BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2791 Hooper PERMIT NO. 17-0280

ECC

CONSTRUCTION PERMIT APPLICATION

C-17-000276

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 Hooper Ave Bldg B unit #7
2. Name of Owner in Fee: Trahanas Realty LLC Boost Mobile
   Tel. (914) 629 5614 e-mail trahanasrealty@gmail.com
   Address 2791 Hooper Ave Brick, NJ (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private _____
4. Principal Contractor: Ecuasur Wireless Tel. (973) 779-3343
   Address 406 N Broad St e-mail ecuasurwire3@gmail.com
   Elizabeth NJ 07208
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. _____ FAX: (____) _____
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. (____) _____ FAX: (____) _____
6. Responsible Person in Charge once Work has Begun Kimberly Rodriguez
   Tel. (908) 485-9714 FAX: (908) 353 8686

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 150 ✓		
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	6 -		
10. Subtotal 2	$ 175		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 231		

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 15	
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 (Grant 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		BS	[illegible]		01/30/17	Ken			
☐ Electrical		MP	1/20/17						
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt			1/27/17	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:
2. Use Group, Proposed: M
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present 5B
   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

U.C.C. F100-1 (rev. 8/08)

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 02/07/2017
Control Number C-17-000276
Permit Number 17-0280
Permit Issue Date 02/01/2017
Certificate Number 17-0280

Certificate

Construction Code Division

(Certificate of Approval)

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: (914) 629-5614

Contractor ECUASUR WIRELESS

Address 406 N BROAST ST ELIZABETH NJ 07208

Telephone: (973) 789-5043 Fax:

License Number or Builders Registration Number: Federal Emp. Number:

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: M Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP - BOOST MOBILE

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 02/07/2017

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name Ecuasur Wireless

Address 406 N Broad St Elizabeth NJ 07208

Telephone (973) 789 5043

Signature Jose Freddy Chevez

Tenant

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

APPLICATION FOR CERTIFICATE

Date Received	01/20/2017
Date Permit Issued	02/01/2017
Control #	C-17-000276
Permit #	17-0280
Date Issued	02/07/2017

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 (914) 629-5614

Contractor ECUASUR WIRELESS
Address 406 N BROAST ST ELIZABETH NJ 07208

Telephone (973) 789-5043
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

ACTION

- ☐ CERTIFICATE OF OCCUPANCY
- ☐ CERTIFICATE OF CONTINUED OCCUPANCY
- ☐ LEAD HAZARD ABATEMENT CERTIFICATE OF CLEARANCE
- ☐ TEMPORARY CERTIFICATE OF OCCUPANCY

USE GROUP Previous M Current

FINAL COST OF CONSTRUCTION: $ 3000
(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 - BOOST MOBILE

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

UCC F270 equiv.

Matthew Fagen

From: Susan Stanisz <sstanisz@brickmua.com>
Sent: Tuesday, February 07, 2017 8:56 AM
To: Matthew Fagen
Subject: RE: Boost Mobile - 2791 Hooper Ave. Block: 673 Lot: 8

MORNING MATT. THERE ARE NO NEW FIXTURES. HAS ONE SINK AND ONE TOILET. READY TO GO.

From: Matthew Fagen [mailto:mfagen@twp.brick.nj.us]
Sent: Monday, February 06, 2017 10:03 AM
To: Bev O'Neill <boneill@brickmua.com>; Peg Mullen <pmullen@brickmua.com>; Susan Stanisz <sstanisz@brickmua.com>
Subject: Boost Mobile - 2791 Hooper Ave. Block: 673 Lot: 8

Good morning. We are getting ready to close out the permit for the Boost Mobile Store located at 2791 Hooper Ave. Block: 673 Lot: 8. It was previously a Surf Shop. The contact person's name is Kimberly and her telephone number is (908) 353-8686. Please let me know when this is approved.

