BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 10-3026

CONSTRUCTION PERMIT APPLICATION

C-10-003906

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

I. IDENTIFICATION

1. Proposed Work Site at: 74 Brick Mall, Unit 201-202, Brick NJ
2. Name of Owner in Fee: Trahanas Realty, LLC
   Tel. (917) 623-6425 e-mail _____
   Address _____ (street) (municipality) (zip code)
3. Ownership in Fee: Public _____ Private ✓
4. Principal Contractor: Kin S. Wong Tel. (732) 551-7772
   Address 202 Brick Mall e-mail wong1268@gmail.com
   Brick, NJ 08723
   License No. OR, if new home, Builder Reg. No. _____ Exp. Date _____
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): 13VH04897200
   Federal Emp. ID No. _____ FAX: (732) 920 8887
5. Architect or Engineer Sir James C. Robinson RA Contact 212 966-7828
   Address 55C Delancey St, NY, NY 10002 e-mail RARC1848@gmail.com
   Tel. (212) 966 7828 FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun Andrew Wong
   Tel. (732) 551 7772 FAX: (732) 920 8887

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 75		
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			
10. Subtotal	$ 3		
11. Cert. of Occupancy			
12. Other	78		
13. TOTAL	$		

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 _____
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	☐ 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			11/2/10		11/3/10				
☐ Electrical									
☐ Plumbing									
☐ Fire Protection									
☐ Eleavator		Eng	Exempt		Ecc	Waiving			
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: _____
3. Change in Use Group, Indicate Present:

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
8. ☐ Smoke Control Systems in Open Wells
9. ☐ Underground Storage Tanks
10. ☐ Swimming Pools. Spas and Hot Tubs
11. ☐ LPGas Tanks

U.C.C. F100-1 (rev. 12/07)

OFFICE USE ONLY

DATE:	COMMENTS:	INITIALS:
11/2/10	Called 11/3/10	

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

Address 213 Mundy St.
Wilkes Barre, PA 18702

Telephone (732) 571 7772

Signature _____

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

OFFICE DATE RECEIVED: _____

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL Prelimin. Initial	LOCAL APPROVAL Final Date	COUNTY APPROVAL Prelimin. Initial	COUNTY APPROVAL Final Date	REGIONAL APPROVAL Prelimin. Initial	REGIONAL APPROVAL Final Date	STATE APPROVAL Prelimin. Initial	STATE APPROVAL Final Date	COMMENTS
☐ Zoning Officer			X						
☐ Planning Board									
☐ Zoning Board			X						
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department			X						
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs	X	X	X	X	X	X			
☐ N.J. Department of Transportation	X	X	X	X	X	X			
☐ N.J. Department of Environmental Protection	X	X	X	X	X	X			
☐ Utility Dig No:			X	X	X	X	X	X	
☐			X	X	X	X	X	X	
☐			X	X	X	X	X	X	

IX. SUBCODES AND SPECIAL REGULATIONS APPLICABLE (office use only—optional)

Name of Code & Edition		Name of Code & Edition	
Building		Energy	
Electrical		Barrier Free	
Plumbing		Flood Hazard	
Fire Protection		As Built Elevation Cert.	
Mechanical		Other	
		Other	

X. CERTIFICATES ISSUED (office use only)

	No.	DATE ISSUED	DATE EXPIRED	DATE REISSUED	DATE EXPIRED
☐ Temporary Certificate of Occupancy					
☐ Temporary Certificate of Compliance					
☐ Continued Certificate of Occupancy					
☐ Certificate of Compliance					
☐ Certificate of Occupancy					
☐ Certificate of Approval					
☐ Lead Abatement Clearance Certificate					

ZONING PERMIT APPLICATION

RECEIVING CLERK ____
DATE REC'D 10-26-10

PERMIT # 10-61086
DATE ISSUED 11-02-10

BLOCK: 673 LOT: 8 QUALIFIER: — SITE ADDRESS: 74 Brick Mall, Unit 202, Brick, NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: Trahanas Realty, LLC
   COMPLETE ADDRESS: 74 Brick Mall Unit 202
   Brick, NJ 08723
   PHONE # 917-623-6425 EMAIL: ____

