Township Archives
Township of Brick, NJ
401 Chambers Bridge Rd, Brick, NJ 08723

This File Contains Personal Identifiable Information of Private Citizen(s).

Certain information contained in this file is ***Exempt from Release*** under the Open Public Records Act (OPRA) (Public Law 2001, CHAPTER 404 (N.J.S.A. 47:1A-1 et seq.)) and Executive Orders issued by the Governor of New Jersey. The following information ***MUST*** be redacted prior to release:

- Social Security Numbers
- Drivers' License Numbers
- Unlisted Phone Numbers
- Credit Card Numbers
- Bank Account Numbers and Balances

For further information, consult with the Township Clerk, Township Archivist or Township Attorney prior to release.

Bryan J. Dickerson, CA, CMR
Township Archivist

Issued: 8 January 2020

BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2791 HOOPER AVE BRICK PERMIT NO. 20-0290

CONSTRUCTION PERMIT APPLICATION

C19-004845

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 HOOPER AVE BRICK NJ 08723
2. Name of Owner in Fee: Vicht Optic Enterprises T/A Miracle Ear
   Tel. (609) 929 0361 e-mail SHAWN.VEIGHT@HEARMIRACLEEAR.COM
   Address 329 MARLTON PK W CHERRY HILL NJ 08034
   street municipality zip code
3. Ownership in Fee: Public X Private _____
4. Principal Contractor: PRECISION PRO Tel. (609) 239 5512
   Address 676 JULIUSTOWN SEABRANCH RD e-mail _____
   JOBSTOWN NJ 08041
   License No. OR, if new home, Builder Reg. No. 13VH01516300 Exp. Date 3/31/20
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 20-5332042 FAX: ( ) _____
5. Architect or Engineer HARRY BOPP Contact _____
   Address 21 N MAIN ST #103 MEDFORD NJ 08055 e-mail _____
   Tel. (609) 654 1425 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun WM MORTAUGH
   Tel. (609) 239-5512 FAX: ( ) _____

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$1820-		
2. Electrical	150-V		
3. Plumbing	150-V		
4. Fire Protection	150-V		
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	78-		
10. Subtotal	$		
11. Cert. of Occupancy	150		
12. Other	2 75		
13. TOTAL	$2539		

VI. BUILDING/SITE CHARACTERISTICS

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

IIa. PROPOSED WORK

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

IIb. SUBCODES (Check all that apply)

FOR OFFICE USE ONLY (Optional)

	Est. Cost	Plans Rec'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☐ Building	33000				01/02/20	KEK			
☐ Electrical	4200								
☐ Plumbing				1-9-20		DW	1-22-20		DW
☐ Fire Protection				12/13/19			1/7/20		
☐ Elevator		Eng Exempt			12/10/19 ECC				
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change In Use Group, Indicate Present:
4. No. of dwelling units: *Total Units* *Income-restricted*
   Gained, Sale ____ ____
   Gained, Rental ____ ____
   Lost, Sale ____ ____
   Lost, Rental ____ ____

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use: Miracle Ear
2. Use Group, Proposed: B
3. Change In Use Group, Indicate Present: M

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

D. Construct. Classification: Present _____
Proposed _____

III. PLAN REVIEW (optional)

DO YOU WANT:
1. ☐ Partial Releases
2. ☐ Prototype Processing

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

1. ☐ Elevators/Escalators/Lifts/Dumbwaiters/Moving Walks
2. ☐ High Pressure Boilers
3. ☐ Pressure Vessels
4. ☐ Refrigeration Systems
5. ☐ Cross-Connections/Backflow Preventers
6. ☐ Hazardous Uses/Places of Assembly
7. ☐ Sprinklers/Standpipes
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools, Spas and Hot Tubs
11. ☐ LPGas Tanks
12. ☐ Fire Alarm

Miracle Ear

#2

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date 11/26/19

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

I hereby certify the following as required by the Uniform Construction Code, N.J.A.C. 5:23-2.15(d): the proposed work is authorized by the owner in fee; and I have been authorized by the owner in fee to make this application as his agent.

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

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

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

(✓) Check if contractor.

Agent Name Precision Pro

Address 674 Tuckerton Road Suite 4 Pennsauken NJ 08109

Telephone (609) 516 0856

Signature _____

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 07/29/2020
Control Number C-19-004345
Permit Number 20-0290
Permit Issue Date 02/03/2020
Certificate Number 20-0290

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 2791 HOOPER AVE Brick Township, NJ Block: 673 Lot: 8 Qual:

Owner in Fee: TRAHANAS REALTY LLC

Owner Address: PO BOX 955 RIVERSIDE CT 06878

Telephone:

Contractor PRECISION PRO

Address 676 JULIOUSTOWN GEORGETOWN RD JOBSTOWN NJ 08041

Telephone: (609) 239-5512 Fax: Federal Emp. Number:

License Number or Builders Registration Number:

Home Warranty Number: Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 10

Description of Work/Use: TENANT FIT UP - - MIRACLE EAR

Certificate Comments:

☑ **Certificate of Occupancy**
This serves notice that said building or structure has been constructed in accordance with the New Jersey Uniform Construction Code and is approved for occupancy.

☐ **Certificate of Approval**
This serves notice that the work completed has been constructed or installed in accordance with the New Jersey Uniform Construction Code and is approved. If the permit was issued for minor work, this certificate was based upon what was visible at the time of inspection.

☐ **Certificate of Continued Occupancy**
This serves notice that based on a general inspection of the visible parts of the building there are no imminent hazards and the building is approved for continued occupancy.

☐ **Temporary Certificate of Compliance**
The following conditions must be met no later than
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

☐ **Certificate of Clearance - Lead Abatement 5:17**
This serves notice that based on written certification, lead abatement was performed as per NJAC5:17 to the following extent.