Thanks,
Matt

Matthew F. Fagen
Department of Land Use & Community Development
Township of Brick
401 Chambers Bridge Road
Brick, NJ 08723
Phone: 732-262-1030
Fax: 732-262-2941
MFagen@twp.brick.nj.us

Tenant fit-ups / Commercial Renovations

Certificate requirements

print
reset defaults
check all
complete

Tenant fit-ups / Commercial Renovations

Prior Approvals

Approval from the BTMUA (732) 458-7000	**comment**	☑	☐
emailed peg on 2/6/17 MFF ok as per email on 2/7/17 MFF			
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	☐	☐

UCC Requirements

Final Building Inspection	comment	☑	☐
Final Electrical Inspection	comment	☐	☑
Final Plumbing Inspection	comment	☐	☑
Final Fire Inspection	comment	☐	☑
Final Elevator Inspection (If Applicable)	comment	☐	☑
All Updates Have Been Approved	comment	☑	☐

This checklist has been given to: (edit)

Boost Mobile

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 2/1/17
Control #

Date Issued
Permit # 17-0280

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, NJ (Boost Mobile)

Owner in Fee: Trahanas Realty LLC

Tel. (914) 629 5614 e-mail trahanasrealty@gmail.com

Address P.O. Box 955 Riverside Connecticut 06878
street municipality zip code

Contractor: Ecuasur Wireless Tel. (973) 789 5043

Address 466 N Broad St Elizabeth NJ 07208 e-mail ecuasurwire3@gmail.com

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

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

Federal Emp. ID No. FAX: ( )

JOB SUMMARY (Office Use Only)

PLAN REVIEW

	Date	Initial
[ ] No Plans Required		
[✓] All	01/30/17	KAK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 01/30/17
Approved by: KAK.

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [✓] QA
Date: 02/03/17
Approved by: KAK

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			2-2-17	KAK
Barrier-Free				

B. BUILDING CHARACTERISTICS

Use Group Present Proposed

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present Proposed

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $ 3,000
2. Rehabilitation $
3. Total (1+ 2) $

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

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: Jose Fredy Quezada

Print name here: Jose Fredy Quezada

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Painting of walls, installment of phone fixtures, counters for phone store (Boost Mobile)

COMMERCIAL

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 $

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

1/3/17

CONSTRUCTION PERMIT

Date Issued 1/11/17
Control # C-17-000276
Permit # 17 - 1250

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: (914) 629-5614
Contractor: ECUASUR WIRELESS
Address: 406 N BROAST ST ELIZABETH NJ 07208
Telephone: (973) 789-5043
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:
TENANT FIT UP - BOOST MOBILE

PAYMENTS (Office Use Only)

Building	$150
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$6
CO Fee	
Other	$0
Total	$156
Check No.	1237
Cash	$0
Credit	$0
Collected By	

175
1231

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 $3,000

D. Newman Jr. /AP
Construction Official

1/3/17
Date

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.

02/01/17 11:31AM 0015584843
BUILDING $130.00
ZPA $6.00
CHK# $175.00
$274.00

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 17
DATE REC'D 1/19/17

ZONING PERMIT APPLICATION

PERMIT #
DATE ISSUED 2/1/17

BLOCK: 673 LOT: 8 QUALIFIER: SITE ADDRESS: 2791 Hooper Ave.

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Trahanas Realty LLC.
COMPLETE ADDRESS: P.O. Box 955 Riverside CT 06878
PHONE # 914-629-5614 EMAIL: trahanasrealty@gmail.com

2. NAME OF APPLICANT: Ecuasur Wireless
APPLICANT ADDRESS: 406 N Broad St
Elizabeth NJ 07208
PHONE # 973 789 5043 EMAIL: ecuasurwire3@gmail.com

3. RESPONSIBLE PERSON FOR WORK: Ecuasur Wireless
PHONE# 973 789 5043 FAX#

4. SIGNATURE OF APPLICANT: Kimberly Rodriguez

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: Surf Store M
PROPOSED USE: Boost Mobile M

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

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

POOL: ABOVE GROUND IN GROUND FENCE: HEIGHT TYPE MATERIAL

HEIGHT: (*IF APPLICABLE)

OTHER

DESCRIPTION: Tenant Fit UP -

ZONING REVIEW:
DATE REVIEWED: 1-26-17 DATE DENIED: DATE APPROVED: 1-26-17 INTLS: aw

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JAN 2 6 2017
ZONING

ZONING REVIEW:

DATE REVIEWED: 1/26/17 DATE DENIED: — DATE APPROVED: 1/26/17 INTLS:

DATE:	COMMENTS:	INITIALS:
1/26/17	SENT TO Comm	

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1336

Date Issued:
Application Number: ZA-17-00102
Application Date: 01/25/2017
Project Number:
Permit Number:
Fee: $75.00

Zoning Permit

Worksite Location: **2791 HOOPER AVE**
Unit #207
Brick Township, NJ 08723

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

Owner: **TRAHANAS REALTY LLC**
Address: **PO BOX 955**
RIVERSIDE, NJ 06878

Applicant: **Ecuasur Wireless**
Address: **406 N Broad St.**
Elizabeth, NJ 07208

Application Approved Date: 01/26/2017

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

Use is: Retail Store (Boost Mobile)
Nonconforming Use is:

Work Description:
Rehabilitation, Tenant Fit-Up - Interior alterations for new tenant. Changing from a surf shop to "Boost Mobile" store.

