	Thiazide
Aureomycen	Diethylstilbestrol	Nadison	Sparine	Thorazine
Barbiturates	Dilantin	Orabetic Orinase	Sulfanamides	Tridione
Benzedryl	Diuretics	Pacatal	TBS	Trilafon
Compazine	Diuril	Pheynlbuzatone	TCSA	Vesprin
Cold & Silver Salts	Dyes	Procaine	Temaril	
Compazine	Estrone	Psoralen Drugs	Terramycin	
Dartal	5 Fu	Pyrrolazote	Tetracyclines	

Coal Tar Products & Essential Oils: Bergamot, Cedar, Lime, Lavender and Vanillin.

ALLERGIC REACTIONS TO UV - Some people may experience a reddening of the skin, usually confined to small areas of the body, such as arms, stomach area, etc., usually accompanied by an itching sensation. In many cases it may be nothing more than a heat rash. In some cases it may be an allergic reaction to UV exposure, usually as a result of too much exposure in a given period of time for that particular skin type. You should be alert to any customer complaints pertaining to overexposure and instruct the customer to avoid tanning, indoors or outdoors, until the symptoms have disappeared, usually within 24 hours. Once the customer resumes tanning, reduce the exposure schedule until their body has acclimated to the tanning process.

PREGNANT WOMEN - The only 100% safe answer to this question is to discourage expectant mothers from using the tanning system. Require a letter from their family physician or doctor.

CHILDREN - A good policy to adopt is; No children under 18 years of age without written consent from a parent. Keep young children away from the Sunlight 54 Tanning Booth. It is not a toy. The sun lamps are breakable and potentially dangerous.

PROTECTIVE EYE GOGGLES - Every customer must wear protective eye wear during a tanning session. One pair of goggles is provided with each Sunlight 54 Tanning Booth. It is advisable that each customer own a pair of protective eye wear. This is the most sanitary (and profitable) way to conduct your business. It is advisable to remove contact lenses before each tanning session due to the dryness of the air.

LONG HAIR - A very important safety note: Long hair should be either tied back or covered by a hat or hair net. The over head fan is extremely powerful and will suck your hair into the blades causing serious injury.

UNDERSTANDING YOUR SYSTEM

DAILY MAINTENANCE - Your Sunlight 54 Tanning Booth has been designed to be virtually maintenance free. Since the only body parts that come in contact with the system are the bottoms of the feet and the hand straps, close attention should be paid to these areas on a daily basis. The floor can be wiped down with warm water and Lysol (1 gallon water to 3 tablespoons Lysol) or any other mild disinfectant solution you choose.
This procedure should be performed as necessary, depending on traffic flow.
Over time, the hand straps will become soiled. They can be removed and washed with warm soapy water. The walls, ceiling and framework can be cleaned with any mild NON-ABRASIVE cleaner and a soft cloth. Ivory liquid and warm water works well.

CAUTION: Clean the Floor vent with a damp cloth only. Avoid excess cleaning fluid dripping through vent holes. <u>Make sure floor is dry before next tanning customer enters the booth.</u>

DO NOT ALLOW WATER OR ANY LIQUID CLEANSERS TO COME IN CONTACT WITH THE FLUORESCENT SOCKETS OR SUNLAMPS.

The fan should be cleaned when any noticeable build-up of dust is noted. Remove the grill from inside the booth and carefully wipe down the fan blades and surrounding grill work.
The lamps and guards can be cleaned using a vacuum cleaner with a soft furniture duster attachment. Periodically, the lamps should be removed and wiped clean.
NEVER USE ABRASIVE CLEANERS anywhere in the Sunlight 54 Tanning Booth.

timer settings.
NOTE: It is beyond the scope of this manual to give complete instructions on timer operation, due to the many timer options available, therefore you should refer to the manual supplied with your particular timer installation to set up your timer for your individual needs.

IMPORTANT NOTE: Before the timer is put into operation, using the instructions supplied with your timer, program a maximum exposure setting of ten minutes for the model HT-54 or a maximum exposure time of 13 minutes for the model HT-42. This will prevent inadvertent overtime settings and will prevent serious injury from overexposure.
This **MAXIMUM TIME SETTING, is "THE MAXIMUM TIME THIS PARTICULAR BOOTH HAS APPROVAL FOR",** and also is a **FDA REQUIREMENT** for all tanning booths.

FST TIMER SETTING (IF YOU ARE USING A FST TIMER)

SETTING THE TIMER - After each session, the **FST** digital timer will read "- -". To enter session time, simply press the Δ button until the desired time appears in the "window". If you go past the desired time, press the ∇ button until the correct time is reached.

STARTING THE TANNING SESSION - Once the time is entered, The tanning session is activated by pushing the "START" button in the Sunlight 54 Tanning Booth when the customer is ready to start tanning, this is when the timing cycle begins.

STOPPING THE TANNING SESSION - The customer can place the "EMERGENCY SHUT OFF SWITCH" on the control panel in the Sunlight 54 Tanning Booth to the "OFF" position.
NOTE: This method will terminate the tanning session but the time will continue to count down. If the customer decides to place the "EMERGENCY SHUT OFF" switch in the "ON" position, the tanning session will be reactivated, if there is still time remaining on the digital read-out.

IMPORTANT - "EMERGENCY SHUT OFF" switch must be in the "ON" position before Sunlight 54 Tanning Booth can be activated.

PEAK PERFORMANCE - Your Sunlight 54 Tanning Booth is one of the most advanced tanning systems on the market today.
It is a finely tuned, high performance tanning system, but you must be aware of certain factors that effect the tanning capabilities of the system.

PROPER COOLING IS THE KEY TO PEAK PERFORMANCE AND LONG LAMP LIFE.

The cooling system of your Sunlight 54 Tanning Booth is designed to maintain a specific temperature at the surface of your lamps, as well as provide the customer with a comfortable tanning environment. This can only occur if the following criteria are met.

Room Temperature; optimum performance can only be attained provided you supply adequate cooling to the system to begin with. To insure the highest output from your system, your room temperature should be between 73°F and 80°F. Room temperatures higher than or lower than the above temperatures may adversely affect the performance of the lamp. In the case of higher room temperatures, lamp life can be decreased as well.

Do not obstruct wall panel intake ports.

Keep Sunlight 54 Tanning Booth at least 3 inches away from any wall or obstruction.
Air must be allowed to flow freely into the booth through the Floor Vent.
Fan Operation; Keep running for at least 6 minutes after every tanning session.
This will ensure proper cool-down of tanning lamp life.
Most importantly, your lamps will reach a higher performance level for the next customer.

LAMP END BLACKENING - Due to high temperatures of VHR systems, lamp end blackening will occur. This does not adversely affect performance.

LAMP ROTATION - From the moment a new sun lamp is energized, it begins a gradual decrease in performance. VHR ®, VLR ® and *HI - TAN* ® lamps tend to last anywhere from 600 to 800 hours.
There are a few different ways to change lamps.
The most simple method is to let the lamps reach their life expectancy and then change all lamps at one time. The drawback to this method lies in the fact that by the time you change all lamps, they have reached their maximum life expectancy.
A more efficient method is through a lamp rotation process.
This can be accomplished in any number of ways. The following is just one example.

VHR® (160 WATT) LAMP ROTATION - Assume your lamp has a life expectancy of 600 hours and you have decided to change 13 lamps every 150 hours. By replacing the back 13 lamps (9 lamps in panel #3, two lamps from panel #2 and two lamps from panel #4, every 150 hours with new lamps, the front of the body and face will always reap the benefits of fresh lamps. (Remember sun lamps deliver the highest performance in the first 100 hours). At the same time, the older lamps will be pushed to the left and right, towards the door of the Booth.
If you make three changes of 13 lamps each (3 x 13 = *39* lamps) then one change of *15* lamps, 9 lamps from panel #3, 3 from panel #2 and 3 lamps from panel #4, (*39* plus *15* = 54), rotating the replaced tubes toward the door of the booth, you will never have more than 150 hours on panel #3 and the lamps that are being pushed out the door will never have more than 600 hours. (4 lamp changes x 150 hours per change = 600 hours).
NOTE: When your system is brand new, none of your lamps will have 600 hours on them during the first three rotations. Mark the lamps that are removed with the total number of hour usage and set aside. As you continue rotations these "low-time" lamps can be reinstalled to replace lamps of higher time.

expectancy, you would change 13 lamps for the first three 200 hour cycles and 15 on the final 200 hour cycle.

