BLOCK 673 LOT 8 QUALIFICATION CODE C1-001595 ADDRESS (SITE) 2791 Hooper Ave. PERMIT NO. 11-1959

CONSTRUCTION PERMIT APPLICATION

Unit # 201

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

I. IDENTIFICATION

1. Proposed Work Site at: 2A BRICK MALL (2791) HOOPER AVE BRICK NJ.
2. Name of Owner in Fee: PETER TRAHANAS (TRAHANAS REALTY LLC)
   Tel. (914) 967-8953 e-mail
   Address 4 MANHATTAN AVE. RYE N.Y. 10580 (street / municipality / zip code)
3. Ownership in Fee: Public ____ Private X
4. Principal Contractor: MARIA DESANTIS Tel. (732) 841-9362
   Address 301 JOHN WAY RD MANALAPAN NJ e-mail
   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 MARIA DE SANTIS
   Tel. (732) 841-9362 FAX: ( ) ____

COMMERCIAL

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	90 ✓		
2. Electrical	60 ✓		40 ✓
3. Plumbing			
4. Fire Protection		75 ✓	
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review			
8. Subtotal			
9. State Permit Surcharge Fee	6	1	1
10. Subtotal			
11. Cert. of Occupancy			
12. Other	159	76	41
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 ____

Board of Health Approved

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	3000.00			6/9/11			6/28/11	6/20/11	MA
☐ Electrical					6-30-11	JS	7/28/11		JS
☐ Plumbing									
☐ Fire Protection									
☐ Eleavator		Eng	Exempt		6/2/11	ECC			
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

09-3483

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: PUMP STORE
2. Use Group, Proposed: B
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: Electric to follow
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

6 4/3

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 MARIA DESANTIS

Address 301 JOHN WAGE RD MONROE NJ 08831

Telephone (732) 541-9362

Signature _____

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

OFFICE DATE RECEIVED: 5-11-11 NC,20

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	ZA-11-00485
☒ Zoning Officer	JYC	5/20/11							ZA-11-00400
☐ 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.				

OFFICE USE ONLY

IMPORTANT
A.H.B.T. - EXEMPT

DATE:	COMMENTS:	INITIALS:
7-11-11	INCOMPLETE APPLICATION — LETTER OF DENIAL FILLED	MGS
07.05.11	Contractor called to check status - ready for plu - building side only -	CSP
11/23/11	L/M w/ Ryan @ OC Board of Health for license verification.	MJF
11/23/11	OC Health - Satisfactory - 10/5/11 fire safety. OK - for sanitary purposes.	

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 12/1/2011
Control Number C-11-001595
Permit Number 11-1959
Permit Issue Date 7/6/2011
Certificate Number 11-1959

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 NY 10580

Telephone:

Contractor Maria De Santis

Address 301 John Wall Road Monroe NJ

Telephone: (732) 841-9362 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: ELECTRICAL ALTERATIONS, TENANT FIT UP Was Good Friend Electric split into two units this will be unit 201 - Puppy Boutique

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:

ACO

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 12/1/2011 U.C.C. F260 (rev. 08/05)

PERMIT UPDATE

Date Update Issued
Control # C-11-001595+A
Permit # 11-1959+A

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 NY 10580
Telephone:

Contractor: Maria De Santis
Address: 301 John Wall Road Monroe NJ
Telephone: (732) 841-9362
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☐ ELECTRICAL
- ☑ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:
ALTERATION - -COMMERCIAL

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 $300

Construction Official

Date 9-26-11

PAYMENTS (Office Use Only)

Building	$0
Electrical	$0
Plumbing	$0
Fire Protection	$75
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$76
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.

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:

☐ 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.

PERMIT UPDATE

Date Update Issued 8.2.2011
Control # C-11-002765
Permit # 11-1959+B

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 NY 10580
Telephone:

Contractor Maria De Santis
Address 301 John Wall Road Monroe NJ
Telephone: (732) 841-9362
Lic. No. or Bldrs. Reg. No.
Federal Employee. No.

Is hereby granted permission to perform the following work:

- ☐ BUILDING
- ☐ PLUMBING
- ☐ LEAD HAZARD ABATEMENT
- ☑ ELECTRICAL
- ☐ FIRE PROTECTION
- ☐ DEMOLITION
- ☐ ELEVATOR DEVICES
- ☐ ASBESTOS ABATEMENT (Subchapter 8 only)
- ☐ OTHER

DESCRIPTION OF WORK:

Was Good Friend Electric split into two units this will be unit 201 - Puppy Boutique

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 $300

Construction Official

Date 7-29-11

PAYMENTS (Office Use Only)

Building	$0
Electrical	$40
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$1
CO Fee	
Other	$0
Total	$41
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.

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:

☑ 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.

CONSTRUCTION PERMIT

Date Issued
Control # C-11-001595
Permit #

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 NY 10580
Telephone:

Contractor Maria De Santis
Address 301 John Wall Road Monroe NJ
Telephone: (732) 841-9362
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:
ELECTRICAL ALTERATIONS, TENANT FIT UP Was Good Friend Electric split into two units this will be unit 201 - Puppy Boutique

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 $5,000

Construction Official Date

PAYMENTS (Office Use Only)

Building	$90
Electrical	$60
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$8
CO Fee	
Other	$0
Total	$158
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.

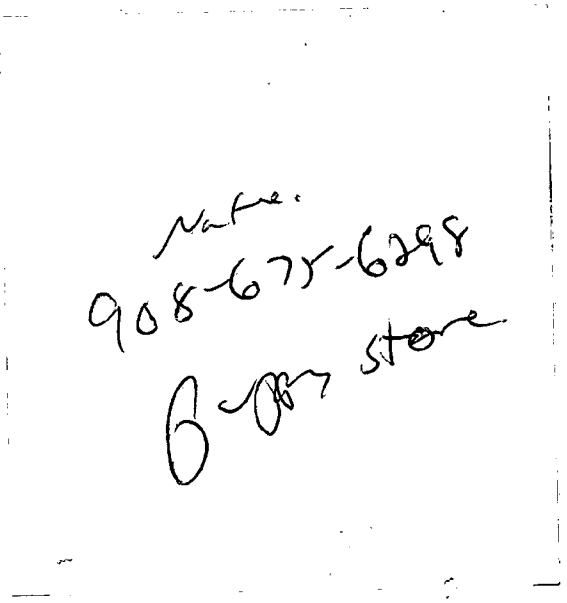
  Additional required inspections for all subcodes of construction, for other than one- and two-family dwellings, are fire suppression systems, heat producing devices and Barrier Free subcode accessibility, if applicable.

- [ ] 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.