☐ Total removal of lead-based paint hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Clearance - Asbestos Abatement**
This serves notice that based on written certification, asbestos abatement was performed to the following extent.

☐ Total removal of asbestos hazards in scope of work
☐ Partial or limited time period (years); see file

☐ **Certificate of Compliance**
This serves notice that said potentially hazardous equipment has been installed and/or maintained in accordance with the New Jersey Uniform Construction Code and is approved for use until

☐ **Temporary Certificate of Occupancy**
The following conditions must be met no later than:
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of:
Conditions to be met:

Construction Official

Date Printed: 07/29/2020

U.C.C. P260 (rev. 08/05)

Fee: $150.00
Check Number: 6410
Collected By: Christopher Winters

Miracle Ear

NEW JERSEY UNIFORM CONSTRUCTION CODE

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/3/20
Control #
Date Issued
Permit # 20-0290

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

Block 673 Lot 2 Qualification Code ______

Work Site Location 2791 HOOPER AVE
BRICK NJ 08723

Owner in Fee: VEIGHT GATO ENTERPRISES

Tel. 609 929 0361 e-mail SHAWN.VEIGHT@HEARMIRACLEEAR.COM

Address 329 MARLTON PK W CHERRY HILL NJ 08002
(street, municipality, zip code)

Contractor: PRECISION PRO Tel. 609-239-5512

Address 676 JULIUSTOWN GEORGETOWN RD JOBSTOWN NJ 08041 e-mail ______

Contractor License No. or Builder Registration No. 13VH01516300 Exp. Date 3/31/20

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

Federal Emp. ID No. 26-5332042 FAX: 609 516 0858

JOB SUMMARY (Office Use Only) Resiliant channel 3/11/20

PLAN REVIEW — Date — Initial

- [ ] No Plans Required
- [✓] All 01/02/20 KCK
- [ ] Footings/Foundations
- [ ] Structural/Framework
- [ ] Exterior
- [ ] Interior

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

SUBCODE APPROVAL for PERMIT
Date: 01/02/20
Approved by: KCK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 07/27/20
Approved by: [signature]

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame	2/28/20		3/11/20	[initial]
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final	7/10/20		7/27/20	[initial]
Barrier-Free				

C. CERTIFICATION IN LIEU OF OATH

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

Sign here: [signature]

Print name here: William Murtaugh

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Fit out for Miracle Ear

TYPE OF WORK:

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

FEE (Office Use Only)
$

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

B. BUILDING CHARACTERISTICS

Use Group Present ______ Proposed ______

No. of Stories ______

Height of Structure ______ ft.

Area — Largest Floor ______ sq. ft.

New Bldg. Area/All Floors ______ sq. ft.

Volume of New Structure ______ cu. ft.

Max. Live Load ______

Max. Occupancy Load ______

Constr. Class Present ______ Proposed ______

If Industrialized Building:
State Approved ______ HUD ______

Est. Cost of Bldg. Work:

1. New Bldg. $ ______
2. Rehabilitation $ 36,400.00
3. Total (1+ 2) $ ______

U.C.C. F110 (rev. 11/09)
Internet version

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

* 2/28/20 Am Frame - Not Ready.
* 7/10/20 Am [illegible] - blue carpet Tripping Hazard in Halls

(B) tech

Miracle Ear

NEW JERSEY UNIFORM CONSTRUCTION CODE

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 2/3/20

Date Issued / Permit # 20-0290

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave Brick plaza Brick

Owner in Fee: Veight Gattle Enterprises

Tel. 609 929 0361 e-mail Shawn veight@Hearingchtear.com

Address 329 Marlton Pkw Cherry Hill NJ 08002
street municipality zip code

Contractor: Smart choice Electric LLC Tel. 609 239 5512

Address 137 Eayrestown Rd suite A e-mail jmeredith@sselect.net
Southampton NJ 08088

Contractor License No. 16704 Exp. Date 3/31/2021

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. 272101129 FAX:

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 4,400.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[ ] Electric Plans Approved

Date: 4/15/20 Approved by:

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

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[X] CO [ ] CCO [ ] CA

Date: 7-13-2020

Approved by: VM

INSPECTIONS	Dates (Month/Day) Failure	Failure	Approval	Initial
Type:				
Rough Walls			2-28-2020	M
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other above ceiling			3/19/20	(M)
Service				
Final			7/9/20	(M)
Barrier-Free				
Temp. Cut-in-Card Date Issued				
Final Cut-in-Card Date Issued				
Annual Pool Inspection				
Date of Grounding and Bonding Certification				

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Jacob Meredith

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Store fitout / lights / outlets

QTY.	SIZE	ITEMS	FEE (Office Use Only)
15		Lighting Fixtures	
15		Receptacles	
8		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
1		Emergency & Exit Lights	
8		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
		HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
		HP Motors 1/+ HP	
		KW Transformer/Generator	
		AMP Service	
		AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	

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

Miracle Ear

PLUMBING SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 2/30/20
Control # D290
Date Issued
Permit #

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

Block 623 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave, Brick Mall
Bldg A, Store #3, Brick, NJ 08723

Owner in Fee: Shawn Veight

Tel. (609) 929-0361 e-mail Shawn.Veight@HearMiracleEar.com

Address 329 Marlton Pike W, Cherry Hill, NJ 08002

Contractor: Amato Custom Plumbing (street / municipality) Tel. (856) 478-2960 (zip code)

Address 27 Woodland Ave e-mail carlamato@me.com
Mullica Hill NJ 08062

Contractor License No. 11642 Exp. Date 6-21

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

Federal Emp. ID No. 02-0536459 FAX: (856) 478-9624

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 1500.00

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: Carl Amato

[✓] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Plumbing Plans Approved
Date: 1-23-20 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 1-23-20
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] CA
Date: 7-10-20
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Slab				
Rough				
Water				
Sewer				
Fixtures				
Gas Equipment				
Gas Piping				
LPGas Tank				
Fuel Oil Piping				
Solar				
TCO				
Final			7-10-20	WH