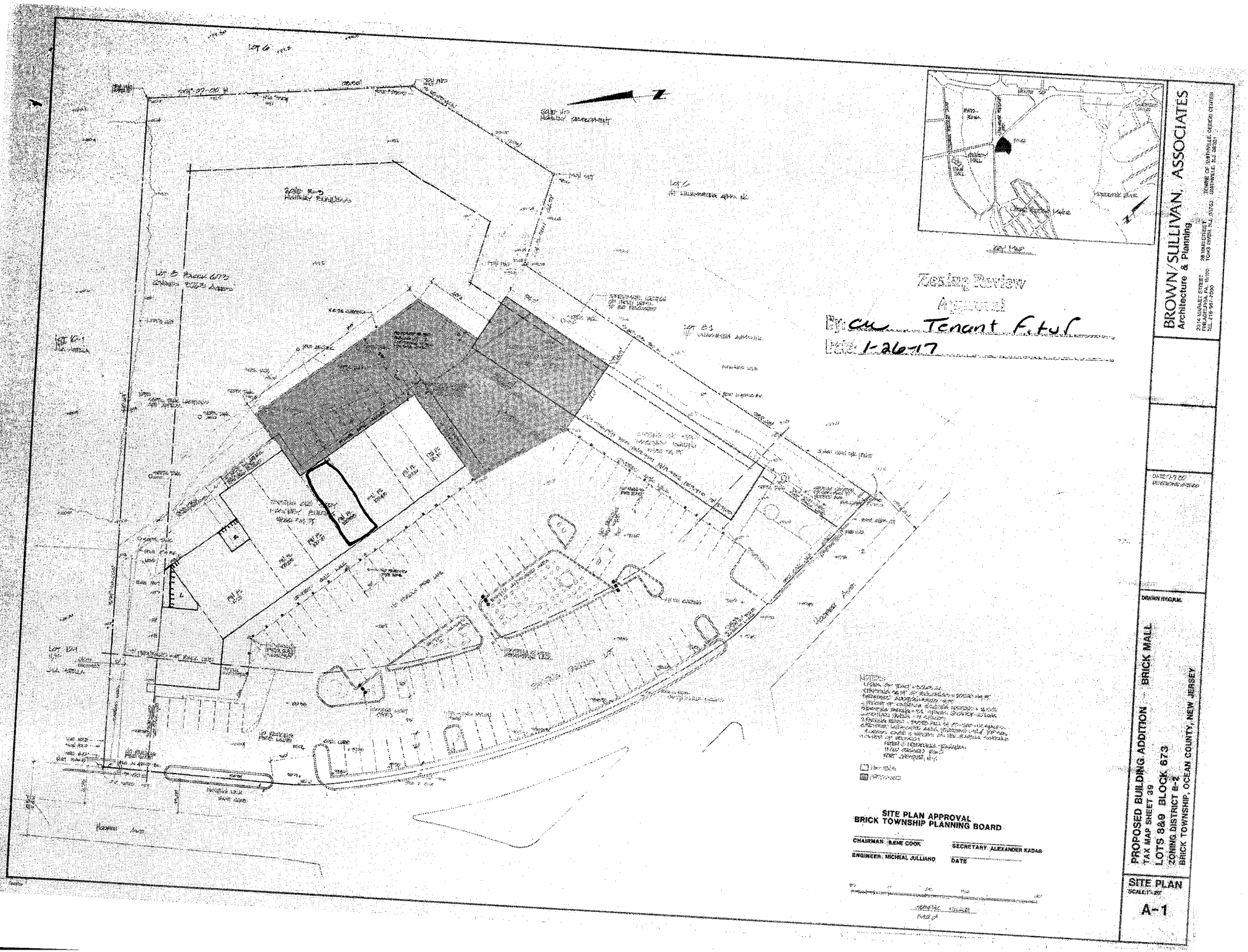
Additional Zoning Permit is required for additional work and signage.

