BLOCK 623 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) 2791 Hooper Ave PERMIT NO. 13-2919

CONSTRUCTION PERMIT APPLICATION

NEW JERSEY UNIFORM CONSTRUCTION CODE

C-13-Addition #2

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 Hooper Ave (Tanning Salon)
2. Name of Owner in Fee: Trahanas Realty LLC
   Tel. (917) 623 6425 e-mail _____
   Address 4 Manhattan Ave (street) Nyack (municipality) NY 10580 (zip code)
3. Ownership in Fee: Public ✓ Private _____
4. Principal Contractor: Self Tel. (732) 859 9753
   Address 64 Austin St e-mail TikiTanCo@comcast.com
   Tinton Falls NJ 07712
   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 RMS Architects Contact Ronald Schneider
   Address PO Box 612 Howell NJ 07731 e-mail _____
   Tel. (732) 833 6464 FAX: (732) 833 6465
6. Responsible Person in Charge once Work has Begun Chris Strauss
   Tel. (732) 859 9753 FAX: (800) 859 9675

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75 J		
2. Electrical	150 J		
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	5		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other			
13. TOTAL	$ 230		

VI. BUILDING/SITE CHARACTERISTICS

	(office use only)
1. Number of Stories 1	
2. Height of Structure 15' ft.	
3. Area — Largest Floor 1890 sq. ft.	
4. New Building Area 1890 sq. ft.	
5. Volume of New Structure 19,422 cu. ft.	
6. Max. Live Load _____	
7. Max. Occupancy Load 19	
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)
- ☐ Repair
- ☐ Asbestos Abat. -Subch. 8
- ☐ New Building
- ☒ Alteration
- ☐ Lead Hazard Abatement
- ☐ Addition
- ☐ Renovation
- ☐ Radon Remediation
- ☐ Demolition
- ☐ Reconstruction
- ☐ 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		✓	5/29/13	6/03/13	07/03/13	MEK			
☒ Electrical				6-7-13 JJ			7/2/13 JJ		
☐ Plumbing									
☒ Fire Protection									
☐ Elevator		Eng Exempt 7/10/13 CC							
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

A. RESIDENTIAL *(primary use)*
1. State Specific Use: ~~Tanning~~ Salon
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: Tanning Salon
2. Use Group, Proposed: B
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present 2B
Proposed 2B

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 10/9/2013
Control Number C-13-003142
Permit Number 13-2919
Permit Issue Date 7/12/2013
Certificate Number 13-2919

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: 4 MANHATTAN AVE RYE NJ 10580

Telephone: (917) 623-6425

Contractor Chris Strauss

Address 64 Austin Street Tinton Falls NJ 07712

Telephone: (732) 859-9753 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Tiki Tanning Salon

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: 10/9/2013

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 8/15/2013
Control Number C-13-003142
Permit Number 13-2919
Permit Issue Date 7/12/2013
Certificate Number 13-2919

Certificate

Construction Code Division

(Temporary 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: 4 MANHATTAN AVE RYE NJ 10580

Telephone: (917) 623-6425

Contractor Chris Strauss

Address 64 Austin Street Tinton Falls NJ 07712

Telephone: (732) 859-9753 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP Tiki Tanning Salon

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: 9/20/2013
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 9/20/2013
Conditions to be met:

Final electric inspection
Final building inspection

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 8/15/2013 U.C.C. F260 (rev. 08/05)

7/11/13 Lm pr Chris

CONSTRUCTION PERMIT

Date Issued 7/12/13
Control # C-13-003142
Permit # 13-2919

IDENTIFICATION Block: 673 Lot: 8 Qualifier
Work Site Location: 2791 HOOPER AVE Brick Township, NJ
Owner in Fee TRAHANAS REALTY LLC
4 MANHATTAN AVE RYE NJ 10580
Telephone: (917) 623-6425

Contractor Chris Strauss
Address 64 Austin Street Tinton Falls NJ 07712
Telephone: (732) 859-9753
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

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 Tiki Tanning Salon

PAYMENTS (Office Use Only)

Building	$75
Electrical	$150
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$5
CO Fee	
Other	$0
Total	$230
Check No.	6524
Cash	$0
Credit	$0
Collected By	

+50 +80

Note: If constuction 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

Construction Official

7/11/13
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.