Map Sink

U.C.C. F130 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Hard = Applicant Copy

8

Mirach Ear 1025 sf 10 occup B 10x25 Commercial NW

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received Control # 2/3/20

Date Issued Permit # 20-0290

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave Brick plaza Brick

Owner in Fee: Vaight Gallo Enterprises

Tel. (609) 4290341 e-mail Shawn.Vaight@Hearingaccess.com

Address 329 Marlton Rd Cherry Hill NJ 08002
street municipality zip code

Contractor: Smart choice Electric LLC Tel. (609) 914 2725

Address 137 Fayrestown Rd suite A e-mail

Southampton NJ 08088

Fire Protection Equipment, NJ Div of Fire Safety Permit No.

Fire Protection Equipment, NJ Div of Fire Safety Installer No.

Fire Alarm Contractor No. 16704 Exp. Date 3/2021

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

Federal Emp. ID No. 272101129 FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement

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

Location:

Total Cost of Fire Protection Work $ 500.00

Fuel Storage Tank:

Fuel Type: [ ] Flammable OR [ ] Combustible Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:

[ ] New OR [ ] Existing

Location of Main Control Valve:

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.

Applicant sign/Contractor sign and seal here:

Print name here: Sarah Meredith

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK: Emergency Light Installation

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only) $
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices Emergency light	1	
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: Approved by:

[X] Fire Protection Plans Approved

Date: Approved by:

Joint Plan Review Required:

[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 1/7/20

Approved by: RSO

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 7/13/20

Approved by: RSO

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final			7-10-20 PM	
Other				

NEW JERSEY UNIFORM CONSTRUCTION CODE

MiracleEar

PLUMBING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 673 Lot 8 Qualification Code

Work Site Location 279 HOOPER AVE
BRICK NJ 08723

Owner in Fee: VEIGHT GATTO ENTERPRISES

Tel. 609 929 0361 e-mail SHAWN.VEIGHT@HEARMIRACLEEAR.COM

Address 329 MARLTON PK W (street) ERA HILL (municipality) NJ (zip code) 08002

Contractor: PRECISION PRO Tel. 609 239-5512

Address 676 JULIUSTOWN GEORGETOWN RD e-mail
JOBSTOWN NJ 08041

Contractor License No. Exp. Date

Home Improvement Contractor Registration No. or Exemption Reason

Federal Emp. ID No. FAX:

B. PLUMBING CHARACTERISTICS

Use Group Present Proposed

Building Sewer Size Public Sewer Private Septic

Water Service Size Public Water Private Well

Est. Cost of Plumbing Work $ 0

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[ ] Plumbing Plans Approved
Date: Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Fire [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here: [ ] Licensed Plumbing Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Change of use

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

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

APPLICATION FOR CERTIFICATE

Date Received 11/27/2019
Date Permit Issued 02/03/2020
Control # C-19-004345
Permit # 20-0290
Date Issued

IDENTIFICATION

Block 673 Lot 8 Qualifier

Work Site Location 2791 HOOPER AVE Brick Township, NJ

Owner in Fee TRAHANAS REALTY LLC
PO BOX 955 RIVERSIDE CT 06878

Telephone

Contractor PRECISION PRO
Address 676 JULIOUSTOWN GEORGETOWN RD JOBSTOWN
NJ 08041
Telephone (609) 239-5512
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- [x] CERTIFICATE OF OCCUPANCY
- [ ] CERTIFICATE OF CONTINUED OCCUPANCY
- [ ] LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- [ ] TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP M Previous B Current

FINAL COST OF CONSTRUCTION: $ 41301
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

A set of "As Built" or amended drawings is required if the building or structure deviates from the approved plans filed with the construction permit. Use space below to describe any deviations from approved plans:

If you are requesting a Temporary Certificate of Occupancy, please explain why in the space below.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP - MIRACLE EAR

I hereby attest that to the best of my knowledge, the completed project meets the conditions of construction permit and all prior approvals, and all work has been completed substantially in accordance with the code and with those portions of the plans and specifications controlled by the code, with any substantial deviations noted. Incomplete items listed on a Temporary Certificate of Occupancy will be complete by the date on the

SIGNED: _____
Owner/Agent

- [ ] OWNER
- [ ] AGENT

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

UCC Requirements

Approved Final Building Inspection	comment	☑	☐
Approved Final Electrical Inspection	comment	☑	☐
Approved Final Plumbing Inspection	comment	☑	☐
Approved Final Fire Inspection	comment	☑	☐
Approved Final Elevator Inspection (If Applicable)	comment	☐	☑

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed MUA on 7/15/20 MFF OK as per MUA on 7/22/2020			
Approval from the Division of Engineering (If Applicable)	comment	☐	☑
Final Ocean County Soil Conservation 714 Lacey Rd. Forked River (609) 971-7002 (If Applicable)	comment	☐	☑
Affordable Housing Approval (If Applicable)	comment	☐	☑
Signed Certificate of Occupancy Application	comment	☐	☐
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Township of Brick

