BLOCK 673 LOT 8 QUALIFICATION CODE _____ ADDRESS (SITE) _____ PERMIT NO. 12-0605

CONSTRUCTION PERMIT APPLICATION C12-000516

NEW JERSEY UNIFORM CONSTRUCTION CODE

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

I. IDENTIFICATION

1. Proposed Work Site at: 2791 Hooper Ave #102 Brick NJ 08723
2. Name of Owner in Fee: TrAHanas Realty LLC (Peter)
   Tel. (914) 967-8957 e-mail _____
   Address 4 MANHATTAN Ave Rye NY 10580 (street / municipality / zip code)
3. Ownership in Fee: Public _____ Private X
4. Principal Contractor: DMS Power + Lighting Tel. (800) 223-1509
   Address 7 CASTO CT e-mail INFO@DMSpower
   Dover NJ 07801 lighting.com
   License No. OR, if new home, Builder Reg. No. 7348 Exp. Date 3/30/2012
   Home Improvement Contractor Registration No. or Exemption Reason (if applicable): _____
   Federal Emp. ID No. 263844530 FAX: (973) 695-1628
5. Architect or Engineer _____ Contact _____
   Address _____ e-mail _____
   Tel. ( ) _____ FAX: ( ) _____
6. Responsible Person in Charge once Work has Begun _____
   Tel. (800) 223-1509 FAX: (973) 695-1628
   732 996-5150 Kuthi

V. FEE SUMMARY (for office use only)

		Update	Update
1. Building	$ 915	120	
2. Electrical			
3. Plumbing			
4. Fire Protection			
5. Elevator Devices			
6. Subtotal			
7. Less 20% for State Plan Review	$		
8. Subtotal	$		
9. State Permit Surcharge Fee	21		
10. Subtotal	$		
11. Cert. of Occupancy			
12. Other	1,050		
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 ____

COMMERCIAL

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 Req'd by	Date Rec'd	Rejection Date	Approval Date	Re-viewer	Resubmission Dates Approval	Resubmission Dates Rejection	Re-viewer
☒ Building	4,000		2/16/12	2/28/12			3/1/12		KA
☒ Electrical	8,000			3/15/12			3/6/12		JS
☐ Plumbing									
☐ Fire Protection									
☐ Elevator		Eng Exempt	2/27/12	ECC					
TOTAL COST									

VII. DESCRIPTION OF BUILDING USE

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

B. NON-RESIDENTIAL *(primary use)*
1. State Specific Use:
2. Use Group, Proposed: _____
3. Change in Use Group, Indicate Present:

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

D. Construct. Classification: Present _____ Proposed _____

III. PLAN REVIEW (optional)

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

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

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

Bronze Equivalent

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 04/04/2012
Control Number C-12-000516
Permit Number 12-0605
Permit Issue Date 03/16/2012
Certificate Number 12-0605

Certificate

Construction Code Division

(Temporary Certificate of Occupancy)

Identification

Work Site Location: 2791 HOOPER AVE Bronze Tanning-formerly Good Friend Electric Brick Township, NJ Block: 673 Lot: 8 Qual:

Owner in Fee: TRAHANAS REALTY LLC

Owner Address: 4 MANHATTAN AVE RYE NY 10580

Telephone: (914) 967-8957

Contractor DMS Power & Lighting

Address 7 Carro Ct. Dover NJ 07801

Telephone: (800) 223-1509 Fax: (973) 695-1628

License Number or Builders Registration Number: 7348D Federal Emp. Number: 26-3844530

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: R-5 Construction Classification:

Maximum Live Load: 0 Maximum Occupancy Load: 0

Description of Work/Use: TENANT FIT UP

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: 05/04/2012
or the owner will be subject to fine or order to vacate:
This certificate has an expiration date of: 05/04/2012
Conditions to be met:

FINAL BUILDING AND ELECTRIC INSPECTIONS

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 04/04/2012

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

Brick Township
401 Chambersbridge Rd
Brick, NJ 08723

Date Issued 5/15/2012
Control Number C-12-000516
Permit Number 12-0605
Permit Issue Date 3/16/2012
Certificate Number 12-0605

Certificate

Construction Code Division

(Certificate of Occupancy)

Identification

Work Site Location: 2791 HOOPER AVE Bronze Tanning- formerly Good Friend Electric Brick Township, NJ Block: 673 Lot: 8 Qual:

Owner in Fee: TRAHANAS REALTY LLC

Owner Address: 4 MANHATTAN AVE RYE NY 10580

Telephone: (914) 967-8957

Contractor Keith McGrath

Address 2415 Robin Way Manasquan NJ 08738

Telephone: (732) 996-5150 Fax:

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

Home Warranty Number:

Type of Warranty Plan: ☐ State ☐ Private

Use Group: B Construction Classification:

Maximum Live Load: 50 Maximum Occupancy Load: 25

Description of Work/Use: TENANT FIT UP Bronze Republic Tanning Salon

Certificate Comments:

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

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

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

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

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

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

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

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

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

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

Construction Official

Fee: $0.00
Check Number:
Collected By:

Date Printed: 5/15/2012

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

CONSTRUCTION PERMIT

Date Issued 3/16/12
Control # C-12-000516
Permit # 12-0605

IDENTIFICATION Block: 673 Lot: 8 Qualifier

Work Site Location: 2791 HOOPER AVE Bronze Tanning- formerly Good Friend Electric Brick Township, NJ

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

Telephone: (914) 967-8957

Contractor: Keith McGrath

Address: 2415 Robin Way Manasquan NJ 08738

Telephone: (732) 996-5150

Lic. No. or Bldrs. Reg. No.

Federal Employee. No.

Is hereby granted permission to perform the following work:

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

DESCRIPTION OF WORK:

TENANT FIT UP

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 $12,000

Construction Official

3-7-12
Date

PAYMENTS (Office Use Only)	
Building	$120
Electrical	$915
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$21
CO Fee	
Other	$0
Total	$1,056
Check No.	1912
Cash	$0
Credit	$0
Collected By	

150
1,106

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.

X01 SERV.001
H0605
BUILDING $120.00
ELECTRIC $915.00
DCA $21.00
CHECK $1,056.00

- [x] 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.