COMMERCIAL

2. NAME OF APPLICANT: Andrew Wong
   APPLICANT ADDRESS: 202 Brick Mall
   Brick, NJ 08723
   PHONE # 732 551 7772 EMAIL: wong1268@gmail.com
3. RESPONSIBLE PERSON FOR WORK: Andrew Wong
   PHONE# 732-551 7772 FAX# 732-920-8887
4. SIGNATURE OF APPLICANT: [signature]

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $ ____
TOTAL: $ ____

REQUIRED BY APPLICANT

RESIDENTIAL: ____
COMMERCIAL: ✓
EXISTING USE: liberty Travel
PROPOSED USE: Show Room. Kitchen Cabinet
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 ____

HEIGHT: ____ (*IF APPLICABLE)

OTHER ____

DESCRIPTION: tenant fit up.

ZONING REVIEW:
DATE REVIEWED: 10-26-10 DATE DENIED: — DATE APPROVED: 10-26-10 INTLS: SC, 20 (SEE BACK PAGE)

DATE:	COMMENTS:	INITIALS:

ZONING REVIEW:
DATE REVIEWED: 10-26-10 DATE DENIED: — DATE APPROVED: 10-26-10 INTLS: SC, 20

OFFICE USE ONLY

RECEIVED
OCT 26 2010

TOWNSHIP OF BRICK ZONING CHECKLIST

1) Two (2) copies of plot plan containing:

- All existing and proposed structures
- All dimensions of the lot and structures
- All setbacks from the structures to the property lines
- All adjacent streets and waterways
- If applicable, include a copy of the Zoning Board of Adjustment Resolution, the date that the map was signed, and/or the date that the subdivision map was filed with the Ocean County Clerk, along with the file map and number.

2) Two copies of the plans with dimensions and heights noted:

- Floor plans and elevations
- Signed site plans
- Property map
- Survey map

Choose which is applicable for submission

3) Plot plans and building plans must match for complete review

NOTE: NO PARTIAL, TAPED, FAXED, REDUCED OR ENLARGED COPIES CAN BE ACCEPTED

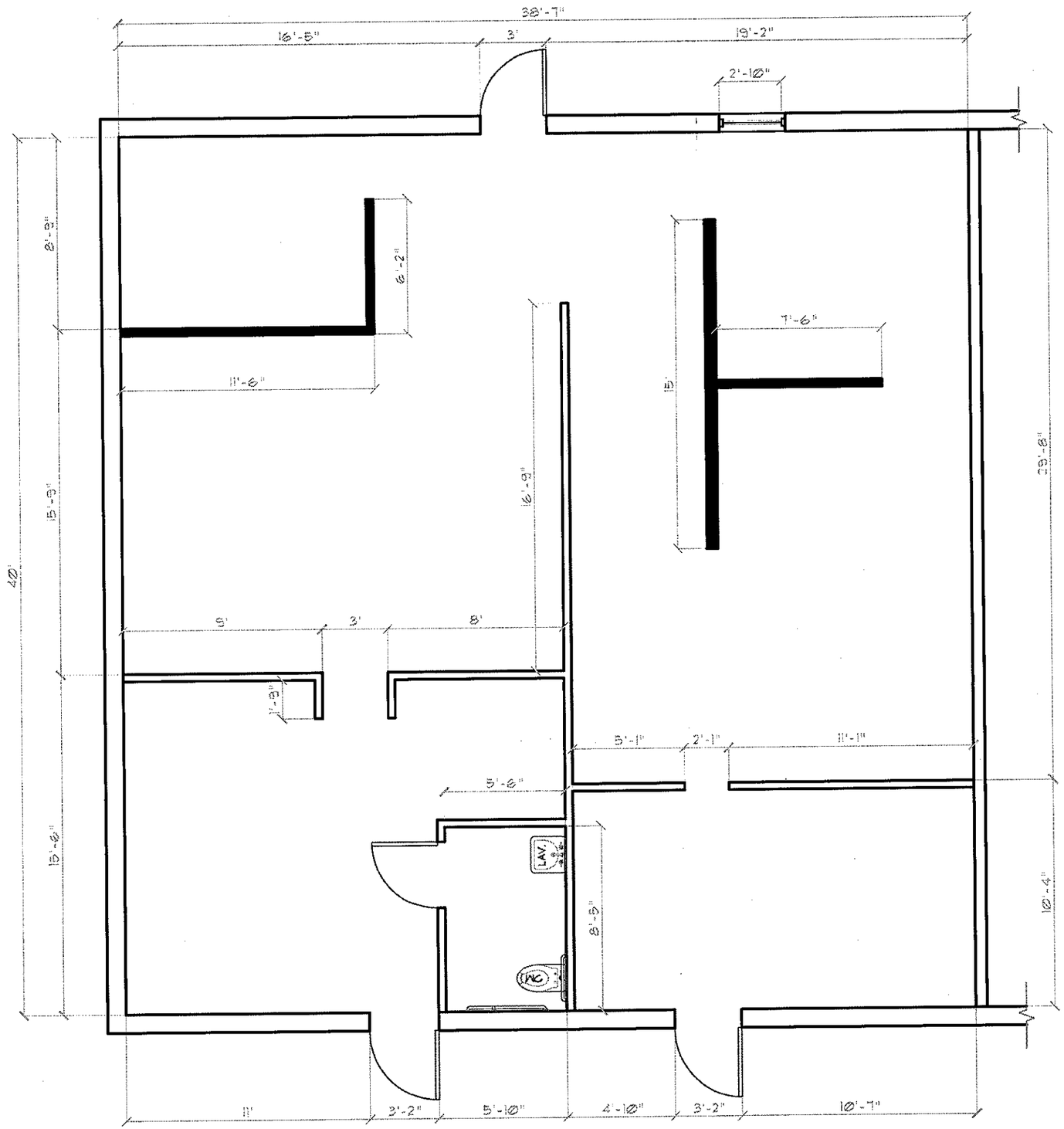
01/2010

SCHEDULE OF AREA, YARD AND BUILDING REQUIREMENTS
Township of Brick
Ocean County, New Jersey

[Amended 6-26-1979 by Ord. No. 354-2B-79; 4-22-1980 by Ord. No. 354-2H-80; 10-14-1980 by Ord. No. 354-2N-80; 9-23-1980 by Ord. No. 354-2R-80; 11-5-1984 by Ord. No. 354-2CCC-84; 6-24-1986 by Ord. No. 354-2WWW-86; 9-13-1988 by Ord. No. 354-2TTTT-88; 9-27-1988 by Ord. No. 354-2XXXX-88; 9-12-2000 by Ord. No. 354-2EEE-00; 5-9-2000 by Ord. No. 354-2Z-00; 3-26-2002 by Ord. No. 354-2C-02; 11-26-2002 by Ord. No. 354-2L-02; 3-25-2003 by Ord. No. 354-2D-03; 6-13-2006 by Ord. No. 19-06]

Zone	Minimum Lot Size						Minimum Required Yard Depth						Maximum Building Height			Minimum Floor/ Building Area (square feet) 2 stories/1 story	Maximum Allowable Impervious Coverage
	Interior Lots			Corner Lots			Principal Building					Accessory Building					
	Area (square feet)	Width (feet)	Depth (feet)	Area (square feet)	Width (feet)	Depth (feet)	Front Yard (feet)	Side Yard, Each (feet)	Both Sides Combined (feet)	Rear Yard (feet)	Side Yard (feet)	Rear Yard[1] (feet)	Stories	Feet	Ridge (feet)		Maximum Lot Coverage by Building
R-R	40,000	150	150	40,000	150	150	50	25	See § 245-90.	50	25	25	–	25		–	25%
RR-2							See § 245-103.										
RR-3																	
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	–	25	35	–	25%
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	–	25	35	–	25%
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	–	25	35	–	30%
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	–	25	35	–	30%
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	–	25	35	–	35%[2]
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	20	2	–	35	–	30%[2]
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	10	2	–	35	–	30%[2]
B-2	20,000	125	125	20,000	125	125	50	10	–	50	20	20	–	–	35	–	25%[2]
B-3	2 acres	200	200	2 acres	200	200	75	50	–	50	20	20	–	–	35	–	25%
B-4	5 acres	300	300	–	–	–	100	50(150')	–	100(150')	20	20	3	–	35	–	25%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	75	–	–	35	–	30%[2]
R-M	25 acres	350	200	–	–	–	50	50	–	50	30	30	–	–	35	–	20%[2]
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	20	–	–	35	2,000	25%[2]
H-S																	70%

NOTES:
1 If adjacent to residential zone or use.
2 The maximum lot coverage shall refer only to that percentage of an effected lot which is suitable for building.
3 For rear yard setback requirements for accessory buildings on waterfront property, see § 245-10D.