ENGINEERING PLOT PLAN REIVEW
CHECKLIST

BLOCK 673 LOT 8 DATE RECEIVED _____

PROPERTY ADDRESS 2791 HOOPER AVE BRICK NJ 08723

APPLICANT VEIGHT - GATTO ENTERPRISES LLC PHONE 609 929 0361

ADDRESS 329 MARLTON PK W CHERRY HILL NJ 08002

CONTRACTOR PRECISION PRO PHONE 609 239 5512

ADDRESS 676 JUGSTOWN GEORGETOWN RD JOBSTOWN NJ 08041

TYPE OF WORK _____ ZONING APPROVAL _____

FLOOD ZONE _____ FLOOD ELEVATION _____

PANEL # _____ MAP # _____ DATE _____

PLANNING BOARD/BOARD OF ADJUSTMENT APPROVAL YES_____ NO _____

	THE FOLLOWING IS FOR OFFICE USE ONLY:	YES	NO	N/A
1	PLANS/DETAILS SIGNED & SEALED			
2	SCALE NOT LESS THAN 1"=50'			
3	EXISTING ELEVATIONS (NGVD IN FLOOD ZONE)			
4	PROPERTY LINES, CORNERS, BEARINGS & DISTANCES			
5	STREET, GUTTER, CURB & CENTER LINE ELEVATIONS			
6	CONTOURS 1' INCREMENTS			
7	ADJACENT DWELLING CORNERS & CORNER ELEVATIONS			
8	PROPOSED GRADING & ELEVATIONS			
9	GARAGE FLOOR/CRAWL SPACE/BASEMENT ELEVATION			
10	PROPOSED DWELLING DIMENSIONS & CORNER ELEVATIONS			
11	METHOD OF DRAINAGE			
12	NORTH ARROW			
13	DRIVEWAY WIDTH & TYPE			
14	DIMENSIONS/ACREAGE OF PARCEL/SETBACK LINES			
15	PROPERTY ADDRESS/BLOCK & LOT NUMBER			
16	SIDEWALK/CURB & APRONS			
17	PARKING AREAS			
18	UTILITY & CONNECTIONS: WATER, SEWER, GAS, ELECTRIC			
19	PLANTINGS, SEEDLINGS, SCREENINGS, FENCES & SIGNS			
20	STREET WIDTH, STREET NAME, RIGHT-OF-WAY WIDTH			
21	LIMITS OF CLEARING			
22	BASEMENT/DEDICATIONS/ENVIRONMENTAL CONSTAINTS			
23	PRIOR APPROVALS: ARMY CORP/NJ DEP/SOIL EROSION, ECT.			
24	EXISTING STRUCTURES			
25	RETAINING WALL/SERVICE WALKS, OTHER MISC. ITEMS			

PLOT PLAN REVIEW:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

REVISION:

APPROVED _____ REJECTED _____ SIGNED _____ DATE _____

COMMENTS: _____

CONSTRUCTION PERMIT

Date Issued 2/3/20
Control # C-19-004345
Permit # 20-0290

IDENTIFICATION Block: 673 Lot: 8 Qualifier

Work Site Location: 2791 HOOPER AVE Brick Township, NJ

Owner in Fee: TRAHANAS REALTY LLC
PO BOX 955 RIVERSIDE CT 06878

Telephone:

Contractor: PRECISION PRO
Address: 676 JULIOUSTOWN GEORGETOWN RD JOBSTOWN NJ 08041
Telephone: (609) 239-5512
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - MIRACLE EAR

PAYMENTS (Office Use Only)

Building	$1,820
Electrical	$150
Plumbing	$150
Fire Protection	$116
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$78
CO Fee	$150.00
Other	$0
Total	$2,464
Check No.	6410
Cash	$0
Credit	$0
Collected By	

1.15
2,237

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 $41,301

Construction Official

Date 1/24/20

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

1 WHITE - INSPECTOR 2 CANARY - OFFICE 3 PINK - TAX ASSESSOR 4 GOLD - APPLICANT

REQUIRED INSPECTIONS

Construction work must be inspected in accordance with the State Uniform Construction Code Regulations N.J.A.C. 5:23-2.18. This agency will carry out such periodic inspections during the progress of work as are necessary to insure that the work installed conforms with the requirements of the Uniform Construction Code.

The owner or other responsible person in charge of work must notify this agency when work is ready for any required inspections specified below. Requests for inspections must be made at least 24 hours prior to the time the inspection is desired. Inspections will be performed within three business days of the time for which they are requested. The work must not proceed in a manner which will preclude the inspection until it has been made and approval granted.

- [ ] Required inspections for all subcodes for one- and two-family dwellings are as follows:

1. The bottom of footing trenches before placement of footings, except that in cases of pile foundations, inspections shall be made in accordance with the requirements of the building subcode.
2. Foundations and all walls up to grade level prior to back filling.
3. All structural framing, connections, wall and roof sheathing and insulation; electrical rough wiring, panel and service installation; rough plumbing. The framing inspection shall take place after the rough electrical and plumbing inspections and after the installation of the heating, ventilation and /or air conditioning duct system. The insulation inspection shall be performed after all other subcode rough inspections and prior to the installation of any interior finish material.
4. Installation of all finished materials, sealings of exterior joints, plumbing piping, trim and fixtures; electrical wiring, devices and fixtures; mechanical systems equipment.

Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] Required special inspections. The applicant by accepting the permit will be deemed to have consented to these requirements:

- [x] A final inspection is required for each applicable subcode area before a final Certificate of Occupancy or Approval may be issued. The final inspections include the installation of all interior and exterior finish materials, sealing of exterior joints, mechanical system and other required equipment; electrical wiring, devices and fixtures; plumbing pipes, trim and fixtures; tests required by any provision of the adopted subcodes, Barrier Free accessibility, if applicable; and verification of compliance with NJAC 5:23-3.5, "Posting structures".