PERMIT UPDATE

Date Update Issued 04/04/2012
Control # C-12-001081
Permit # 12-0605+A

IDENTIFICATION Block: 673 Lot: 8 Qualifier

Work Site Location: 2791 HOOPER AVE Bronze Tanning- formerly Good Friend Electric Brick Township, NJ

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

Telephone: (914) 967-8957

Contractor: DMS Power & Lighting

Address: 7 Carro Ct. Dover NJ 07801

Telephone: (800) 223-1509

Lic. No. or Bldrs. Reg. No. 7348D

Federal Employee. No. 26-3844530

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:

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 $100

Construction Official _____ Date _____

PAYMENTS (Office Use Only)

Building	$0
Electrical	$75
Plumbing	$0
Fire Protection	$0
Elevator Devices	$0
Other	$0.00
DCA Training Fee	$0
CO Fee	
Other	$0
Total	$75
Check No.	1920
Cash	$0
Credit	$0
Collected By	Kim Bogan

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.

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature_____ Date _____

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

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

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

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

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

(X) Check if contractor.

Agent Name DMS Power & Lighting Corp.

Address 7 Carro Ct. Dover, NJ 07801

Telephone (800) 223-1509

Signature_____

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

APPLICATION FOR CERTIFICATE

Date Received 02/17/2012
Date Permit Issued 03/16/2012
Control # C-12-000516
Permit # 12-0605
Date Issued

IDENTIFICATION

Block 673 Lot 8 Qualifier

Work Site Location 2791 HOOPER AVE Bronze Tanning- formerly Good Friend Electric Brick Township, NJ
Owner in Fee TRAHANAS REALTY LLC 4 MANHATTAN AVE RYE NY 10580
Telephone (914) 967-8957

Contractor DMS Power & Lighting
Address 7 Carro Ct. Dover NJ 07801
Telephone (800) 223-1509
Lic. No. or Bldrs. Reg. No. 7348D
Federal Employee. No. 26-3844530

ACTION

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

USE GROUP _____ Previous R-5 Current

FINAL COST OF CONSTRUCTION: $ 12000
(Include value of any new structure, all on-site improvements, built-in furnishings and fixtures and all the integral equipment exclusive of process or manufacturing equipment.)

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

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

* Building- All Equipment not in Place yet.
Electrical - Final update needed after Equipment in place.

DESCRIPTION OF WORK/USE:
Alteration TENANT FIT UP

I hereby attest, that to the best of my knowledge, all work has been completed in accordance with the approved plans, permit, and regulations. Incomplete items listed on a Temporary Certificate of Occupancy will be completed by the date on the Certificate.

SIGNED: _____
Owner/Agent

- ☐ OWNER
- ☒ AGENT

UCC F270 equiv.

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received / Control # 12-0600+A
Date Issued / Permit # 4/4/12

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 08732

Owner in Fee: Bronze Republic

Tel. (732-996-5150 e-mail

Address SAME

Contractor: DMS Power & Lighting Corp. (street / municipality) Tel. (800) 223-1509 (zip code)

Address 7 Carro Ct. e-mail info@dmspowerlighting
Dover, NJ 07801

Contractor License No. 7348D Exp. Date 03/2012

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

Federal Emp. ID No. 26-3844530 FAX: (973) 695-1628

B. ELECTRICAL CHARACTERISTICS DR # 325369182

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,000.00

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

INSPECTIONS Type:	Dates (Month/Day) 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: Gregory M. Spina/DMS Power & Lighting Corp.

Print name here: Gregory M. Spina/Licensee for DMS Power & Lighting

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

D. TECHNICAL SITE DATA DR# 325369182

DESCRIPTION OF WORK:
New 600amp 3 phase service and power feeders to 14 equip units

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
14		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
14		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	
1	600	AMP Service	
1	400	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
14	60 amp	Feeders to tanning booths	

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

U.C.C. F120 (rev. 11/09)
Internet version

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

OLD CF

ELECTRICAL SUBCODE
TECHNICAL SECTION

Date Received 3/16/12
Control #
Date Issued
Permit # 12-0605

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 08732

Owner in Fee: Bronze Republic

Tel. (732-996-5150 e-mail

Address SAME
street municipality zip code

Contractor: DMS Power & Lighting Corp. Tel. (800) 223-1509

Address 7 Carro Ct. e-mail info@dmspowerlighting
Dover, NJ 07801

Contractor License No. 7348D Exp. Date 03/2012

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

Federal Emp. ID No. 26-3844530 FAX: (973) 695-1628

B. ELECTRICAL CHARACTERISTICS DR # 325369182

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,000.00

COMMERCIAL

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: Gregory M. Spina/DMS Power & Lighting Corp.

Print name here: Gregory M. Spina/Licensee for DMS Power & Lighting

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

D. TECHNICAL SITE DATA DR# 325369182

DESCRIPTION OF WORK:
New 600amp 3 phase service and power feeders to 14 equip units

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
14		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
14		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	
	400	KW Transformer/Generator	
1	600	AMP Service	
1	400 200	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
14		60 amp Feeders to tanning booths	

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

JOB SUMMARY (Office Use Only)

PLAN REVIEW

[ ] No Plans Required

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

[✓] Electric Plans Approved
Date: 3/6/12 Approved by: JS

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

SUBCODE APPROVAL for PERMIT
Date: 3-6-12
Approved by: JS

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] CCO [ ] CA
Date: 5/15/12
Approved by: JS

INSPECTIONS

Type:	Failure	Failure	Dates (Month/Day) Approval	Initial
Rough			3-28-12	PD
Barrier-Free				
Trench				
Temp. Serv.				
Constr. Serv.				
TCO			4-4-12	DJ
Other				
Service			3-28-12	DJ
Final			5/10/12	DJ
Barrier-Free				

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

U.C.C. F120 (rev. 11/09)
Internet version

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

ELECTRICAL SUBCODE
TECHNICAL SECTION

NEW JERSEY UNIFORM CONSTRUCTION CODE

Date Received 3/16/12
Control #
Date Issued
Permit # 12-04605

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 08732

Owner in Fee: Bronze Republic

Tel. (732-996-5150 e-mail

Address SAME

Contractor: DMS Power & Lighting Corp. (street / municipality) Tel. (800) 223-1509 (zip code)

Address 7 Carro Ct. e-mail info@dmspowerlighting
Dover, NJ 07801

Contractor License No. 7348D Exp. Date 03/2012

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

Federal Emp. ID No. 26-3844530 FAX: (973) 695-1628

B. ELECTRICAL CHARACTERISTICS DR # 325369182

COMMERCIAL

Use Group Present Proposed

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

Building Occupied as Utility Co.

Est. Cost of Elec. Work $ 8,000.00

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:
Approved by:

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

INSPECTIONS Type:	Failure	Failure	Approval	Initial
	Dates (Month/Day)			
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: Gregory M. Spina/DMS Power & Lighting Corp.