FLOOR PLAN
SCALE: 3/16"=1'-0"

LEGEND:

EXISTING ONE HOUR FIRE RATED WALL AND PARTITION TO REMAIN

NEW PARTITION
3 5/8" 25 GA. METAL STUDS @16" O.C. WITH 1/2" GYPSUM BOARD EACH SIDE TO 10'-6" A.F.F., TAPE, 3 COATS MUD, SAND SMOOTH, PAINT.

APPROVED FOR ZONING ONLY
SEAN KINNEVY, ZONING OFFICER
OCT 26 2010

SIR JAMES L. ROBINSON, RA
55C DELANCEY STREET, NEW YORK, N.Y. 10002
TEL: (212) 966-1828 FAX: (212) 966-5611
EMAIL: RAPC1848@GMAIL.COM

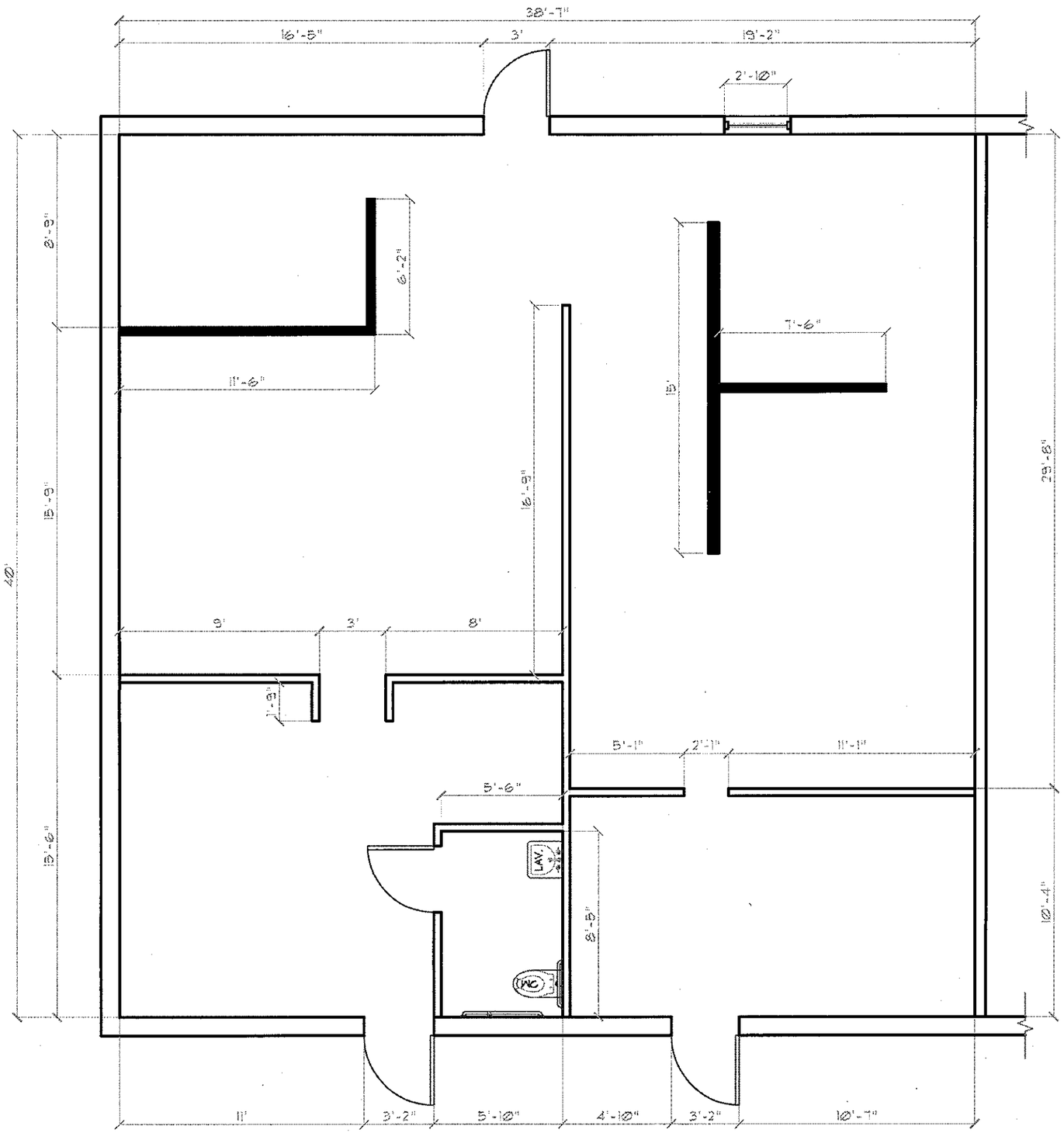
PROPOSED SHOW ROOM
CABINETRY & STONE DEPOT
202 BRICK MALL
BRICK, NJ 08723

REF.NO.

DWG. NO. A-1

NO.	DATE	REVISION

DATE: 10-19-10
SCALE: AS NOTED
PRO. #



FLOOR PLAN
SCALE: 3/16"=1'-0"

TOWNSHIP OF BRICK
RELEASED FOR PERMIT INITIAL DATE 11/3/10

Building Subcode _____
Fire Subcode _____
Electrical Subcode _____
Plan Reviewer _____
Plans Released _____
Construction Official _____

LEGEND:

EXISTING ONE HOUR FIRE RATED WALL AND PARTITION TO REMAIN

NEW PARTITION
3 5/8" 25 GA. METAL STUDS @16" O.C. WITH 1/2" GYPSUM BOARD EACH SIDE TO 10'-6" A.F.F., TAPE, 3 COATS MUD, SAND SMOOTH, PAINT.

STATE OF NEW JERSEY * JAMES L. ROBINSON * LICENSED ARCHITECT

APPROVED FOR ZONING ONLY
SEAN KINNEY, ZONING OFFICER
OCT 26 2010

NO.	DATE	REVISION

DATE: 10-19-10
SCALE: AS NOTED
PRO. #

SIR JAMES L. ROBINSON, RA
55C DELANCEY STREET, NEW YORK, N.Y. 10002
TEL: (212) 966-1828 FAX: (212) 966-5611
EMAIL: RAPC1848@GMAIL.COM

PROPOSED SHOW ROOM
CABINETRY & STONE DEPOT
202 BRICK MALL
BRICK, NJ 08723

REF. NO.

DWG. NO. A-1

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued:
Application Number: ZA-10-01086
Application Date: 10/26/2010
Project Number:
Permit Number:
Fee: $50

Zoning Permit

Worksite Location: **2791 HOOPER AVE**
74 Brick Mall - Unit 202
Brick Township, NJ 08723

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

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

Applicant: **Andrew Wong**
Address: **202 Brick Mall**
Brick, NJ 08723

Application Approved Date: 10/26/2010

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

Use is: Retail Store --"Cabinetry and Stone Depot" showroom (former Librety Travel agency).
Nonconforming Use is:

Work Description:
Rehabilitation - Interior alterations for a new business to change the use from the "Liberty Travel" agency offices to the "Cabinetry and Stone Depot" showroom store.

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

Upon review it was determined that:

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

Sean Kinnevy, Zoning Officer — 10/27/2010 Date

Michael P. Fowler, Township Planner — 10/27/10 **Date**

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 11/19/2010
Control Number C-10-003906
Permit Number 10-3026
Permit Issue Date 11/04/2010
Certificate Number 10-3026

Certificate

Construction Code Division

(Certificate of Approval)

Identification

Work Site Location: 2791 HOOPER AVE Unit 202 (former Liberty Travel) Brick Township, NJ Block: 673 Lot: 8 Qual:

Owner in Fee: TRAHANAS REALTY LLC

Owner Address: 4 MANHATTAN AVE RYE NY 10580

Telephone:

Contractor TRAHANAS REALTY LLC

Address 4 MANHATTAN AVE RYE NY 10580

Telephone: 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 Proposed Kitchen Cabinet Showroom

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:

David J. Newman Jr.