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

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

RECEIVING CLERK mm
DATE REC'D 11/27

ZONING PERMIT APPLICATION

PERMIT # R-20100126
DATE ISSUED 2/3/10

BLOCK: 673 LOT: 8 QUALIFIER: — SITE ADDRESS: 1791 Hooper Ave Brick 08723

IDENTIFICATION: 1791 HOOPER AVE BRICK NJ 08723
BRICK MALL BLDG #A STORE #3

1. NAME OF OWNER IN FEE: VEIGHT-GATTO ENTERPRISES LLC
COMPLETE ADDRESS: 329 MARLTON PKW
CHERRY HILL NJ 08002
PHONE # 609 929 0361 EMAIL: SHAUN.VEIGHT@HEARMIRACLEEAR.COM

2. NAME OF APPLICANT: VEIGHT-GATTO ENTERPRISES LLC
APPLICANT ADDRESS: 329 MARLTON PK W
CHERRY HILL NJ 08002
PHONE # 609 929 0361 EMAIL: SHAUN.VEIGHT@HEARMIRACLEEAR.COM

3. RESPONSIBLE PERSON FOR WORK: BILL MURTAUGH
PHONE# 609-239-5512 FAX#

4. SIGNATURE OF APPLICANT:

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: X
EXISTING USE: Vape DOJO
PROPOSED USE: Miracle Ear

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

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: 10' (*IF APPLICABLE)

OTHER

DESCRIPTION: FIT out Miracle Ear

ZONING REVIEW:
DATE REVIEWED: 12-10-09 DATE DENIED: DATE APPROVED: 12-10-09 INTLS:

(SEE BACK PAGE)

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

Date Issued: 2/3/20
Application Number: ZA-19-01451
Application Date: 12/5/2019
Project Number:
Permit Number: ZP-20-00126
Fee: $75.00

Zoning Permit

Worksite **2791 HOOPER AVE**
Location: **Brick Township, NJ 08723**

Owner: **Veight Gatto Enterprises LLC**
Address: **329 Marlton PK W**
Cherry Hill , NJ 08002

Applicant: **Veight Gatto Enterprises LLC**
Address: **329 Marlton PK W**
Cherry Hill , NJ 08002

Block: **673** Lot: **8** Qualifier: Zone: **B-3**

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

Present Use: **Retail Store**

☐ Non Conforming Use ☐ Non Conforming Structure

Proposed Use: **Retail Store Miracle Ear**

Work Description:

Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from Vape Dojo shop to "Miracle Ear" store.

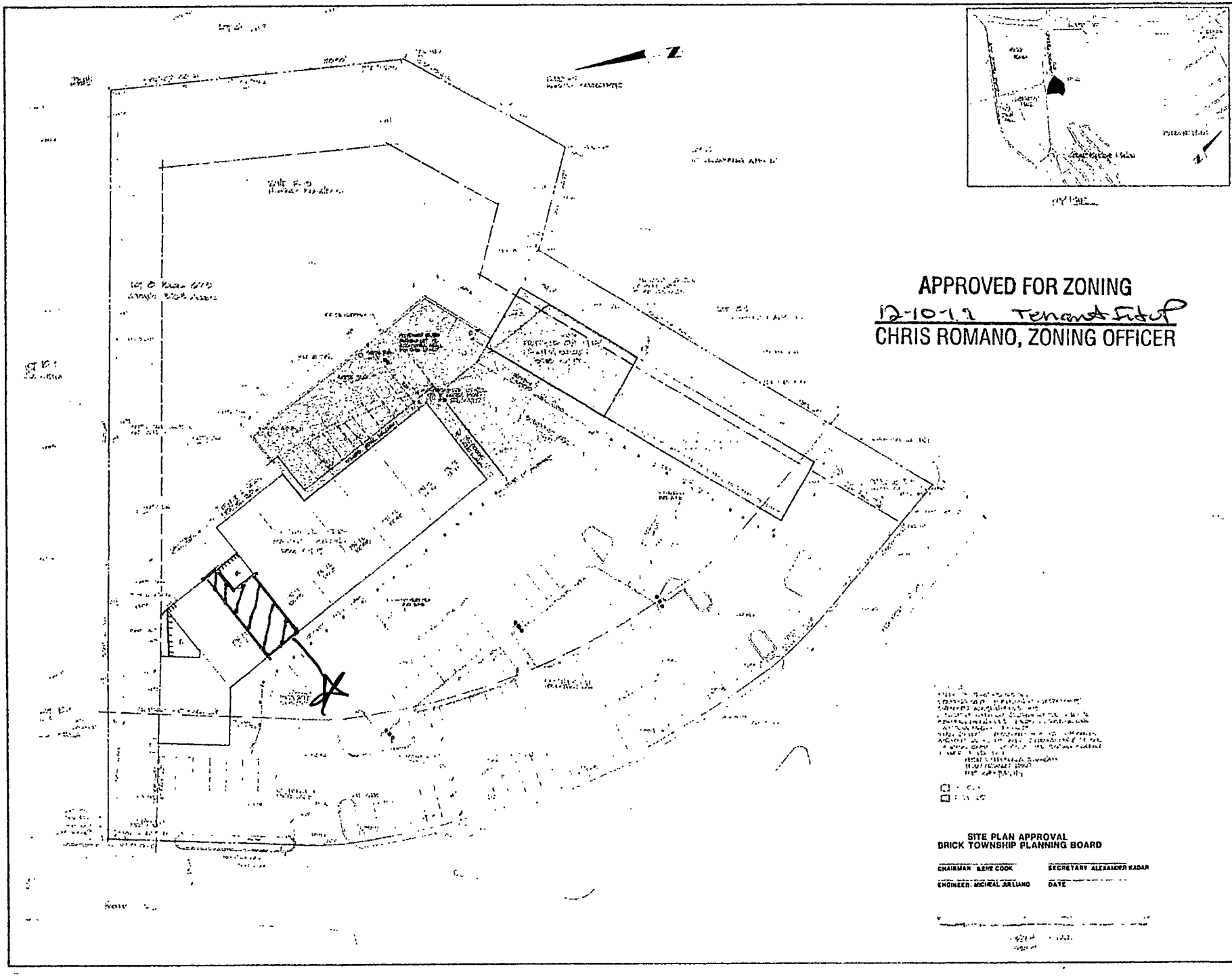
Additional Zoning Permit is required for additional work and signage.