Nate:
908-675-6298
Boss store

COPY

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 7/6/11

Date Issued / Permit # 11-1959

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 ~~201 Brick Mall~~ 2791 Hooper Ave. 2791 Hooper Ave Brick NJ. Unit 201

Owner in Fee: PETER TRAHANAS

Tel. (914) 967-8953 e-mail

Address 4 MANHATTAN AV. RYE N.Y. 10580 (street / municipality / zip code)

Contractor: MARIA DESIGNS Tel. (732) 841-9362

Address 201 JOHN WALLING HOWELL NJ e-mail

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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	6/28/11	KA

Joint Plan Review Required:

[ ] Elec. [ ] Plumb. [ ] Fire [ ] Elevator

SUBCODE APPROVAL for PERMIT

Date:

Approved by:

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [X] CA

Date: 12/1/11

Approved by: KA

INSPECTIONS

Type:	Failure	Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical			9/21/11	IW
TCO				
Other				
Final			11-29-11	IW
Barrier-Free				

Dates (Month/Day)

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 $ 3000 =
3. Total (1+ 2) $

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.

X Signature

D. TECHNICAL SITE DATA

X DESCRIPTION OF WORK

PUPPY STORE

INTERIOR PARTITIONS

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 TILE FLOOR NON BEARING
- [ ] Demolition PARTITION WALL & PAINT

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

Rec. TCO

9/27/11 KW —

1 - Add Remote Emer ϕ's at exterior Exits —

2 - Firecaulk Penetrations & Rated Assemblies

3 Lever Handle @ Rear Door -

TOWNSHIP OF BRICK

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

RECD NOV 23 2011

Office of the Municipal Clerk

Lynnette A. Iannarone, RMC, CMR
Municipal Clerk
732-262-1002
clerk@twp.brick.nj.us
Fax: 732-262-2839

Jessica L. Larney, RMC, CMR
Assistant Municipal Clerk
732-262-1003
jlarney@twp.brick.nj.us
www.twp.brick.nj.us

2011 PET SHOP LICENSE

License No. 9-11

This is to certify that a license is hereby granted to Puppies Galore to operate a Pet Shop at 2791 Hooper Avenue, Brick, New Jersey 08723 in accordance with the provisions of R.S.4:19-15.8 et seq. This license shall expire on the last day of June 2012, and shall be subject to revocation at any time for failure of licensee to comply with the rules and regulations of the State Department of Health of this Township.

Fee paid for this license: $10.00

Dated: 11/23/11

PHONE-O-GRAM® for: BJK

M Ryan Griffin of JC Bd of Health

☐ Telephoned ☐ Returned your call ☐ Came in
☐ Will call again ☒ Please return the call ☐ See me

Message: 2791 Hooper Ave - Puppy Galore

Phone: 341-9700 x7414 Date 11/23-11 Time 3:19 By BP

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11.1959 + B
Date Issued
Control #
Permit # 9-12-2011

* CHANGE OF CONTRACTOR ONLY

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 08723

Owner in Fee: Peter Trahanas

Tel. 914) 967 5953 e-mail

Address 4 Manhattan Ave Rm 6 Nyc.
street municipality zip code

Contractor: Three Phase Electric Inc. Tel. (732) 921-3394

Address 90 Woodbridge Center Dr. e-mail
Woodbridge NJ 07095

Contractor License No. 9017 Exp. Date

Federal Emp. ID No. 22-3291329 FAX: (732) 863-0772

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Plant 57 225 Utility Co.

Est. Cost of Electrical Work $ 9300.00

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date

Approved by:

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: 9/20/11

Approved by: JJ

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service/Final		9-19-11		JJ
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 07/05)

Update

Date Received 11-1959+B
Control #
Date Issued 8-2-2011
Permit #

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 Hooten Av, Unit 201
Brick NJ. 08724

Owner in Fee: TRAHANAS NANCY

Tel. (914) 967-8953 e-mail

Address 4 Manhattan Dr. Rye NY

Contractor: Full Current Electric (street / municipality) Tel. 848) 992-1675 (zip code)

Address 110 Briarmills Dr. e-mail
Brick NJ 08724

Contractor License No. 16486 Exp. Date 3/31/2012

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

Federal Emp. ID No. 26-4084750 FAX: (848) 992-1675

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Pupil Station Utility Co. JCP&L

Est. Cost of Elec. Work $ 300

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 7/29/11
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9/20/11
Approved by: JS

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-19-11	SD
Barrier-Free				

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: Robert Hanna

Print name here: Robert Hanna

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

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

7/26/11 additional counts per contract.

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

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

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

Updated

Date Received 7/6/11
Control # C-11-001595 ~~1111~~

Date Issued
Permit # 11-1959

ELECTRICAL SUBCODE
TECHNICAL SECTION

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

Block 673 Lot 5 Qualification Code

Work Site Location ~~701 BRICK MALL~~ 2791 HOOPER AVE BRICK N.J. Suite 201

Owner In Fee PETER TRAHANAS

Address 4 MANHATTAN AVE PALISADES N.Y. 10580

Tel (914) 967-8953

Contractor Three Phase Electric

Address 90 Woodbridge Center DR. Woodbridge NJ 07095

Tel (732) 921-3399 FAX (732) 283-0372

Contractor License No. 9017

Federal Emp. No. 22-3291329

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 20000

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 6/30/11

Approved by: D

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date: 9/29/11

Approved by: JJ

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough			9-29-11	DD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final			9-19-11	DD
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
2	7.5 KW	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 $

U.C.C. F120 (rev. 07/03) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Bubbles Galore
732-475-6240

Date Received / Control # C-11-001595-1A
Date Issued 9/26/11
Permit # 11-1959-1A

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

Block 623 Lot 8 Qualification Code
Work Site Location 2791 Hooper Ave Unit 209
2791 Hooper Ave. Brick NJ.
Owner in Fee: Alon Trahanas
Tel. (914) 967 8953 e-mail
Address 4 Manhattan Ave. New York 10550
street municipality zip code
Contractor: Mario Desantes Mario Desantes Tel. (732) 841-9362
Address 301 John Wise Rd Howard NJ. e-mail

Fire Protection Equipment, NJ Div of Fire Safety Permit No. fire ext: Sept, 2011 1175 sqft
Fire Protection Equipment, NJ Div of Fire Safety Installer No.
Fire Alarm Contractor No. Exp. Date
COMMERCIAL
Home Improvement Contractor Registration No. or Exemption Reason (if applicable):
Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed
Constr. Class: Present Proposed
Heating System: [ ] New OR [ ] Modification to Existing OR [ ] Conversion OR [ ] Replacement
Fuel Type: [ ] Gas [ ] Oil [ ] Electric [ ] Solar Other
Location:
Total Cost of Fire Protection Work $ 300 ±

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity
Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:
Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

C. CERTIFICATION IN LIEU OF OATH

I hereby certify that I am the (agent of) owner of record and am authorized to make this application.
Applicant's Signature/Contractor's Signature
[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA
DESCRIPTION OF WORK:
3 smoke detectors
Water Supply Source
Method of Alarm/Suppression System Supervision

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

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:
[ ] Fire Protection Plans Approved
Date: 9/26/11 Approved by:
Joint Plan Review Required:
[ ] Bldg. [ ] Elec. [ ] Plumb. [ ] Elev.