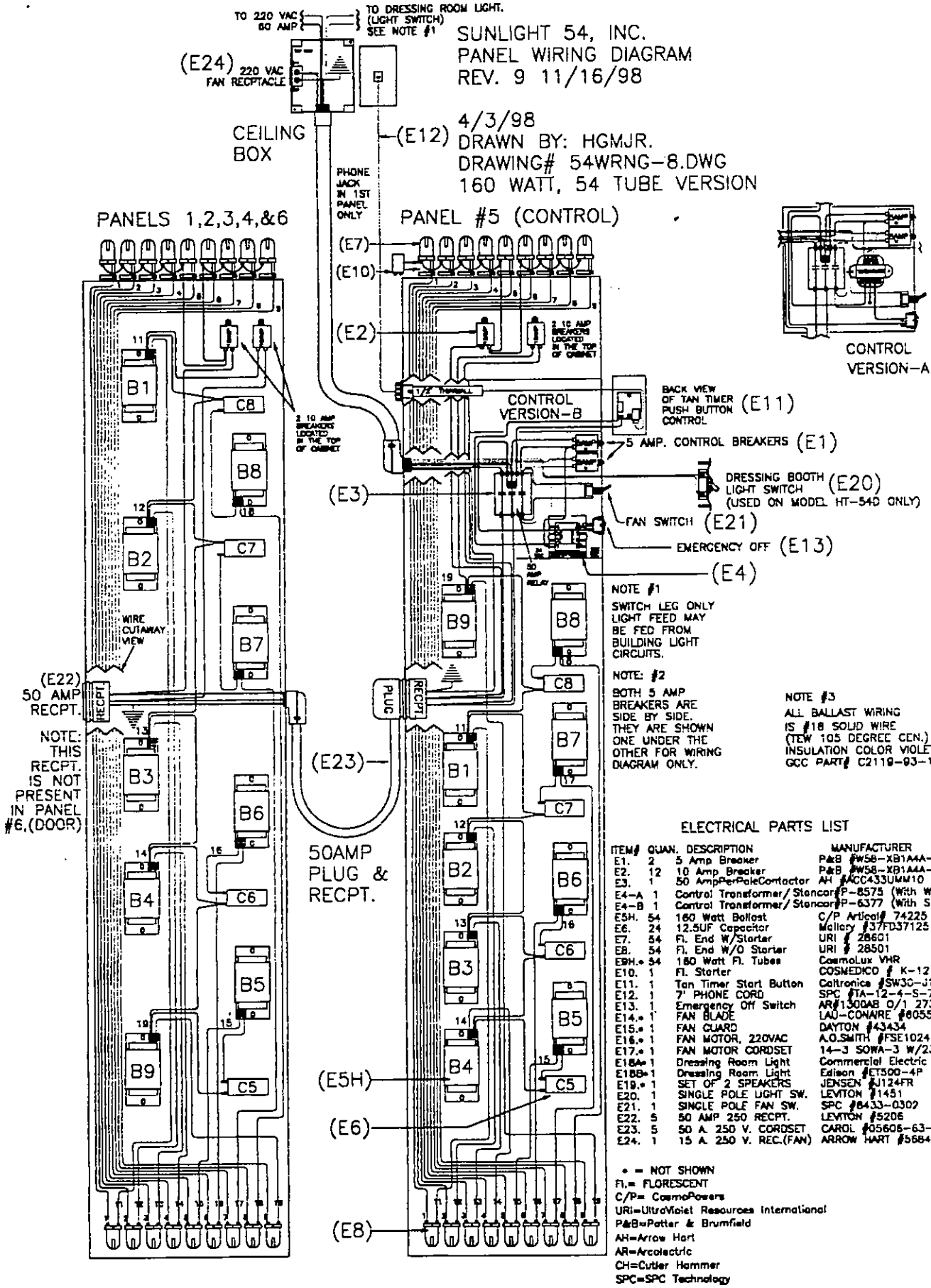
VLR ® (100 watt) LAMP ROTATION - Assume your lamp has a life expectancy of 600 hours and you have decided to rotate lamps every 150 hours. By replacing the back 11 lamps (7 lamps in panel #3, two lamps in panel #2 and two lamps in panel #4), every 150 hours with new lamps, the front of the body and face will always reap the benefits of fresh lamps. (Remember sun lamps deliver the highest performance in the first 100 hours). At the same time, the older lamps will be pushed to the left and right, towards the door of the Booth.
If you make three changes of 11 lamps each (3 x 11 = 33 lamps) then one change of 9 lamps, 7 lamps from panel #3, 1 lamp from panel #2 and 1 lamp from panel #4, (33 plus 9 = 42), rotating the replaced tubes toward the door of the booth, you will never have more than 150 hours on panel #3 and the lamps that are being pushed out the door will never have more than 600 hours. (4 lamp changes x 150 hours per change = 600 hours).
NOTE: When your system is brand new, none of your lamps will have 600 hours on them during the first three rotations. Mark the lamps that are removed with the total number of hour usage and set aside. As you continue rotations these "low-time" lamps can be reinstalled to replace lamps of higher time.
If you decide to use 800 hours as the life expectancy, you would change 11 lamps for the first three 200 hour cycles and 9 lamps on the final 200 hour cycle.

INDOOR TANNING LOTIONS, OILS AND MOISTURIZERS - You should carry at least one or two lines of top quality indoor tanning products. A good pre-tan base gel is recommended during the first week of tanning. After a base tan has been achieved, usually 4-5 sessions, an accelerator or amplifying lotion or oil can be used to enhance the tanning process.

Moisturizers should be encouraged throughout the tanning program. They should be applied after tanning. A lip protector should be used during tanning since the lips have no ability to produce melanin for protection.

REMEMBER: The tan produced by the Sunlight 54 Tanning Booth is a rich, dark cosmetic tan. Make sure your customers understand that, **"AN INDOOR TAN WILL NOT PROVIDE ADEQUATE PROTECTION AGAINST OVER-EXPOSURE TO NATURAL SUNLIGHT".**

CAUTION: Your system is equipped with a high capacity floor vent, it is advisable to avoid any spray-type lotions or oils. The vaporized lotions will be carried throughout the tanning system via the rapidly moving air passing through the vent, resulting in slippery floors and cause for frequent clean-up. Application of lotion while inside the tanning booth should not be allowed.