Print name here: Gregory M. Spina/Licensee for DMS Power & Lighting

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

D. TECHNICAL SITE DATA DR# 325369182

DESCRIPTION OF WORK:
New 600amp 3 phase service and power feeders to 14 equip units

QTY.	SIZE	ITEMS	FEE (Office Use Only)
		Lighting Fixtures	
14		Receptacles	
		Switches	
		Detectors	
		Light Poles	
		Motors—Fract. HP	
		Emergency & Exit Lights	
		Communications Points	
		Alarm Devices/F.A.C. Panel	
14		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	
1	600	AMP Service	
1	400	AMP Subpanels	
		AMP Motor Control Center	
		KW Elec. Sign/Outline Light	
14	60 amp	Feeders to tanning booths	

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

U.C.C. F120 (rev. 11/09)
Internet version

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

DMS Power & Lighting Corp.

Lic#7348D
Office - 800-223-0509
Fax – 973-695-1628

7 Carro Ct. Dover, NJ 07801

02/29/2012

Ref: Bronze Republic
LOAD CALCULATION
New Commercial Fit Out
2791 Hooper Ave
Brick, NJ 08723
DR#325369182

Total SqFt = 2,000 @ 2 VA per SqFt = 4Kw

HVAC = 35Kw @ 100%

12 Stand-Up Tanning Booths @ Average 9Kw each = 108Kw

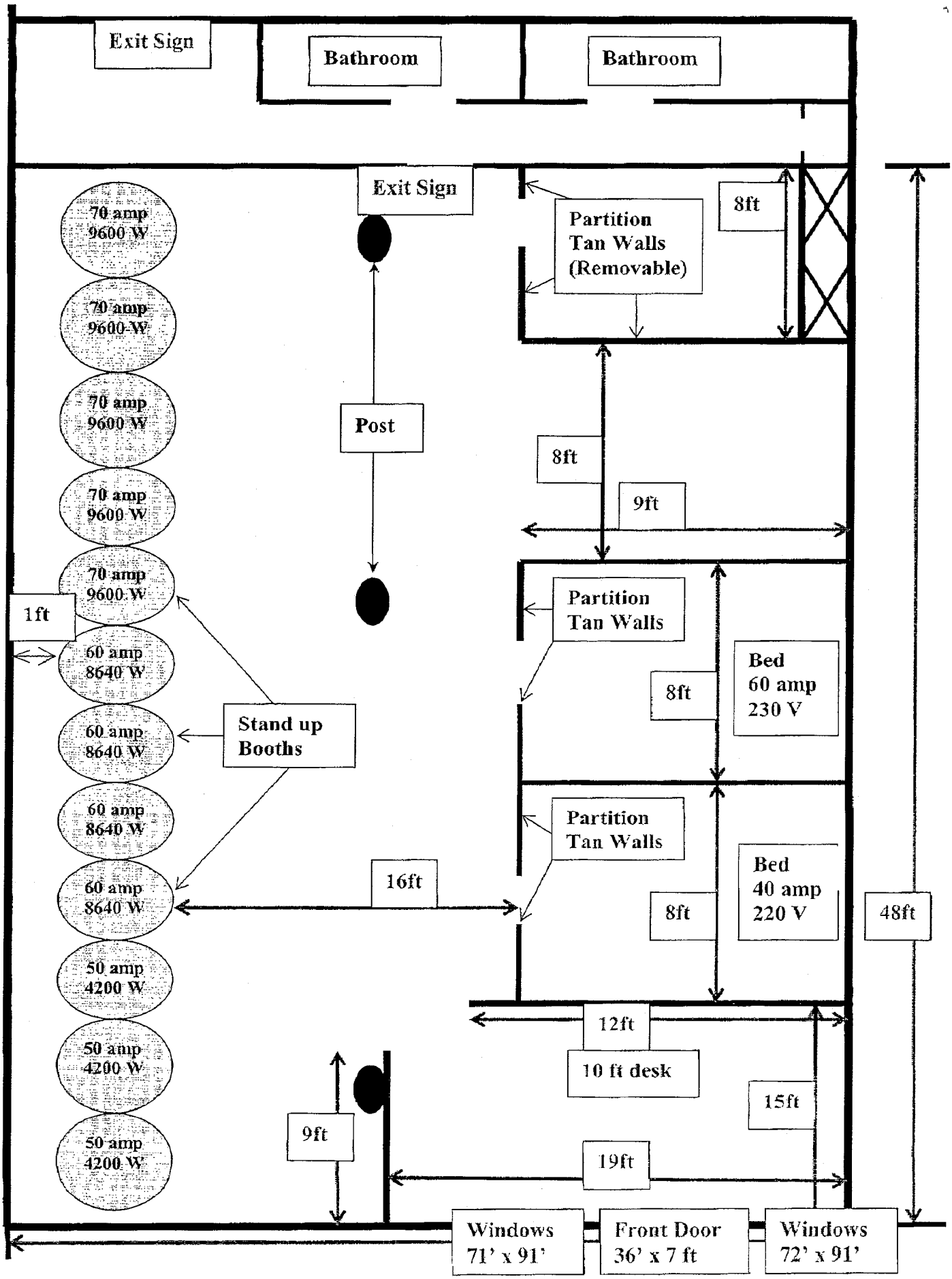
2 Tanning Beds @ Average 8.5 Kw = 17Kw

Signage = 1.5Kw

Total Kw Load = 165.5Kw / 208 x 1.732 = 458 Amps 3 phase

*Wiring Method from 600amp 3 Phase 208 volt panel board to be EMT.

Regards,
Gregory M. Spina
DMS Power & Lighting Corp.
7 Carro Ct. Dover, NJ 07801


Exit Sign
Bathroom
Bathroom
Exit Sign
70 amp 9600 W
70 amp 9600 W
70 amp 9600 W
70 amp 9600 W
70 amp 9600 W
60 amp 8640 W
60 amp 8640 W
60 amp 8640 W
60 amp 8640 W
50 amp 4200 W
50 amp 4200 W
50 amp 4200 W
Post
Partition Tan Walls (Removable)
8ft
8ft
9ft
Partition Tan Walls
8ft
Bed 60 amp 230 V
Partition Tan Walls
8ft
Bed 40 amp 220 V
48ft
1ft
Stand up Booths
16ft
12ft
10 ft desk
15ft
9ft
19ft
Windows 71' x 91'
Front Door 36' x 7 ft
Windows 72' x 91'

Brick Township
Building Department (732) 262-1027

DR\UR # 325-369-182

CUT-IN-CARD

MUNICIPALITY Brick Township

LOCATION 2791 HOOPER AVE UTILITY CO _____

Bronze Tanning- formerly Good Friend Electric Brick Township, NJ BLK 673 LOT 8

OWNER TRAHANAS REALTY LLC OCCUPANT TRAHANAS REALTY LLC

"Installation in the above premises has been inspected and is in accordance with N.E.C. and DCA requirements."