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 11/19/2010 U.C.C. F260 (rev. 08/05)

BUILDING SUBCODE
TECHNICAL SECTION

11-04-10

Date Received
Control #

Date Issued
Permit # 10-3026

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 74 Brick Mall Unit 202
Brick, NJ 08723

Owner in Fee: Trahanas Realty, LLC

Tel. (917) 623-6425 e-mail

Address 74 Brick Mall Unit 202 (street) Brick, NJ (municipality) 08723 (zip code)

Contractor: Andrew Cooney Tel. (732) 551-7772

Address 74 Brick Mall Unit 202 e-mail acooney1268@gmail.com
Brick, NJ 08723

Contractor License No. or Builder Registration No. 13VH04689200 Exp. Date 12/31/10

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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	11/3/10	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[X] CO [ ] CCO [ ] CA
Date: 11/19/10
Approved by:

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initials
Footing				
Footing Bonding				
Foundation				
Slab				
Frame			*11/9/10	MV
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
Other				
Final			11/18/10	MV
Barrier-Free				

COMMERCIAL

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 $ 1500
3. Total (1+ 2) $ 1500

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up.
Liberty Travel now to be Cabinet Show Room.

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 $

U.C.C. F110
(rev. 12/07)

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

* 11/9/10 w/ Frame Appvd -

* By Final Brace walls to Above ceil area

11/18

Called

CONSTRUCTION PERMIT

Date Issued 11-04-10
Control # C-10-003906
Permit # 10-3026

IDENTIFICATION Block: 673 Lot: 8 Qualifier

Work Site Location: 2791 HOOPER AVE Unit 202 (former Liberty Travel) Brick Township, NJ

Owner in Fee: TRAHANAS REALTY LLC, 4 MANHATTAN AVE RYE NY 10580

Telephone:

Contractor: TRAHANAS REALTY LLC

Address: 4 MANHATTAN AVE RYE NY 10580

Telephone:

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 Proposed Kitchen Cabinet Showroom

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 $1,500

Construction Official

11-3-10
Date

PAYMENTS (Office Use Only)

Building	$75
Electrical	$0
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$3
CO Fee	
Other	$0
Total	$78
Check No.	
Cash	$0
Credit	$0
Collected By	

U.C.C. F170
equiv (rev 8/03)

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.

11/04/10 11:13AM 001558#1927
#3026 SERV.006
#3026
BUILDING $75.00
DCA $3.00
EPA $50.00
***TOTAL $128.00
CASH $128.00
CHANGE $0.00

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".

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

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

Community Development and Land Use
401 Chambers Bridge Rd.
Brick NJ 08723
(732) 262-1027

Receipt

Payment Date 11/04/2010
Transaction # PMT-10-06137
Receipt #

Issued To Andrew Wong

Description: Tenant Fit Up/Liberty Tavel to Kitchen cabinet showroom

Date Printed 11/04/2010
Check Number

Cash	$50.00
Check	$0.00
Charge	$0.00
Total Paid	$50.00

11/04/10 11:13AM 001558#1927 **06
***TOTAL $128.00

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 11-04-10
Control #
Date Issued
Permit # 10-3026

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 74 Brick Mall Unit 202
Brick, NJ 08723.
Owner in Fee: Trahanas Realty, LLC
Tel. (917) 623-6425 e-mail
Address 74 Brick Mall Unit 202 Brick, NJ 08723
street municipality zip code
Contractor: Andrew Wong Tel. (732) 551-7772
Address 74 Brick Mall Unit 202 e-mail wong1258@gmail.com
Brick, NJ 08723
Contractor License No. or Builder Registration No. 13VH06597200 Exp. Date 12/31/10
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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	11/3/10	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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			11/1/10	
Other				
Final				
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. $
2. Rehabilitation $ 1500
3. Total (1+ 2) $ 1500

U.C.C. F110
(rev. 12/07)

C. CERTIFICATION IN LIEU OF OATH

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

Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Tenant Fit up.
Was Liberty Travel now to be Show Room.

TYPE OF WORK:
[ ] New Building
[ ] Addition
[ ] Rehabilitation
[ ] Roofing
[ ] Siding
[ ] Fence Height (exceeds 6')
[ ] Sign Sq. Ft.
[ ] Pool
[ ] Retaining Wall Sq. Ft.
[X] 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