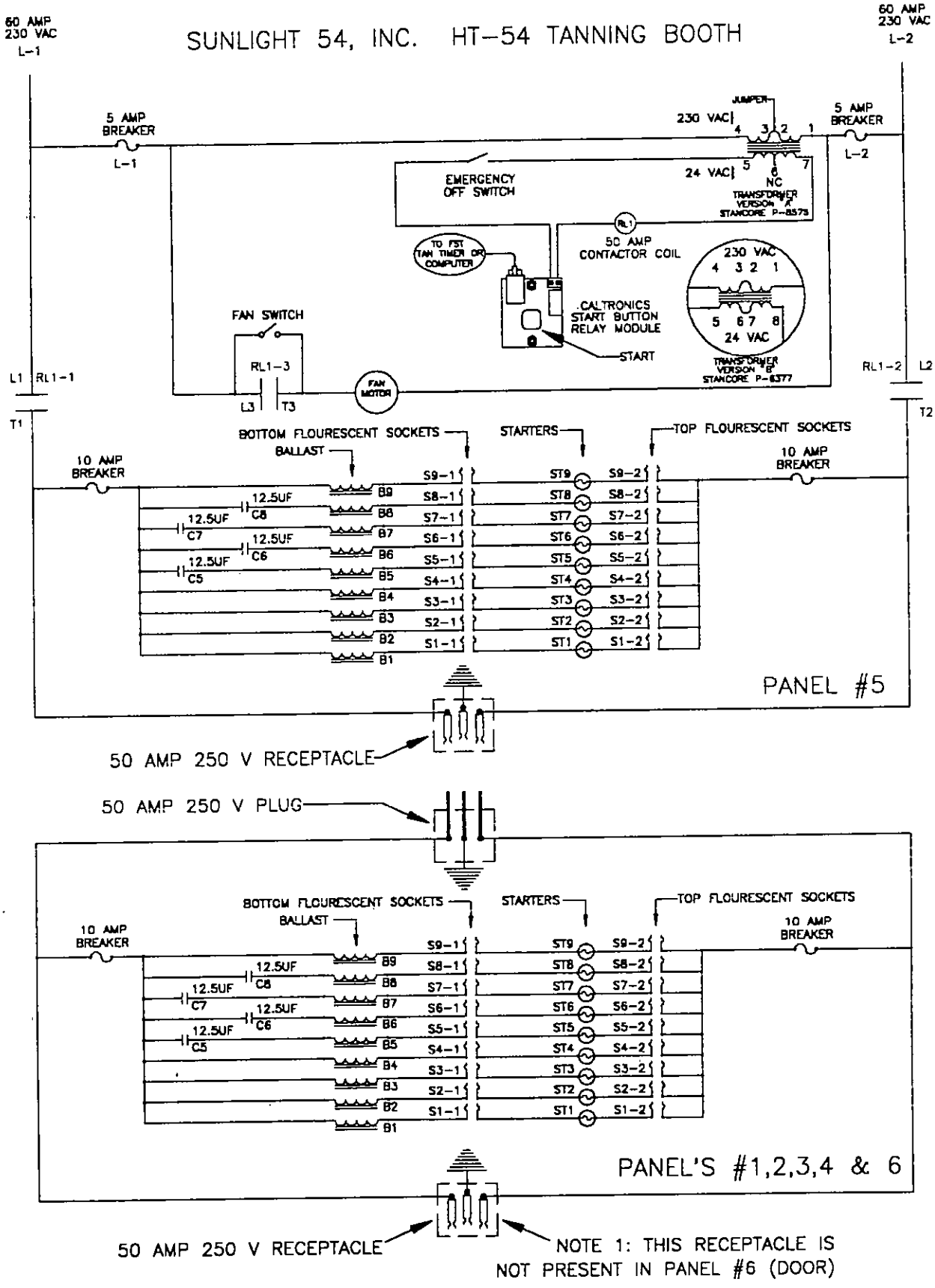


ELECTRICAL PARTS LIST

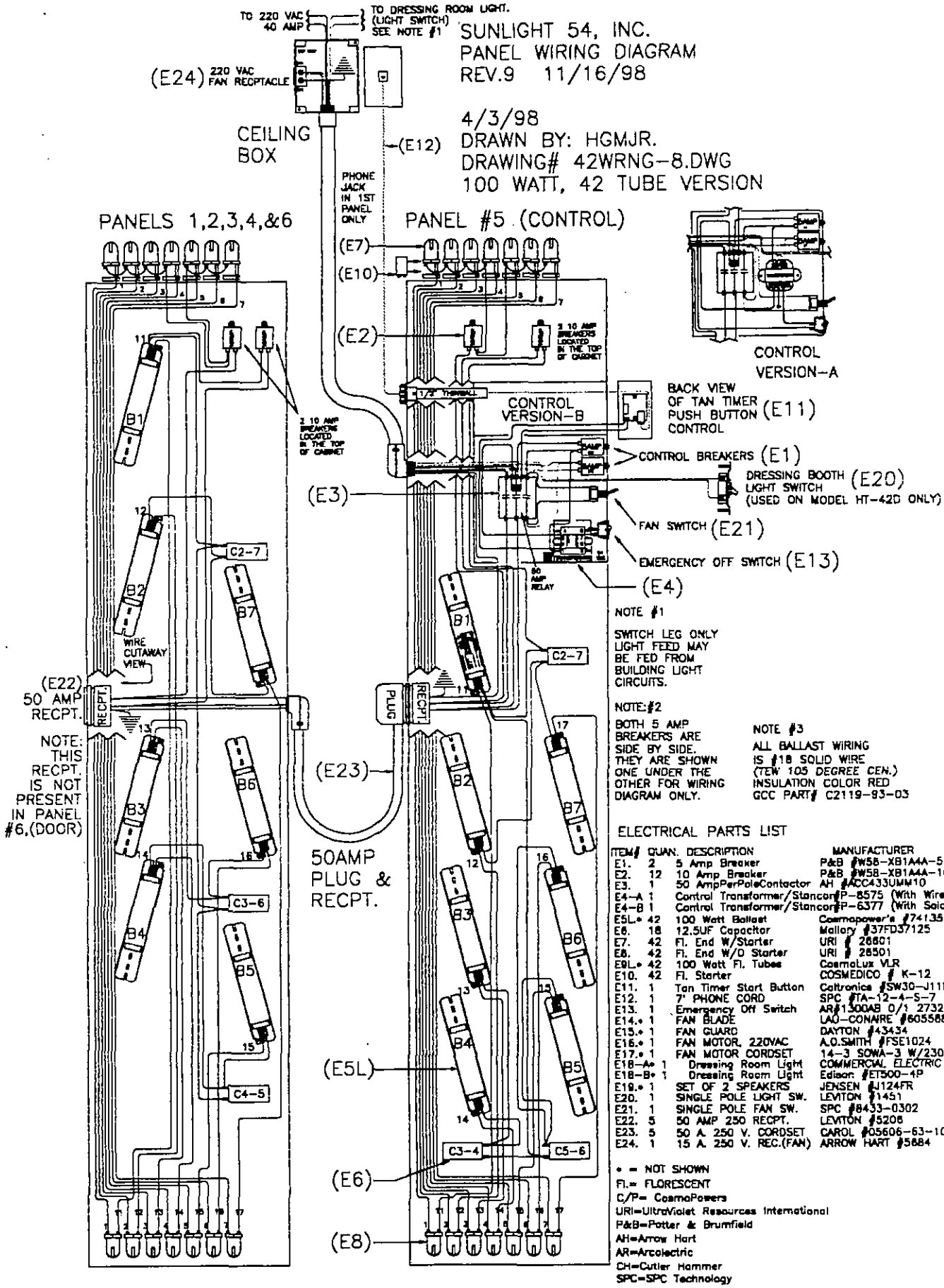
ITEM#	QUAN.	DESCRIPTION	MANUFACTURER
E1.	2	5 Amp Breaker	P&B #W58-XB1A4A-5
E2.	12	10 Amp Breaker	P&B #W58-XB1A4A-10
E3.	1	50 AmpPerPoleContactor	AH #ACC433UMM10
E4-A	1	Control Transformer/ Stancor	P-8575 (With Wire Leads)
E4-B	1	Control Transformer/ Stancor	P-6377 (With Solder Terminals)
E5H.	54	160 Watt Ballast	C/P Artical# 74225
E6.	24	12.5UF Capacitor	Mallory #37FD37125
E7.	54	Fl. End W/Starter	URI # 28601
E8.	54	Fl. End W/O Starter	URI # 28501
E9H.*	54	160 Watt Fl. Tubes	CosmoLux VHR
E10.	1	Fl. Starter	COSMEDICO # K-12
E11.	1	Tan Timer Start Button	Caltronics #SW30-J11B
E12.	1	7' PHONE CORD	SPC #TA-12-4-S-7
E13.	1	Emergency Off Switch	AR#1300AB O/1 273211
E14.*	1	FAN BLADE	LAU-CONAIRE #605586-01
E15.*	1	FAN GUARD	DAYTON #43434
E16.*	1	FAN MOTOR, 220VAC	A.O.SMITH #FSE1024
E17.*	1	FAN MOTOR CORDSET	14-3 SOWA-3 W/230 PLUG
E18A*	1	Dressing Room Light	Commercial Electric #CAT99PLAT
E18B*	1	Dressing Room Light	Edison #ET500-4P
E19.*	1	SET OF 2 SPEAKERS	JENSEN #J124FR
E20.	1	SINGLE POLE LIGHT SW.	LEVITON #1451
E21.	1	SINGLE POLE FAN SW.	SPC #6433-0302
E22.	5	50 AMP 250 RECPT.	LEVITON #5206
E23.	5	50 A. 250 V. CORDSET	CAROL #05608-63-10
E24.	1	15 A. 250 V. REC.(FAN)	ARROW HART #5684

* = NOT SHOWN
Fl.= FLORESCENT
C/P= CosmoPowers
URI=UltraViolet Resources International
P&B=Potter & Brumfield
AH=Arrow Hart
AR=Arcolectric
CH=Cutler Hammer
SPC=SPC Technology

SUNLIGHT 54, INC. HT-54 TANNING BOOTH



NOTE 2: THE DRESSING ROOM LIGHT IS AN EXTERNAL CIRCUIT, NOT PRESENT IN THIS DIAGRAM.