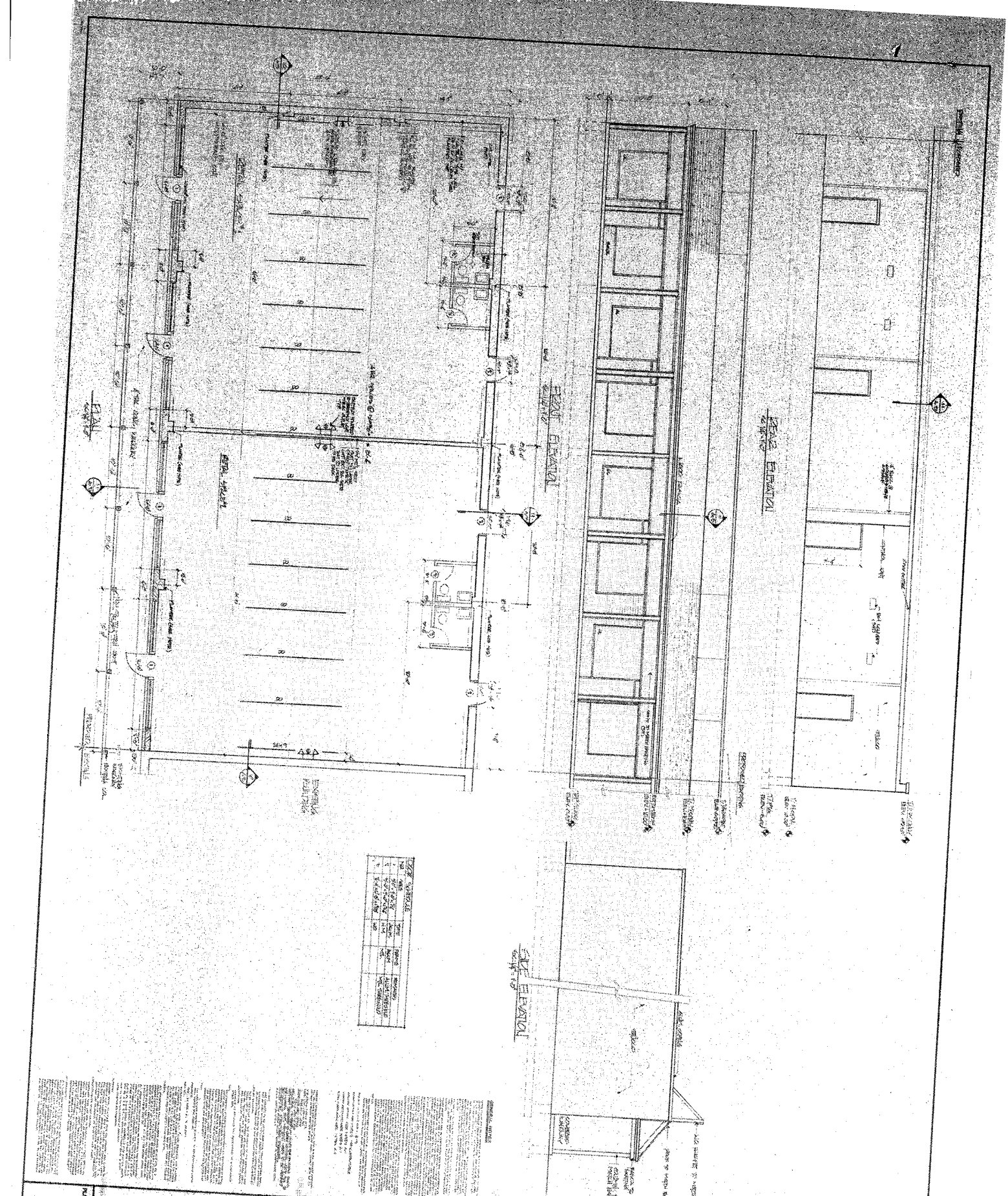
Upon review it was determined that the Zoning Permit:

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

Christopher J. Romano, Assistant Zoning Officer — 01/26/2017 Date

Sean Kinnevy, Zoning Officer — 1/26/17 **Date**

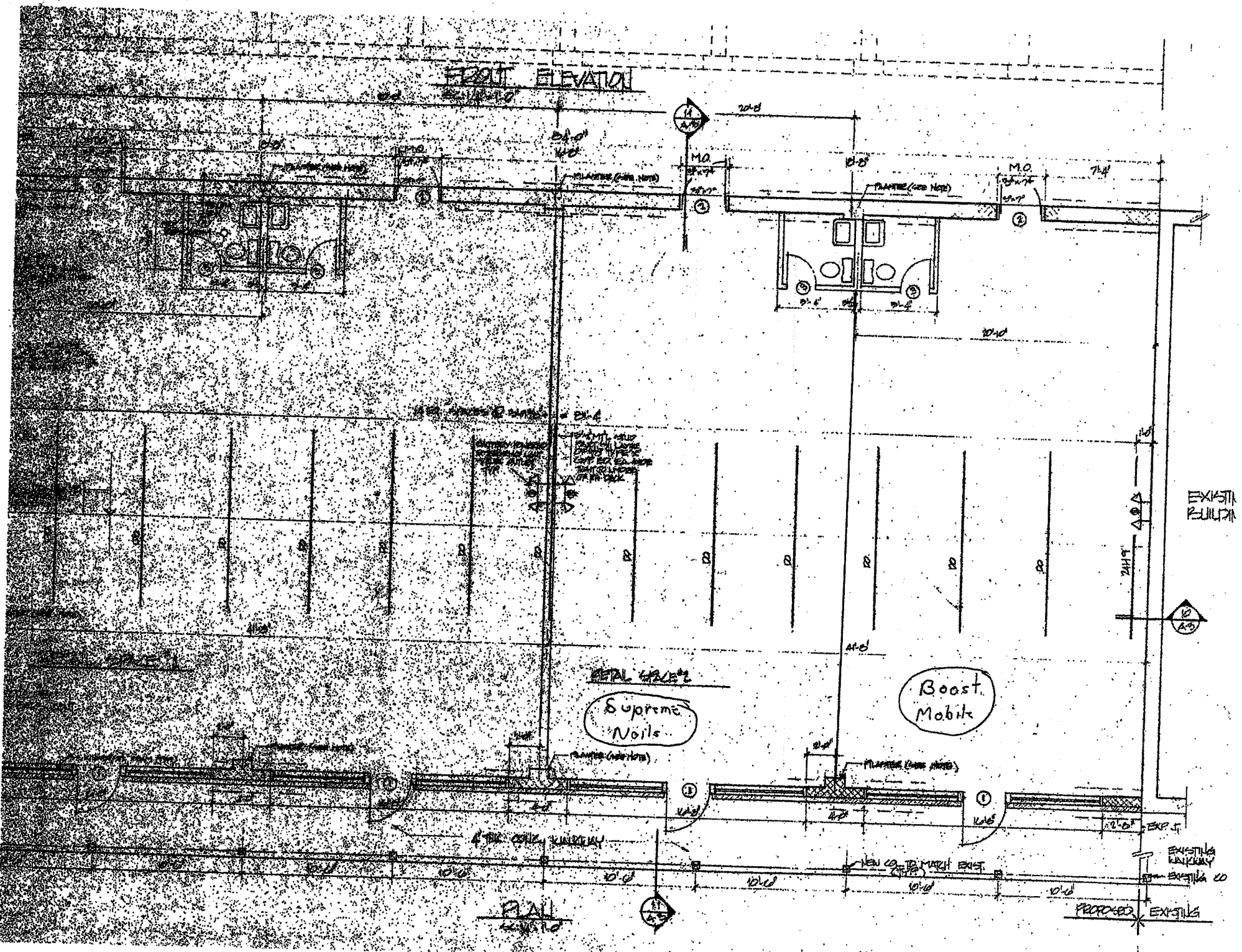

Zoning Review
Approved
By: CW Tenant F.tur
Date: 1-26-17
SITE PLAN APPROVAL
BRICK TOWNSHIP PLANNING BOARD
CHAIRMAN ILENE COOK
SECRETARY ALEXANDER KADAR
ENGINEER: MICHEAL JULLIANO
DATE
BROWN/SULLIVAN, ASSOCIATES
Architecture & Planning
PROPOSED BUILDING ADDITION - BRICK MALL
TAX MAP SHEET 39
LOTS 8&9 BLOCK 673
ZONING DISTRICT B-2
BRICK TOWNSHIP, OCEAN COUNTY, NEW JERSEY
SITE PLAN
A-1