SUBCODE APPROVAL for PERMIT
Date: 9-26-11
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 9-28-11
Approved by:

INSPECTIONS Type:	Dates (Month/Day) Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting			9AM	
Final				
Other				

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #
Date Issued
Permit #

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

Block 673 Lot 8 Qualification Code

Work Site Location 241 Bridge Plaza
2751 Hooper Ave, Bayonne, N.J.

Owner in Fee: Atlantic Terminals

Tel. (914) 967 5953 e-mail

Address 4 Manhattan Ave. Rye N.Y. 10580
street municipality zip code

Contractor: Daniel DeSantis Tel. (732) 541 9362

Address 301 Jumping Brook Rd Manasquan N.J. e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Total Cost of Fire Protection Work $ 3000

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing
Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing
Location of Main Control Valve:

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:
3 Smoke Detectors

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)	3	
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump GPM Type		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression		
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

FIRE PROTECTION SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block 673 Lot 8 Qualification Code

Work Site Location

Owner in Fee:

Tel. (914) 907 5773 e-mail

Address (street, municipality, zip code)

Contractor: Tel.

Address e-mail

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

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

Fire Alarm Contractor No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. FIRE PROTECTION CHARACTERISTICS

Use Group: Present Proposed

Constr. Class: Present Proposed

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

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

Location:

Fuel Storage Tank:
Fuel Type: [ ] Flammable OR [ ] Combustible
Capacity

Fire Alarm System: [ ] New OR [ ] Existing

Location of Panel:

Fire Suppression/Standpipe System:
[ ] New OR [ ] Existing

Location of Main Control Valve:

Total Cost of Fire Protection Work $ 3 K

JOB SUMMARY (Office Use Only)

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Alarm System				
Suppression Sys.				
Standpipe				
Fire Pump				
Pre-Eng. System				
Mechanical				
Smoke Control				
TCO				
Flam/Combust Tanks				
Fireplace Venting				
Final				
Other				

(Dates (Month/Day))

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Signature

[ ] Certified Contractor [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

Water Supply Source

Method of Alarm/Suppression System Supervision

	NUMBER	FEE (Office Use Only)
Flammable/Combustible Tanks		
Alarm Systems		
[ ] System		
[ ] 110v Interconnected		
[ ] CO Detectors/110v		
Alarm Devices (i.e., smoke, heat, pulls, water/flow)		
Supervisory Devices (i.e., tampers, low/high air)		
Signaling Devices (i.e., horn/strobes, bells)		
Other Devices		
TOTAL		
Suppression Systems		
Fire Pump ___ GPM Type ___		
Dry Pipe/Alarm Valves		
Pre-action Valves		
Sprinkler Heads (Dry and Wet)		
Standpipes		
Pre-engineered Systems		
Wet Chemical		
Dry Chemical		
CO_2 Suppression	3	
Foam Suppression		
FM200 Suppression		
Other		
Other Systems		
Kitchen Hood Exhaust System		
Smoke Control System		
Fuel-Fired Appliances [ ] Gas [ ] Oil [ ] Solid		
Fireplace Venting/Metal Chimney		
Other		

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

6/30/11 spoke to Contractor

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

8/2/11 came in and paid for electrical update

To: 4 MANHATTAN AVE RYE, NY 10580 CC:

RE: Fire Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: +A Control Number: C-11-001595+A
Last Submit Date: Tuesday, June 28, 2011

Date: Wednesday, June 29, 2011

Dear TRAHANAS REALTY LLC,
Your request is hereby denied based upon the following infractions.

Need information on fire alarm system being installed.
(Permit must be filed by a NJ Division of Fire Safety permitted contractor or licensed electrician.)

Need occupancy load.

Need information on kennels being installed.

Sincerely,

Ron Piszar, Subcode Official

Call this number when Ready
908-675-6298

I Robert Hanna owner of Full current electric went To start the Finish on The Job.
To Find unprofashnal popel working there, and nc wire Hanging By the main panel "uncoverd + unprotecte" wating for a desaster.
Also The ccaling was to be droped ccaling, They changed it to sheat Rock and now I cant get to my wires.
I Tryed to explain to the owner, but He started cursing and yaling at me.
I Can't Have anyone geting electricuted on my Jobs I'm A profashinal contractor.

*2 791 Hooper Av. Brick NJ 08724

Robert Hanna
Full current electric
848-992-1675

Update

11-1959-1B

6-2-2011

ELECTRICAL SUBCODE
TECHNICAL SECTION

$ Date Received
Control #
Date Issued
Permit #

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

Block 673 Lot 8 Qualification Code

Work Site Location 2791 Hooper Ave, Unit 201
Toms River, N.J. 08753

Owner in Fee: TRANMAR ASSOC

Tel. (914) 967-8953 e-mail

Address 4 Manhattan Ave Rhe N.Y.
street municipality zip code

Contractor: Tel. ( )

Address e-mail

Contractor License No. Exp. Date

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

Federal Emp. ID No. FAX: ( )

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Puppy Store Utility Co. JCP&L

Est. Cost of Elec. Work $

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved
Date: Approved by:

[ ] Electric Plans Approved
Date: Approved by:

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

SUBCODE APPROVAL for PERMIT
Date: 7/28/11
Approved by: JS

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

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

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

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here:

Print name here:

[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

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

11-1954 IE
5 2 2011

ELECTRICAL SUBCODE
TECHNICAL SECTION

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 [illegible] Rd, Unit 201

[illegible]

Owner in Fee: [illegible]

Tel. (914) 967-8955 e-mail ____

Address [illegible] (street) [illegible] (municipality) ____ (zip code)

Contractor: ____ Tel. (____) ____

Address ____ e-mail ____

Contractor License No. ____ Exp. Date ____

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

Federal Emp. ID No. ____ FAX: (____) ____

B. ELECTRICAL CHARACTERISTICS

Use Group Present ____ Proposed ____

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

Building Occupied as [illegible] Utility Co. [illegible]

Est. Cost of Elec. Work $ ____

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[✓] No Plans Required

[ ] Partial -Underslab Utilities Approved

Date: ____ Approved by: ____

[ ] Electric Plans Approved

Date: ____ Approved by: ____

Joint Plan Review Required:

[ ] Bldg. [ ] Plumb. [ ] Fire. [ ] Elev.