SUNLIGHT 54, INC.
PANEL WIRING DIAGRAM
REV.9 11/16/98

4/3/98
DRAWN BY: HGMJR.
DRAWING# 42WRNG-8.DWG
100 WATT, 42 TUBE VERSION

NOTE #1

SWITCH LEG ONLY LIGHT FEED MAY BE FED FROM BUILDING LIGHT CIRCUITS.

NOTE:#2

BOTH 5 AMP BREAKERS ARE SIDE BY SIDE. THEY ARE SHOWN ONE UNDER THE OTHER FOR WIRING DIAGRAM ONLY.

NOTE #3

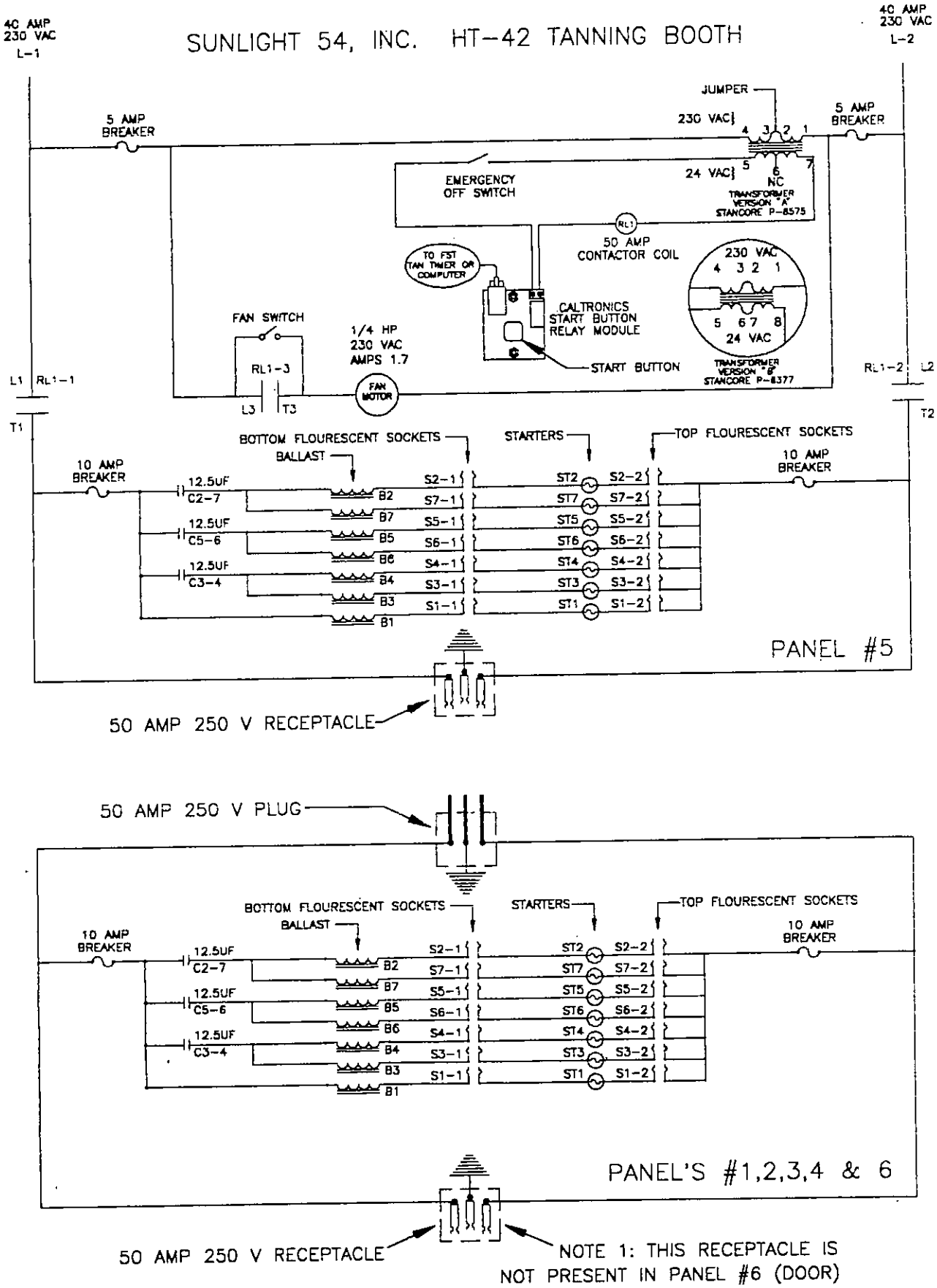
ALL BALLAST WIRING IS #18 SOLID WIRE (TEW 105 DEGREE CEN.) INSULATION COLOR RED GCC PART# C2119-93-03

ELECTRICAL PARTS LIST

ITEM#	QUAN.	DESCRIPTION	MANUFACTURER
E1.	2	5 Amp Breaker	P&B #W58-XB1A4A-5
E2.	12	10 Amp Breaker	P&B #W58-XB1A4A-10
E3.	1	50 AmpPerPoleContactor	AH #ACC433UMM10
E4-A	1	Control Transformer/Stancor	#P-8575 (With Wire Leads)
E4-B	1	Control Transformer/Stancor	#P-6377 (With Solder Terminals)
E5L.*	42	100 Watt Ballast	Cosmopower's #74135
E6.	18	12.5UF Capacitor	Mallory #37FD37125
E7.	42	Fl. End W/Starter	URI # 28601
E8.	42	Fl. End W/O Starter	URI # 28501
E9L.*	42	100 Watt Fl. Tubes	CosmoLux VLR
E10.	42	Fl. Starter	COSMEDICO # K-12
E11.	1	Tan Timer Start Button	Caltronics #SW30-J11B
E12.	1	7' PHONE CORD	SPC #TA-12-4-S-7
E13.	1	Emergency Off Switch	AR#1300AB 0/1 273211
E14.*	1	FAN BLADE	LAU-CONAIRE #605568-01
E15.*	1	FAN GUARD	DAYTON #43434
E16.*	1	FAN MOTOR, 220VAC	A.O.SMITH #FSE1024
E17.*	1	FAN MOTOR CORDSET	14-3 SOWA-3 W/230 VAC PLUG
E18-A*	1	Dressing Room Light	COMMERCIAL ELECTRIC #CAT99PLAT
E18-B*	1	Dressing Room Light	Edison #ET500-4P
E19.*	1	SET OF 2 SPEAKERS	JENSEN #J124FR
E20.	1	SINGLE POLE LIGHT SW.	LEVITON #1451
E21.	1	SINGLE POLE FAN SW.	SPC #8433-0302
E22.	5	50 AMP 250 RECPT.	LEVITON #5208
E23.	5	50 A. 250 V. CORDSET	CAROL #05606-63-10
E24.	1	15 A. 250 V. REC.(FAN)	ARROW HART #5684

* = NOT SHOWN
Fl.= FLORESCENT
C/P= CosmoPowers
URI=UltraViolet Resources International
P&B=Potter & Brumfield
AH=Arrow Hart
AR=Arcolectric
CH=Cutler Hammer
SPC=SPC Technology

SUNLIGHT 54, INC. HT-42 TANNING BOOTH



NOTE 2: THE DRESSING ROOM LIGHT IS AN EXTERNAL CIRCUIT, NOT PRESENT IN THIS DIAGRAM.