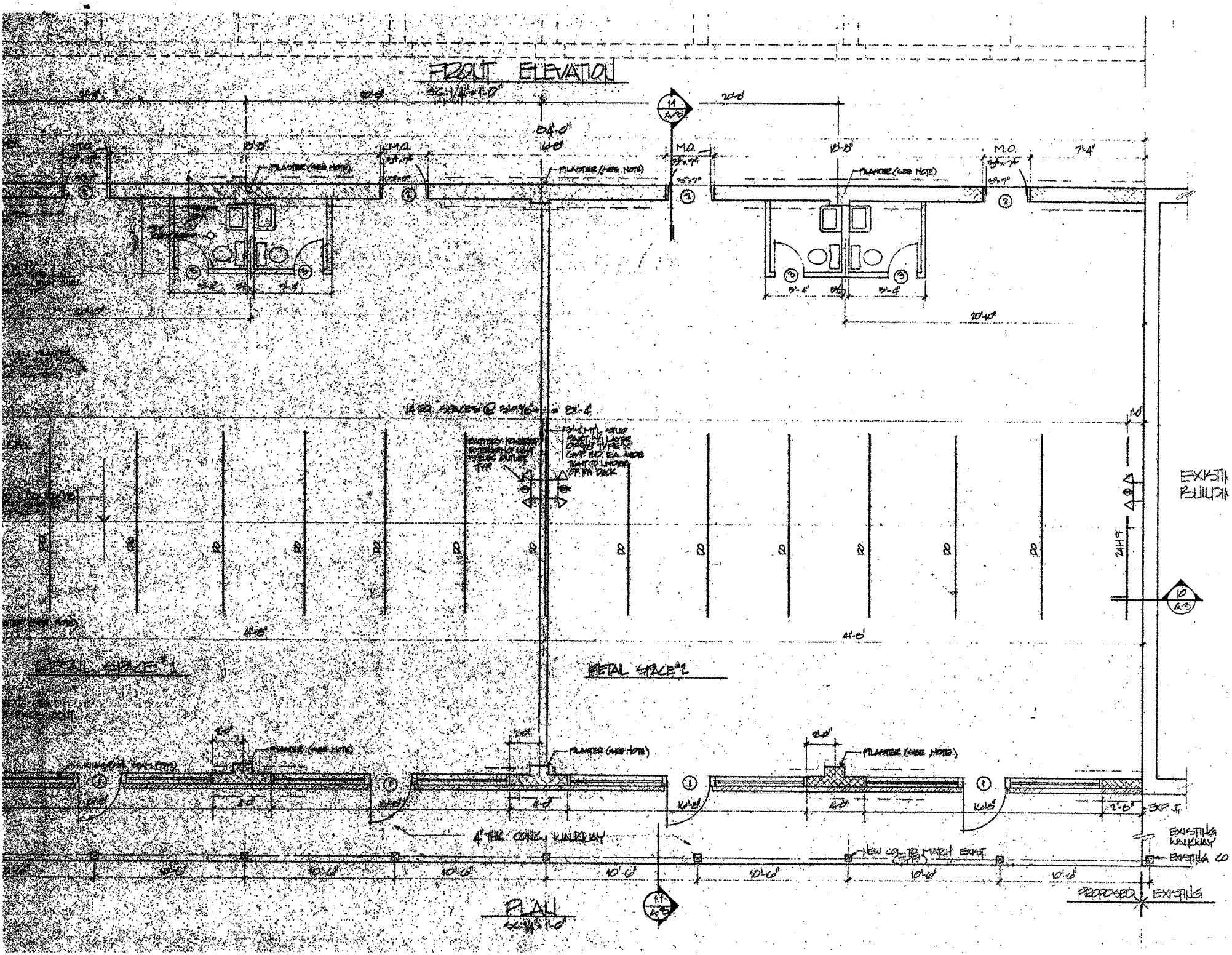


A-2

PROPOSED BUILDING ADDITION-BRICKMALL
BRICK TOWNSHIP OCEAN COUNTY,NEW JERSEY

BROWN/SULLIVAN. ASSOCIATES
Architecture & Planning
2314 MARKET STREET PHILADELPHIA, PA. 19103 TEL. 215-567-7300
25 MAIN STREET TOMS RIVER, N.J. 08753
TOWNE OF SMITHVILLE DESIGN CENTER SMITHVILLE, N.J. 08201


FRONT ELEVATION
Supreme Nails
Boost Mobile
EXISTING BUILDING
EXISTING WALKWAY
EXISTING CO
PROPOSED
EXISTING
EXP. JT.
4" THK CONC. WALKWAY
NEW CO TO MATCH EXIST.
RAIL