Application Approved Date: 12/10/2019

Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Zoning Officer — 12/10/2019 Date



BROWN/SULLIVAN. ASSOCIATES
Architecture & Planning

PROPOSED BUILDING ADDITION - BRICK MALL
TAX MAP SHEET 39
LOTS 8&9 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

SITE PLAN

A-1

ENTER TO ORDER OF THE COURT

SUBJECT TO APPROVAL

HARRY D. BOPP AIA
ARCHITECT
2 N. MAIN STREET, SUITE 103, MEDFORD, NEW JERSEY 08055
(609) 654 - 1425

Mr. Daniel F. Newman, Jr., Construction Official
BRICK TOWNSHIP
401 Chambersbridge Road
Brick, New Jersey 08723

January 13, 2020

RE: Miracle Ear Fitout
2,791 Hooper Ave.
Brick, N.J.

Dear Mr. Newman:

I received a copy of two plan review letters dated 12-13-2019 and 1-8-2020; for the referenced project. Each item is addressed on the design drawings as follows:

FIRE SUBCODE:

Item # 1: A Carbon Monoxide detector/ alarm was added to drawing # A-2.

PLUMBING SUBCODE:

Item # 1: The existing sink is to be removed and replaced with a Laundry Tray, as per the new drawing # P-1. The existing sink that is being removed was previously utilized to provide the drinking water for the facility. A new accessible Bottled Water Cooler will be installed to provide the drinking water for the tenant space, see drawings # A-1 and # P-1.

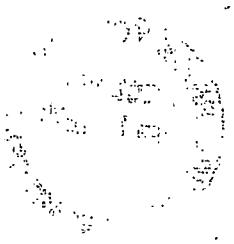
The revised design drawings with all changes clouded are included for your to continue your plan review. If you have any questions or require additional information, please contact me.

Sincerely,

Harry D. Bopp AIA

BRICK TOWNSHIP RECEIVED JAN 15 RECD BUILDING DEPARTMENT

cc. Shawn Veight, Miracle Ear



HARRY D. BOPP AIA
ARCHITECT
2 N. MAIN STREET, SUITE 103, MEDFORD, NEW JERSEY 08055
(609) 654 - 1425

Mr. Daniel F. Newman, Jr., Construction Official
BRICK TOWNSHIP
401 Chambersbridge Road
Brick, New Jersey 08723

January 13, 2020

RE: Miracle Ear Fitout
2,791 Hooper Ave.
Brick, N.J.

Dear Mr. Newman:

I received a copy of two plan review letters dated 12-13-2019 and 1-8-2020; for the referenced project. Each item is addressed on the design drawings as follows:

FIRE SUBCODE:

Item # 1: A Carbon Monoxide detector/ alarm was added to drawing # A-2.

PLUMBING SUBCODE:

Item # 1: The existing sink is to be removed and replaced with a Laundry Tray, as per the new drawing # P-1. The existing sink that is being removed was previously utilized to provide the drinking water for the facility. A new accessible Bottled Water Cooler will be installed to provide the drinking water for the tenant space, see drawings # A-1 and # P-1.

The revised design drawings with all changes clouded are included for your to continue your plan review. If you have any questions or require additional information, please contact me.

Sincerely,

Harry D. Bopp AIA

cc. Shawn Veight, Miracle Ear

BRICK TOWNSHIP
RECEIVED
JAN 1 RECD
BUILDING DEPT.

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Wednesday, January 8, 2020

To: TRAHANAS REALTY LLC
PO BOX 955
RIVERSIDE, CT 06878

RE: Plumbing Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-19-004345
Last Submit Date: Friday, January 3, 2020

Dear TRAHANAS REALTY LLC,

The following comments were made during the Plan Review process:
The use group has changed from an M use to a B use.
All change of uses require the complince to the basic requirements section of the rehabilitation subcode.

Basic Requirements: B group basic requirements NJAC 5:23-6.17(k) Plumbing fixtures indicates the required plumbing fixtures. This application does not have the required minimum plumbing fixtures. A service sink is required.

Sincerely,

Daniel F Newman Jr , Subcode Official

CC:

Resubmit 1/16/20

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1030

Subcode Official Review

Date: Friday, December 13, 2019

To: TRAHANAS REALTY LLC
PO BOX 955
RIVERSIDE, CT 06878

RE: Fire Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-19-004345
Last Submit Date: Friday, December 13, 2019

Dear TRAHANAS REALTY LLC,

Your request is hereby denied based upon the following infractions.

Carbon Monoxide alarms required as per DCA Bulletin 2017-1

Sincerely,

Richard Orlando, Subcode Official

CC:

Resubmit 1/16/20

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Wednesday, July 22, 2020 10:30 AM
To: Matthew Fagen
Cc: Susan Stanisz
Subject: 2791 HOOPER AVE MIRACLE EAR

Hi Matt. We were out there & they are ok to CO.