ELECTRICAL PARTS LIST FOR THE HT-42 and HT-54 TANNING BOOTHS

Item	Quan.	Manufacturer's Part #	Description
E1	2	Potter & Brumfield # W58-XB1A4A-5	5 AMP, 250 VAC Breaker
E2	12	Potter & Brumfield # W58-XB1A4A-10	10 AMP, 250 VAC Breaker
E3	1	ARROW HART # ACC433UMM10	50 AMP Contactor
E4-A	1	Stancore # P-8575 (Mounted on back of the control box)	Control Transformer (Ver. A) (Has wire leads)
E4-B	1	Stancore # P-6377 (Mounted in bottom of the control box)	Control Transformer (Ver. B) (Has solder terminals)
E5L	42	CosmoPower's # 74135	100 watt Fluorescent Ballast
E5H	54	CosmoPower's # 74225	160 watt Fluorescent Ballast
E6L	18	Mallory # 37FD37125	12.5 UF/370VAC Capacitor
E6H	24	Mallory # 37FD37125	12.5 UF/370VAC Capacitor
E7L	42	Ultra Violet Resources #28601	Single 2 pin lamp holder W/Starter Socket
E7H	54	Ultra Violet Resources #28601	Single 2 pin lamp holder W/Starter Socket
E8L	42	Ultra Violet Resources #28501	Single 2 pin lamp holder
E8H	54	Ultra Violet Resources #28501	Single 2 pin lamp holder
E9L	42	CosmoLux VLR/18810/72"-100Watt	Sunlight Fluorescent Tubes
E9H	54	CosmoLux VHR # NA1-15-160Watt	Sunlight Fluorescent Tubes
E10L	42	Fluorescent Starter	COSMEDICO # K-12
E10H	54	Fluorescent Starter	COSMEDICO # K-12
E11	1	Caltronics # SW30-J11B	Tan Timer Start Control Button
E12	1	SPC Technology # TA-12-4-S-7	7 ft. Phone Cord
E13	1	Arcolectric # C1300AB 0/1 273-211	S.P.S.T Rocker Switch (Emergency Stop)
E14	1	LAU-CONAIRE # 605588-01	Fan Blade
E15	1	Dayton # 43434	Fan Guard
E16	1	A.O.Smith # FSE1024	Fan Motor, 220 VAC,1.7 AMP,¼ HP,1625 RPM
E17	1	14-3 SOWA-3 W/230 VAC Plug	Fan Motor Cordset.
E18-A	1	Commercial Electric #CAT99PLAT	Fluorescent Dressing Room Light (Ver. A)
E18-B	1	Edison #ET 500 4P	Incandescent Dressing Room Light (Ver. B)
E19	1	Jensen #J124FR	Set of 2 Speakers
E20	1	Leviton # 1451	Single Pole Light Switch
E21	1	SPC Technology Type 8433-0302	Single Pole Toggle Switch, (Fan Switch)
E22	5	Leviton # 5206	50 Amp 250 Volt Receptacle
E23	5	Carol # 05606-63-10	50 Amp 250 VAC Cordset
E24	1	Arrow Hart # 5684	15 Amp 250 VAC Single Receptacle (Fan)

NOTE:

The use of "L" and "H" after a part number indicate which model the part is used with.
The "L" indicates its use with the HT-42, "Lower Power" Booth.
The "H" indicates its use with the HT-54, "Higher Power Booth.

Example:

E5L	42	CosmoPower's # 74135	100 watt Fluorescent Ballast
E5H	54	CosmoPower's # 74225	160 watt Fluorescent Ballast

It could be an identical part, but used in a different quantity.

Example:

E6L	18	Mallory # 37FD37125	12.5 UF/370VAC Capacitor
E6H	24	Mallory # 37FD37125	12.5 UF/370VAC Capacitor

GENERAL TROUBLE SHOOTING GUIDE

DANGER - HIGH VOLTAGE

Before Checking for any loose wires,
make sure circuit breaker at service panel is in the "OFF" position.

WARNING: CAPACITORS STORE A HIGH VOLTAGE CHARGE INDEFINITELY.

DO NOT TOUCH THEM OR THE ENDS OF THE WIRES LEADING FROM THEM.

1. ONE LAMP WON'T LIGHT

CAUSE	SOLUTION
1. Starter not properly installed	1. Check starter for proper installation
2. Loose wire at lamp socket	2. Check for loose wire and repair
3. Dead lamp	3. Replace lamp
4. Loose wire/ dead ballast	4. Check for loose wire and repair or replace dead ballast

II. FOUR OR FIVE LAMPS WON'T LIGHT

CAUSE	SOLUTION
1. Loose power supply wire at top lamp sockets	1. Check for loose wire and repair
2. Loose power supply wire at ballast	2. Check for loose wire and repair

III. TANNING UNIT DOES NOT OPERATE

CAUSE	SOLUTION
1. No power to unit	1. Check the circuit breaker servicing the booth
2. Emergency shut off switch in "off" position	2. Place emergency shut-off switch to "on"
3. 5 amp circuit breaker on #5 fixture "tripped"	3. Reset circuit breaker by pushing breaker in
4. Timer not plugged in	4. Plug timer into junction box
5. Timer cable not fully plugged into the junction Box.	5. Check for proper seating of timer cable plug
6. Faulty timer.	6. Replace faulty timer

Note: To see if timer is faulty, go to step 11.

ITEMS 7, 8, 9, 10, AND 11 SHOULD BE COMPLETED BY A QUALIFIED SERVICE TECHNICIAN ONLY.

This section is designed to help isolate and correct any problems which may occur and is not intended for use by anyone except a qualified service technician. Disconnect all power to the system before servicing. Use only factory authorized components for replacement parts.

CAUSE	SOLUTION
7. Incorrect connection of incoming power	7. Refer to wiring diagram
8. Loose wiring in timer circuit	8. Check all connections and wiring in light fixture #5.
9. Faulty transformer	9. Replace transformer

NOTE: Locate transformer within light fixture #5.
With volt meter test secondary of transformer for 24 volt output. Power must be on for this test.
Make sure 110 volts is being delivered to primary of the transformer.

10. Faulty coil in relay	10. Replace relay

NOTE: Locate the relay within light fixture #5.
With volt meter, test coil for 24 volts. Power must be on for this test.
If 24 VAC is present at the coil terminals, and the relay is not energized, replace the relay.

11. How to determine if timer is faulty

A. Turn off the booth power OFF and remove the guard, tubes, shade, and control module cover.
B. Remove the 2 black wires from the back of the timer start button.
C. Connect the 2 black wires together.
D. Turn emergency stop switch to the off position.
E. Turn the booth power ON.
F. Turn emergency stop switch to the on position.
G. If the 50 AMP Contactor energizes, the timer or timer cord is defective.
H. Replace the timer cord and retest.
I. If replacing the timer cord is ineffective, replace the timer and retest.
J. If steps H. and I. Give you no results, refer to steps 7., 8., 9., and 10.
K. Turn the booth power OFF.
L. Reassemble the fixture.

POLICIES AND PROCEDURES

Please read the warranty carefully before submitting warranty claim.
Please complete the following steps before filing a warranty claim with SUNLIGHT 54, Inc.
Obtain serial number and model number (i.e. HT-54D) of your SUNLIGHT 54 Tanning Booth.
There are two serial numbers on your SUNLIGHT 54, Inc. Tanning Booth:

The Chassis Data Plate is located inside the roof of the booth, over the door.
The Electrical Data Plate is located below the controls, on panel #5

If you did not register a completed warranty card with SUNLIGHT 54, Inc., proof of purchase in the form of a paid receipt etc., must be provided before any claim can be authorized.

Be prepared to explain the problem you are having with your unit.
IMPORTANT: Refer to the troubleshooting guide in this manual before calling. The most common problems are covered in the troubleshooting guide. If your problem is similar to one listed in the guide please follow the simple troubleshooting procedures before calling.

If you still need assistance, call our service department at: 1-609 227 2242. Once the problem is identified, our service department will take appropriate action to remedy the problem.

PARTS WARRANTY CLAIM / PROCEDURES

If it is determined that a part needs to be replaced, SUNLIGHT 54, Inc., will ship the replacement part to the customer, freight collect. The customer will be billed on a net 30 day basis for the part.
The customer must return the defective part within 10 days of receipt of new part, freight prepaid to SUNLIGHT 54, Inc. **Failure to return the defective part within 30 days of receipt of the replacement part will void warranty.**

A copy of the invoice must be included with the part being returned. A credit invoice offsetting the original bill will be issued by SUNLIGHT 54, Inc., upon receipt of defective part.
REMINDER: Freight must be prepaid by the customer.

DEFECTIVE LAMP CLAIM PROCEDURE

1. Obtain lamp testing authorization number by calling 1-609 227 2242.
2. Send a minimum of four lamps claimed to be defective, freight prepaid, to:
   SUNLIGHT 54, Inc., 251 South Railroad Avenue, Blackwood, NJ 08012
   NOTE: The best way to insure survival of the tubes during shipment is to use the original shipping carton for returning tubes to SUNLIGHT 54, Inc.
   Proper packaging is the responsibility of the shipper.
3. The lamps will be tested by the lamp manufacturer. You will be notified of the results in approximately 3 - 6 weeks.
4. If the lamps are defective, replacement lamps will be sent to you, freight prepaid.