  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.

07/12/13 3:39PM 00155844451
REV.010
BUILDING $75.00
ELECTRICAL $150.00
DCA $5.00
ZPA $50.00
**TOTAL $280.00
CASH $10.00
CHANGE $270.00
$0.00

- [ ] 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.

BUILDING SUBCODE
TECHNICAL SECTION

Date Received Control # 7/12/13

Date Issued Permit # 13-2919

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

Owner in Fee: Tachanas Realty LLC

Tel. 917 673 6425 e-mail

Address 4 Manhattan Ave Rye NY 10580
street municipality

Contractor: Self Tel. 732 859 9753
zip code

Address 64 Austin St e-mail TikiTanCorp@gmail.com

Tinton Falls NJ 07712

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	08/05/13	KEK
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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

SUBCODE APPROVAL for PERMIT
Date: 08/03/13
Approved by: KEK

SUBCODE APPROVAL for CERTIFICATE
[✓] CO [ ] CCO [ ] CA
Date: 09/30/13
Approved by: KEK

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			7-16-13	G.P.
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO - 30 days				
Other				
Final * 8/12/13 (W	8-14-13		9-26-13	G.P.
Barrier-Free		N.R.		

B. BUILDING CHARACTERISTICS

Use Group Present B Proposed B

Constr. Class Present 2B Proposed 2B

No. of Stories 1

Height of Structure 15 ft.

Area — Largest Floor 1890 sq. ft.

New Bldg. Area/All Floors 1890 sq. ft.

Volume of New Structure 19422 cu. ft.

Max. Live Load

Max. Occupancy Load 19

If Industrialized Building:
State Approved HUD

Est. Cost of Bldg. Work:
1. New Bldg. $
2. Rehabilitation $
3. Total (1+ 2) $ 1006

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

* See Attached

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:

Print name here: Chris Strauss

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK
Install interior partition walls in existing Tanning Salon. New tenant taking over space ~~from~~ to continue prior use as a tanning salon.

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 Tenant fit up
[ ] Demolition

FEE (Office Use Only)
$

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

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

DOVER TOWNSHIP CONSTRUCTION INSPECTION DEPT.

FIELD CORRECTION NOTICE

LOCATION _____ PERMIT # 13-2919

ISSUED TO _____ BLOCK _____ LOT _____

PERMIT HOLDER AND/OR ALL RESPONSIBLE PARTIES

NOTICE DELIVERED TO Tiki Image

No open ceil insp

Upon inspection, violations of the _____ Sec. _____ were in evidence.

The following orders are hereby issued for their correction:

(1) Seal penetrations at (East) tenant separation wall (Have open for insp)

(2) Install emergency lights in rooms which the walls run full height

(3) Install emergency light in ceil area for hall way in front of office

(4) Change ~~door~~ door hardware to barrier free apprd

PLEASE CALL FOR INSPECTION WHEN CORRECTIONS HAVE GEEN COMPLETED. ACCEPTANCE AND APPROVAL BY AN INSPECTOR OF THIS DEPARTMENT IS REQUIRED. ALL CORRECTIONS MUST BE MADE ON OR BEFORE

(5) Transition strip carpet to tile

DATE 8/12/13 BY _____

INSPECTOR

White - Original Yellow - Field Copy

CHAMBERS BRIDGE & BRICK BLVD LIE THE OLD GOODFRIEND CLASS OLD GOODFRIENDS

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 7/12/13
Control #
Date Issued
Permit # 13-2919

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 Hoope Ave

Owner in Fee: Trehanas Realty LLC

Tel. (917) 623 6425 e-mail

Address 4 Manhattan Ave (street) Nyc (municipality) NY (zip code) 10580

Contractor: High Caliber Electric LLC Tel. (732) 684-9329

Address 905 Tanglewood Ave e-mail highcaliberelectric@hotmail.com
Toms River NJ. 08753

Contractor License No. 16215 Exp. Date 3/15

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

Federal Emp. ID No. 26-2183846 FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present B Proposed B