FRONT ELEVATION
SCALE: 1/4" = 1'-0"
RETAIL SPACE #1
RETAIL SPACE #2
PLAN
SCALE: 1/4" = 1'-0"
4" THK CONC. WALKWAY
EXISTING BUILDING
EXISTING WALKWAY
EXISTING CO
PROPOSED
EXISTING

Township of Brick

ADDITION

REVISED 05/04/16

1. Construction Jacket signed & completed – Front and inside the jacket filled out completely. Must complete Section VI for an addition with new area and volume of structure	Yes ___	NO ___
2. Zoning Application completely filled out (All Sections)	Yes ___	NO ___
3. Engineering Form completely filled out (All Sections)	Yes ___	NO ___
4. Four true size ~~SEALED Plot~~ Plans with Topography Site Plans	Yes ___	NO ___
5. Bldg/~~Plmg/Electrical/ Fire Subcode~~ Techs completed. (Plumbing & Electric must be sealed if applicable)	Yes ___	NO ___
6. Separate Addition/Alteration cost. (If Addition/New Bldg. – cost for new bldg --- If Addition & Alteration – must separate costs)	Yes ___	NO ___
7. Two sets of plans – **Make sure all plans indicate the current codes.** Architectural Plans must be signed and sealed by a licensed design professional. If homeowner drawings – all pages must be signed by the homeowner as well as the Oath.	Yes ___	NO ___
8. If using engineered floor joists (TJI), must be submitted at time of application signed and sealed by a NJ licensed design professional.	Yes ___	NO ___
9. 2nd Story Additions require engineer certification for foundation if the plans are not architectuals.	Yes ___	NO ___
10. Energy Code Compliance Report REScheck (www.energycodes.gov)	Yes ___	NO ___
11. Manufacturer brochures indicating specs and installation requirements (Furnace, Boiler, A/C, Fireplace)	Yes ___	NO ___
12. Two gas pipe drawings if applicable – BTU's – Length and size of pipe	Yes ___	NO ___
13. Drain Waste Vent schematic if adding or changing plumbing	Yes ___	NO ___
14. List of Existing Plumbing Fixtures – (if adding new fixtures)	Yes ___	NO ___
15. Completed debris form	Yes ___	NO ___
16. Copy of current Home Improvement Contractor Registration if work is being done by Contractor	Yes ___	NO ___
17. Detail of existing & proposed smoke & carbon monoxide detectors	Yes ___	NO ___
18. Detail of Electrical Locations (Receptacles, Switches, Detectors, Etc)	Yes ___	NO ___
19. Heat Loss Calculation	Yes ___	NO ___

20) Floor Plan - Existing + proposed specs on counters.

TOWNSHIP OF BRICK

DEBRIS FORM

WORK SITE ADDRESS: 2791 Hooper Ave, Brick Town, NJ

BLOCK: _____ **LOT:** _____

CONTRACTOR: _____

CONTRACTOR'S ADDRESS: _____

Type of Construction(minor, new home): _____

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

Party responsible for removal: _____

Dumpster Size: N/A Minimal Debris

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."

Jose Fredy Quezada
Signature

07/04/17
Date

Jose Fredy Quezada
Print Name

ENGINEERING PERMIT APPLICATION

BLOCK: 673 LOT: 8 ADDRESS: 2791 Hooper Ave Brick NJ

RECEIVING CLERK: _____

PERMIT #: _____

IDENTIFICATION:

1. WORK SITE ADDRESS: 2791 Hooper Ave Brick NJ
2. NAME OF OWNER IN FEE: Trahanas Realty LLC
   ADDRESS: P.O Box 955 Riverside, CT 06878 PHONE #: (914) 629-5614
   _____ FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Ecuasur Wireless
   ADDRESS: 406 N Broad St PHONE #: (908) 485-9714 (973) 759 5043
   Elizabeth NJ 07208 FAX #: (__) _____
4. ARCHITECT OR ENGINEER: Fred
   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Fredy Quezada
   ADDRESS: 745 PARK. AVE. ELIZABETH NJ 07208

PHONE #: (973) 7895043 FAX #: (__) _____ E-MAIL: ecuasur65@hotmail.com

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 _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

SPECIAL CONDITIONS:

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

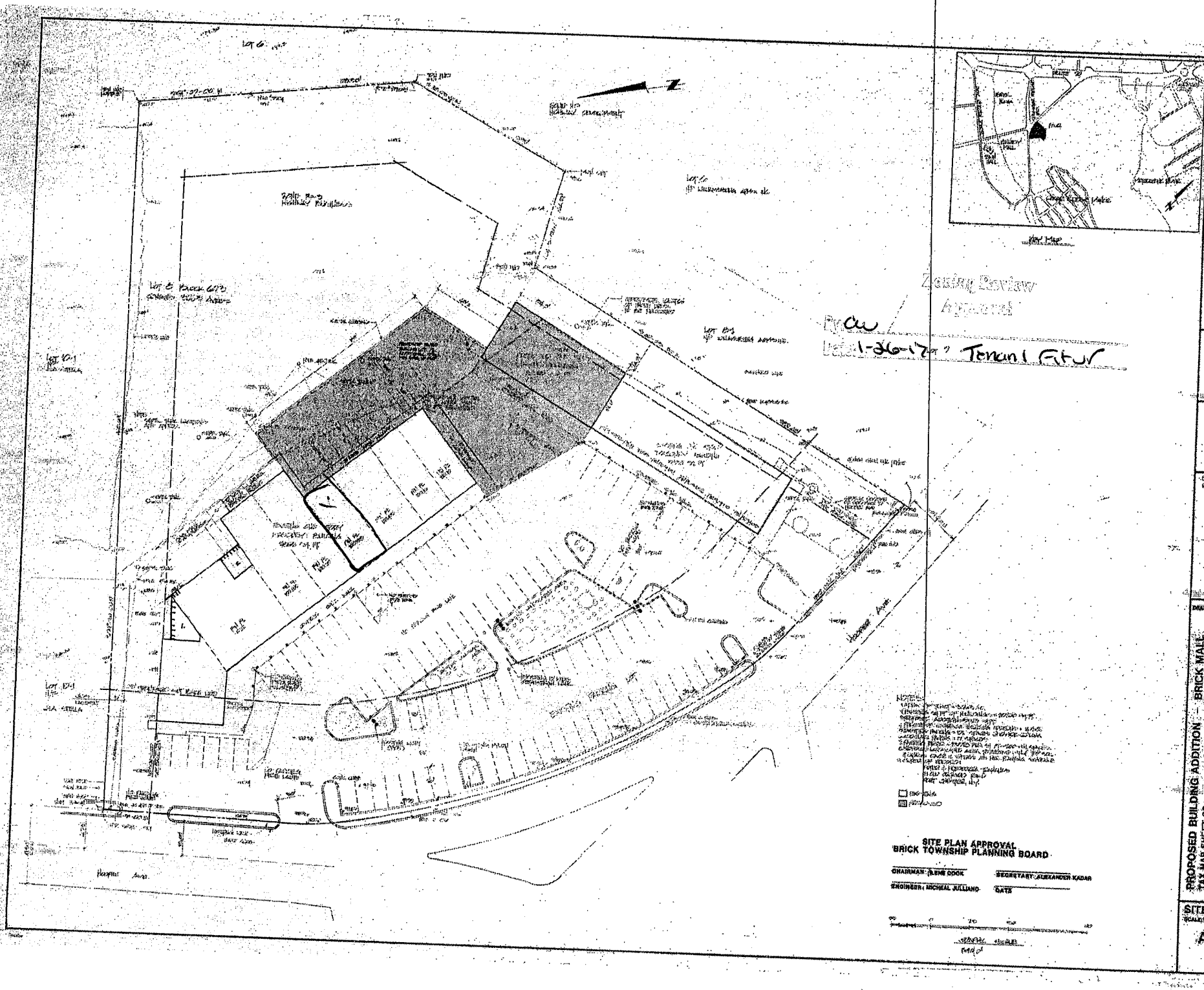
BOARD APPROVAL: ☐ PB ☐ ZB

APPLICATION NUMBER: _____

APPROVED DATE: _____

ENGINEERING REVIEW:

DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____


Zoning Review
Approval
Date 1-26-17
Tenant Fitur
SITE PLAN APPROVAL
BRICK TOWNSHIP PLANNING BOARD
CHAIRMAN - ELAINE COOK
SECRETARY - ALEXANDER KADAR
ENGINEER - MICHEAL JULLIANO
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

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
11/9/17	Spoke	
11/26/17	SENT TO Cmm	JGW