☑ FINAL ☐ TEMPORARY This approval void after ___ days

DESCRIPTION OF SERVICE 600 amp 3 phase

INSTALLED BY _____ LICENSE NO _____

DATE 03/28/2012 PERMIT # 12-0605 INSPECTOR Douglas Donohue

☐ FAXED IN _____ Lic. No: 008914

U.C.C. Form F350B equiv. 1 WHITE-UTILITY 2 CANARY-OFFICE/FILE 3 PINK-OFFICE/CONTRACTOR

BUILDING SUBCODE
TECHNICAL SECTION

Date Received 3/16/12
Control #

Date Issued
Permit # 12-0605

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 #102
Brick, NJ 08723

Owner in Fee: Trahanas Realty LLC (Peter)

Tel. (917) 623-6425 e-mail

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

Contractor: Keith McGrath Tel. (732) 996-5150

Address 2415 Robin Way e-mail
Manasquan NJ 08736

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.

Sign here:

Print name here:

D. TECHNICAL SITE DATA

DESCRIPTION OF WORK

Install 600 amp service + Hook up 14 Receptacles, 3 Phase service + Power Feeders to 14 units

COMMERCIAL

JOB SUMMARY (Office Use Only)

PLAN REVIEW	Date	Initial
[ ] No Plans Required		
[ ] All		
[ ] Footings/Foundations		
[ ] Structural/Framework		
[ ] Exterior		
[X] Interior	3/1/12	

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

SUBCODE APPROVAL for PERMIT
Date:
Approved by:

SUBCODE APPROVAL for CERTIFICATE
[ ] CO [ ] TCO [X] CA
Date: 5/15/12
Approved by:

INSPECTIONS Type:	Failure	Failure (Dates Month/Day)	Approval	Initial
Footing				
Footing Bonding				
Foundation				
Slab				
Frame				
Truss Sys./Bracing				
Barrier-Free				
Insulation				
Finishes -Base Layer				
Finishes -Final				
Energy				
Mechanical				
TCO -30 days				
Other				
Final	4/4/12	5-10-12	5-11-12	G.P.
Barrier-Free	N.R.	N.E.		

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) $ 4000

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

FEE (Office Use Only)
$

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

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

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

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

Date Issued: 3/16/12
Application Number: ZA-12-00116
Application Date: 02/24/2012
Project Number:
Permit Number: ZP-12-00164
Fee: $50

Zoning Permit

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

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

Owner: **TRAHANAS REALTY LLC**

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

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

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

Application Approved Date: 02/24/2012

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

Use is: Tanning Salon -Bronze Republic Tanning Studio.
Nonconforming Use is:

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

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

Upon review it was determined that:

- ☑ 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 — 02/24/2012 Date

02/24/12 3:57PM 00155BK2969
XX01 SERV.001
$50.0
$50.00

Michael P. Fowler, Township Planner — 2/24/12 Date ZPB CHECK

RECEIVING CLERK MR
DATE REC'D 2/16/12

ZONING PERMIT APPLICATION

PERMIT # ZP-12-001164
DATE ISSUED 3/16/12

BLOCK: 673 LOT: 8 QUALIFIER: — SITE ADDRESS: 2781 Hooper Ave #102 Brick NJ

IDENTIFICATION:

1. NAME OF OWNER IN FEE: TRAHANAS REALTY LLC
   COMPLETE ADDRESS: 4 MANHATTAN AVE
   Rye NY 10580
   PHONE # 917-623-6425 EMAIL:

2. NAME OF APPLICANT: BRONZE REPUBLIC TANNING STUDIOS
   APPLICANT ADDRESS: 2415 ROBIN WAY
   MANASQUAN NJ 08736
   PHONE # 732-996-5150 EMAIL:

3. RESPONSIBLE PERSON FOR WORK: KEITH MCGRATH
   PHONE# 732-996-5150 FAX# 732-528-6711

4. SIGNATURE OF APPLICANT:

COMMERCIAL

FOR OFFICE USE ONLY

FEE SUMMARY:

APPLICATION FEE: $ 50.00
OTHER: $
TOTAL: $

REQUIRED BY APPLICANT

RESIDENTIAL:
COMMERCIAL: X
EXISTING USE: Good Friend Elec
PROPOSED USE Tanning Salon

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: 2-24-12 DATE DENIED: — DATE APPROVED: 2-24-12 INTLS: MGO

(SEE BACK PAGE)

OFFICE USE ONLY

RECEIVED
FEB 24 2012

ZONING REVIEW:

DATE REVIEWED: 2-24-12 DATE DENIED: — DATE APPROVED: 2-24-12 INTLS: SGH

DATE:	COMMENTS:	INITIALS:

Brick Township
401 Chambers Bridge Rd.

Brick, NJ 08723
(732) 262-1027

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

Zoning Permit

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

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

Owner: **TRAHANAS REALTY LLC**

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

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

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

Application Approved Date: 02/24/2012

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

Use is: Tanning Salon -Bronze Republic Tanning Studio.
Nonconforming Use is:

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

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

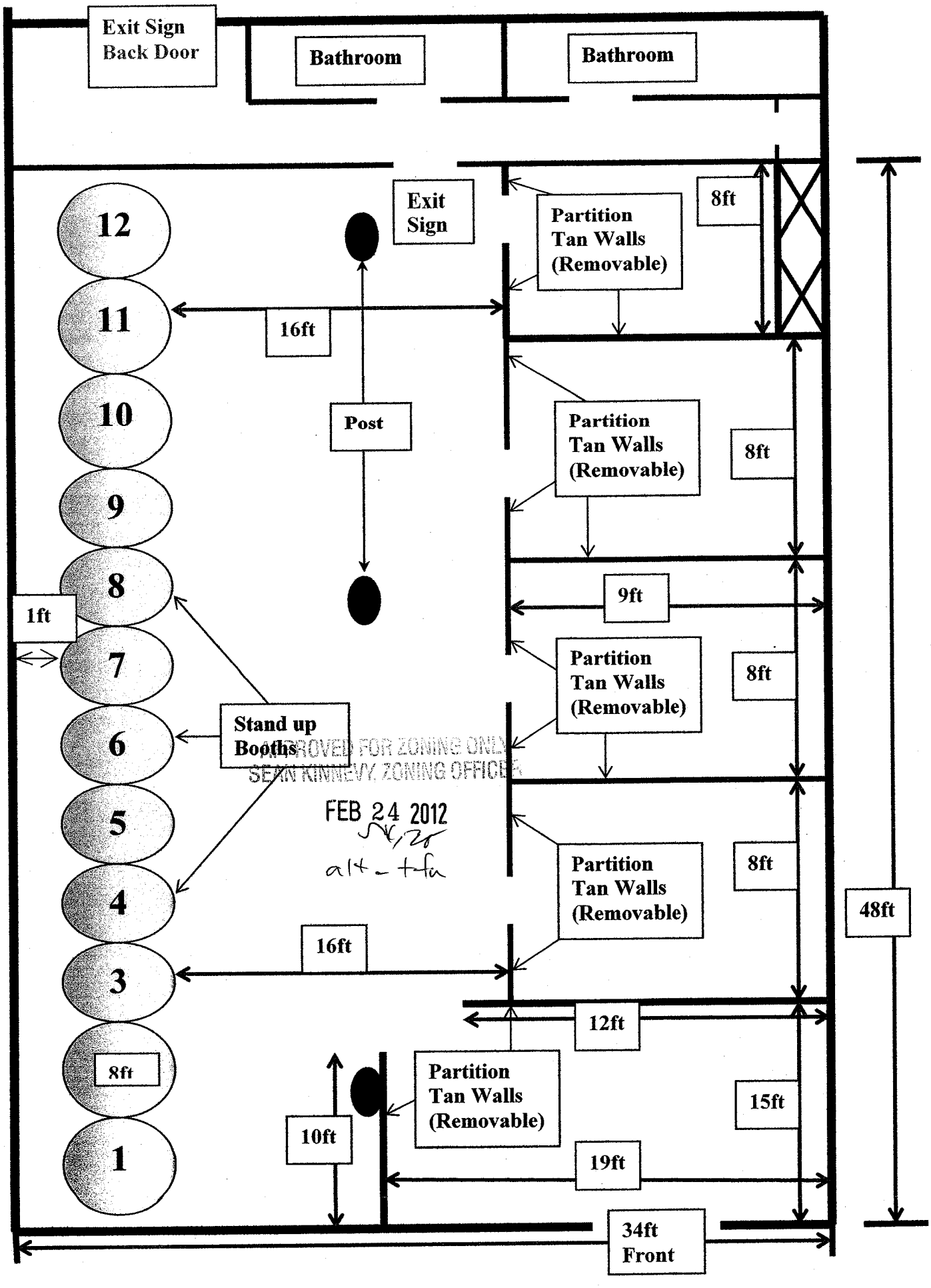
Upon review it was determined that:

- ☑ 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 — 02/24/2012 Date

Michael P. Fowler, Township Planner — 2/24/12 **Date**

Layout of Bronze Republic



Bronze Republic Tanning Studios

FAX TRANSMITTAL

DATE: 3 / 6 / 12

TO: Brick Township Building Dept.

FAX: 732-262-2941

FROM: Keith J. McGrath

PAGE: 3
(INCLUDING COVER SHEET)

MEMO:

RE: Electrical & Building Subcode
Block: 673 Lot: 8 Qual
2791 Hooper Ave
Permit Number: Control Number: C-12-00516

Following is attached: Electrical letter & drawing.

2415 Robin Way, Manasquan, NJ 08736
Phone: 732-996-5150 Fax: 732-528-6711

Bronze Republic Tanning Studios

FAX TRANSMITTAL

DATE: 3 / 2 / 12

TO: Brick Township Building Dept.

FAX: 732-262-2941

FROM: Keith J. McGrath

PAGE: 2
(INCLUDING COVER SHEET)

MEMO:

RE: Electrical & Building Subcode
Block: 673 Lot: 8 Qual
2791 Hooper Ave
Permit Number: Control Number: C-12-00516

Following is attached: AIC Letter from JCP&L

2415 Robin Way, Manasquan, NJ 08736
Phone: 732-996-5150 Fax: 732-528-6711

DMS Power & Lighting Corp.

Lic#7348D
Office - 800-223-0509
Fax – 973-695-1628

7 Carro Ct. Dover, NJ 07801

02/29/2012

Ref: Bronze Republic
LOAD CALCULATION
New Commercial Fit Out
2791 Hooper Ave
Brick, NJ 08723
DR#325369182

Total SqFt = 2,000 @ 2 VA per SqFt = 4Kw

HVAC = 35Kw @ 100%

12 Stand-Up Tanning Booths @ 9Kw each = 108Kw

2 Tanning Beds @ 8.5 Kw = 17Kw

Signage = 1.5Kw

Total Kw Load = 165.5Kw / 208 x 1.732 = 458 Amps 3 phase

Regards,
Gregory M. Spina
DMS Power & Lighting Corp.
7 Carro Ct. Dover, NJ 07801

HOLLYWOOD TANS
HT42 HT54 HT60
TANNING BOOTHS

HT42 BOOTH TECHNICAL INFORMATION

Number of Lamps	42
Type of Lamp	100 W VHR Lamp
Lamp	Hollywood Tans
Wattage Output	4200 W
Required Breaker	50 Amp
Required Electrical Service	220/240 Volt Single Phase
Load Draw	44 Amps
Wire	#6/3

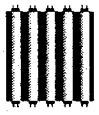
DIMENSIONS

Height	90.0"
Width	48.0"
Length	84.0"
Weight	1,148lbs.

HOLLYWOOD TANS

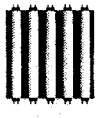
HT42 HT54 HT60

TANNING BOOTHS



HT54 BOOTH TECHNICAL INFORMATION

Number of Lamps	54
Type of Lamp	160 W VHR Lamp
Lamp	Hollywood Tans
Wattage Output	8,640 W
Required Breaker	60 Amp
Required Electrical Service	220/240 Volt Single Phase
Load Draw	56 Amps
Wire	#4 - 3 Wire



DIMENSIONS

Height	90.0"
Width	48.0"
Length	84.0"
Weight	1,300lbs.