Limited Warranties

SUNLIGHT 54, Inc.,(the company) makes the following limited warranties (the "Limited Warranties") on its artificial sun tanning booth (the "Product:). These Limited Warranties extend to the original purchaser only; they do not extend to any other purchaser or transferee. Limited Ninety (90) Day warranty on Parts and Labor ("Limited Ninety (90) Day Warranty"). The company warrants the parts contained in this Product against defects in materials and workmanship for a period of ninety (90) days after the date of original purchase. During this period the company will repair or replace, at its option, a defective part without charge to the original purchaser, with the following exceptions:

1. Fluorescent lamps and starters are warranted against defects for a period of thirty (30) days from date of sale.
2. Only parts obtained through the company, its authorized dealers or distributors may be used. Transportation costs for parts shipped to the consumer and the return of defective parts to the company are not included.
3. Labor will be furnished without charge for ninety (90) days from date of purchase only. All labor and related charges must be authorized by the company prior to start of repairs, and must coincide with the company's established rates and time allotment policy.

Limited One Year Warranty on Parts ("Limited One Year Warranty"). The company warrants the electrical components contained in this product (except sun lamps and starters) against defects in materials and workmanship for one year to the original purchaser of the product. During this period, the company, will repair or replace, at its option, a defective part without charge to you. You must prepay all transportation and insurance charges to and from the company service location and, after the first 90 days, you must pay all labor charges involved in repairing or replacing the defective part. FAILURE TO RETURN DEFECTIVE PART WITHIN 30 DAYS OF RECEIVING REPLACEMENT PART WILL VOID WARRANTY.

Limited Lifetime Warranty on Framework ("Limited Lifetime Warranty). The company warrants that all framework components, i.e. floor, ceiling, wall panels, framework, fixture housings, guards and anything not considered electrical in nature are covered by a Limited Lifetime Warranty against defects in materials and workmanship to the original purchaser. During this period the company will repair or replace, at its option, a defective part without charge to you. You must prepay all transportation and insurance charges to and from the company service location, and after the first 90 days, you must pay all labor charges involved in repairing or replacing the defective part. FAILURE TO RETURN DEFECTIVE PART WITHIN 30 DAYS OF RECEIVING REPLACEMENT PART WILL VOID WARRANTY.

CONDITIONS OF LIMITED WARRANTIES: It is imperative that the original customer completes and returns the enclosed warranty card within 10 days after purchase to insure valid registration and coverage for potential claims. If the warranty card is not registered, proof of purchase from the company or its authorized dealer or distributor will be required prior to any consideration on warranty claims. This could result in service delays. These warranties extend to the individual or legal entity, whose name appears on the warranty registration card filed with or whose name appears on the original sale document and may not be transferred to any other individual or legal entity. These warranties do not apply to any failure of the product due to alterations, modifications, misuse, abuse, accident, improper maintenance, improper installation, normal wear and tear, discoloration of any materials or components due to UV light exposure or if the serial number on the product has been removed, altered or defaced. Adequate packaging must be used for returned goods to prevent freight damage.

THE COMPANY MAKES NO WARRANTIES (INCLUDING ANY WARRANTIES AS TO MERCHANTIBILITY OR FITNESS FOR A PARTICULAR PURPOSE) ON THE PARTS LISTED ABOVE. YOU ARE LIMITED TO THE WARRANTIES OF THE RESPECTIVE MANUFACTURERS OF THESE PARTS (IF SUCH WARRANTIES ARE AVAILABLE TO YOU).

ALL WARRANTIES IMPLIED BY STATE LAW, INCLUDING THE IMPLIED WARRANTIES OF MERCHANTIBILITY AND FITNESS FOR A PARTICULAR PURPOSE, ARE EXPRESSLY LIMITED TO THE DURATION OF THE LIMITED WARRANTIES SET FORTH ABOVE. Some states do not allow limitations on how long an implied warranty lasts, so the above limitation may not apply to you.

WITH THE EXCEPTION OF ANY WARRANTIES IMPLIED BY STATE LAWS AS HEREBY LIMITED, THE FOREGOING EXPRESS WARRANTIES ARE EXCLUSIVE AND NO OTHER EXPRESS WARRANTIES ARE GIVEN AND NO AFFIRMATION OF THE COMPANY, BY WORDS OR ACTION, SHALL CONSTITUTE A WARRANTY.

IN NO EVENT SHALL THE COMPANY BE LIABLE FOR CONSEQUENTIAL OR INCIDENTAL DAMAGES. Some states do not allow the exclusion or limitation of incidental or consequential damages so the above limitation may not apply to you. No person, agent, or employee of the company is authorized to change, modify or extend the terms of these Limited Warranties in any manner whatsoever. These Limited Warranties give you specific legal rights and you may also have other rights which vary from state to state.

Sunlight 54 - Warranty Registration

← *Cut Off AND MAIL*

IMPORTANT: CUT OFF AND MAIL WARRANTY REGISTRATION NOW.

NAME OF PURCHASER: _____ **DATE PURCHASED**___/___/___

NAME OF BUSINESS: _____.

ADDRESS: _____.

CITY: _____ **STATE:**_____ **ZIP:** _____.

PURCHASED FROM: _____.

ADDRESS: _____.

CITY: _____ **STATE:**_____ **ZIP:** _____.

MODEL NUMBER: _____ **(ON BOTH NAME PLATES)**

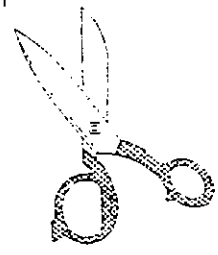
ELECTRICAL SERIAL NUMBER: _____ **(ON PANEL #5, BELOW CONTROLS)**

CHASSIS SERIAL NUMBER: _____ **(INSIDE, OVER DOOR, ON CEILING)**

PLEASE WRITE COMPLEMENTS OR CRITICISMS BELOW. USE BACK IF NECESSARY.

← *Cut Off AND MAIL TO:*

SUNLIGHT 54 INC.
251 SOUTH RAILROAD AVANUE
BLACKWOOD, NJ 08012



TOWNSHIP OF BRICK

APPLICATION FOR A VARIATION

Block _____ Lot _____
Subdivision _____

IDENTIFICATION

OWNER:
Name STEVEN FEBY
Address 14 CHARTER OAK LANE
Town/State/Zip MARLTON NJ 08053

CONSTRUCTION LOCATION:
Name SUITE 23A BRICK PLAZA
Address RT 70 & CHAMBERS BRIDGE Rd.
Town/State/Zip BRICK NJ 08723

FEE

FEE: $ _____
(Determined by Enforcing Agency)

APPLICANT STATEMENT

Please state the requirements of the subcode from which a variation is sought. (Use separate application forms for each variation request).:

THAT THE FRONT COUNTER OF THIS Hollywood Tans FRANCHISE MUST BE 3 FEET IN HEIGHT TO BE HANDICAP ACCESSIBLE.

How would compliance with said provisions result in practical difficulties? Explain the nature and extent of these Difficulties.: THE FRANCHISOR MAKES THE COUNTER TOPS 4 FEET OFF THE FLOOR. IN THE 80 SALONS WHICH ARE CURRENTLY OPENED ALL THE COUNTERS ARE 4 FEET TALL AND ARE MADE THAT WAY FROM THE FRANCHISOR. SINCE THERE ARE NO TANNING BOOTHS MANUFACTURED BY THE FRANCHISOR THIS WAY, THEY DON'T MAKE THE COUNTER LESS THEN 4 FEET.