SUBCODE APPROVAL for PERMIT

Date: 7/19/11

Approved by: JB

SUBCODE APPROVAL for CERTIFICATE

[ ] CO [ ] CCO [ ] CA

Date: ____

Approved by: ____

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
Barrier-Free				

Dates (Month/Day)

Temp. Cut-in-Card Date Issued ____

Final Cut-in-Card Date Issued ____

Annual Pool Inspection ____

Date of Grounding and Bonding Certification ____

C. CERTIFICATION IN LIEU OF OATH

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

Applicant sign/Contractor sign and seal here: ____

Print name here: ____

[ ] Licensed Elec. Contractor [ ] Certified Landscape Irrigation Cont'r [ ] Exempt Applicant

Date Received
Control #
Date Issued
Permit #

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK:

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

Administrative Surcharge $ ____

Minimum Fee $ ____

State Permit Surcharge Fee $ ____

TOTAL FEE $ ____

U.C.C. F120 (rev. 11/09) 1 White = Inspector Copy 2 Canary = Office Copy 3 Pink = Office Copy 4 Gold = Applicant Copy

BUILDING SUBCODE
TECHNICAL SECTION

Date Received / Control # 1/6/11

Date Issued / Permit # 11-1959

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 ~~201 BAIRD PLACE~~ 2791 HOOPER AVE BRICK NJ. UNIT 30

Owner in Fee: PETER TRAHANAS

Tel. (914) 967-8953 e-mail

Address 4 MANHATTAN AVE. RYE N.Y. 10580
street municipality zip code

Contractor: MARIA DESANTIS Tel. (732) 841-9362

Address 201 JOHN LUCAS RD MONROE N.J. e-mail

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

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

Federal Emp. ID No. FAX: ( )

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.

X Signature

D. TECHNICAL SITE DATA

X DESCRIPTION OF WORK

PUPPA STORE

INTERIOR PARTITIONS

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	1/24/11	KA

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				
Other				
Final				
~~Barrier-Free~~				

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 TILE FLOOR NON BEARING
- [ ] Demolition PARTITION WALLS & PART.

FEE (Office Use Only)

$

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

B. BUILDING CHARACTERISTICS

Use Group Present _____ Proposed _____

No. of Stories

Height of Structure ft.

Area — Largest Floor sq. ft.

New Bldg. Area/All Floors sq. ft.

Volume of New Structure cu. ft.

Max. Live Load

Max. Occupancy Load

Constr. Class Present _____ Proposed _____

If Industrialized Building:

State Approved _____ HUD _____

Est. Cost of Bldg. Work:

1. New Bldg. $
2. Rehabilitation $ 3000 =
3. Total (1+ 2) $

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

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

BUILDING SUBCODE
TECHNICAL SECTION

Date Received
Control #

Date Issued
Permit #

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

Block _____ Lot _____ Qualification Code _____

Work Site Location _____

Owner in Fee: _____

Tel. (___) _____ e-mail _____

Address _____
street municipality zip code

Contractor: _____ Tel. (___) _____

Address _____ e-mail _____

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		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[ ] Interior		

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	Dates (Month/Day) Failure	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO				
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 $ _____
3. Total (1+ 2) $ _____

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.

X _____
Signature

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

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

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11-1151 +6
Date Issued 7 12 2011
Control #
Permit #

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

Block 673 Lot 8 Qualification Code ______

Work Site Location 2791 [illegible]

Owner in Fee: [illegible]

Tel. (914) 967 5723 e-mail ______

Address [illegible] street municipality zip code

Contractor: [illegible] Tel. (732) [illegible]

Address [illegible] e-mail ______

Contractor License No. [illegible] Exp. Date ______

Federal Emp. ID No. [illegible] FAX: [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as [illegible] Utility Co. ______

Est. Cost of Electrical Work $ [illegible]

JOB SUMMARY (Office Use Only)

PLAN REVIEW Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[ ] Elec. Plans Approved

Date: ______
Approved by: ______

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date. ______
Approved by: ______

INSPECTIONS Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
Barrier-Free				

Dates (Month/Day)

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

C. CERTIFICATION IN LIEU OF OATH

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

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

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

D. TECHNICAL SITE DATA

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

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

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 07/05)

ELECTRICAL SUBCODE TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 11.1959 +B
Date Issued 9.12 2011
Control #
Permit #

* Change of Contractor only

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 Hudson Av.
Bklyn NJ 08723

Owner in Fee: Peter Tramunas

Tel. (914) 967 5953 e-mail

Address 4 Manhattan Av. Rye N.Y.
street municipality zip code

Contractor: Three Phase Elec, Inc. Tel. (732) 928 3794

Address 90 Woodbridge Center Dr e-mail
Woodbridge NJ 07095

Contractor License No. 9117 Exp. Date

Federal Emp. ID No. 22-3791329 FAX: (732) 817-0772

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Plant Store Utility Co.

Est. Cost of Electrical Work $ 3300 ==

JOB SUMMARY (Office Use Only)

PLAN REVIEW — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[ ] Elec. Plans Approved

Date:

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [X] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

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

Administrative Surcharge $

Minimum Fee $

State Permit Surcharge Fee $

TOTAL FEE $

1. White-Inspector copy 2. Canary- Applicant copy
3. Pink- Office Copy 4. White Tag- Office copy

UCC/F-120 (REV. 07/05)

DATE	JOB CONDITION / COMMENTS

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

Receipt

Payment Date 7/6/2011
Transaction # PMT-11-04365
Receipt #

Issued To Jacket
Description Tenant fit up

Date Printed 7/6/2011
Check Number

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

07/06/11 9:30AM 001558W7338
**02 SERV.002

#1959
ZPA $50.00
XXTOTAL $50.00
CASH $50.00
CHANGE $0.00

ELECTRICAL SUBCODE
TECHNICAL SECTION

Updated

C-11-001595

Date Received / Control # 7/8/11

Date Issued / Permit # 11-1959

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 701 Brace Mall
2791 Hooper Ave Brick N.J. Suite 301

Owner In Fee Peter Trahanas

Address 4 Manhattan Ave Apt 11F N.Y. 10580

Tel (914) 967-8953

Contractor Three Phase Electric

Address 60 Woodbridge Ctr Dr
Woodbridge NJ 07095

Tel (732) 921 3394 FAX (732) 855 0372

Contractor License No. 9017

Federal Emp. No. 22 3291729

B. ELECTRICAL CHARACTERISTICS

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 2000

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
2	10 KW	HP/KW Space Heater/Air Handler	
		KW Baseboard Heat	
1		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 — Date — Initial

[ ] No Plans Required

Joint Plan Review Required:

[ ] Building [ ] Plumbing

[ ] Fire [ ] Elevator

[✓] Elec. Plans Approved

Date: 6/30/11

Approved by:

SUBCODE APPROVAL

[ ] CO [ ] CCO [ ] CA

Date:

Approved by:

INSPECTIONS — Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough ✓				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service				
Final				
Barrier-Free				

Temp. Cut-in-Card Date Issued

Final Cut-in-Card Date Issued

Annual Pool Inspection

Date of Grounding and Bonding Certification

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 9/2/11
Control #
Date Issued
Permit # 11-1193

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 ~~701 Brick Mall~~
2791 Hooper Ave Brick N.J.