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

Building Occupied as Retail Center Utility Co. JCP&L

Est. Cost of Elec. Work $ 2,000.-

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: AJ Tom Taylor

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW
[ ] No Plans Required
[ ] Partial -Underslab Utilities Approved
Date: Approved by:
[✓] Electric Plans Approved
Date: 7/24/13 Approved by: JS
Joint Plan Review Required:
[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.
SUBCODE APPROVAL for PERMIT
Date: 7/2/13
Approved by: JS
SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 10-1-13
Approved by: JJ

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			7-16-13	JK
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO	Goodw To Move In Equip		8.12.13	DJ
Other				
Service				
Final			9.26.13	DJ
Barrier-Free				

Temp. Cut-in-Card Date Issued
Final Cut-in-Card Date Issued
Annual Pool Inspection
Date of Grounding and Bonding Certification

RECEIVING CLERK _____
DATE REC'D 5/29/13

ZONING PERMIT APPLICATION

PERMIT # ZP-13-00709
DATE ISSUED 7/2/13

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

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Tcahanas Realty LLC Unit #2
   COMPLETE ADDRESS: 4 Manhattan Ave
   Rye NY 10580
   PHONE # 917 623 6425 EMAIL: —

2. NAME OF APPLICANT: Tiki Lounge
   APPLICANT ADDRESS: 64 Austin ST
   Tinton Falls NJ 07712
   PHONE # 732 859 9753 EMAIL: Tikitanlounge@gmail.com

3. RESPONSIBLE PERSON FOR WORK: Chris Strauss
   PHONE# 732 859 9753 FAX# 800 859 9675

4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ —
TOTAL: $ —

REQUIRED BY APPLICANT

RESIDENTIAL: —
COMMERCIAL ✓
EXISTING USE: Tanning Salon
PROPOSED USE: Tanning Salon

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: — (*IF APPLICABLE)

OTHER —

DESCRIPTION: New Tenant in Shopping Center - Taking over existing Tanning Salon

ZONING REVIEW:
DATE REVIEWED: 7/3/13 DATE DENIED: — DATE APPROVED: 7/3/13 INTLS: SGS

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
JUL 3 2013
Zoning

ZONING REVIEW:

DATE REVIEWED: 7/3/13 DATE DENIED: — DATE APPROVED: 7/3/13 INTLS:

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 7/12/13
Application Number: ZA-13-00806
Application Date: 07/03/2013
Project Number:
Permit Number: ZP-13-00709
Fee: $50

Zoning Permit

Worksite Location: **2791 HOOPER AVE**
Brick Mall - Unit No. 102
Brick Township, NJ 08723

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

Owner: **TRAHANAS REALTY LLC**
Address: **4 MANHATTAN AVE**
RYE, NJ 10580

Applicant: **Tiki Image**
Address: **64 Austin Street**
Tinton Falls, NJ 07712

Application Approved Date: 07/03/2013

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

Use is: Tanning Salon -"Tiki Image" (former "Bronze Republic).

Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a tenant fit-up a new business, "Tiki Image", to replace "Bronze Republic" tanning salon.

Upon review it was determined that the Development Application:

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

Sean Kinney, ZO — 07/05/2013
Office of Zoning, — Date

Michael P. Fowler — 7/5/13
Michael P. Fowler, Township Planner — **Date**

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 03/16/2012
Application Number: ZA-12-00116
Application Date: 02/24/2012
Project Number:
Permit Number: ZP-12-00164
Fee: $50

Zoning Permit

Worksite Location: **2791 HOOPER AVE**
Brick Mall - Unit 102
Brick Township, NJ 08723

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

Owner: **TRAHANAS REALTY LLC**

Address: **4 MANHATTAN AVE**
RYE, NY 10580

Applicant: **Keith McGrath; Bronze Republic Tanning Studio**

Address: **2415 Robin Way**
Manasquan, NJ 08736

Application Approved Date: 02/24/2012

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

Use is: Tanning Salon -Bronze Republic Tanning Studio.

Nonconforming Use is:

Work Description:
Rehabilitation - Interior alteration for a tenant fit-up for a new business, Bronze Republic Tanning Studio.

An additional zoning permit is required for any sign or for any other additional work.