Please state an alternative to the subcode requirement that will still protect the health, safety and welfare of the occupants.:

TO PLACE A 3 FOOT HIGH EXTENSION ON THE END OF THE COUNTER

DATE: 3/14/01 SIGNED: _____
APPLICANT

DETERMINATION

This application is to be reviewed within 20 business days

I have reviewed the facts and recommended DENIAL ☒, APPROVAL ☐ of the above variation request, in accordance with N.J.A.C. 5:23-2.9 through 2.13, for the following reasons:

RESUBMIT

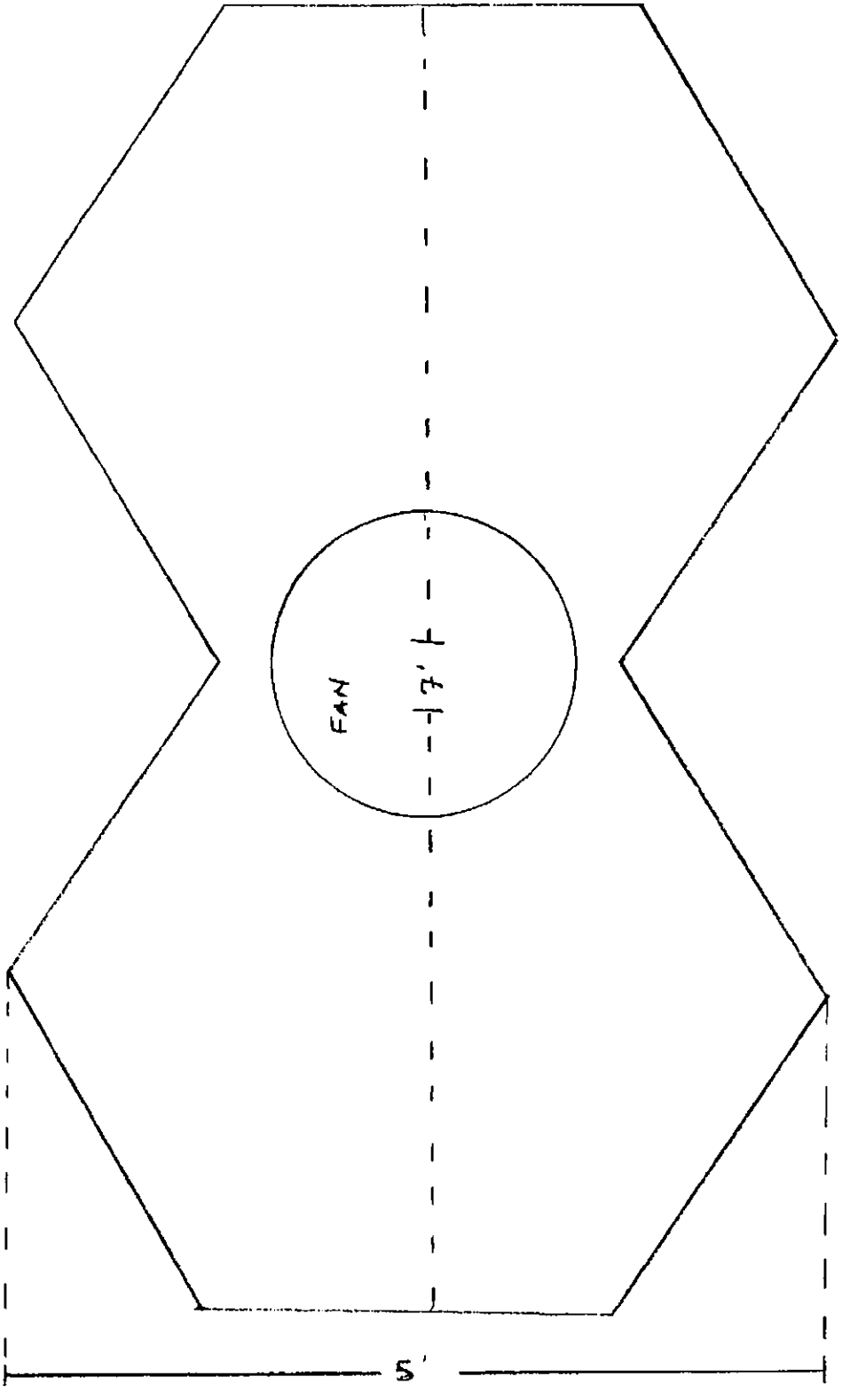
DATE 3/15/01

cc: 3-15-01

Frank Meyer
SUBCODE OFFICIAL

J. Cuccaro
CONSTRUCTION OFFICIAL

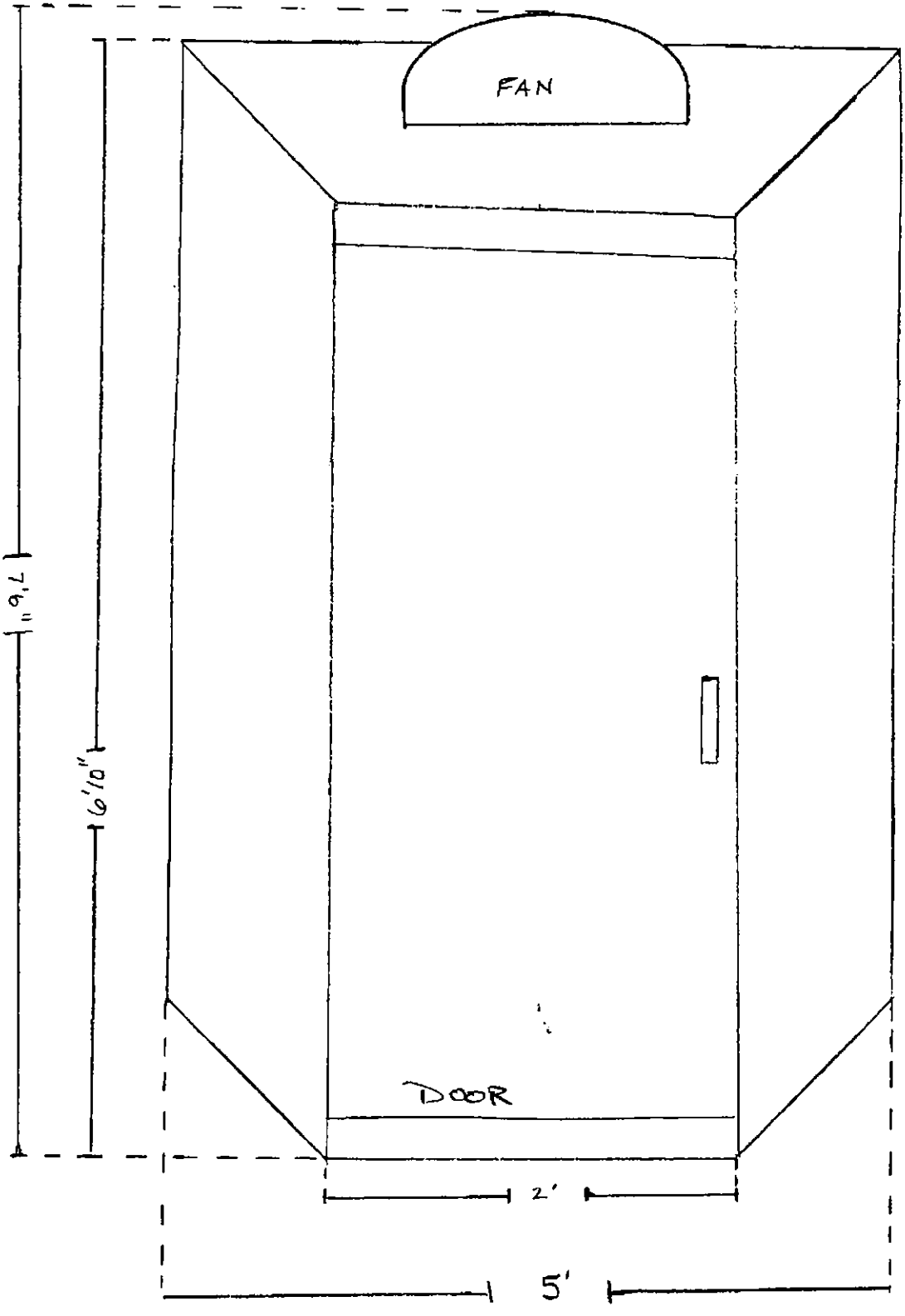
TANNING BOOTH - TOP VIEW



RESUBMIT

DATE 3/15/01

TANNING BOOTHS - FRONT VIEW



RESUBMIT

DATE 3/15/01

National Electrical Code
Plan Review Record
Township of Brick

Date: 3-28-01

Site Address: 23A Brick Plaza

Reviewed By: _____

CORRECTION LIST

No.	Description
(1)	Permit Incomplete
(2)	Questions on Service Size
(3)	Better Plans

4-10-01
Spoke to Steve Febr. Plans in Today!
Electrician To Have

Party Called and Phone #: 870 4044 Left Message

Resubmitted on: _____ **By:** _____

TOWNSHIP OF BRICK

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

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

CASE # _____

APPROVAL DATE: _____
(Planning Board/BOA)