Owner in Fee Peter Trahanas

Address 4 Manhattan Ave Rye N.Y. 10580

Tel (914) 967-8953

Contractor Three Phase [illegible]

Address [illegible]

Tel (212) [illegible] 2244 FAX (732) [illegible]

Contractor License No. [illegible]

Federal Emp. No. 22 [illegible]

B. ELECTRICAL CHARACTERISTICS

Use Group Present ______ Proposed ______

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

Building Occupied as X Utility Co. ______

Est. Cost of Elec. Work $ X [illegible]

C. CERTIFICATION IN LIEU OF OATH

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

Applicant's Signature/Contractor's Seal and Signature

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

D. TECHNICAL SITE DATA

QTY.	SIZE	ITEMS	FEE (Office Use Only)
10		Lighting Fixtures	
1		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
		TOTAL NUMBERS	$
		Pool Permit/with UW Lights	
		Storable Pool/Spa/Hot Tub	
		KW Elec. Range/Receptacle	
		KW Oven/Surface Unit	
		KW Elec. Water Heater	
		KW Elec. Dryer/Receptacle	
		KW Dishwasher	
		HP Garbage Disposal	
		KW Central A/C Unit	
2	[illegible]	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 Date Initial

[ ] No Plans Required

Joint Plan Review Required:
[ ] Building [ ] Plumbing
[ ] Fire [ ] Elevator
[X] Elec. Plans Approved

Date: 6/30/11
Approved by: [signature]

SUBCODE APPROVAL
[ ] CO [ ] CCO [ ] CA

Date: ______
Approved by: ______

INSPECTIONS Dates (Month/Day)

Type:	Failure	Failure	Approval	Initial
Rough				
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO				
Other				
Service Final				
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 EB
DATE REC'D 05/06/11

ZONING PERMIT APPLICATION

PERMIT # ZP-11-00562
DATE ISSUED 7/6/11

BLOCK: 673 LOT: 8 QUALIFIER: — SITE ADDRESS: 2791 Hooper Ave UNIT 201

IDENTIFICATION:

1. NAME OF OWNER IN FEE: PETER TRAHANAS
   COMPLETE ADDRESS: 4 MANHATTAN AV. RYE N.Y. 10580
   PHONE #914-967-8953 EMAIL:
   NAT SLADKIN
2. NAME OF APPLICANT: MARIA DEGANIS
   APPLICANT ADDRESS: 301 JOHN WALL RD II WALNUT ST. FARMINGDALE N.J. 07727
   PHONE #732-841-9362 EMAIL:
3. RESPONSIBLE PERSON FOR WORK: NAT SLADKIN
   PHONE# 908 675 6298 FAX#
4. SIGNATURE OF APPLICANT:

COMMERCIAL

FOR OFFICE USE ONLY

FEE SUMMARY:

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

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: ✓
EXISTING USE: Good Friend Elec.
PROPOSED USE Puppy Store

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: (*APPLICABLE)

OTHER

DESCRIPTION: Tenant Fit Up

ZONING REVIEW:
DATE REVIEWED: 5-11-11 DATE DENIED: 5-11-11 DATE APPROVED: 5-25-11 INTLS: NC 24 - NC 28 (SEE BACK PAGE)

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

245 Attachment 5

Township of Brick

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. 354-1B-80; 8-25-83 by Ord. No. 354-2SS-83; 11-5-1984 by Ord. No. 354-2-AAA-84; 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. 354-2EE-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 Lot Coverage by Building	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[3] (feet)		Stories	Eaves (feet)	Feet	Ridge (feet)		
R-R	40,000	150	150	40,000	150	150	50	25		50	25	25	25%	–	25			–	
RR-2	See § 245-90.																		
RR-3	See § 245-103.																		
R-20	20,000	100	125	25,000	100	125	40	15	–	40	10	10	25%	–	25	35	38.5	–	
R-15	15,000	100	115	17,250	100	115	35	12	–	35	10	10	25%	–	25	35	38.5	–	
R-10	10,000	90	100	10,500	100	100	30	6	20	20	5	5	30%	–	25	35	38.5	–	
R-7.5	7,500	75	90	9,000	75	90	25	6	15	15	5	5	30%	–	25	35	38.5	–	
R-5	5,000	50	75	6,000	50	75	20	5	12	15	5	5	35%	–	25	35	38.5	–	
O-P	15,000	100	150	15,000	100	150	50	10	–	50	20	50	35%[2]	2	–	35	38.5	1,500	70%
B-1	10,000	100	90	12,500	100	125	30	10	–	20	10	20	30%[2]	2	–	35	38.5	1,000	60%
B-2	20,000	125	125	20,000	125	125	50	10	–	50	10	50	30%[2]	2	–	35	38.5	2,000	65%
B-3	2 acres	200	200	2 acres	200	200	75	30	–	50	20	50	25%[2]	–	–	35	38.5	2,000	65%
B-4	5 acres	300	300	–	–	–	100	50(150[1])	–	100(150[1])	20	50	25%	3	–	35	38.5	30,000	70%
M-1	5 acres	300	300	5 acres	300	300	100	50	–	150	75	150	30%[2]	–	–	35	38.5	5,000	65%
R-M	25 acres	350	200	–	–	–	50	50	–	30	30	30	20%	–	25	35	38.5	–	65%
O-P-T	40,000	150	150	40,000	150	150	50	20	–	50	20	50	25%[2]	2	–	35	38.5	2,000	50%
H-S	See § 245-261.													–	–	–	–		70%

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

RECEIVED
MAY 25 2011
SL, ZA

OFFICE USE ONLY

RECEIVED
MAY 11 2011
NC, ZA

ZONING REVIEW:

DATE REVIEWED: 5-11-11 / 5-25-11 / _____ DATE DENIED: 5-11-11 / — / _____ DATE APPROVED: — / 5-25-11 / _____ INTLS: NC, ZA / NC, ZA / _____

DATE:	COMMENTS:	INITIALS:
5-11-11	INCOMPLETE APPLICATION — LETTER OF DENIAL FILLED	

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 7/6/11
Application Number: ZA-11-00485
Application Date: 05/25/2011
Project Number:
Permit Number: ZP-11-00562
Fee: $50

Zoning Permit

Worksite Location: **2791 HOOPER AVE**
Brick Mall - Building A, Unit No. 201
Brick Township, NJ 08724

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

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

Applicant: **Maria DeSantis**
Address: **301 John Wall Road**
11 Walnut Street
Farmingdale, NJ 07727

Application Approved Date: 05/25/2011

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

Use is: Retail Store --"The Puppy Boutique" pet shop.
Nonconforming Use is:

Work Description:

Rehabilitation - Interior alterations for a new business to change from "Good Friend Electric" supply store to "The Puppy Boutique" pet shop.

An additional zoning permit is required for any sign or any other additional work.
The unit number must be displayed on the front and rear doors.

A business license for a pet shop must be obtained from the Township Clerk.