Upon review it was determined that the Development Application:

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

Sean Kinnevy, Zoning Officer — Date: Copy

Michael P. Fowler, Township Planner — **Date**

6/6 Ext 800-859-9675

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

B

Subcode Official Review

Date: Monday, June 03, 2013

To: TRAHANAS REALTY LLC
4 MANHATTAN AVE
RYE, NJ 10580

RE: Building Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-13-003142
Last Submit Date: Friday, May 31, 2013

Dear TRAHANAS REALTY LLC,

Your request is hereby denied based upon the following infractions.

06/03/2013 - Incomplete

Submit all specifications & dimensions for new custom built reception counter as required to verify accessibility compliance as per ICC/ANSI A117.1-2003.

Sincerely,

_____

Ken Kiseli, Subcode Official

CC:

RESUBMIT CR
SUBCODES Building
DATES 6-28-13

6/4 fax 800-859-9675
6/26/13 refaxed

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

Subcode Official Review

Date: Tuesday, June 04, 2013

To: TRAHANAS REALTY LLC
4 MANHATTAN AVE
RYE, NJ 10580

RE: Electrical Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-13-003142
Last Submit Date: Monday, June 03, 2013

Dear TRAHANAS REALTY LLC,

Your request is hereby denied based upon the following infractions.

electrical permit does not have receptacles as per plan , please review and update permit to correct count

Sincerely,

Geoffrey Stahl, Subcode Official

CC:

Resubmit
Electrical
6-28-13
CR

RMS ARCHITECTS
Ronald M. Schneider & Associates, LLC

P.O. Box 612
Howell, NJ 07731
(732) 833-6464
Fax 833-6465

SUPPLEMENT #1

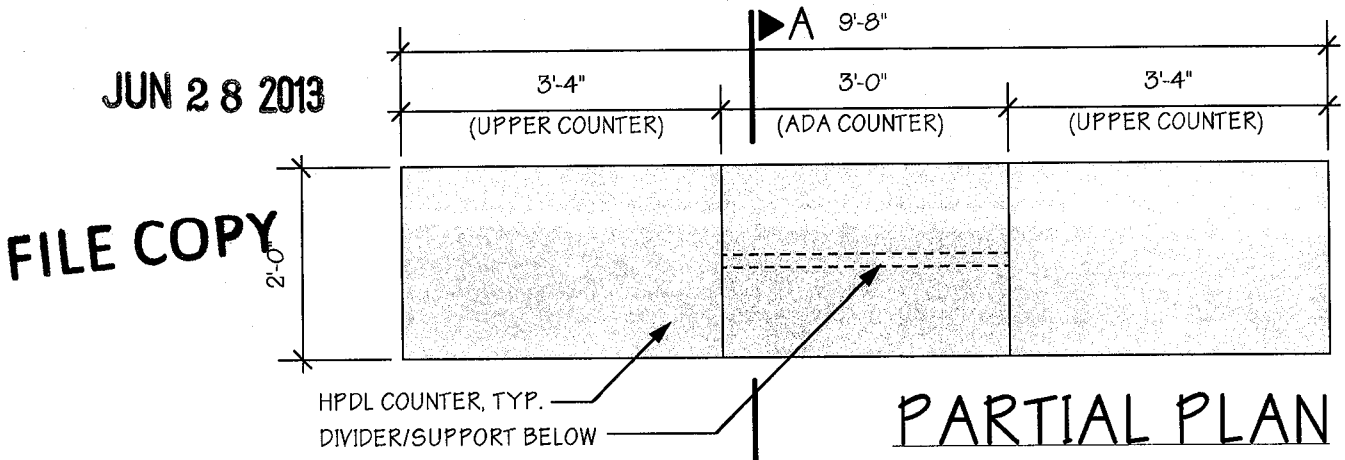
DATE:
June 27, 2013

SUPPL. TITLE ADA Counter
PROJ. TITLE Tiki Image
PROJ. LOC. Brick, New Jersey
AFFECTED DRAWINGS