DATE: 3/7/01

TO: Frederick R. Millman, CTA
Tax Assessor

FROM: Carol A. Wolfe
Affordable Housing Administrator

"Hollywood Vars"
Vars fka Up
Brick Plaza

RE: BLOCK 671 LOT 8 SITE ADDRESS Rt. 70 / Chambers Bridge

TYPE OF SITE _____ TYPE OF BUSINESS tanning salon
(Residential/Commercial)

APPLICANT Steven Felt CITY & STATE Marlton, NJ. 08053

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

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

$ 5,000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor

3/8/01

Date

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

$ 5,000

Frederick R Millman

Frederick R. Millman, CTA, Tax Assessor

3/20/01

Date

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

Clean file up

OFFICE OF AFFORDABLE HOUSING
CERTIFICATE OF COMPLIANCE

BLOCK 671 LOT 8 SITE ADDRESS Beach Plaza

TYPE OF SITE Residential / Commercial TYPE OF BUSINESS

APPLICANT PHONE NUMBER 609-

APPLICANT ADDRESS CITY & STATE

PERMIT # NAME OF BUSINESS

INCLUSIONARY DEVELOPMENT

◊ Affordable — Fee Required ______ Date ______

Down Payment ______ Date ______

Balance ______ Date ______

Paid In Full ______ Date ______

◊ Market Rate — No Fee Required

MANDATORY DEVELOPER FEES

◊ Residential is .005 %

X Commercial is .01 %

Estimated Assessment $ 5000.00 Date 3/9/01

Estimated Required Fee $ 50.00 OK

Required Deposit on Estimate $ 25.00 N/A Date

Check # Receipt #

Actual Assessment $ 5000.00 N/A Date 3/22/01

Actual Required Fee $ 50.00 OK

Minus Deposit of Estimate $ 25.00 N/A

Balance Due $ 25.00 Date 3/28/01

Check # 124 N/A Receipt #

Amount Paid In Full $ 50.00

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.

3/7/01 TA prel.
3/9/01 called + letter
3/22/01 TA final
3/22/01 called + letter

______

Carol A. Wolfe
Affordable Housing Administrator

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

Security enhanced document. See back for details.

671
8

S. TANNING, INC.
DBA HOLLYWOOD TANS
44 BRICK PLAZA
BRICK, NJ 08723

4614

124

55-150/212
6470

DATE March 28, 2001

PAY TO THE ORDER OF Township of Brick $ 25.00

Twenty Five and 00/100 DOLLARS

HUDSON UNITED BANK HUB

FOR Permits

[redacted]

Tony H. Shupin
Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Business/Development: Hollywood Tans

Owner/Applicant: Hollywood Tans

Property Address: 44 Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory Development Fee
Commercial (circled)
Residential
Inclusionary Development Fee

DATE: 3/28/01

Check Number 124

Estimated Fee

Preliminary Fee Deposit

Final Fee 50.00

Less Preliminary Fee 25.00

Final Fee Deposit 25.00

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance 354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Signature [signature]

Date 3-28-01

OFFICE OF AFFORDABLE HOUSING

CERTIFICATE OF APPROVAL FOR TENNANT FIT UP AND COMMERCIAL

Location Hollywood Tans Block 671 Lot 8

Final Inspections needed if applicable as follows:

1. Final Building
2. Final Plumbing
3. Final Electric
4. Final Fire
5. Certificate of Compliance BTMUA
6. Final Engineering
7. Ocean County Soil
8. Affordable Housing

Report of Compliance from Ocean County Soils needed when; more than 5000 sq ft are disturbed. NEW COMMERCIAL Building that have been approved by PLANNING BD or BD OF ADJUSTMENT always need soil report.

FINALS		FINALS
BUILDING	APPROVED	6/1/01 OK
PLUMBING	APPROVED	N/A
FIRE	APPROVED	N/A
ELECTRIC	APPROVED	6/1/01 OK
ENGINEERING	APPROVED	N/A
O.C.SOIL	APPROVED	N/A

COMMERCIAL OCCUPANCY CARD.....

C.C. FROM B.T.M.U.A. N/A Water Connection Meter.....
CALL THE WATER CO. BTMUA 458-7000 EXT. 224 OR 225 ASK WHETHER A C.C. IS NEEDED.

AFFORDABLE HOUSING OK. 3/7/01.....
ALL COMMERCIAL APPLICATIONS MUST BE REVIEWED BY AFFORDABLE HOUSING BEFORE A C/A OR C/O IS ISSUED. SECOND HALF OF PAYMENT IS DUE AT THIS TIME.

732
97-129

Update
01-0977+a

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: 56 Chambers Bridge
Block: 601 Lot: 8
Owner's Name: Hollywood Tans
Owner's Mailing Address:

Phone: ( )

BUILDING

Contractor:
Address:

Phone#:
Lis #
Federal Emp # or SSN

RECEIVED
MAY 18 2001

Technical Data

Description of Work:

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:

Signature:

Please Print Name

ELECTRICAL

Contractor: ITS Electrical Contractors
Address: 567 Manitoking Rd
Brick NJ 08723
Phone#: 732-477-1725
Lis #: 11930
Federal Emp # or SSN [redacted]

Technical Data

Item	Quantity
Lighting Fixtures	
Receptacles	
Switches	
Detectors	
Light Poles	
Motors w/ Fract. HP	
Emergency & Exit Lights	
Communication Points	10 speaker wire
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: 500.00

Signature:

Please Print Name FRED DRIES

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

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_____

Signature:_____

Print Name:_____

Township of Brick
Counter Form
(PLEASE PRINT)

Site Location: STORE #23A BRICK PLAZA
Block: _____ Lot: _____
Owner's Name: STEVEN A FEBT
Owner's Mailing Address: 14 CHARTER OAK LANE
MARLTON NJ 08053
Phone: (609) 870-4044

BUILDING

Contractor: STEVEN FEBT
Address: 14 CHARTER OAK LANE
MARLTON NJ 08053
Phone#: 609-870-4044
Lis #: _____
Federal Emp # or SSN [redacted]

Technical Data

Description of Work:

1 8'-8" PARTITIONS

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: ~42,000.00

Signature: [signature]

Please Print Name_____

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:_____

Signature:_____

Please Print Name_____

CONTRACTOR'S SEAL

Counter Form
PLEASE PRINT

PLUMBING

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_____

Signature:_____

Please Print Name:_____

CONTRACTOR'S SEAL

FIRE

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

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_____

Signature:_____

Print Name:_____

Security enhanced document. See back for details.

S. TANNING, INC.
DBA HOLLYWOOD TANS
44 BRICK PLAZA
BRICK, NJ 08723

4599

116

55-150/212
6470

DATE MARCH 12, 2001

PAY TO THE ORDER OF TOWNSHIP OF BRICK $ 25.00

TWENTY FIVE AND 00/100 DOLLARS

HUDSON UNITED BANK HUB

Springdale Road Office
Route 70 and Springdale Road
Cherry Hill, N.J. 08003

FOR PER [redacted]

Frederick J. Underwood, Sr.

To: Scott M. Pezarras, Chief Financial Officer
From: Carol A. Wolfe, Affordable Housing Administrator
Re: Affordable Housing Fees

Date: 3/13/01

Business/Development: Hollywood Tans

Owner/Applicant: S Tanning Inc.

Property Address: 44 Brick Plaza

Block: 671 Lot: 8

DEPOSIT RECEIVED

Mandatory ~~Development~~ Fee
(Commercial)
Residential
Inclusionary Development Fee

Check Number 1116

Estimated Fee $ 50.00

Deposit Amount $ 25.00

FINAL PAYMENT PRIOR TO ISSUANCE OF CERTIFICATE OF OCCUPANCY

Mandatory Development Fee
Commercial
Residential
Inclusionary Development Fee

Check Number _____

Final Fee $_____

Less Deposit $_____

Final Payment $_____

FOR DEPOSIT ONLY - AFFORDABLE HOUSING TRUST ACCOUNT 36 367087

Collection of said fees as authorized by Township Ordinance
354-2C-93, is pursuant to N.J.S.A. 52:27D-301 et seq. And N.J.A.C. 5:92-18 et seq.

Received in Treasurer's Office by:

Kathy Tinbergen
Signature

3-13-01
Date

AHBT PRELIMINARY APPROVAL