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 Kinney, Zoning Officer — 05/25/2011 Date

Michael P. Fowler, Township Planner — 5/26/11 Date

Brick Township
Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1027 Fax(732) 262-2941

Application Date: 05/11/2011
Application Number: ZA-11-00400
Permit Number:
Project Number:
Fee: $50

Denial of Application

Date: 05/12/2011

To: Maria DeSantis
301 John Wall Road
Monroe, NJ

RE: 2791 HOOPER AVE
Block: 673 Lot: 8 Qual: Zone: B-3

Dear Maria DeSantis,

Your request is hereby denied based upon the following requirements:

Your application is incomplete:

1. Please complete the application form.
2. Please put the correct Unit Number on the application forms.
3. Please submit two (3) copies of a map of the property showing proposed location of the store.

Sincerely,

Zoning Officer Sean Kinnevy

Brick Township
Community Development and Land Use
401 Chambers Bridge Rd.
Brick, NJ 08723
(732) 262-1027 Fax(732) 262-2941

Application Date: 05/11/2011
Application Number: ZA-11-00400
Permit Number:
Project Number:
Fee: $50

Denial of Application

Date: 05/12/2011

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3. Please submit two (3) copies of a map of the property showing proposed location of the store.

Sincerely,

Sean Kinney

Zoning Officer Sean Kinnevy

5/23/11 - Resubmit - Set

faxed 6/9/11

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

1st Review

To: 4 MANHATTAN AVE RYE, NY 10580 CC:

RE: Building Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-11-001595
Last Submit Date: Thursday, June 02, 2011

Date: Thursday, June 02, 2011

Dear TRAHANAS REALTY LLC,
Your request is hereby denied based upon the following infractions.

Plan review cannot be entirely done until Ocean County Board of Health approves plans first due to Health Department requirements instituted in the overall design. { Please contact Jen at Ocean County Health Dept. (732) 341-9700 xts. 7504 }

Provide more information on key plan. Include: size and desciption of other tennant spaces for mixed use and rated assembly compliance purposes. Indicate whether or not tennant separation assemblies are part of the separation walls.

Provide a ventilation analysis/design for space. (NOTE; it must comply with Board of Health and UCC requirements)

Provide details for counter, cages, and puppy pens. (premanufactured or hand crafted?) If hand crafted then provide design details. If premanufactured then provide manuf. specs.
Counter must meet Barrier free requirements.

Provide vertical grab bar at bathroom for barrier free requirement improvement.

COMPLETE RE-REVIEW REQUIRED

6/17/11 - Resubmit - JRC

Sincerely,

Michael Vecchio, Subcode Official

2145

FAX
938-2060

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1134
DESTINATION ADDRESS	97329382060
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/09 11:23
USAGE T	00'50
PGS.	1
RESULT	OK

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 4 MANHATTAN AVE RYE, NY 10580 CC:

RE: Building Subcode
Block: 673 Lot: 8 Qual:
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Counter must meet Barrier free requirements.

Provide vertical grab bar at bathroom for barrier free requirement improvement.

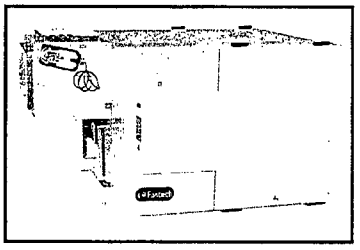
COMPLETE RE-REVIEW REQUIRED

Sincerely,

Fantech

SHR 11005R

Commercial Heat Recovery Ventilator

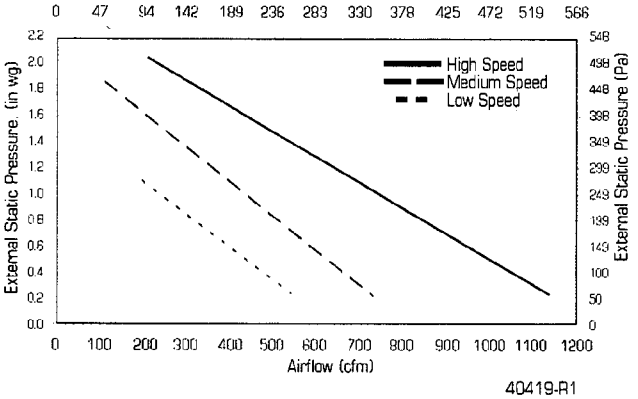


The SHR 11005R Commercial Heat Recovery Ventilation system (HRV) complements today's tight buildings. The SHR11005R is especially design for applications that require a fresh air motorized shut off damper and a fifth port to recirculate indoor air. Fantech Heat Recovery Ventilators (HRV) are designed to supply air into a building while exhausting an equal amount of contaminated air to the outside. The aluminum heat exchange core transfers sensible energy between air streams resulting in tempering of the supply air and reduced loads on the HVAC system.

POWER & WEIGHT

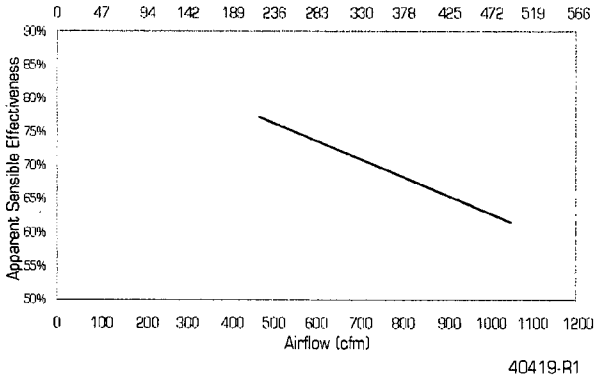
• Volts	120V Total
• Amperage	11.0 Amps Total
• Weight	117.5kg(259Lbs)
• Shipping Weight	136kg(299Lbs)
• Blowers (x4)	120V, 60 Hz, 2.7 Amps
• Phase	Single

Airflow Performance
Net Supply



40419-R1

Temperature Effectiveness
Heating Performance at 0°C



40419-R1

SPECIFICATIONS

CASE 20 gauge G90 galvanized steel coated with baked powder paint, insulated with 25mm(1inch) foil-face fiberglass insulation to prevent condensation.

BLOWERS Four (4) maintenance-free Ebm-Papst™ backward motorized impellers with permanently lubricated sealed ball bearings and (TOP) thermal overload protected.

HEAT RECOVERY CORES The heat recovery cores are fixed plate cross-flow heat exchanger using 1100 alloy aluminum and capable of transferring sensible heat between air streams. The heat recovery cores are engineered with a turbulence inducing geometry in order to maximize heat transfer while allowing an effective evacuation of condensate. The plates are hemmed to avoid cross-contamination of airstreams.

FILTERS The exhaust and fresh air streams are protected by MERV1 washable filters constructed to meet UL Class2. Optional MERV6 filters are direct replacement to the MERV1. Use of MERV6 filters will add an additional system pressure of 70 Pa (0.28in.wg) at 519 l/s (1100cfm).

MOUNTING Unit can be rod mounted or seated on a platform. Flanged connections are provided for suitable ductwork connections. Unit shall be adaptable for easy service of electrical components.