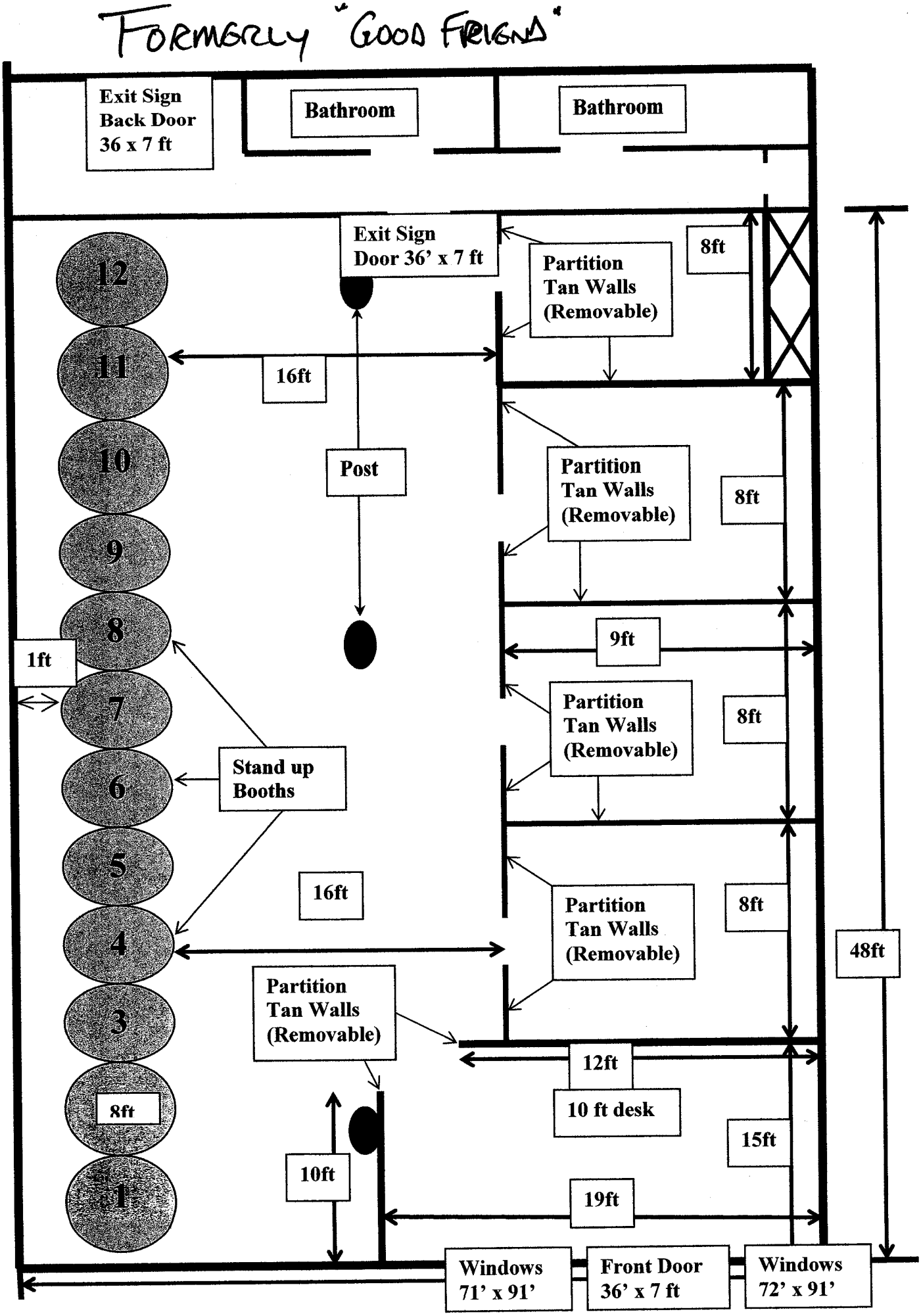
HOLLYWOOD TANS
HT42 HT54 HT60
TANNING BOOTHS

HT60 BOOTH TECHNICAL INFORMATION

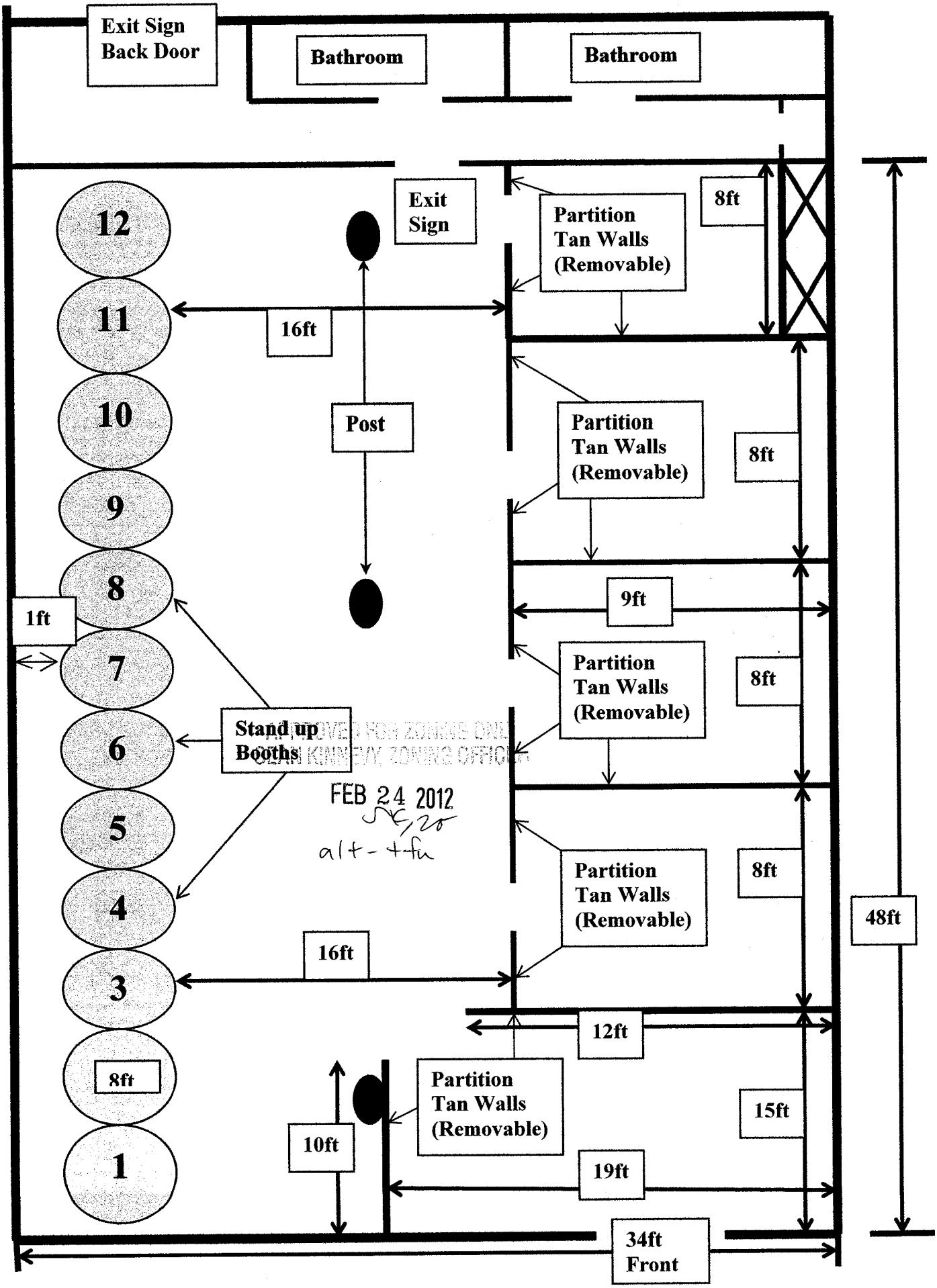
Number of Lamps	60
Type of Lamp	160 W VHR Lamp
Lamp	Hollywood Tans
Wattage Output	9,600 W
Required Breaker	70 Amp
Required Electrical Service	220/240 Volt Single Phase
Load Draw	62 Amps
Wire	#4 - 3 Wire