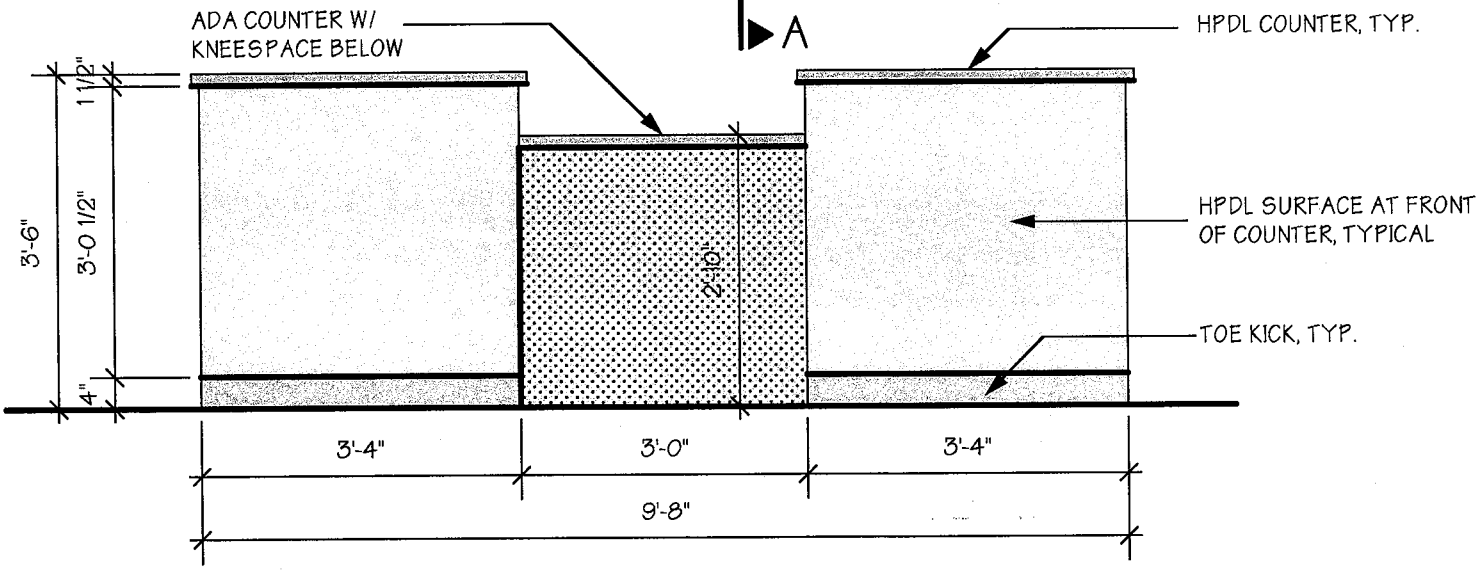
SUPPL. NO. #1
PROJ. NO. 13-1445
SHEET 1 OF 1
DRAWN RMS
CHECKED RMS

JUN 28 2013

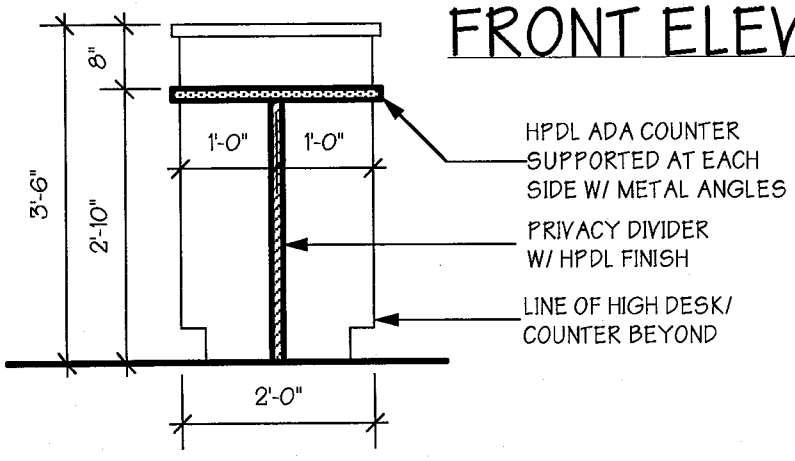
FILE COPY



PARTIAL PLAN



FRONT ELEVATION



SECTION - A

FILE COPY

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	JC	9/3/13							ZA-13-00806
☐ 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.				

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 Chris Strauss

Address 64 Austin St

Tinton Falls NJ 07712

Telephone (732) 859 9753

Signature _____

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