CONTROLS External three (3) position (Low/Stand By/Medium) rocker switch that will offer continuous ventilation. Compatible with all Fantech HRV controls.

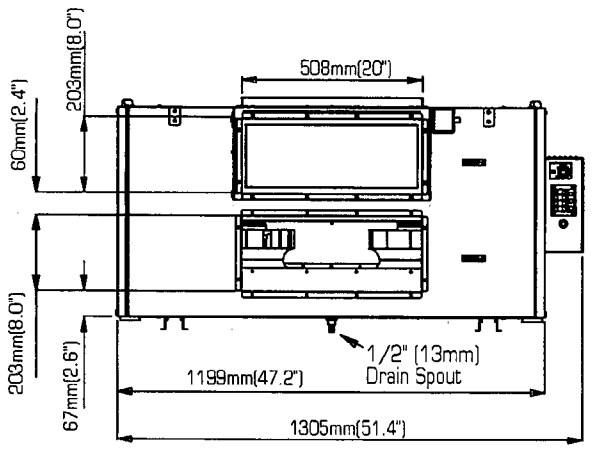
FROST CONTROL During the defrost sequence, a motorized damper temporarily blocks the incoming fresh air stream so that the warm air from the building can circulate through the HRV. The exhaust blower shuts down and the supply blower switches into high speed to maximize the effectiveness of the defrost strategy.

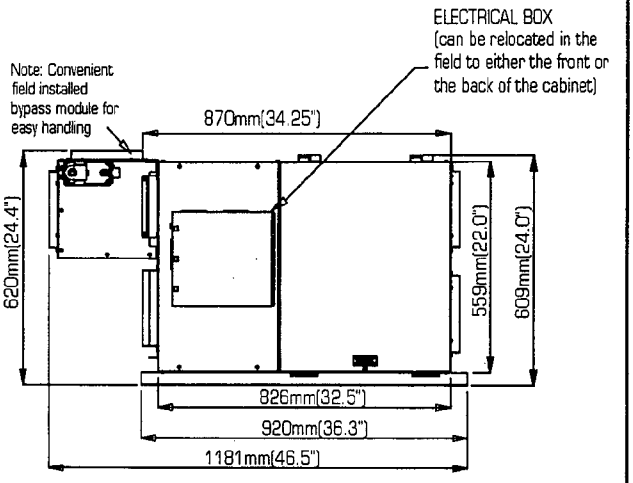
SERVICEABILITY Unit has hinged or screwed access panels on front and back. Cores, filters, motors and drain pan are serviceable from either sides of the unit. Fan assemblies are mounted on a removable sliding base. Heat recovery cores are mounted in slide-out rails for ease of inspection, removal and cleaning. Accessibility to the electrical box is maintained for any unit installation.

AHRI CERTIFIED

SHR 11005R Commercial HRV

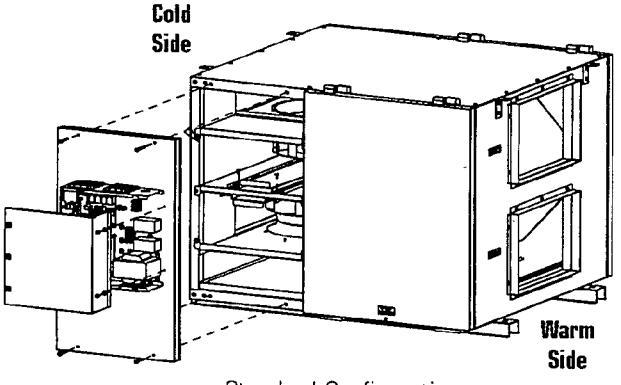
Dimensions



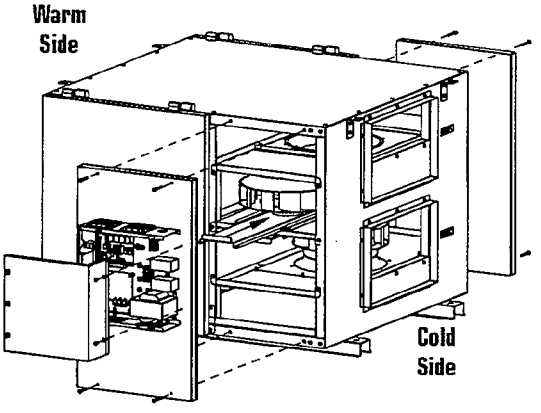


PORT CONFIGURATION

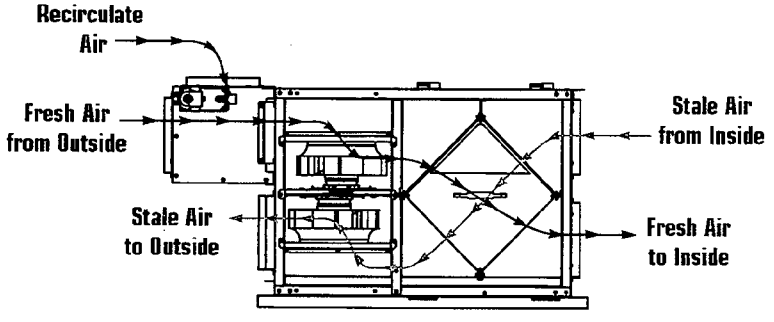
The unit has access doors on the front and back. Also, the main control panel may be moved from front to back allowing for ducting layout.



Standard Configuration as shipped from factory.



Airflow



Fantech

United States

10048 Industrial Blvd., Lenexa, KS 66215
(T) 1.800.747.1762 • (F) 1.800.487.9915
(T) 1.913.752.6000 • (F) 913.752.6466

Canada

50 Kanalflakt Way, Bouctouche, NB E4S 3M5
(T) 1.800.565.3548 • (F) 1.877.747.8116
(T) 1.506.743.9500 • (F) 1.506.743.9600

www.fantech.net • info@fantech.net

Item #: 412904
Rev Date: 032910

All Categories > Home & Garden > Small Appliances > Fans > FANTECH

Fantech Fan Tech 120 cfm, 18 3/16"W x 12 1/2"D x 14"H

Fan Type: Ventilation, Standing

The AEV Air Exchanger from Fantech refreshes the air in your home by bringing in fresh air from the outside and mixing it with recirculated inside air, then expelling the stale inside air out of the house. The air exchanger is designed for homes up to 1,500 square feet and delivers 120 cfm balanced ventilation. The EBM motor has precise balancing and is housed in a 22-gauge galvanized steel cabinet that's insulated with 1" high-density polystyrene foam to ensure quiet operation. The external rocker switch offers continuous ventilation with Low, Stand By and Medium positions. The air exchanger is UL listed and CSA certified and ships via UPS/FedEx Ground.