SUSAN M. STANISZ
CUSTOMER ACCOUNTS SENIOR CLERK
Brick Utilities
1551 HIGHWAY 88 WEST
BRICK, NJ 08724
732-458-7000 EXT.4284
732-458-5378 FAX
sstanisz@brickmua.com

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK _____

PERMIT # _____

BLOCK 673 **LOT** 8 **ADDRESS** 2791 HOOPER AVE BRICK NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS 2791 HOOPER AVE BRICK NJ 08723
2. APPLICANT VEIGHT - GATTO ENTERPRISES T/A MIRACLE-EAR
3. NAME OF OWNER IN FEE VEIGHT - GATTO ENTERPRISES LLC
   ADDRESS 329 MARLTON PK W CHERRY HILL NJ 08002
   PHONE 609 929 0361 EMAIL SHAWN.VEIGHT@HEARMIRACLEEAR.COM
4. PRINCIPAL CONTRACTOR PRECISION PRO WM MURTAUGH
   ADDRESS 676 JULUSTOWN GEORGETOWN RD JOBSTOWN NJ 08041
   PHONE 609 239 5512 EMAIL _____
5. ARCHITECT OR ENGINEER HARRY BOPP
   ADDRESS 21 N MAIN ST #103 MEDFORD NJ 08055
   PHONE 609 654 1425 EMAIL _____
6. RESPONSIBLE PERSON FOR WORK WM MURTAUGH
   ADDRESS 676 JULUSTOWN GEORGETOWN RD JOBSTOWN NJ 08041
   PHONE 609 239 5512 EMAIL _____

FEE SUMMARY:

APPLICATION FEE	$ _____
REVIEW FEE	$ _____
INSPECTION FEE	$ _____
OTHER _____	$ _____
BOND(S)	$ _____
TOTAL	$ _____

PROJECT DESCRIPTION:

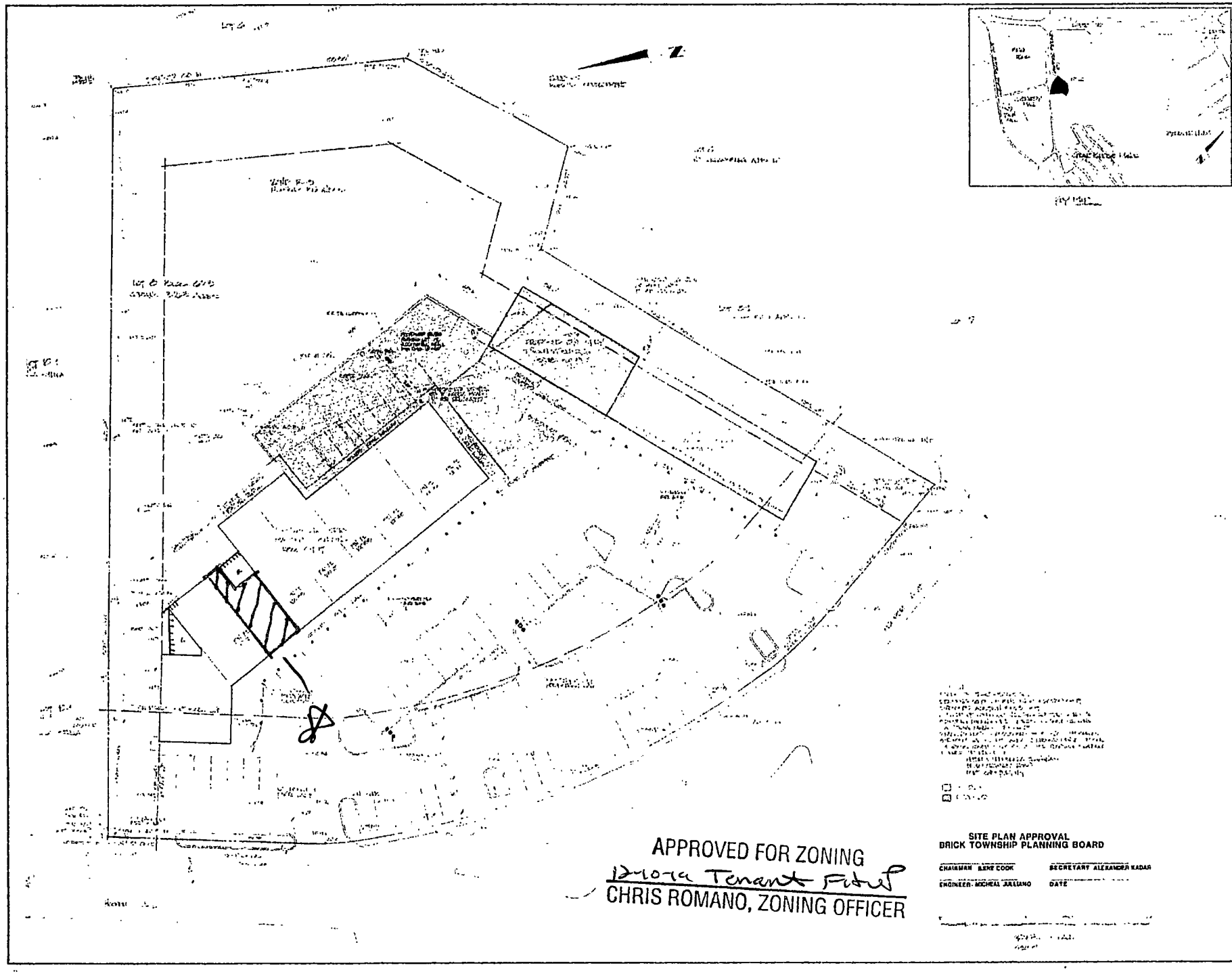
- ☐ GRADING/CLEARING
- ☐ ROAD OPENING
- ☐ SOIL REMOVAL / FILL
- ☐ RETAINING WALL
- ☐ POOL
- ☐ BULKHEAD / DOCK
- ☐ DWELLING
- ☐ TREE REMOVAL
- ☐ COMMERCIAL SITE MAINTENANCE
- ☐ DESCRIPTION _____

SPECIAL CONDITIONS:

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

ENGINEERING REVIEW:

DATE RECEIVED _____ DATE REJECTED _____ DATE APPROVED _____ INITIALS _____



APPROVED FOR ZONING
Diana Tenant Fidyk
CHRIS ROMANO, ZONING OFFICER

SITE PLAN APPROVAL
BRICK TOWNSHIP PLANNING BOARD

CHAIRMAN BERT COOK — SECRETARY ALEXANDER KADAR

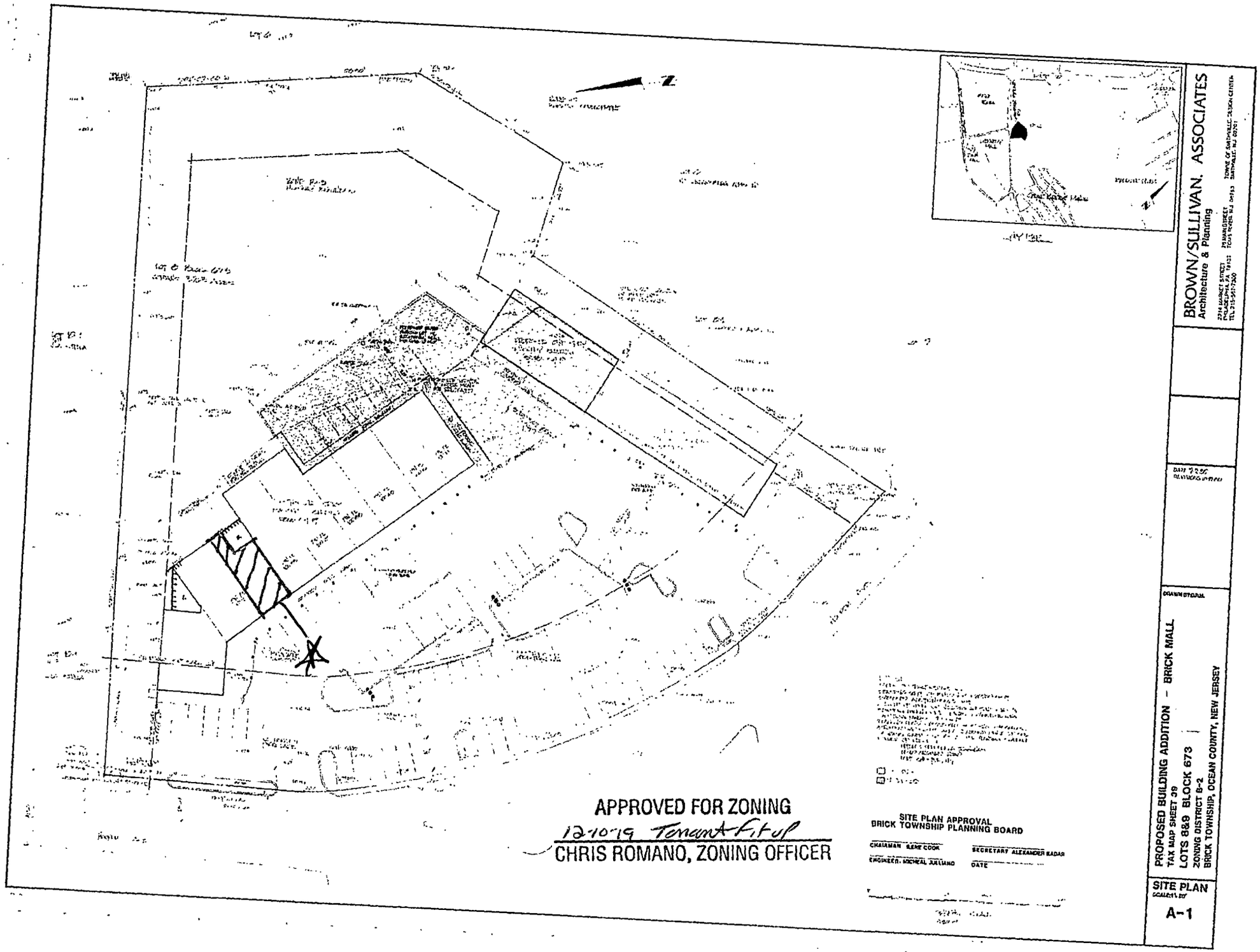
ENGINEER: MICHEAL JULIANO — DATE

BROWN/SULLIVAN. ASSOCIATES
Architecture & Planning

PROPOSED BUILDING ADDITION - BRICK MALL
TAX MAP SHEET 39
LOTS 8&9 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

SITE PLAN

A-1



APPROVED FOR ZONING
12-10-19 Tenant Fit up
CHRIS ROMANO, ZONING OFFICER

SITE PLAN APPROVAL
BRICK TOWNSHIP PLANNING BOARD

CHAIRMAN RENE COOK — SECRETARY ALEXANDER RADAR

ENGINEER: MICHEAL JULIANO — DATE

BROWN/SULLIVAN. ASSOCIATES
Architecture & Planning

PROPOSED BUILDING ADDITION – BRICK MALL
TAX MAP SHEET 39
LOTS 889 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY

SITE PLAN

A-1

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 2791 HOOPER AVE BRICK NJ 08723

BLOCK: 673 **LOT:** 8

CONTRACTOR: PRECISION PRO

CONTRACTOR'S ADDRESS: 676 JOHNSTOWN GEORGETOWN RD JOHNSTOWN NJ 08041

Type of Construction(minor, new home): minor fit out

Type of Debris (shingles, siding, wood, etc.):

Party responsible for removal:

Dumpster Size:

Destination of Debris:

Any recyclable material must be delivered to an approved recycling center and receipts provided to the Building Department along with tipping receipts for non-recyclables.

Generator's Certification: "Under penalty of criminal and civil prosecution for the making or submission of false statements, representations or omissions, I declare, on behalf of the generator that the contents of this document are fully and accurately described above and have been disposed of in accordance with all applicable State and Federal laws and regulations, and I have been authorized in writing, to make such declaration by the person in charge of the generator's operation."

Signature

11/29/17
Date

William MacHugh
Print Name