DIMENSIONS

Height	90.0"
Width	48.0"
Length	84.0"
Weight	1,350 lbs.


FORMERLY "GOOD FRIENDS"
Exit Sign
Back Door
36 x 7 ft
Bathroom
Bathroom
Exit Sign
Door 36' x 7 ft
Partition
Tan Walls
(Removable)
8ft
12
11
16ft
10
Post
Partition
Tan Walls
(Removable)
8ft
9
8
9ft
1ft
7
Partition
Tan Walls
(Removable)
8ft
Stand up
Booths
6
5
16ft
Partition
Tan Walls
(Removable)
8ft
48ft
4
Partition
Tan Walls
(Removable)
3
12ft
10 ft desk
8ft
15ft
10ft
1
19ft
Windows
71' x 91'
Front Door
36' x 7 ft
Windows
72' x 91'

Layout of Bronze Republic



ALLIED MODULAR BUILDING SYSTEMS, INC.

PARTITIONS

Technical Data

Advantage 200 | integra200 | integra400

Panel Composition Tested with Polystyrene Core	(STC) Sound	Transmission Coefficient	Thermal Rating	Flame Spread	Fire Rating Class	Smoke Developed	(STC) Sound	Transmission Coefficient	Thermal Rating	Flame Spread	Fire Rating Class	Smoke Developed
Gypsum Gypsum	26	R-11	5	A	0-25		36	R-15	5	A	0-25	
Gypsum Hardboard	26	R-11	15	C	15-50		37	R-15	15	C	15-50	
Gypsum Aluminum Skins	25	R-11	15	A	0-25		36	R-15	15	A	0-25	
Aluminum Skins Aluminum Skins	25	R-11	5	A	0-25		36	R-15	5	A	0-25	
Gypsum Aluminum Skins	25	R-11	5	A	0-25		36	R-15	5	A	0-25	
Hardboard Melamine	25	R-11	15	C	15-50		36	R-15	15	C	15-50	
Melamine Melamine	25	R-11	15	C	15-50		36	R-15	15	C	15-50	
Thermo Plastic Gypsum	25	R-11	15	C	0-25		36	R-15	15	C	0-25	
Thermo Plastic Thermo Plastic	25	R-11	15	C	0-25		36	R-15	15	C	0-25	
Stucco Embossed Stucco Embossed	27	R-11	15	C	15-50		37	R-15	15	C	15-50	
Stucco Embossed Gypsum	25	R-11	10	C	15-50		36	R-15	10	C	15-50	
Stucco Embossed Hardboard	27	R-11	15	C	15-50		37	R-15	15	C	15-50	
Stucco Embossed Melamine	27	R-11	15	C	15-50		37	R-15	15	C	15-50	
Hardboard Hardboard	25	R-11	15	C	15-50		36	R-15	15	C	15-50	

A = Non-Combustible C = Combustible

Note: All values indicate foam core onl y

Product Comparison Guide

Advantage 200 GOOD	integra200 BETTER	integra400 BEST		
◆	◆		2" Thick Wall	Wall Thickness
		◆	4" Thick Wall	
	◆		Bronze Aluminum Finish	Finish
◆	◆	◆	Satin Aluminum Finish	
	◆	◆	Non-Combustible - Class A	Fire Rating
◆			Combustible - Class C	
◆			Vinyl Faced Hardboard	Facing / Core
	◆	◆	Vinyl Faced Gypsum	
	◆	◆	Steel Skins, Aluminum, FRP	
◆	◆	◆	Polystyrene Core	
◆	◆	◆	Standard Solid 48"x 40" - 3/16" Glass	Windows
	◆	◆	Standard & Custom Sizes - 3/16" Glass	
	◆	◆	Standard 48"x 40" Slider - 3/16" Glass	
		◆	Dual Pane - 3/16" Glass	
◆	◆	◆	Hollowcore Legacy Doors	Doors
		◆	Solidcore Legacy Doors	
		◆	Steel Powder Coated Doors	
◆	◆	◆	Vision Lite Door Window	
◆	◆	◆	Spans to 16' - 20 Ga. Roof Deck	Roof
	◆	◆	Spans to 20' - 20 Ga. Roof Deck	
		◆	Spans to 24' - 18 Ga. Roof Deck	
	◆	◆	Pre-wired UL Approved Electrical Raceways	Electrical
◆			Std. Electrical Raceways (Not UL Listed or Pre-wired)	
		◆	Two Story Applications	Optional Configurations
		◆	Sound Enclosures	
	◆	◆	Machine Enclosures	
◆	◆	◆	11,100 BTU Wall Mount A/C	Heating & Air Conditioning
◆	◆	◆	7,000 BTU Wall Mount A/C	
◆	◆	◆	9,000 & 18,000 BTU Wall Mount HVAC-Heat & Cool	
	◆	◆	Fire Sprinklers	Options
	◆	◆	Central HVAC	
	◆	◆	Commercial Carpet or Tile	
	◆	◆	Permit Packages	

Allied Modular Building Systems, Inc.
1157 North Grove Street
Anaheim, CA 92806
Ph. 714-630-8660 Fax 714-630-8375
www.alliedmodular.com

ENGINEERING PERMIT APPLICATION

RECEIVING CLERK: _____

PERMIT #: _____

BLOCK: 673 LOT: 8 ADDRESS: 2781 Hooper Ave #102 Brick NJ 08723

IDENTIFICATION:

1. WORK SITE ADDRESS: 2781 Hooper Ave #102 Brick NJ
2. NAME OF OWNER IN FEE: Trahanas Realty LLC

   ADDRESS: 4 Manhattan Ave PHONE #: 917 623-6425

   Rye NY 10580 FAX #: (__) _____
3. PRINCIPAL CONTRACTOR: Keith McGrath

   ADDRESS: 2415 Robin Way PHONE #: (732) 996-5150

   Manasquan NJ FAX #: (732) 528-6711
4. ARCHITECT OR ENGINEER: _____

   ADDRESS: _____ PHONE: # (__) _____
5. RESPONSIBLE PERSON FOR WORK: Keith McGrath

   ADDRESS: 2415 Robin Way Manasquan NJ 08736

PHONE #: (732) 996-5150 FAX #: (732) 528-6711 E-MAIL: _____

PROJECT DESCRIPTION: ☐ GRADING/CLEARING ☐ ROAD OPENING

☐ SOIL REMOVAL/FILL ☐ RETAINING WALL ☐ POOL

☐ BULKHEAD/DOCK ☐ DWELLING ☐ TREE REMOVAL _____

☐ OTHER _____

LENGTH: _____ WIDTH: _____ HEIGHT: _____

FEE SUMMARY:

APPLICATION FEE: $ _____

REVIEW FEE: $ _____

INSPECTION FEE: $ _____

OTHER _____: $ _____

BOND(S): $ _____

TOTAL: $ _____

SPECIAL CONDITIONS:

COMMERCIAL

OCEAN COUNTY SOILS: _____

DRAINAGE EASEMENTS: _____

UTILITY EASEMENTS: _____

CONSERVATION EASEMENTS: _____

FEMA REQUIREMENTS: _____

D.E.P. PERMITS: _____

BOARD APPROVAL: ☐ PB ☐ ZB

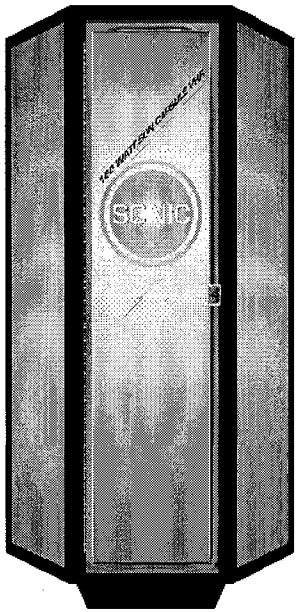
APPLICATION NUMBER: _____

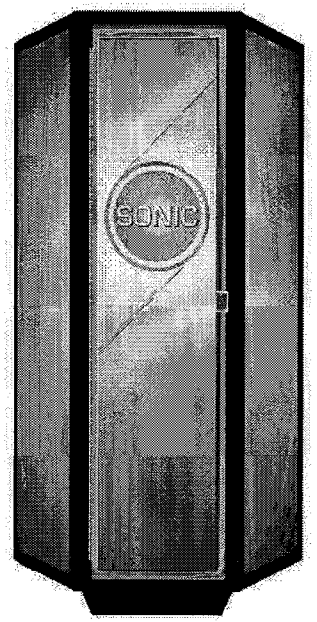
APPROVED DATE: _____

ENGINEERING REVIEW:

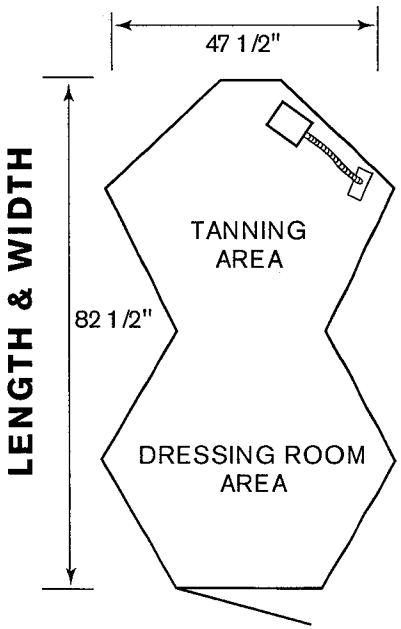
DATE RECEIVED: _____ DATE REJECTED: _____ DATE APPROVED: _____ INITIALS: _____

Sun Capsule 44 Lamp 160 Watt Sonic VHR/HP Specification Sheet

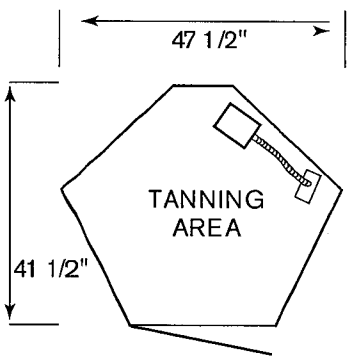




WITH DRESSING ROOM



WITHOUT DRESSING ROOM



Type of unit Sun Capsule	44/160
Maximum Exposure Time	11 Minutes
Type of Lamps	44 Cosmolux VHR 71" 160 Watt VHR/HP Lamps
Ballast	160 Watt Choke
Required Running Voltage	230-240 running volts
Amperage/Phase add 7 amps if using a buck booster	42 amps/Single Phase 26 amps/Three Phase
Buck Boost Transformer	2.0 KVA 240 Output add 7 amps if utilized
More electrical requirements	No Neutral Required 2 w/ground Single Phase 3 w/ground Three Phase
Cooling System	5,000 cfm 20" overhead fan
Wind Velocity	18 mph
Available w/o Dressing Room	Yes

* Buck Boost Transformer. If your salon has 240 Volts incoming at the electrical panel, you may not need a Buck Boost Transformer. If your Sun Capsule requires a Buck Boost Transformer, add 7 Amps to the above amperage ratings.

OFFICE DATE RECEIVED: 2-24-12 NKR

VIII. PRIOR APPROVALS CHECKLIST (office use only)	LOCAL APPROVAL		COUNTY APPROVAL		REGIONAL APPROVAL		STATE APPROVAL		COMMENTS
	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	Prelimin. Initial	Final Date	
☒ Zoning Officer	NC	2/24/12							ZA-12-0016
☐ Planning Board									
☐ Zoning Board									
☐ Sewer Authority									
☐ Water Authority									
☐ Police Department									
☐ Health Department									
☐ Soil Conservation									
☐ N.J. Department of Community Affairs									
☐ N.J. Department of Transportation									
☐ N.J. Department of Environmental Protection									
☐ Utility Dig No.									
☐									
☐									

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

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

X. CERTIFICATES ISSUED (office use only)

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

CERTIFICATION IN LIEU OF OATH

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

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

Mark the following applicable boxes:

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

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

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

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

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

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

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

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

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

Signature _____ Date _____

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

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

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

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

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

( ) Check if contractor.

Agent Name _____

Address _____

_____

Telephone (_____) _____

Signature _____

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