Sellers Found: 3

Available on Nextag Since: Apr 13, 2007

Lowest Price: $299.95

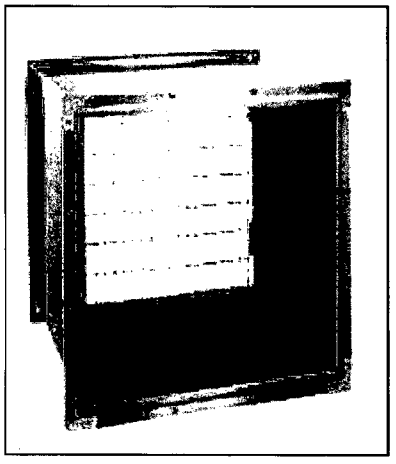
Sort by Sellers	Sort by Seller Ratings		Sort by Price	
PexSupply.com	Trusted Seller ★★★★★ 2484 Seller Reviews In Stock	Enter ZIP Code to calculate the total price including tax and shipping. submit	$299.95	Best Value* go»
Kitchensource	Trusted Seller ★★★★★ 2 Seller Reviews In Stock		$458.00	go»
Amazon Marketplace	Seller Since 2011 ★★★★ 271 Seller Reviews In Stock		$364.00	go»

Related Searches

air exchanger, fantech air exchanger

*The Best Value designator is given to the lowest price for an item in new condition from a highly rated Nextag seller. To be highly rated, a Nextag Seller must have at least 10 reviews and an average of four or more stars.

SSCI | SUBURBAN SURGICAL CO., INC.
LEADER IN ANIMAL CARE PRODUCTS FOR OVER 50 YEARS
VETERINARY PRODUCTS



VIEW LARGER ▶

Full View Back Panel, Tempered Glass Cage

These cages offer all the fine features of our standard Regal Cage with the addition of a uniquely designed full-view clear back panel designed to provide an unobstructed view of the animal inside the cage. Ideal for medical observation or for facilities where animals are on display to the public, these cages allow animals to be seen from either side of the cage. A clear Tempered Glass panel is attached to the back of the cage with a fullperimeter, stainless steel frame and a vinyl gasket to provide a tight, leak-resistant seal.

To see the features of the Full View Regal Cage, click here.

P/N	WIDTH	HEIGHT	DEPTH	Description	Qty.
12004-00-CTCTEI	18" 45.72cm	18" 45.72cm	28.25" 71.75cm	Full View Back Panel Cage 18" x 18"	0
12004-00-CTDREI	24" 60.96cm	18" 45.72cm	28.25" 71.75cm	Full View Back Panel Cage 24" x 18"	0
12004-00-DRCTEI	18" 45.72cm	24" 60.96cm	28.25" 71.75cm	Full View Back Panel Cage 18" x 24"	0
12004-00-DRDREI	24" 60.96cm	24" 60.96cm	28.25" 71.75cm	Full View Back Panel Cage 24" x 24"	0
12004-00-DREPEI	30" 76.20cm	24" 60.96cm	28.25" 71.75cm	Full View Back Panel Cage 30" x 24"	0
12004-00-DRFNEI	36" 91.44cm	24" 60.96cm	28.25" 71.75cm	Full View Back Panel Cage 36" x 24"	0
12004-00-EPDREI	24" 60.96cm	30" 76.20cm	28.25" 71.75cm	Full View Back Panel Cage 24" x 30"	0
12004-00-EPEPEI	30" 76.20cm	30" 76.20cm	28.25" 71.75cm	Full View Back Panel Cage 30" x 30"	0
12004-00-EPFNEI	36" 91.44cm	30" 76.20cm	28.25" 71.75cm	Full View Back Panel Cage 36" x 30"	0
12004-00-EPGLEI	42" 106.68cm	30" 76.20cm	28.25" 71.75cm	Full View Back Panel Cage 42" x 30"	0
12004-00-EPHJEI	48" 121.92cm	30" 76.20cm	28.25" 71.75cm	Full View Back Panel Cage 48" x 30"	0
12004-00-FNDREI	24" 60.96cm	36" 91.44cm	28.25" 71.75cm	Full View Back Panel Cage 24" x 36"	0
12004-00-FNEPEI	30" 76.20cm	36" 91.44cm	28.25" 71.75cm	Full View Back Panel Cage 30" x 36"	0
12004-00-FNFNEI	36" 91.44cm	36" 91.44cm	28.25" 71.75cm	Full View Back Panel Cage 36" x 36"	0
12004-00-FNGLEI	42" 106.68cm	36" 91.44cm	28.25" 71.75cm	Full View Back Panel Cage 42" x 36"	0

6F7 ACROSS

6F7 DEEP L SIDE

36W DEEP R SIDE

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 4 MANHATTAN AVE RYE, NY 10580 CC:

RE: Building Subcode
Block: 673 Lot: 8 Qual:
2791 HOOPER AVE
Permit Number: Control Number: C-11-001595
Last Submit Date: Friday, June 17, 2011

Date: Monday, June 20, 2011

Dear TRAHANAS REALTY LLC,
Your request is hereby denied based upon the following infractions.

Provide more information on key plan. Include: size and desciption of other tennant spaces for mixed use and rated assembly compliance purposes. Indicate whether or not tennant separation assemblies are part of the separation walls.

Provide a ventilation analysis/design for space. (NOTE; it must comply with Board of Health and UCC requirements)

Provide details for counter, cages, and puppy pens. (premanufactured or hand crafted?) If hand crafted then provide design details. If premanufactured then provide manuf. specs.
Counter must meet Barrier free requirements.

Sincerely,

732 938 2060

Michael Vecchio, Subcode Official

****
*** FAX TX REPORT ***
****

TRANSMISSION OK

JOB NO.	1299
DESTINATION ADDRESS	97329382060
PSWD/SUBADDRESS	
DESTINATION ID	
ST. TIME	06/21 07:54
USAGE T	00'44
PGS.	1
RESULT	OK

Sent 6/21

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723
(732) 262-1027

Subcode Official Review

To: 4 MANHATTAN AVE RYE, NY 10580 CC:

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Michael Vecchio, Subcode Official

732 938 2060

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 673 LOT: 8 ADDRESS: 201 BRICK MALL 2791 HOOPER AVE BRICK

IDENTIFICATION:

1. WORK SITE ADDRESS: 201 BRICK MALL 2791 HOOPER AVE. BRICK
2. NAME OF OWNER IN FEE: PETER TRAHANAS

   ADDRESS: 4 MANHATTAN AVE PHONE #: 914 967-8953

   RYE NY. 10580 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: _____

   ADDRESS: _____ PHONE #: (__) _____

   _____ FAX #: (__) _____
4. ARCHITECT OR ENGINEER: GRASSO DESIGN

   ADDRESS: 231 HGT. 71 MANASQUAN NJ PHONE: # (732) 528 5850
5. RESPONSIBLE PERSON FOR WORK: MARIA DESANTIS

   ADDRESS: _____

PHONE #: (732)8419362 FAX #: (__) _____ E-MAIL: _____

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 TILE FLOOR NON BEARING PARTITION WALL PAINT

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: _____